

CHAPTER 148

PUBLIC HEALTH OCCUPATIONS, LICENSING

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CHIROPRACTORS

148.01 CHIROPRACTIC.

Subdivision 1. For the purposes of sections 148.01 to 148.10, "chiropractic" is defined as the science of adjusting any abnormal articulations of the human body, especially those of the spinal column, for the purpose of giving freedom of action to impinged nerves that may cause pain or deranged function.

Subd. 2. The practice of chiropractic is not the practice of medicine, surgery, or osteopathy.

Subd. 3. Chiropractic practice includes those noninvasive means of clinical, physical, and laboratory measures and analytical X-ray of the bones of the skeleton which are necessary to make a determination of the presence or absence of a chiropractic condition. The practice of chiropractic may include procedures which are used to prepare the patient for chiropractic adjustment or to complement the chiropractic adjustment. The procedures may not be used as independent therapies or separately from chiropractic adjustment. No device which utilizes heat or sound shall be used in the treatment of a chiropractic condition unless it has been approved by the Federal Communications Commission. No device shall be used above the neck of the patient. Any chiropractor who utilizes procedures in violation of this subdivision shall be guilty of unprofessional conduct and subject to disciplinary procedures according to section 148.10.

History: (5725, 5731(c)) 1919 c 64 s 2,8; 1927 c 230; 1975 c 362 s 1; 1983 c 346 s 1

148.02 CHIROPRACTORS; STATE BOARD OF EXAMINERS.

There is hereby created and established a board to be known by the name and style of state board of chiropractic examiners.

History: (5724) 1919 c 64 s 1

148.03 APPOINTMENT.

The governor shall appoint a board of chiropractic examiners consisting of two public members as defined by section 214.02 and five resident chiropractors who shall have practiced chiropractic in this state for at least three years immediately prior to the time of appointment, all of whom shall be graduates of a course of chiropractic, but no more than two of whom shall be graduates of the same school or college of chiropractic. Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements shall be as provided in sections 214.07 to 214.09. The provision of staff, administrative services and office space; the review and processing of complaints; the setting of board fees; and other provisions relating to board operations shall be as provided in chapter 214. The board shall have the authority to prescribe rules relative to the examination of applicants for license to practice chiropractic and for the annual renewal of licenses. Vacancies caused by death or otherwise shall be filled by the governor within 60 days. No member of the board shall be financially interested in any chiropractic school or college or be in any way affiliated with the practice of other methods of healing as are now regulated by law in this state.

History: (5726) 1919 c 64 s 3; 1943 c 155 s 1; 1959 c 186 s 1; 1973 c 638 s 10; 1975 c 136 s 8; 1976 c 222 s 45; 1976 c 239 s 54; 1991 c 199 art 1 s 41

148.031 CONTINUING EDUCATION.

The board shall adopt rules requiring continuing education for chiropractors licensed under this chapter who regularly practice in the area of workers' compensation. These rules shall include rules relating to continuing education designed to assure the coordination of treatment, rehabilitation, and other chiropractic services provided to injured employees under chapter 176. Rules relative to education under chapter 176 shall be adopted jointly with the commissioner of labor and industry. These rules shall be consistent with section 214.12.

History: 1983 c 290 s 18

148.04 PROCEDURE.

The officers of the board of chiropractic examiners shall have power to administer oaths, summon witnesses, and take testimony as to matters pertaining to its duties. It shall adopt a minimum of educational requirements not inconsistent with the provisions of sections 148.01 to 148.10, which shall be without prejudice, partiality, or discrimination as to the different schools or colleges of chiropractic. The board shall meet at such times as the majority of the board may deem proper. A majority of the board shall constitute a quorum for the transaction of business. The secretary shall keep a record of its proceedings. This report shall be prima facie evidence of all matters therein recorded.

History: (5727) 1919 c 64 s 4; 1967 c 149 s 1; 1973 c 638 s 11; 1975 c 136 s 9

148.05 LICENSE AND FEE.

At its first meeting the state board of chiropractic examiners shall issue to each member a license to practice chiropractic, for which the member shall pay a fee set by the board. The board shall have a common seal and promulgate rules to govern its actions.

History: (5728) 1919 c 64 s 5; 1976 c 222 s 46; 1986 c 444

148.06 APPLICATION; EXAMINATION; LICENSE; FEE.

Subdivision 1. License required; qualifications. No person shall practice chiropractic in this state without first being licensed by the state board of chiropractic examiners. The applicant shall have earned at least one-half of all academic credits required for awarding of a baccalaureate degree from the University of Minnesota, or other university, college, or community college of equal standing, in subject matter determined by the board, and taken a four-year resident course of at least eight months each in a school or college of chiropractic that is fully accredited by the council on chiropractic education or fully accredited by an agency approved by the United States Office of Education or their successors as of January 1, 1988. The board may issue licenses to practice chiropractic without compliance with prechiropractic or academic requirements listed above if in the opinion of the board the applicant has the qualifications equivalent to those required of other applicants, the applicant satisfactorily passes written and practical examinations as required by the board of chiropractic examiners, and the applicant is a graduate of a college of chiropractic with a reciprocal recognition agreement with the council on chiropractic education as of January 1, 1988. The board may recommend a two-year prechiropractic course of instruction to any university, college, or community college which in its judgment would satisfy the academic prerequisite for licensure as established by this section.

An examination for a license shall be in writing and shall include testing in:

- (a) The basic sciences including but not limited to anatomy, physiology, bacteriology, pathology, hygiene, and chemistry as related to the human body or mind;
- (b) The clinical sciences including but not limited to the science and art of chiropractic, chiropractic physiotherapy, diagnosis, roentgenology, and nutrition; and
- (c) Professional ethics and any other subjects that the board may deem advisable.

The board may consider a valid certificate of examination from the National Board of Chiropractic Examiners as evidence of compliance with the written examination requirements of this subdivision. The applicant shall be required to give practical demonstration in vertebral palpation, neurology, adjusting and any other subject that the board may deem advisable. A license, countersigned by the members of the board and authenticated by the seal

thereof, shall be granted to each applicant who correctly answers 75 percent of the questions propounded in each of the subjects required by this subdivision and meets the standards of practical demonstration established by the board. Each application shall be accompanied by a fee set by the board. The fee shall not be returned but the applicant may, within one year, apply for examination without the payment of an additional fee. The board may grant a license to an applicant who holds a valid license to practice chiropractic issued by the appropriate licensing board of another state, provided the applicant meets the other requirements of this section and satisfactorily passes the practical examination before the board. The burden of proof is on the applicant to demonstrate these qualifications or satisfaction of these requirements.

Subd. 2. [Repealed, 1976 c 222 s 209]

History: (5729) 1919 c 64 s 6; 1927 c 230; 1959 c 186 s 2; 1967 c 706 s 1; 1974 c 564 s 1; 1976 c 222 s 47; 1977 c 193 s 1; 1983 c 346 s 2; 1986 c 444; 1987 c 345 s 1; 1988 c 642 s 6

148.07 RENEWAL FEES; EXPENSES.

Subdivision 1. **Renewal fees.** All persons practicing chiropractic within this state, or licensed so to do, shall pay, on or before the date of expiration of their licenses, to the board of chiropractic examiners a renewal fee set by the board, with a penalty set by the board for each month or portion thereof for which a license fee is in arrears and upon payment of the renewal and upon compliance with all the rules of the board, shall be entitled to renewal of their license.

Subd. 2. **Expenses.** The expenses of administering sections 148.01 to 148.105 shall be paid from the appropriation made to the state board of chiropractic examiners. Expenditures and revenues must be managed in accordance with the statewide accounting principles and requirements of the commissioner of finance.

Subd. 3. [Repealed, 1975 c 136 s 77]

History: (5730) 1919 c 64 s 7; 1927 c 230 s 1; 1943 c 155 s 2; 1955 c 847 s 12; 1959 c 186 s 3; 1965 c 64 s 1; 1967 c 149 s 2; 1969 c 399 s 1; 1973 c 638 s 12,13; 1976 c 222 s 48; 1983 c 346 s 3; 1987 c 345 s 2

148.08 RULES.

Subdivision 1. [Repealed, 1976 c 222 s 209]

Subd. 2. **How regulated.** Chiropractors shall be subject to the same rules and regulations, both municipal and state, that govern other licensed doctors or physicians in the control of contagious and infectious diseases, and shall be entitled to sign health and death certificates, and to all rights and privileges of other doctors or physicians in all matters pertaining to the public health, except prescribing internal drugs or the practice of medicine, physical therapy, surgery and obstetrics.

Subd. 3. **Rules.** The board of chiropractic examiners shall promulgate rules necessary to administer sections 148.01 to 148.105 to protect the health, safety, and welfare of the public, including rules governing the practice of chiropractic and defining any terms, whether or not used in sections 148.01 to 148.105, if the definitions are not inconsistent with the provisions of sections 148.01 to 148.105.

History: (5731) 1919 c 64 s 8; 1927 c 230; 1975 c 362 s 2; 1983 c 346 s 4; 1985 c 248 s 70; 1987 c 345 s 3

148.09 INDEPENDENT EXAMINATION.

A doctor of chiropractic conducting a physical examination of a patient or a review of records by a doctor of chiropractic, for the purpose of generating a report or opinion to aid a reparation obligor under chapter 65B in making a determination regarding the condition or further treatment of the patient, shall meet the following requirements:

(1) the doctor of chiropractic must either be an instructor at an accredited school of chiropractic or have devoted not less than 50 percent of practice time to direct patient care during the two years immediately preceding the examination;

(2) the doctor of chiropractic must have completed any annual continuing education requirements for chiropractors prescribed by the board of chiropractic examiners;

(3) the doctor of chiropractic must not accept a fee of more than \$500 for each independent exam conducted; and

(4) the doctor of chiropractic must register with the board of chiropractic examiners as an independent examiner and adhere to all rules governing the practice of chiropractic.

History: 1990 c 611 s 1

148.10 LICENSES REVOKED; NEW LICENSES.

Subdivision 1. **Grounds.** The state board of chiropractic examiners may refuse to grant, or may revoke, suspend, condition, limit, restrict or qualify a license to practice chiropractic, or may cause the name of a person licensed to be removed from the records in the office of the court administrator of the district court for:

(1) Advertising that is false or misleading; that violates a rule of the board; or that claims the cure of any condition or disease.

(2) The employment of fraud or deception in applying for a license or in passing the examination provided for in section 148.06 or conduct which subverts or attempts to subvert the licensing examination process.

(3) The practice of chiropractic under a false or assumed name or the impersonation of another practitioner of like or different name.

(4) The conviction of a crime involving moral turpitude.

(5) The conviction, during the previous five years, of a felony reasonably related to the practice of chiropractic.

(6) Habitual intemperance in the use of alcohol or drugs.

(7) Failure to pay the annual renewal license fee.

(8) Advanced physical or mental disability.

(9) The revocation or suspension of a license to practice chiropractic; or other disciplinary action against the licensee; or the denial of an application for a license by the proper licensing authority of another state, territory or country; or failure to report to the board that charges regarding the person's license have been brought in another state or jurisdiction.

(10) The violation of, or failure to comply with, the provisions of sections 148.01 to 148.105, the rules of the state board of chiropractic examiners, or a lawful order of the board.

(11) Unprofessional conduct.

(12) Being unable to practice chiropractic with reasonable skill and safety to patients by reason of illness, professional incompetence, senility, drunkenness, use of drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills. If the board has probable cause to believe that a person comes within this clause, it shall direct the person to submit to a mental or physical examination. For the purpose of this clause, every person licensed under this chapter shall be deemed to have given consent to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physicians' testimony or examination reports on the ground that the same constitute a privileged communication. Failure of a person to submit to such examination when directed shall constitute an admission of the allegations, unless the failure was due to circumstances beyond the person's control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A person affected under this clause shall at reasonable intervals be afforded an opportunity to demonstrate that the person can resume the competent practice of chiropractic with reasonable skill and safety to patients.

In addition to ordering a physical or mental examination, the board may, notwithstanding section 13.42, 144.651, or any other law limiting access to health data, obtain health data and health records relating to a licensee or applicant without the licensee's or applicant's consent if the board has probable cause to believe that a doctor of chiropractic comes under this clause. The health data may be requested from a provider, as defined in section 144.335, sub-

division 1, paragraph (b), an insurance company, or a government agency, including the department of human services. A provider, insurance company, or government agency shall comply with any written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision, unless the information is false and the provider or entity giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private under sections 13.01 to 13.87.

In any proceeding under this clause, neither the record of proceedings nor the orders entered by the board shall be used against a person in any other proceeding.

(13) Aiding or abetting an unlicensed person in the practice of chiropractic, except that it is not a violation of this clause for a doctor of chiropractic to employ, supervise, or delegate functions to a qualified person who may or may not be required to obtain a license or registration to provide health services if that person is practicing within the scope of the license or registration or delegated authority.

(14) Improper management of health records, including failure to maintain adequate health records as described in clause (18), to comply with a patient's request made under section 144.335 or to furnish a health record or report required by law.

(15) Failure to make reports required by section 148.102, subdivisions 2 and 5, or to cooperate with an investigation of the board as required by section 148.104, or the submission of a knowingly false report against another doctor of chiropractic under section 148.10, subdivision 3.

(16) Splitting fees, or promising to pay a portion of a fee or a commission, or accepting a rebate.

(17) Revealing a privileged communication from or relating to a patient, except when otherwise required or permitted by law.

(18) Failing to keep written chiropractic records justifying the course of treatment of the patient, including, but not limited to, patient histories, examination results, test results, and X-rays. Unless otherwise required by law, written records need not be retained for more than seven years and X-rays need not be retained for more than four years.

(19) Exercising influence on the patient or client in such a manner as to exploit the patient or client for financial gain of the licensee or of a third party which shall include, but not be limited to, the promotion or sale of services, goods, or appliances.

(20) Gross or repeated malpractice or the failure to practice chiropractic at a level of care, skill, and treatment which is recognized by a reasonably prudent chiropractor as being acceptable under similar conditions and circumstances.

(21) Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that the person is not qualified by training, experience, or licensure to perform them.

For the purposes of clause (2), conduct that subverts or attempts to subvert the licensing examination process includes, but is not limited to: (a) conduct that violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination; (b) conduct that violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; or (c) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf.

For the purposes of clauses (4) and (5), conviction as used in these subdivisions includes a conviction of an offense that if committed in this state would be deemed a felony without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered.

For the purposes of clauses (4), (5), and (6), a copy of the judgment or proceeding under seal of the administrator of the court or of the administrative agency which entered the same shall be admissible into evidence without further authentication and shall constitute prima facie evidence of its contents.

For the purposes of clause (11), unprofessional conduct means any unethical, deceptive or deleterious conduct or practice harmful to the public, any departure from or the failure to conform to the minimal standards of acceptable chiropractic practice, or a willful or careless disregard for the health, welfare or safety of patients, in any of which cases proof of actual injury need not be established. Unprofessional conduct shall include, but not be limited to, the following acts of a chiropractor:

- (a) Gross ignorance of, or incompetence in, the practice of chiropractic;
- (b) Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient;
- (c) Performing unnecessary services;
- (d) Charging a patient an unconscionable fee or charging for services not rendered;
- (e) Directly or indirectly engaging in threatening, dishonest, or misleading fee collection techniques;
- (f) Perpetrating fraud upon patients, third-party payors, or others, relating to the practice of chiropractic, including violations of the Medicare or Medicaid laws or state medical assistance laws;
- (g) Advertising that the licensee will accept for services rendered assigned payments from any third-party payer as payment in full, if the effect is to give the impression of eliminating the need of payment by the patient of any required deductible or copayment applicable in the patient's health benefit plan; or advertising a fee or charge for a service or treatment different from the fee or charge the licensee submits to a third-party payer for that service or treatment. As used in this clause, "advertise" means solicitation by the licensee by means of handbills, posters, circulars, motion pictures, radio, newspapers, television, or in any other manner. In addition to the board's power to punish for violations of this clause, violation of this clause is also a misdemeanor;
- (h) Accepting for services rendered assigned payments from any third-party payer as payment in full, if the effect is to eliminate the need of payment by the patient of any required deductible or copayment applicable in the patient's health benefit plan, except as hereinafter provided; or collecting a fee or charge for a service or treatment different from the fee or charge the licensee submits to a third-party payer for that service or treatment, except as hereinafter provided. This clause is intended to prohibit offerings to the public of the above listed practices and those actual practices as well, except that in instances where the intent is not to collect an excessive remuneration from the third-party payer but rather to provide services at a reduced rate to a patient unable to afford the deductible or copayment, the services may be performed for a lesser charge or fee. The burden of proof for establishing that this is the case shall be on the licensee; and
- (i) Any other act that the board by rule may define.

Subd. 2. Issuance following refusal, revocation or cancellation. The state board of chiropractic examiners may, at any time within two years of the refusal or revocation or cancellation of a license under this section, by a majority vote, issue a new license or grant a license to the person affected, restoring to, or conferring upon the person, all the rights and privileges of, and pertaining to, the practice of chiropractic, as defined and regulated by sections 148.01 to 148.10. Any person to whom such have been restored shall pay a fee set by the board upon issuance of a new license.

Subd. 3. Reprimand; penalties; probation. In addition to the other powers granted to the board under this chapter, the board may, in connection with any person whom the board, after a hearing, adjudges unqualified or whom the board, after a hearing, finds to have performed one or more of the acts described in subdivision 1:

- (a) Publicly reprimand or censure the person;
- (b) Place the person on probation for the period and upon the terms and conditions that the board may prescribe; and
- (c) Require payment of all costs of proceedings resulting in the disciplinary action; and
- (d) Impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the doctor of chiropractic of any eco-

conomic advantage gained by reason of the violation charged or to reimburse the board for the cost of the investigation and proceeding.

Subd. 4. Temporary suspension. In addition to any other remedy provided by law, the board may, without a hearing, temporarily suspend a license for not more than 60 days if the board finds that a person has violated a statute or rule which the board is empowered to enforce and continued practice by the person would create an imminent risk of harm to others. The suspension shall take effect upon written notice to the person, specifying the statute or rule violated. At the time it issues the suspension notice, the board shall schedule a disciplinary hearing to be held pursuant to the Administrative Procedure Act. The person shall be provided with at least 20 days notice of any hearing held pursuant to this subdivision.

Subd. 5. Tax clearance certificate. (a) In addition to the grounds provided in subdivision 1, the board may not issue or renew a license to practice chiropractic if the commissioner of revenue notifies the board and the licensee or applicant for a license that the licensee or applicant owes the state delinquent taxes in the amount of \$500 or more. The board may issue or renew the license only if (1) the commissioner of revenue issues a tax clearance certificate and (2) the commissioner of revenue or the licensee or applicant forwards a copy of the clearance to the board. The commissioner of revenue may issue a clearance certificate only if the licensee or applicant does not owe the state any uncontested delinquent taxes.

(b) For purposes of this subdivision, the following terms have the meanings given.

(1) "Taxes" are all taxes payable to the commissioner of revenue, including penalties and interest due on those taxes.

(2) "Delinquent taxes" do not include a tax liability if (i) an administrative or court action that contests the amount or validity of the liability has been filed or served, (ii) the appeal period to contest the tax liability has not expired, or (iii) the licensee or applicant has entered into a payment agreement to pay the liability and is current with the payments.

(c) In lieu of the notice and hearing requirements of subdivisions 3 and 4, when a licensee or applicant is required to obtain a clearance certificate under this subdivision, a contested case hearing must be held if the licensee or applicant requests a hearing in writing to the commissioner of revenue within 30 days of the date of the notice provided in paragraph (a). The hearing must be held within 45 days of the date the commissioner of revenue refers the case to the office of administrative hearings. Notwithstanding any law to the contrary, the licensee or applicant must be served with 20 days' notice in writing specifying the time and place of the hearing and the allegations against the licensee or applicant. The notice may be served personally or by mail.

(d) The board shall require all licensees or applicants of a license to practice chiropractic to provide their social security number and Minnesota business identification number on all license applications. Upon request of the commissioner of revenue, the board must provide to the commissioner of revenue a list of all licensees and applicants for a license to practice chiropractic, including the name and address, social security number, and business identification number. The commissioner of revenue may request a list of the licensees and applicants no more than once each calendar year.

Subd. 6. Effect of appeal. A suspension, revocation, condition, limitation, qualification, or restriction of a license shall be in effect pending determination of an appeal unless the court, upon petition and for good cause shown, shall otherwise order.

A license to practice chiropractic is automatically suspended if (1) a guardian of the person of a licensee is appointed by order of a court under sections 525.54 to 525.61, for reasons other than the minority of the licensee; or (2) the licensee is committed by order of a court under chapter 253B. The license remains suspended until the licensee is restored to capacity by a court and, upon petition by the licensee, the suspension is terminated by the board after a hearing.

History: (5733) 1919 c 64 s 10; 1927 c 230; 1957 c 154 s 1; 1959 c 186 s 4; 1976 c 222 s 49; 1977 c 193 s 2,3; 1983 c 346 s 5-7; 1986 c 444; 1Sp1986 c 1 art 7 s 8; 1Sp1986 c 3 art 1 s 82; 1987 c 345 s 4-6; 1989 c 184 art 2 s 4; 1Sp1994 c 1 art 2 s 6

148.101 [Repealed, 1987 c 345 s 14]

148.102 REPORTS OF STATE OR LOCAL SOCIETIES.

Subdivision 1. Requirement. If a state or local chiropractic society receives a complaint which might be grounds for discipline under section 148.10 against a member doctor of chiropractic, the society shall report the complaint or shall direct the complainant to the board of chiropractic examiners.

Subd. 2. Licensed professionals. A licensed health professional shall report to the board personal knowledge of any conduct which the professional reasonably believes constitutes grounds for disciplinary action under section 148.10 by any doctor of chiropractic including any conduct indicating that the doctor of chiropractic may be incompetent, or may have engaged in unprofessional conduct, or may be physically unable to engage safely in the practice of chiropractic. No report shall be required if the information was obtained in the course of a patient relationship if the patient is a doctor of chiropractic and the treating health professional successfully counsels the doctor of chiropractic to limit or withdraw from practice to the extent required by the impairment; or (2) is a patient or former patient of the doctor of chiropractic and the treating professional is a psychologist from whom the patient is receiving psychotherapeutic services.

Subd. 3. Insurers. Two times each year each insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause (13), and providing professional liability insurance to chiropractors shall submit to the board a report concerning the chiropractors against whom malpractice settlements or awards have been made to the plaintiff. The report must contain at least the following information:

- (1) the total number of malpractice settlements or awards made to the plaintiff;
- (2) the date the malpractice settlements or awards to the plaintiff were made;
- (3) the allegations contained in the claim or complaint leading to the settlements or awards made to the plaintiff;
- (4) the dollar amount of each malpractice settlement or award;
- (5) the regular address of the practice of the doctor of chiropractic against whom an award was made or with whom a settlement was made; and
- (6) the name of the doctor of chiropractic against whom an award was made or with whom a settlement was made.

The insurance company shall, in addition to the above information, report to the board any information it possesses which tends to substantiate a charge that a doctor of chiropractic may have engaged in conduct violating section 148.10 and this section.

Subd. 4. Courts. The court administrator of district court or any other court of competent jurisdiction shall report to the board any judgment or other determination of the court which adjudges or includes a finding that a doctor of chiropractic is mentally ill, mentally incompetent, guilty of a felony, guilty of an abuse or fraud, appoints a guardian of the doctor of chiropractic under sections 525.54 to 525.61 or commits a doctor of chiropractic under chapter 253B.

Subd. 5. Self-reporting. A doctor of chiropractic shall report to the board any action concerning that doctor which would require that a report be filed with the board by any person, health care facility, business, or organization under subdivision 4.

Subd. 6. Deadlines; forms. Reports required by subdivisions 1 to 5 must be submitted not later than 30 days after the occurrence of the reportable event or transaction. The board may provide forms for the submission of reports required by this section, may require that reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting.

Subd. 7. Subpoenas. The board may issue subpoenas for the production of any reports required by subdivisions 1 to 5 or any related documents.

History: 1987 c 345 s 7; 1992 c 464 art 1 s 56; 1Sp1994 c 1 art 2 s 7

148.103 IMMUNITY FOR REPORTING OR INVESTIGATING.

Subdivision 1. Reporting. Any person, health care facility, business, or organization is immune from civil liability or criminal prosecution for submitting a report to the board under section 148.102 or for otherwise reporting to the board violations or alleged violations of section 148.10. The reports are private.

Subd. 2. **Investigation.** Members of the board and persons employed by the board or engaged in the investigation or prosecution of violations and in the preparation and management of charges of violations of sections 148.01 to 148.105 on behalf of the board are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under sections 148.01 to 148.105.

History: 1987 c 345 s 8

148.104 COOPERATION DURING INVESTIGATIONS.

A doctor of chiropractic who is the subject of an investigation by or on behalf of the board shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any question raised by or on behalf of the board relating to the subject of the investigation and providing copies of patient health records, as reasonably requested by the board, to assist the board in its investigation.

History: 1987 c 345 s 9

148.105 VIOLATION.

Subdivision 1. **Generally.** Any person who practices, or attempts to practice, chiropractic or who uses any of the terms or letters "Doctors of Chiropractic," "Chiropractor," "D.C.," or any other title or letters under any circumstances as to lead the public to believe that the person who so uses the terms is engaged in the practice of chiropractic, without having complied with the provisions of sections 148.01 to 148.104, is guilty of a gross misdemeanor; and, upon conviction, fined not less than \$1,000 nor more than \$10,000 or be imprisoned in the county jail for not less than 30 days nor more than six months or punished by both fine and imprisonment, in the discretion of the court. It is the duty of the county attorney of the county in which the person practices to prosecute. Nothing in sections 148.01 to 148.105 shall be considered as interfering with any person:

(a) licensed by a health related licensing board, as defined in section 214.01, subdivision 2, including psychological practitioners with respect to the use of hypnosis;

(b) registered by the commissioner of health under section 214.13; or

(c) engaged in other methods of healing regulated by law in the state of Minnesota; provided that the person confines activities within the scope of the license or other regulation and does not practice or attempt to practice chiropractic.

Subd. 2. **Exceptions.** The following persons shall not be in violation of subdivision 1:

(1) a student practicing under the direct supervision of a preceptor while the student is enrolled in and regularly attending a recognized chiropractic college; and

(2) a student who is in continuing training and performing the duties of an intern or resident or engaged in postgraduate work considered by the board to be the equivalent of an internship or residency in any institution approved for training by the board.

History: 1987 c 345 s 10; 1991 c 255 s 19

148.106 PEER REVIEW OF SERVICES AND FEES.

Subdivision 1. **Definitions.** As used in this section, the term:

(a) "Accepted standards" for peer review of a licensed chiropractor means those standards of care, skill, and treatment which are recognized by a reasonably prudent similar health care provider as being acceptable under similar conditions and circumstances.

(b) "Appropriate chiropractic treatment" means a determination made of treatment and other services performed, which by virtue of a substantiated and properly diagnosed condition, appears to be of a type consistent with that diagnosis as reviewed by the peer review committee.

(c) "Unconscionable fees" means charges submitted for services performed that are unnecessary or unreasonable charges in the judgment of the peer review committee. In determining the unconscionability of costs, the committee may consider, among other appropriate factors, charges by health care providers other than chiropractors for the same or similar services.

(d) "Bill for treatment" means all services provided to a consumer, regardless of the monetary consideration paid to the health care provider.

(e) "Patient" means an individual who receives chiropractic treatment from a chiropractor.

(f) "Peer review" means an evaluation, based on accepted standards, by a peer review committee of the appropriateness, quality, utilization, and cost of health care and health services provided to a patient.

(g) "Peer review committee" means a committee of seven individuals, five of whom are chiropractors licensed under this chapter, two of whom are consumers, and none of whom is in a direct business relationship with the provider, insurer, or patient whose case is being reviewed. The committee shall be appointed by the executive director of the board or provided for by a contractual arrangement with the board, and may consist of different individuals for review of different cases.

(h) "Properly utilized services" means appropriate treatment services rendered, including frequency and duration, which are substantiated as being necessary and reasonable by clinical records and reports of the provider or any other facts or evidence pertinent to the controversy as reviewed by the peer review committee.

Subd. 2. Purpose. The board shall review directly or by contract information relating to certain chiropractic providers for the purposes identified in section 145.61.

It is the intention of the legislature that the peer review system and activities established under this chapter, including the board and the peer review committee and their officers, members, employees and agents, shall be exempt from challenge under federal or state antitrust laws or other similar laws in regulation of trade or commerce.

Subd. 3. Duties. The peer review committee shall advise the board as to its findings under subdivision 2. The peer review committee may hear, without qualification or threshold, any submission regarding the appropriateness, quality, or utilization of chiropractic services. The board may establish additional criteria for screening requests for peer review. The screening shall occur upon submission by a patient, the patient's representative, insurer, or chiropractor of an inquiry about a bill for treatment rendered to a patient by a health care provider.

Subd. 4. Fees for review. Any third party provider or chiropractor making a peer review request may be charged a fee to assist in defraying the administrative costs of performing the review.

Subd. 5. Conduct of review. Peer review occurs upon submission by a patient, the patient's representative, insurer, or chiropractor, in accordance with the procedures approved by the board, of an inquiry about a bill for treatment rendered to a patient by a chiropractor. The peer review committee shall examine each inquiry submitted to it and shall report its findings to the executive director of the board and furnish copies of the findings to the patient, chiropractor, and third-party payor. The findings of the peer review committee on each inquiry reviewed shall include a determination of whether or not the chiropractor properly utilized services and rendered or ordered appropriate treatment or services and whether or not the cost of the treatment was unconscionable.

Subd. 6. Annual report. An annual summary of the findings of the peer review committee shall be prepared by the committee and submitted to the board. The report may be made available to interested persons upon request and upon payment of necessary administrative costs to defray the expenses of reproduction. No report or summary submitted to the public by the board may disclose the name or identifier of any patient without the patient's consent.

Subd. 7. Treatment records. The acceptance of, or the request for, payment for treatment rendered to a patient by a doctor of chiropractic constitutes the consent of the doctor of chiropractic to the submission of all necessary records and other information concerning the treatment to the peer review committee.

Subd. 8. Rules. (a) The board may adopt rules it considers necessary and appropriate to implement the peer review system and activities established under this chapter.

(b) The decision by the board to refer the matter to a peer review committee, the establishment by the board of the procedures by which a peer review committee reviews the ren-

dering of health care services, and the proceedings and findings of a peer review committee are not subject to the rulemaking provisions of chapter 14.

Subd. 9. **Application of other law.** (a) The provisions of section 145.62, apply to any person, firm, corporation, or other entity providing information to the board or the peer review committee.

(b) The provisions of section 145.63, apply to an officer, member, employee, or agent of the board and to an officer, member, employee, or agent of an entity with which the board has contracted under this section.

Subd. 10. **Confidentiality of peer review records.** All data and information acquired by the board or the peer review committee, in the exercise of its duties and functions, shall be subject to the same disclosure and confidentiality protections as provided for data and information of other review organizations under section 145.64. This subdivision does not limit or restrict the board or the peer review committee from fully performing their prescribed peer review duties and functions, nor does it apply to disciplinary and enforcement proceedings under sections 14.57 to 14.62, 148.10, 148.105, 214.10, and 214.11. The peer review committee shall file with the board a complaint against a health care provider if it determines that reasonable cause exists to believe the health care provider has violated any portion of this chapter or rules adopted under it, for which a licensed chiropractor may be disciplined. The peer review committee shall transmit all complaint information it possesses to the board. The data, information, and records are classified as private data on individuals for purposes of chapter 13. The patient records obtained by the board pursuant to this section must be used solely for the purposes of the board relating to peer review or the disciplinary process.

History: 1987 c 345 s 11

148.11 [Repealed, 1963 c 45 s 12]

148.12 [Repealed, 1963 c 45 s 12]

148.13 [Repealed, 1963 c 45 s 12]

148.14 [Repealed, 1963 c 45 s 12]

148.15 [Repealed, 1963 c 45 s 12]

148.16 [Repealed, 1963 c 45 s 12]

148.17 [Repealed, 1945 c 242 s 14]

NURSES

148.171 DEFINITIONS.

Sections 148.171 to 148.285 shall be referred to as the Minnesota nurse practice act.

As used in sections 148.171 to 148.285:

- (1) "Board" means the Minnesota board of nursing.
- (2) "Registered nurse," abbreviated R.N., means an individual licensed by the board to practice professional nursing.
- (3) The practice of professional nursing means the performance for compensation or personal profit of the professional interpersonal service of: (a) providing a nursing assessment of the actual or potential health needs of individuals, families, or communities; (b) providing nursing care supportive to or restorative of life by functions such as skilled administration of nursing care, supervising and teaching nursing personnel, health teaching and counseling, case finding, and referral to other health resources; and (c) evaluating these actions.

The practice of professional nursing includes both independent nursing functions and delegated medical functions which may be performed in collaboration with other health team members, or may be delegated by the professional nurse to other nursing personnel. Independent nursing function may also be performed autonomously. The practice of professional nursing requires that level of special education, knowledge, and skill ordinarily ex-

pected of an individual who has completed an approved professional nursing education program as described in section 148.211, subdivision 1.

(4) "Licensed practical nurse," abbreviated L.P.N., means an individual licensed by the board to practice practical nursing.

(5) The practice of practical nursing means the performance for compensation or personal profit of any of those services in observing and caring for the ill, injured, or infirm, in applying counsel and procedure to safeguard life and health, in administering medication and treatment prescribed by a licensed health professional, which are commonly performed by licensed practical nurses and which require specialized knowledge and skill such as are taught or acquired in an approved school of practical nursing, but which do not require the specialized education, knowledge, and skill of a registered nurse.

(6) "Nurse" means registered nurse and licensed practical nurse unless the context clearly refers to only one category.

(7) "Nursing assistant" means an individual providing nursing or nursing-related services that do not require the specialized knowledge and skill of a nurse, at the direction of a nurse, but does not include a licensed health professional or an individual who volunteers to provide such services without monetary compensation.

(8) "Public health nurse" means a registered nurse who meets the voluntary registration requirements established by the board by rule.

History: 1945 c 242 s 1; 1955 c 34 s 1; 1959 c 140 s 1; 1974 c 554 s 1; 1988 c 440 s 1; 1989 c 194 s 3; 1990 c 483 s 1

148.18 [Repealed, 1945 c 242 s 14]

148.181 BOARD OF NURSING MEMBERSHIP, VACANCIES, DISCLOSURE.

Subdivision 1. Membership. The board of nursing consists of 16 members appointed by the governor, each of whom must be a resident of this state. Eight members must be registered nurses, each of whom must have graduated from an approved school of nursing, must be licensed and currently registered as a registered nurse in this state, and must have had at least five years experience in nursing practice, nursing administration, or nursing education immediately preceding appointment. One of the eight must have had at least two years executive or teaching experience in a baccalaureate degree nursing program approved by the board under section 148.251 during the five years immediately preceding appointment, one of the eight must have had at least two years executive or teaching experience in an associate degree nursing program approved by the board under section 148.251 during the five years immediately preceding appointment, one of the eight must be practicing professional nursing in a nursing home at the time of appointment, one of the eight must have had at least two years executive or teaching experience in a practical nursing program approved by the board under section 148.251 during the five years immediately preceding appointment, and one of the eight must have national certification as a registered nurse anesthetist, nurse practitioner, nurse midwife, or clinical nurse specialist. Four of the eight must have had at least five years of experience in nursing practice or nursing administration immediately preceding appointment. Four members must be licensed practical nurses, each of whom must have graduated from an approved school of nursing, must be licensed and currently registered as a licensed practical nurse in this state, and must have had at least five years experience in nursing practice immediately preceding appointment. The remaining four members must be public members as defined by section 214.02.

A member may be reappointed but may not serve more than two full terms consecutively. The governor shall attempt to make appointments to the board that reflect the geography of the state. The board members who are nurses should as a whole reflect the broad mix of practice types and sites of nurses practicing in Minnesota.

Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements are as provided in sections 214.07 to 214.09. Any nurse on the board who during incumbency permanently ceases to be actively engaged in the practice of nursing or otherwise becomes disqualified for board membership is automatically removed, and the governor shall fill the vacancy. The provision

of staff, administrative services, and office space; the review and processing of complaints; the setting of board fees; and other provisions relating to board operations are as provided in sections 148.171 to 148.285 and chapter 214. Each member of the board shall file with the secretary of state the constitutional oath of office before beginning the term of office.

Subd. 2. Vacancies. On expiration of the term of a member who is a registered nurse, the governor may appoint a registered nurse from a list of members submitted by professional nursing groups. Likewise on expiration of the term of a member who is a licensed practical nurse, the governor may appoint a licensed practical nurse from a list of members submitted by licensed practical nursing groups. These lists should contain names of persons in number at least twice the number of places to be filled. Vacancies occurring on the board, when the member is a registered nurse or a licensed practical nurse, may be filled for the unexpired terms by appointments to be made by the governor from nominations submitted by nursing groups in the manner aforesaid or from other recommendations. Members shall hold office until a successor is appointed and qualified.

Subd. 3. MS 1974 [Repealed, 1975 c 136 s 77]

Subd. 3. Disclosure. A disciplinary hearing must be closed to the public.

Upon application of a party in a proceeding before the board under section 148.261, the board shall produce and permit the inspection and copying, by or on behalf of the moving party, of any designated documents or papers relevant to the proceedings, in accordance with rule 34 of the Minnesota rules of civil procedure.

History: 1945 c 242 s 2; 1955 c 34 s 2; 1971 c 418 s 1; 1973 c 638 s 14; 1975 c 136 s 10; 1975 c 360 s 1,2; 1976 c 222 s 50; 1976 c 239 s 55; 1981 c 94 s 1; 1986 c 444; 1989 c 194 s 4; 1993 c 88 s 1,2; 1993 c 105 s 1; 1993 c 366 s 1

148.19 [Repealed, 1945 c 242 s 14]

148.191 OFFICERS; STAFF; POWERS.

Subdivision 1. Officers; staff. The board shall elect from its members a president, a vice-president, and a secretary-treasurer who shall each serve for one year or until a successor is elected and qualifies. The board shall appoint and employ an executive director and may employ such persons as may be necessary to carry on its work. A majority of the board, including one officer, shall constitute a quorum at any meeting.

Subd. 2. Powers. (a) The board is authorized to adopt and, from time to time, revise rules not inconsistent with the law, as may be necessary to enable it to carry into effect the provisions of sections 148.171 to 148.285. The board shall prescribe by rule curricula and standards for schools and courses preparing persons for licensure under sections 148.171 to 148.285. It shall conduct or provide for surveys of such schools and courses at such times as it may deem necessary. It shall approve such schools and courses as meet the requirements of sections 148.171 to 148.285 and board rules. It shall examine, license, and renew the license of duly qualified applicants. It shall hold examinations at least once in each year at such time and place as it may determine. It shall by rule adopt, evaluate, and periodically revise, as necessary, requirements for licensure and for registration and renewal of registration as defined in section 148.231. It shall cause the prosecution of all persons violating sections 148.171 to 148.285 and have power to incur such necessary expense therefor. It shall register public health nurses who meet educational and other requirements established by the board by rule, including payment of a fee. Prior to the adoption of rules, the board shall use the same procedures used by the department of health to certify public health nurses. It shall have power to issue subpoenas, and to compel the attendance of witnesses and the production of all necessary documents and other evidentiary material. Any board member may administer oaths to witnesses, or take their affirmation. It shall keep a record of all its proceedings.

(b) The board shall have access to hospital, nursing home, and other medical records of a patient cared for by a nurse under review. If the board does not have a written consent from a patient permitting access to the patient's records, the nurse or facility shall delete any data in the record that identifies the patient before providing it to the board. The board shall have access to such other records as reasonably requested by the board to assist the board in its investigation. Nothing herein may be construed to allow access to any records protected by

section 145.64. The board shall maintain any records obtained pursuant to this paragraph as investigative data under chapter 13.

Subd. 3. [Repealed, 1989 c 194 s 22]

History: 1945 c 242 s 3; 1955 c 847 s 13; 1975 c 136 s 12; 1975 c 240 s 1; 1975 c 360 s 3; 1976 c 222 s 51; 1983 c 260 s 36; 1986 c 444; 1989 c 194 s 5

148.20 [Repealed, 1945 c 242 s 14]

148.201 [Repealed, 1975 c 136 s 77]

148.21 [Repealed, 1945 c 242 s 14]

148.211 LICENSING.

Subdivision 1. **Licensure by examination.** An applicant for a license to practice as a registered nurse or licensed practical nurse shall apply to the board for a license by examination on forms prescribed by the board and pay a fee in an amount determined by rule. An applicant applying for reexamination shall pay a fee in an amount determined by rule. In no case may fees be refunded.

Before being scheduled for examination, the applicant shall provide written evidence verified by oath that the applicant (1) has not engaged in conduct warranting disciplinary action as set forth in section 148.261; (2) meets secondary education requirements as determined by the board and other preliminary qualification requirements the board may prescribe by rule; and (3) has completed a course of study in a nursing program approved by the board, another United States nursing board, or a Canadian province. An applicant who graduates from a nursing program in another country, except Canada, must also successfully complete the Commission on Graduates of Foreign Nursing Schools Qualifying Examination. The nursing program must be approved for the preparation of applicants for the type of license for which the application has been submitted.

The applicant must pass a written examination in the subjects the board may determine. Written examination includes both paper and pencil examinations and examinations administered with a computer and related technology. Each written examination may be supplemented by an oral or practical examination. An applicant failing to pass the examination may apply for reexamination.

Upon submission by the applicant of an affidavit of graduation or transcript from an approved nursing program as well as proof that the applicant has passed the examination, paid the required fees, and met all other requirements stated in this subdivision, the board shall issue a license to the applicant. The board may issue a license with conditions and limitations if it considers it necessary to protect the public.

Subd. 2. **Licensure by endorsement.** The board shall issue a license to practice professional nursing or practical nursing without examination to an applicant who has been duly licensed or registered as a nurse under the laws of another state, territory, or country, if in the opinion of the board the applicant has the qualifications equivalent to the qualifications required in this state as stated in subdivision 1, all other laws not inconsistent with this section, and rules promulgated by the board.

Subd. 3. [Repealed, 1976 c 222 s 209]

Subd. 4. **Education waived.** A person who has been licensed as a licensed practical nurse in another state, who has passed a licensing examination acceptable to the board, and who has had 24 months of experience as a licensed practical nurse in the five years prior to applying for a license is not required to meet any additional educational requirements.

Subd. 5. **Denial of license.** Refusal of an applicant to supply information necessary to determine the applicant's qualifications, failure to demonstrate qualifications, or failure to satisfy the requirements for a license contained in this section or rules of the board may result in denial of a license. The burden of proof is upon the applicant to demonstrate the qualifications and satisfaction of the requirements.

History: 1945 c 242 s 5; 1955 c 34 s 4; 1961 c 56 s 1; 1967 c 68 s 1; 1969 c 53 s 1; 1975 c 360 s 4,5; 1976 c 222 s 52,53; 1981 c 94 s 2; 1986 c 444; 1989 c 194 s 6; 1993 c 88 s 3

148.212 TEMPORARY PERMIT.

Upon receipt of the applicable licensure or reregistration fee and permit fee, and in accordance with rules of the board, the board may issue a nonrenewable temporary permit to practice professional or practical nursing to an applicant for licensure or reregistration who is not the subject of a pending investigation or disciplinary action, nor disqualified for any other reason, under the following circumstances:

(a) The applicant for licensure by examination under section 148.211, subdivision 1, has graduated from an approved nursing program within the 60 days preceding board receipt of an affidavit of graduation or transcript and has been authorized by the board to write the licensure examination for the first time in the United States. The permit holder must practice professional or practical nursing under the direct supervision of a registered nurse. The permit is valid from the date of issue until the date the board takes action on the application or for 60 days whichever occurs first.

(b) The applicant for licensure by endorsement under section 148.211, subdivision 2, is currently licensed to practice professional or practical nursing in another state, territory, or Canadian province. The permit is valid from submission of a proper request until the date of board action on the application.

(c) The applicant for licensure by endorsement under section 148.211, subdivision 2, or for reregistration under section 148.231, subdivision 5, is currently registered in a formal, structured refresher course or its equivalent for nurses that includes clinical practice.

History: 1989 c 194 s 7; 1993 c 88 s 4

148.22 [Repealed, 1945 c 242 s 14]

148.221 [Repealed, 1989 c 194 s 22]

148.23 [Repealed, 1945 c 242 s 14]

148.231 REGISTRATION; FAILURE TO REGISTER; REREGISTRATION; VERIFICATION.

Subdivision 1. Registration. Every person licensed to practice professional or practical nursing must maintain with the board a current registration for practice as a registered nurse or licensed practical nurse which must be renewed at regular intervals established by the board by rule. No certificate of registration shall be issued by the board to a nurse until the nurse has submitted satisfactory evidence of compliance with the procedures and minimum requirements established by the board.

The fee for periodic registration for practice as a nurse shall be determined by the board by rule. A penalty fee shall be added for any application received after the required date as specified by the board by rule. Upon receipt of the application and the required fees, the board shall verify the application and the evidence of completion of continuing education requirements in effect, and thereupon issue to the nurse a certificate of registration for the next renewal period.

Subd. 2. [Repealed, 1981 c 94 s 12]

Subd. 3. [Repealed, 1976 c 222 s 209]

Subd. 4. Failure to register. Any person licensed under the provisions of sections 148.171 to 148.285 who fails to register within the required period shall not be entitled to practice nursing in this state as a registered nurse or licensed practical nurse.

Subd. 5. Reregistration. A person whose registration has lapsed desiring to resume practice shall make application for reregistration, submit satisfactory evidence of compliance with the procedures and requirements established by the board, and pay the registration fee for the current period to the board. A penalty fee shall be required from a person who practiced nursing without current registration. Thereupon, the registration certificate shall be issued to the person who shall immediately be placed on the practicing list as a registered nurse or licensed practical nurse.

Subd. 6. Verification. A person licensed under the provisions of sections 148.171 to 148.285 who requests the board to verify a Minnesota license to another state, territory, or

country or to an agency, facility, school, or institution shall pay a fee to the board for each verification.

History: 1945 c 242 s 7; 1947 c 286 s 1; 1955 c 34 s 5; 1961 c 8 s 2; 1967 c 68 s 2; 1969 c 53 s 2,3; 1971 c 131 s 1; 1975 c 240 s 2; 1975 c 360 s 6,7; 1976 c 149 s 30; 1981 c 94 s 3-6; 1986 c 444; 1989 c 194 s 8; 1996 c 318 s 1

148.232 REGISTRATION OF PUBLIC HEALTH NURSES.

A public health nurse certified for public health duties by the commissioner of health under section 145A.06, subdivision 3, or previous authority must be deemed to be registered as a public health nurse under the provisions of sections 148.171 to 148.285.

History: 1989 c 194 s 9

148.234 STATE BOUNDARIES CONSIDERATION.

A nurse may perform medical care procedures and techniques at the direction of a physician, podiatrist, or dentist licensed in another state, United States territory, or Canadian province if the physician, podiatrist, or dentist gave the direction after examining the patient and issued the direction in that state, United States territory, or Canadian province.

Nothing in this section allows a nurse to perform a medical procedure or technique at the direction of a physician, podiatrist, or dentist that is illegal in this state.

History: 1996 c 318 s 2

148.235 PRESCRIBING DRUGS AND THERAPEUTIC DEVICES.

Subdivision 1. Nurse-midwives. A registered nurse who has graduated from a program of study designed to prepare registered nurses for advanced practice as nurse-midwives and who is certified through the national professional nursing organization for nurse-midwives may prescribe and administer drugs and therapeutic devices within practice as a nurse-midwife.

Subd. 2. Nurse practitioners. A registered nurse who (1) has graduated from a program of study designed to prepare registered nurses for advanced practice as nurse practitioners, (2) is certified through a national professional nursing organization which certifies nurse practitioners and is included in the list of professional nursing organizations adopted by the board under section 62A.15, subdivision 3a, and (3) has a written agreement with a physician based on standards established by the Minnesota nurses association and the Minnesota medical association that defines the delegated responsibilities related to the prescription of drugs and therapeutic devices, may prescribe and administer drugs and therapeutic devices within the scope of the written agreement and within practice as a nurse practitioner. The written agreement required under this subdivision shall be based on standards established by the Minnesota nurses association and the Minnesota medical association as of January 1, 1996, unless both associations agree to revisions. The written agreement shall be maintained at the certified nurse practitioner's place of employment and does not need to be filed with the board of nursing.

Subd. 3. Dispensing authority. An advanced practice nurse who is authorized under this section to prescribe drugs is authorized to dispense drugs subject to the same requirements established for the prescribing of drugs. This authority to dispense extends only to those drugs described in the written agreement entered into under this section. The authority to dispense includes, but is not limited to, the authority to receive and dispense sample drugs.

Subd. 4. Clinical nurse specialists in psychiatric and mental health nursing. A registered nurse who (1) has a masters degree, (2) is certified through a national professional nursing organization which certifies clinical specialists in psychiatric and mental health nursing and is included in the list of professional nursing organizations adopted by the board under section 62A.15, subdivision 3a, (3) has successfully completed no less than 30 hours of formal study in the prescribing of psychotropic medications and medications to treat their side effects which included instruction in health assessment, psychotropic classifications, psychopharmacology, indications, dosages, contraindications, side effects, and evidence of application, and (4) has a verbal agreement or a written agreement with a psychiatrist based

on standards established by the Minnesota nurses association and the Minnesota psychiatric association that specifies and defines the delegated responsibilities related to the prescription of drugs in relationship to the diagnosis, may prescribe and administer drugs used to treat psychiatric and behavioral disorders and the side effects of those drugs within the scope of the written agreement and within practice as a clinical specialist in psychiatric and mental health nursing. The written agreement required under this subdivision shall be based on standards established by the Minnesota nurses association and the Minnesota medical association as of January 1, 1996, unless both associations agree to revisions. The written agreement shall be maintained at the certified clinical nurse specialist's place of employment and does not need to be filed with the board of nursing.

Nothing in this subdivision removes or limits the legal professional liability of the treating psychiatrist, clinical nurse specialist, mental health clinic or hospital for the prescription and administration of drugs by a clinical specialist in accordance with this subdivision.

Subd. 5. Rules. (a) The board shall promulgate rules to provide for the following:

(1) a system of identifying advanced practice nurses eligible to prescribe drugs as authorized under this section;

(2) a system of transmitting to pharmacists the identity of advanced practice nurses eligible to prescribe drugs; and

(3) a fee to nurse practitioners and certified clinical specialists in psychiatric and mental health nursing who seek prescribing authority.

(b) The repeal of subdivision 2, paragraph (b), does not automatically repeal rules adopted under that paragraph.

Subd. 6. Standards for written agreements; review and filing. Written agreements required by subdivisions 2 and 4 shall be maintained at the primary practice site of the nurse practitioner, clinical specialist in psychiatric and mental health nursing, and the collaborating physician. The written agreement does not need to be filed with the board of nursing, provided that the information required to be filed with the board, either on initial application for prescribing privileges or on renewal of privileges, has been submitted.

History: 1990 c 483 s 2; 1993 c 337 s 10; 1994 c 389 s 2; 1994 c 470 s 1-3; 1996 c 446 art 1 s 67,68; 1996 c 451 art 6 s 1

148.236 [Repealed, 1995 c 212 art 3 s 60; 1995 c 234 art 8 s 57]

148.24 [Repealed, 1945 c 242 s 14]

148.241 EXPENSES.

Subdivision 1. Appropriation. The expenses of administering sections 148.171 to 148.285 shall be paid from the appropriation made to the Minnesota board of nursing.

Subd. 2. Expenditure. All amounts appropriated to the board shall be held subject to the order of the board to be used only for the purpose of meeting necessary expenses incurred in the performance of the purposes of sections 148.171 to 148.285, and the duties imposed thereby as well as the promotion of nursing education and standards of nursing care in this state.

History: 1945 c 242 s 8; 1955 c 34 s 3; 1973 c 638 s 16; 1976 c 222 s 54; 1989 c 194 s 10

148.25 [Repealed, 1945 c 242 s 14]

148.251 NURSING PROGRAM.

Subdivision 1. Initial approval. An institution desiring to conduct a nursing program shall apply to the board and submit evidence that:

(1) It is prepared to provide a program of theory and practice in professional or practical nursing that meets the program approval standards adopted by the board. Instruction and required experience may be obtained in one or more institutions or agencies outside the applying institution as long as the nursing program retains accountability for all clinical and non-clinical teaching.

(2) It is prepared to meet other standards established by law and by the board.

Subd. 2. [Repealed, 1989 c 194 s 22]

Subd. 3. **Continuing approval.** From time to time as deemed necessary by the board, it shall be the duty of the board, through its representatives, to survey all nursing programs in the state. If the results of the survey show that a nursing program meets all board rules, the board shall continue approval of the nursing program.

Subd. 4. **Loss of approval.** If the board determines that an approved nursing program is not maintaining the standards required by the statutes and board rules, notice thereof in writing specifying the defect shall be given to the program. If a program fails to correct these conditions to the satisfaction of the board within a reasonable time, approval of the program shall be revoked and the program shall be removed from the list of approved nursing programs.

Subd. 5. **Reinstatement of approval.** The board shall reinstate approval of a nursing program upon submission of satisfactory evidence that its program of theory and practice meets the standards required by statutes and board rules.

Subd. 6. **Advanced standing.** Associate degree nursing programs approved or seeking to be approved by the board shall provide for advanced standing for licensed practical nurses in recognition of their nursing education and experience.

History: 1945 c 242 s 9; 1961 c 56 s 2; 1975 c 360 s 8; 1981 c 94 s 7; 1989 c 194 s 11

148.26 [Repealed, 1945 c 242 s 14]

148.261 GROUNDS FOR DISCIPLINARY ACTION.

Subdivision 1. **Grounds listed.** The board may deny, revoke, suspend, limit, or condition the license and registration of any person to practice professional or practical nursing under sections 148.171 to 148.285, or to otherwise discipline a licensee or applicant as described in section 148.262. The following are grounds for disciplinary action:

(1) Failure to demonstrate the qualifications or satisfy the requirements for a license contained in sections 148.171 to 148.285 or rules of the board. In the case of a person applying for a license, the burden of proof is upon the applicant to demonstrate the qualifications or satisfaction of the requirements.

(2) Employing fraud or deceit in procuring or attempting to procure a permit, license, or registration certificate to practice professional or practical nursing or attempting to subvert the licensing examination process. Conduct that subverts or attempts to subvert the licensing examination process includes, but is not limited to:

(i) conduct that violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination;

(ii) conduct that violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; or

(iii) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf.

(3) Conviction during the previous five years of a felony or gross misdemeanor reasonably related to the practice of professional or practical nursing. Conviction as used in this subdivision includes a conviction of an offense that if committed in this state would be considered a felony or gross misdemeanor without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered.

(4) Revocation, suspension, limitation, conditioning, or other disciplinary action against the person's professional or practical nursing license in another state, territory, or country; failure to report to the board that charges regarding the person's nursing license are pending in another state, territory, or country; or having been refused a license by another state, territory, or country.

(5) Failure to or inability to perform professional or practical nursing as defined in section 148.171, paragraph (3) or (5), with reasonable skill and safety, including failure of a registered nurse to supervise or a licensed practical nurse to monitor adequately the performance of acts by any person working at the nurse's direction.

(6) Engaging in unprofessional conduct, including, but not limited to, a departure from or failure to conform to board rules of professional or practical nursing practice that interpret the statutory definition of professional or practical nursing as well as provide criteria for violations of the statutes, or, if no rule exists, to the minimal standards of acceptable and prevailing professional or practical nursing practice, or any nursing practice that may create unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

(7) Delegating or accepting the delegation of a nursing function or a prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective patient care.

(8) Actual or potential inability to practice nursing with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical condition.

(9) Adjudication as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public by a court of competent jurisdiction, within or without this state.

(10) Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

(11) Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient, or engaging in sexual exploitation of a patient or former patient.

(12) Obtaining money, property, or services from a patient, other than reasonable fees for services provided to the patient, through the use of undue influence, harassment, duress, deception, or fraud.

(13) Revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law.

(14) Engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

(15) Improper management of patient records, including failure to maintain adequate patient records, to comply with a patient's request made pursuant to section 144.335, or to furnish a patient record or report required by law.

(16) Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of professional or practical nursing.

(17) Violating a rule adopted by the board, an order of the board, or a state or federal law relating to the practice of professional or practical nursing, or a state or federal narcotics or controlled substance law.

(18) Knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo.

(19) Aiding suicide or aiding attempted suicide in violation of section 609.215 as established by any of the following:

(i) a copy of the record of criminal conviction or plea of guilty for a felony in violation of section 609.215, subdivision 1 or 2;

(ii) a copy of the record of a judgment of contempt of court for violating an injunction issued under section 609.215, subdivision 4;

(iii) a copy of the record of a judgment assessing damages under section 609.215, subdivision 5; or

(iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2. The board shall investigate any complaint of a violation of section 609.215, subdivision 1 or 2.

(20) Practicing outside the scope of practice authorized by section 148.171, paragraph (3) or (5).

(21) Making a false statement or knowingly providing false information to the board, failing to make reports as required by section 148.263, or failing to cooperate with an investigation of the board as required by section 148.265.

(22) Engaging in false, fraudulent, deceptive, or misleading advertising.

Subd. 2. [Repealed, 1976 c 222 s 209]

Subd. 3. [Repealed, 1989 c 194 s 22]

Subd. 4. **Evidence.** In disciplinary actions alleging a violation of subdivision 1, clause (3) or (4), a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency that entered the same shall be admissible into evidence without further authentication and shall constitute prima facie evidence of the violation concerned.

Subd. 5. **Examination; access to medical data.** The board may take the following actions if it has probable cause to believe that grounds for disciplinary action exist under subdivision 1, clause (8) or (9):

(a) It may direct the applicant or nurse to submit to a mental or physical examination or chemical dependency evaluation. For the purpose of this subdivision, when a nurse licensed under sections 148.171 to 148.285 is directed in writing by the board to submit to a mental or physical examination or chemical dependency evaluation, that person is considered to have consented and to have waived all objections to admissibility on the grounds of privilege. Failure of the applicant or nurse to submit to an examination when directed constitutes an admission of the allegations against the applicant or nurse, unless the failure was due to circumstances beyond the person's control, and the board may enter a default and final order without taking testimony or allowing evidence to be presented. A nurse affected under this paragraph shall, at reasonable intervals, be given an opportunity to demonstrate that the competent practice of professional or practical nursing can be resumed with reasonable skill and safety to patients. Neither the record of proceedings nor the orders entered by the board in a proceeding under this paragraph, may be used against a nurse in any other proceeding.

(b) It may, notwithstanding sections 13.42, 144.651, 595.02, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a registered nurse, licensed practical nurse, or applicant for a license without that person's consent. The medical data may be requested from a provider, as defined in section 144.335, subdivision 1, paragraph (b), an insurance company, or a government agency, including the department of human services. A provider, insurance company, or government agency shall comply with any written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision unless the information is false and the provider giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private data on individuals as defined in section 13.02.

History: 1945 c 242 s 10; 1975 c 360 s 9; 1976 c 222 s 55; 1986 c 444; 1989 c 194 s 12; 1992 c 464 art 1 s 56; 1992 c 559 art 1 s 4; 1992 c 577 s 3; 1993 c 88 s 5

148.262 FORMS OF DISCIPLINARY ACTION; AUTOMATIC SUSPENSION; TEMPORARY SUSPENSION; REISSUANCE.

Subdivision 1. **Forms of disciplinary action.** When the board finds that grounds for disciplinary action exist under section 148.261, subdivision 1, it may take one or more of the following actions:

- (1) deny the license, registration, or registration renewal;
- (2) revoke the license;
- (3) suspend the license;
- (4) impose limitations on the nurse's practice of professional or practical nursing including, but not limited to, limitation of scope of practice or the requirement of practice under supervision;
- (5) impose conditions on the retention of the license including, but not limited to, the imposition of retraining or rehabilitation requirements or the conditioning of continued prac-

tice on demonstration of knowledge or skills by appropriate examination, monitoring, or other review;

(6) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed as to deprive the nurse of any economic advantage gained by reason of the violation charged, to reimburse the board for the cost of counsel, investigation, and proceeding, and to discourage repeated violations;

(7) order the nurse to provide unremunerated service;

(8) censure or reprimand the nurse; or

(9) any other action justified by the facts in the case.

Subd. 2. Automatic suspension. Unless the board orders otherwise, a license to practice professional or practical nursing is automatically suspended if:

(1) a guardian of a nurse is appointed by order of a court under sections 525.54 to 525.61;

(2) the nurse is committed by order of a court under chapter 253B; or

(3) the nurse is determined to be mentally incompetent, mentally ill, chemically dependent, or a person dangerous to the public by a court of competent jurisdiction within or without this state.

The license remains suspended until the nurse is restored to capacity by a court and, upon petition by the nurse, the suspension is terminated by the board after a hearing or upon agreement between the board and the nurse.

Subd. 3. Temporary suspension of license. In addition to any other remedy provided by law, the board may, through its designated board member under section 214.10, subdivision 2, temporarily suspend the license of a nurse without a hearing if the board finds that there is probable cause to believe the nurse has violated a statute or rule the board is empowered to enforce and continued practice by the nurse would create a serious risk of harm to others. The suspension shall take effect upon written notice to the nurse, served by first-class mail, specifying the statute or rule violated. The suspension shall remain in effect until the board issues a temporary stay of suspension or a final order in the matter after a hearing or upon agreement between the board and the nurse. At the time it issues the suspension notice, the board shall schedule a disciplinary hearing to be held under the administrative procedure act. The nurse shall be provided with at least 20 days' notice of any hearing held under this subdivision. The hearing shall be scheduled to begin no later than 30 days after the issuance of the suspension order.

Subd. 4. Reissuance. The board may reinstate and reissue a license or registration certificate to practice professional or practical nursing, but as a condition may impose any disciplinary or corrective measure that it might originally have imposed. Any person whose license or registration has been revoked, suspended, or limited may have the license reinstated and a new registration issued when, in the discretion of the board, the action is warranted, provided that the person shall be required by the board to pay the costs of the proceedings resulting in the revocation, suspension, or limitation of the license or registration certificate and reinstatement of the license or registration certificate, and to pay the fee for the current registration period. The cost of proceedings shall include, but not be limited to, the cost paid by the board to the office of administration hearings and the office of the attorney general for legal and investigative services, the costs of a court reporter and witnesses, reproduction of records, board staff time, travel, and expenses, and board members' per diem reimbursements, travel costs, and expenses.

History: 1989 c 194 s 13; 1Sp1994 c 1 art 2 s 8

148.263 REPORTING OBLIGATIONS.

Subdivision 1. Permission to report. A person who has knowledge of any conduct constituting grounds for discipline under sections 148.171 to 148.285 may report the alleged violation to the board.

Subd. 2. Institutions. The chief nursing executive or chief administrative officer of any hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state shall report to the board any action taken by the institution or organization or any

of its administrators or committees to revoke, suspend, limit, or condition a nurse's privilege to practice in the institution, or as part of the organization, any denial of privileges, any dismissal from employment, or any other disciplinary action. The institution or organization shall also report the resignation of any nurse before the conclusion of any disciplinary proceeding, or before commencement of formal charges, but after the nurse had knowledge that formal charges were contemplated or in preparation. The reporting described by this subdivision is required only if the action pertains to grounds for disciplinary action under section 148.261.

Subd. 3. Licensed professionals. A person licensed by a health-related licensing board as defined in section 214.01, subdivision 2, shall report to the board personal knowledge of any conduct the person reasonably believes constitutes grounds for disciplinary action under sections 148.171 to 148.285 by any nurse including conduct indicating that the nurse may be incompetent, may have engaged in unprofessional or unethical conduct, or may be mentally or physically unable to engage safely in the practice of professional or practical nursing.

Subd. 4. Insurers. Four times each year, by the first day of February, May, August, and November, each insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause (13), and providing professional liability insurance to registered nurses or licensed practical nurses shall submit to the board a report concerning any nurse against whom a malpractice award has been made or who has been a party to a settlement. The report must contain at least the following information:

- (1) the total number of settlements or awards;
- (2) the date settlement or award was made;
- (3) the allegations contained in the claim or complaint leading to the settlement or award;
- (4) the dollar amount of each malpractice settlement or award and whether that amount was paid as a result of a settlement or of an award; and
- (5) the name and address of the practice of the nurse against whom an award was made or with whom a settlement was made.

An insurer shall also report to the board any information it possesses that tends to substantiate a charge that a nurse may have engaged in conduct violating sections 148.171 to 148.285.

Subd. 5. Courts. The court administrator of district court or another court of competent jurisdiction shall report to the board any judgment or other determination of the court that adjudges or includes a finding that a nurse is mentally ill, mentally incompetent, chemically dependent, a person dangerous to the public, guilty of a felony or gross misdemeanor, guilty of a violation of federal or state narcotics laws or controlled substances act, guilty of operating a motor vehicle while under the influence of alcohol or a controlled substance, or guilty of an abuse or fraud under Medicare or Medicaid, appoints a guardian of the nurse under sections 525.54 to 525.61, or commits a nurse under chapter 253B.

Subd. 6. Deadlines; forms. Reports required by subdivisions 2 to 5 must be submitted no later than 30 days after the occurrence of the reportable event or transaction. The board may provide forms for the submission of reports required by this section, may require that the reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting. The board shall review all reports, including those submitted after the deadline.

History: 1989 c 194 s 14; 1Sp1994 c 1 art 2 s 9

148.264 IMMUNITY.

Subdivision 1. Reporting. Any person, health care facility, business, or organization is immune from civil liability or criminal prosecution for submitting in good faith a report to the board under section 148.263 or for otherwise reporting in good faith to the board violations or alleged violations of sections 148.171 to 148.285. All such reports are investigative data as defined in chapter 13.

Subd. 2. Investigation. Members of the board and persons employed by the board or engaged in the investigation of violations and in the preparation and management of charges

of violations of sections 148.171 to 148.285 on behalf of the board or persons participating in the investigation or testifying regarding charges of violations are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under sections 148.171 to 148.285.

History: 1989 c 194 s 15

148.265 NURSE COOPERATION.

A nurse who is the subject of an investigation by or on behalf of the board shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any question raised by or on behalf of the board relating to the subject of the investigation and providing copies of patient or other records in the nurse's possession, as reasonably requested by the board, to assist the board in its investigation and to appear at conferences and hearings scheduled by the board. The board shall pay for copies requested. If the board does not have a written consent from a patient permitting access to the patient's records, the nurse shall delete any data in the record that identify the patient before providing it to the board. The board shall maintain any records obtained pursuant to this section as investigative data under chapter 13. The nurse shall not be excused from giving testimony or producing any documents, books, records, or correspondence on the grounds of self-incrimination, but the testimony or evidence may not be used against the nurse in any criminal case.

History: 1989 c 194 s 16

148.266 DISCIPLINARY RECORD ON JUDICIAL REVIEW.

Upon judicial review of any board disciplinary action taken under sections 148.171 to 148.285, the reviewing court shall seal the administrative record, except for the board's final decision, and shall not make the administrative record available to the public.

History: 1989 c 194 s 17

148.27 [Repealed, 1945 c 242 s 14]

148.271 EXEMPTIONS.

The provisions of sections 148.171 to 148.285 shall not prohibit:

- (1) The furnishing of nursing assistance in an emergency.
- (2) The practice of professional or practical nursing by any legally qualified registered or licensed practical nurse of another state who is employed by the United States government or any bureau, division, or agency thereof while in the discharge of official duties.
- (3) The practice of any profession or occupation licensed by the state, other than professional or practical nursing, by any person duly licensed to practice the profession or occupation, or the performance by a person of any acts properly coming within the scope of the profession, occupation, or license.
- (4) The provision of a nursing or nursing-related service by a nursing assistant who has been delegated the specific function and is supervised by a registered nurse or monitored by a licensed practical nurse.
- (5) The care of the sick with or without compensation when done in a nursing home covered by the provisions of section 144A.09, subdivision 1.
- (6) Professional nursing practice by a registered nurse or practical nursing practice by a licensed practical nurse licensed in another state or territory who is in Minnesota as a student enrolled in a formal, structured course of study, such as a course leading to a higher degree, certification in a nursing specialty, or to enhance skills in a clinical field, while the student is practicing in the course.
- (7) Professional or practical nursing practice by a student practicing under the supervision of an instructor while the student is enrolled in a nursing program approved by the board under section 148.251.

History: 1945 c 242 s 11; 1959 c 140 s 2; 1975 c 360 s 10; 1977 c 256 s 1; 1981 c 94 s 8; 1986 c 444; 1989 c 194 s 18

148.272 [Repealed, 1989 c 194 s 22]

148.28 [Repealed, 1945 c 242 s 14]

148.281 VIOLATIONS; PENALTY.

Subdivision 1. **Violations described.** It shall be unlawful for any person, corporation, or association, to:

(1) Sell or fraudulently obtain or furnish any nursing diploma, license or record, or aid or abet therein;

(2) Practice professional or practical nursing or practice as a public health nurse under cover of any diploma, permit, license, registration certificate, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(3) Practice professional or practical nursing unless the person has been issued a temporary permit under the provisions of section 148.212 or is duly licensed and currently registered to do so under the provisions of sections 148.171 to 148.285;

(4) Use any abbreviation or other designation tending to imply licensure as a registered nurse or licensed practical nurse unless duly licensed and currently registered so to practice professional or practical nursing under the provisions of sections 148.171 to 148.285 except as authorized by the board by rule;

(5) Use any abbreviation or other designation tending to imply registration as a public health nurse unless duly registered by the board;

(6) Practice professional or practical nursing in a manner prohibited by the board in any limitation of a license or registration issued under the provisions of sections 148.171 to 148.285;

(7) Practice professional or practical nursing during the time a license or current registration issued under the provisions of sections 148.171 to 148.285 shall be suspended or revoked;

(8) Conduct a nursing program for the education of persons to become registered nurses or licensed practical nurses unless the program has been approved by the board; and

(9) Knowingly employ persons in the practice of professional or practical nursing who have not been issued a current permit, license, or registration certificate to practice as a nurse in this state.

Subd. 1a. [Repealed, 1989 c 194 s 22]

Subd. 2. **Penalty.** Any person, corporation, or association violating any provisions of subdivision 1 shall be guilty of a gross misdemeanor, and shall be punished according to law.

History: 1945 c 242 s 12,13; 1959 c 140 s 4; 1975 c 360 s 11; 1977 c 256 s 2; 1986 c 444; 1989 c 194 s 19

148.282 [Repealed, 1975 c 360 s 25]

148.283 UNAUTHORIZED PRACTICE OF PROFESSIONAL AND PRACTICAL NURSING.

The practice of professional or practical nursing by any person who has not been licensed to practice professional or practical nursing under the provisions of sections 148.171 to 148.285, or whose license has been suspended or revoked, or whose registration has expired, is hereby declared to be inimical to the public health and welfare and to constitute a public nuisance. Upon complaint being made thereof by the board, or any prosecuting officer, and upon a proper showing of the facts, the district court of the county where such practice occurred may enjoin such acts and practice. Such injunction proceeding shall be in addition to, and not in lieu of, all other penalties and remedies provided by law.

History: 1959 c 140 s 6; 1989 c 194 s 20

148.285 TRANSFER OF ASSETS.

All moneys, property, and property rights belonging to and under the control of the board of examiners, are hereby transferred and appropriated to the control and use of the board hereunder and the purpose provided herein.

History: 1945 c 242 s 14

- 148.286 [Repealed, 1989 c 194 s 22]
 148.29 [Repealed, 1989 c 194 s 22]
 148.291 [Repealed, 1989 c 194 s 22]
 148.292 [Repealed, 1989 c 194 s 22]
 148.293 [Repealed, 1989 c 194 s 22]
 148.294 [Repealed, 1989 c 194 s 22]
 148.295 MS 1953 [Renumbered 120.44]
 148.295 [Repealed, 1989 c 194 s 22]
 148.296 [Repealed, 1989 c 194 s 22]
 148.297 [Repealed, 1989 c 194 s 22]
 148.298 [Repealed, 1989 c 194 s 22]
 148.299 [Repealed, 1989 c 194 s 22]

MIDWIVES

148.30 MIDWIFERY.

Within the meaning of sections 148.30 to 148.32, a person who shall publicly profess to be a midwife or who, for a fee, shall attend to women in childbirth, shall be regarded as practicing midwifery. Nothing in sections 148.30 to 148.32 shall apply to gratuitous emergency services or to authorized medical practitioners.

History: (5721) *RL s 2301*

148.31 LICENSES.

A person desiring to practice midwifery in this state, if not already authorized so to do, shall apply to the state board of medical practice for a license. This license shall be granted upon the production of a diploma from a school of midwifery recognized by the board, or after examination of the applicant and compliance with other requirements that the board may reasonably impose for the protection of the public. The board is authorized to adopt rules as may be necessary to carry out the purposes of sections 148.30 to 148.32. The board may delegate to another unit of state government with that unit's consent, all or part of a study to determine the appropriate level of regulation of midwives and the content for any administrative rule deemed appropriate by the board.

History: (5722) *RL s 2302; 1991 c 106 s 5,6*

148.32 LICENSES; DENIAL, REVOCATION, REFUSAL.

All licenses to practice midwifery heretofore or hereafter issued by the board of medical practice must be renewed and a fee paid for each renewal as set by the board. Licenses may be revoked, suspended, conditioned, limited, qualified or restricted, or renewals refused by the board for unprofessional or dishonorable conduct, or neglect to make proper returns to agents of a board of health as authorized under section 145A.04 of births, deaths, puerperal fever, and other contagious diseases.

A license to practice midwifery is suspended if (1) a guardian of the person of a licensee is appointed by order of a court pursuant to sections 525.54 to 525.61, for reasons other than the minority of the licensee; or (2) the licensee is committed by order of a court pursuant to chapter 253B. The license remains suspended until the licensee is restored to capacity by a court and, upon petition by the licensee, the suspension is terminated by the board after a hearing.

History: (5723) *RL s 2303; 1967 c 118 s 1; 1969 c 927 s 5; 1976 c 222 s 60; 1982 c 581 s 24; 1987 c 309 s 24; 1987 c 384 art 2 s 1; 1991 c 106 s 6; 1Sp1994 c 1 art 2 s 10*

- 148.33 [Repealed, 1974 c 62 s 4]
 148.34 [Repealed, 1974 c 62 s 4]
 148.35 [Repealed, 1974 c 62 s 4]
 148.36 [Repealed, 1974 c 62 s 4]
 148.37 [Repealed, 1974 c 62 s 4]
 148.38 [Repealed, 1967 c 845 s 14]
 148.39 [Repealed, 1967 c 845 s 14]
 148.40 [Repealed, 1967 c 845 s 14]
 148.41 [Repealed, 1974 c 62 s 4]
 148.42 [Repealed, 1967 c 845 s 14]
 148.43 [Repealed, 1974 c 62 s 4]
 148.44 [Repealed, 1967 c 845 s 14]
 148.45 [Repealed, 1974 c 62 s 4]
 148.46 [Repealed, 1974 c 62 s 4]
 148.47 [Repealed, 1974 c 62 s 4; 1974 c 224 s 6]
 148.48 [Repealed, 1974 c 62 s 4]
 148.51 [Repealed, 1974 c 62 s 4]

SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

148.511 MS 1971 [Repealed, 1974 c 62 s 4]

148.511 SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS.

Sections 148.511 to 148.5196 apply only to persons who are applicants for registration, who are registered, who use protected titles, or who represent that they are registered. Sections 148.511 to 148.5196 do not apply to school personnel licensed by the board of teaching under Minnesota Rules, part 8700.5505, provided that school personnel practicing within the scope of their licensed occupation preface titles protected under section 148.513 with the words "school" or "educational."

History: 1996 c 363 s 1

148.512 DEFINITIONS.

Subdivision 1. **Scope.** For the purpose of sections 148.511 to 148.5196, the following terms have the meanings given to them.

Subd. 2. **Accredited educational institution.** "Accredited educational institution" means a university, college, or other post-secondary educational institution that offers speech-language pathology or audiology training and that is accredited by the American Speech-Language-Hearing Association or the National Council for Accreditation of Teacher Education.

Subd. 3. **Advisory council.** "Advisory council" means the Minnesota Speech-Language Pathologist and Audiologist Advisory Council established under section 214.13, subdivision 4.

Subd. 4. **Applicant.** "Applicant" means a person who applies to the commissioner for registration or registration renewal.

Subd. 5. **Approved continuing education sponsor.** "Approved continuing education sponsor" means an organization that offers a learning experience designed to promote con-

tinuing competency in the procedures and techniques of the practice of speech–language pathology or audiology and that meets the criteria in section 148.5193, subdivision 3, or is a preapproved sponsor listed in section 148.5193, subdivision 2.

Subd. 6. Audiologist. “Audiologist” means a natural person who engages in the practice of audiology, meets the qualifications required by sections 148.511 to 148.5196, and registers as an audiologist with the commissioner. Audiologist also means a natural person using any descriptive word with the title audiologist.

Subd. 7. Commissioner. “Commissioner” means the commissioner of the department of health or a designee.

Subd. 8. Contact hour. “Contact hour” means an instructional session of 50 consecutive minutes, excluding coffee breaks, registration, meals without a speaker, and social activities.

Subd. 9. Continuing education. “Continuing education” is a planned learning experience in speech–language pathology or audiology not including the basic educational program leading to a degree if the education is used by the registrant for credit to achieve a baccalaureate or master’s degree in speech–language pathology or audiology.

Subd. 10. Credential. “Credential” means a license, permit, certification, registration, or other evidence of qualification or authorization to engage in the practice of speech–language pathology or audiology issued by any authority.

Subd. 11. Individual. “Individual” means a person over whom the commissioner has jurisdiction under sections 148.511 to 148.5196. Individual includes an applicant, registrant, or person who uses any title protected under section 148.513, whether or not authorized to do so under sections 148.511 to 148.5196.

Subd. 12. Practice of audiology. The “practice of audiology” means:

- (1) screening, identification, assessment, and interpretation, diagnosis, rehabilitation, and prevention of hearing disorders;
- (2) conservation of the auditory system function; development and implementation of hearing conservation programs;
- (3) measurement, assessment, and interpretation of auditory and vestibular function;
- (4) selecting, fitting, and dispensing of assistive listening devices, alerting and amplification devices, and systems for personal and public use, including hearing aids and devices, and providing training in their use;
- (5) aural habilitation and rehabilitation and related counseling for hearing impaired individuals and their families;
- (6) screening of speech, language, voice, or fluency for the purposes of audiologic evaluation or identification of possible communication disorders; or
- (7) teaching of, consultation or research about, or supervision of the functions in clauses (1) to (6).

Subd. 13. Practice of speech–language pathology. The “practice of speech–language pathology” means:

- (1) screening, identification, assessment and interpretation, diagnosis, habilitation, rehabilitation, treatment and prevention of disorders of speech, articulation, fluency, voice, and language;
- (2) screening, identification, assessment, and interpretation, diagnosis, habilitation, and rehabilitation of disorders of oral–pharyngeal function and related disorders;
- (3) screening, identification, assessment, and interpretation, diagnosis, habilitation, and rehabilitation of communication disorders associated with cognition;
- (4) assessing, selecting, and developing augmentative and alternative communication systems and providing training in their use;
- (5) aural habilitation and rehabilitation and related counseling for hearing impaired individuals and their families;
- (6) enhancing speech–language proficiency and communication effectiveness;
- (7) audiometric screening for the purposes of speech–language evaluation or for the identification of possible hearing disorders; or

(8) teaching of, consultation or research about, or supervision of the functions in clauses (1) to (7).

Subd. 14. **Register or registered.** "Register" or "registered" means the act or status of a natural person who meets the requirements of sections 148.511 to 148.5196 and who is authorized by the commissioner to use the titles in section 148.513.

Subd. 15. **Registrant.** "Registrant" means a person who meets the requirements of sections 148.511 to 148.5196 and is authorized by the commissioner to use the titles in section 148.513.

Subd. 16. **Registration.** "Registration" is the system of regulation defined in section 214.001, subdivision 3, paragraph (c), and is the process specified in sections 148.511 to 148.5196.

Subd. 17. **Speech–language pathologist.** "Speech–language pathologist" means a person who practices speech–language pathology, meets the qualifications under sections 148.511 to 148.5196, and registers with the commissioner. Speech–language pathologist also means a natural person using, as an occupational title, a term identified in section 148.513.

Subd. 18. **Supervisee.** "Supervisee" means an individual who, under the direction or evaluation of a supervisor, is:

- (1) engaging in the supervised practice of speech–language pathology or audiology;
- (2) performing a function of supervised clinical training as a student of speech–language pathology or audiology; or
- (3) performing a function of supervised postgraduate clinical experience in speech–language pathology or audiology.

Subd. 19. **Supervision.** "Supervision" means the direct or indirect evaluation or direction of:

- (1) a practitioner of speech–language pathology or audiology;
- (2) a person performing a function of supervised clinical training as a student of speech–language pathology or audiology; or
- (3) a person performing a function of supervised postgraduate clinical experience in speech–language pathology or audiology.

Subd. 20. **Supervisor.** "Supervisor" means a person who has the authority to direct or evaluate a supervisee and who is:

- (1) a registered speech–language pathologist or audiologist; or
- (2) when the commissioner determines that supervision by a registered speech–language pathologist or audiologist as required in clause (1) is unobtainable, and in other situations considered appropriate by the commissioner, a person practicing speech–language pathology or audiology who holds a current certificate of clinical competence from the American Speech–Language–Hearing Association.

History: 1996 c 363 s 2

148.513 PROTECTED TITLES AND RESTRICTIONS ON USE.

(a) A person shall not use a title relating to speech–language pathology or audiology, except as provided in paragraphs (b) and (c).

(b) Use of the following terms or initials which represent the following terms, alone or in combination with any word or words, by any person to form an occupational title is prohibited unless that person is registered under sections 148.511 to 148.5196:

- (1) speech–language;
- (2) speech–language pathologist, S, SP, or SLP;
- (3) speech pathologist;
- (4) language pathologist;
- (5) audiologist, A, or AUD;
- (6) speech therapist; or
- (7) speech clinician.

(c) Use of the term "Minnesota registered" in conjunction with the titles protected under this section by any person is prohibited unless that person is registered under sections 148.511 to 148.5196.

History: 1996 c 363 s 3

148.514 GENERAL REGISTRATION REQUIREMENTS; PROCEDURES AND QUALIFICATIONS.

Subdivision 1. **General registration procedures.** An applicant for registration must:

- (1) submit an application as required under section 148.519, subdivision 1; and
- (2) submit all fees required under section 148.5194.

Subd. 2. **General registration qualifications.** An applicant for registration must possess the qualifications required in one of the following clauses:

(1) a person who applies for registration and does not meet the requirements in clause (2) or (3), must meet the requirements in section 148.515;

(2) a person who applies for registration and who has a current certificate of clinical competence issued by the American Speech–Language–Hearing Association must meet the requirements of section 148.516; or

(3) a person who applies for registration by reciprocity must meet the requirements under section 148.517.

History: 1996 c 363 s 4

148.515 QUALIFICATIONS FOR REGISTRATION.

Subdivision 1. **Applicability.** Except as provided in section 148.516 or 148.517, an applicant must meet the requirements in this section.

Subd. 2. **Master's or doctoral degree required.** (a) An applicant must possess a master's or doctoral degree that meets the requirements of paragraphs (b) to (h).

(b) All of the applicant's graduate coursework and clinical practicum required in the professional area for which registration is sought must have been initiated and completed at an institution whose program was accredited by the educational standards board of the American Speech–Language–Hearing Association in the area for which registration is sought.

(c) The master's degree training must include a minimum of 112.5 quarter credits or 75 semester credits or their equivalent of academic coursework that includes basic science coursework and professional coursework.

(d) Applicants for registration in either speech–language pathology or audiology must complete 40.5 quarter credits of the 112.5 quarter credits or 27 of the 75 semester credits or their equivalent in basic science coursework, distributed as follows:

(1) nine quarter credits or six semester credits or their equivalent must be in biological or physical sciences and mathematics;

(2) nine quarter credits or six semester credits or their equivalent must be in behavioral or social sciences, including normal aspects of human behavior and communication; and

(3) 22.5 quarter credits or 15 semester credits or their equivalent must be in basic human communication processes and must include coursework in each of the following three areas of speech, language, and hearing:

(i) the anatomic and physiologic bases;

(ii) the physical and psychophysical bases; and

(iii) the linguistic and psycholinguistic aspects.

(e) All applicants for registration must complete 54 quarter credits of the 112.5 quarter credits or 36 semester credits of the 75 semester credits or their equivalent in professional coursework. The coursework must include the nature, prevention, evaluation, and treatment of speech, language, and hearing disorders. The coursework must encompass courses in speech, language, and hearing that concern disorders primarily affecting children as well as disorders primarily affecting adults. A minimum of 45 of the 54 quarter credits or 30 of the 36

semester credits or their equivalent must be courses for which graduate credit was received. A minimum of 31.5 of the 45 quarter credits or 21 of the 30 semester credits must be in the professional area for which registration is sought.

(f) Applicants seeking registration as speech–language pathologists must complete the following professional coursework:

(1) 45 quarter credits of the 54 quarter credits of the professional coursework or 30 semester credits of the 36 semester credits of the professional coursework or their equivalent must be in courses pertaining to speech–language pathology and nine quarter credits of the 54 quarter credits or six semester credits of the 36 semester credits or their equivalent in courses in the area of audiology; and

(2) the 45 quarter credits or 30 semester credits or their equivalent pertaining to speech–language pathology must include at least nine quarter credits or six semester credits or their equivalent in speech disorders and nine quarter credits or six semester credits or their equivalent in language disorders. The nine quarter credits or six semester credits or their equivalent in the area of audiology must include at least 4.5 quarter credits or three semester credits or their equivalent in hearing disorders and hearing evaluation and 4.5 quarter credits or three semester credits or their equivalent in habilitative and rehabilitative procedures.

(g) Applicants seeking registration as an audiologist must complete professional coursework as follows:

(1) 45 quarter credits of the 54 quarter credits or 30 semester credits of the 36 semester credits or their equivalent of coursework must be in audiology. At least nine quarter credits of the 45 quarter credits or six semester credits of the 30 semester credits in audiology must be in hearing disorders and hearing evaluation and at least nine quarter credits or six semester credits or their equivalent must be in habilitative or rehabilitative procedures with individuals who have hearing impairment; and

(2) nine quarter credits of the 54 quarter credits or six semester credits of the 36 semester credits or their equivalent in the area of speech–language pathology. At least 4.5 quarter credits of the nine quarter credits or three semester credits of the six semester credits must be in speech disorders and at least 4.5 quarter credits of the nine quarter credits or three semester credits of the six semester credits must be in language disorders. This coursework in speech–language pathology must concern the nature, prevention, evaluation, and treatment of speech and language disorders not associated with hearing impairment.

(h) Of the professional coursework required in paragraphs (f) and (g), no more than nine quarter credits or six semester credits or their equivalent associated with clinical training may be counted toward the minimum of 54 quarter credits or 36 semester credits or their equivalent of professional coursework. However, those hours may not be used to satisfy the minimum of nine quarter credits or six semester credit hours in hearing disorders or evaluation, nine quarter credits or six semester credits in habilitative or rehabilitative procedures, or nine quarter credits or six semester credits in speech–language pathology.

Subd. 3. Supervised clinical training required. (a) An applicant must complete at least 375 hours of supervised clinical training as a student that meets the requirements of paragraphs (b) to (f).

(b) The supervised clinical training must be provided by the educational institution or by one of its cooperating programs.

(c) The first 25 hours of the supervised clinical training must be spent in clinical observation. Those 25 hours must concern the evaluation and treatment of children and adults with disorders of speech, language, or hearing.

(d) All applicants must complete at least 350 hours of supervised clinical training that concern the evaluation and treatment of children and adults with disorders of speech, language, and hearing. At least 250 of the 350 hours must be at the graduate level in the area in which registration is sought. At least 50 hours must be spent in each of three types of clinical settings including, but not limited to, university clinics, hospitals, private clinics, and schools, including secondary and elementary.

(e) An applicant must:

(1) obtain 250 of the 350 supervised hours in speech–language pathology;

(2) complete a minimum of 20 hours of the 250 hours in each of the following eight categories:

- (i) evaluation: speech disorders in children;
- (ii) evaluation: speech disorders in adults;
- (iii) evaluation: language disorders in children;
- (iv) evaluation: language disorders in adults;
- (v) treatment: speech disorders in children;
- (vi) treatment: speech disorders in adults;
- (vii) treatment: language disorders in children; and
- (viii) treatment: language disorders in adults;

(3) complete a minimum of 35 hours in audiology including:

- (i) 15 hours in the evaluation or screening of individuals with hearing disorders; and
- (ii) 15 hours in habilitation or rehabilitation of individuals with hearing impairment;

and

(4) obtain no more than 20 hours in the major professional area that are in related disorders.

(f) An applicant seeking registration as an audiologist must:

(1) obtain 250 of the 350 hours in audiology;

(2) complete a minimum of 40 hours in each of the following four categories:

- (i) evaluation: hearing in children;
- (ii) evaluation: hearing in adults;
- (iii) selection and use: amplification and assistive devices for children; and
- (iv) selection and use: amplification and assistive devices for adults;

(3) complete a minimum of 20 hours in the category of the treatment of hearing disorders in children and adults;

(4) complete a minimum of 35 hours of the 350 hours in speech–language pathology unrelated to hearing impairment as follows:

- (i) 15 hours in evaluation or screening; and
- (ii) 15 hours in treatment; and

(5) obtain no more than 20 hours in the major professional area that are in related disorders.

Subd. 4. Supervised postgraduate clinical experience required. (a) An applicant must complete no less than nine months or its equivalent of full–time supervised postgraduate clinical experience according to paragraphs (b) to (h).

(b) Supervision in the postgraduate clinical experience includes both on–site observation and other monitoring activities. On–site observation must involve the supervisor, the supervisee, and the client receiving speech–language pathology or audiology services. On–site observation must include direct observation by the supervisor of treatment given by the supervisee. Other monitoring activities may be executed by correspondence and include, but are not limited to, conferences with the supervisee, evaluation of written reports, and evaluations by professional colleagues. Other monitoring activities do not include the client receiving speech–language pathology or audiology services but must involve direct or indirect evaluative contact by the supervisor of the supervisee.

(c) The applicant must, as part of the postgraduate clinical experience, be supervised by an individual who meets the definition of section 148.512, subdivision 20, and:

(1) when registration as a speech–language pathologist is sought, is a registered speech–language pathologist or hold a current certificate of clinical competence in speech–language pathology from the American Speech–Language–Hearing Association; and

(2) when registration as an audiologist is sought, is a registered audiologist or hold a current certificate of clinical competence in audiology from the American Speech–Language–Hearing Association.

(d) The applicant may not begin the postgraduate clinical experience until the applicant has completed the academic coursework and clinical training in subdivisions 2 and 3.

(e) To be considered full time, at least 30 hours per week must be spent over a nine-month period in clinical work. Equivalent time periods may include part-time professional employment as follows:

- (1) 12 months of at least 25 hours per week;
- (2) 15 months of at least 20 hours per week; or
- (3) 18 months of at least 15 hours per week.

(f) The applicant's postgraduate clinical experience must include direct clinical experience with patients, consultations, report writing, recordkeeping, or other duties relevant to clinical work. A minimum of 80 percent of the clinical experience must be in direct contact with persons who have communication handicaps. If the applicant uses part-time employment to fulfill the postgraduate clinical experience requirement, all of the minimum required hours of the part-time work week requirement must be spent in direct professional experience.

(g) The applicant must complete the postgraduate clinical experience within a maximum of 36 consecutive months and must be supervised in no less than 36 activities, including 18 one-hour on-site observations. A maximum of six hours can be accrued in one day. A minimum of six one-hour on-site observations must be accrued during each one-third of the experience.

(h) The applicant must complete 18 other monitored activities and complete at least one monitored activity each month of the postgraduate clinical experience. Alternatives to on-site observation and monitoring activities include activities supervised by correspondence, evaluation of written reports, and evaluations by professional colleagues.

Subd. 5. Qualifying examination score required. (a) An applicant must achieve a qualifying score on the National Examination in Speech-Language Pathology or Audiology (NESPA), administered by NTE Programs, Educational Testing Service.

(b) The commissioner shall determine the qualifying scores for both the speech-language pathology and audiology examinations based on guidelines provided by the advisory council or the American Speech-Language-Hearing Association.

(c) The applicant is responsible for:

- (1) making arrangements to take the examination described in this subdivision;
- (2) bearing all expenses associated with taking the examination;
- (3) having the examination scores sent directly to the commissioner from the Educational Testing Service; and
- (4) including a copy of the scores along with the original registration application.

(d) The applicant must receive a qualifying score on the examination within three years after the applicant applies for registration under section 148.519. If the applicant does not receive a qualifying score on the examination within three years after the applicant applies for registration, the applicant may apply to the commissioner in writing for consideration to submit a new application for registration under section 148.519.

History: 1996 c 363 s 5

148.516 REGISTRATION BY EQUIVALENCY.

An applicant who applies for registration by equivalency must show evidence of possessing a current certificate of clinical competence issued by the American Speech-Language-Hearing Association and must meet the requirements of section 148.514.

History: 1996 c 363 s 6

148.517 REGISTRATION BY RECIPROCITY.

Subdivision 1. Applicability. An applicant who applies for registration as a speech-language pathologist or audiologist by reciprocity must meet the requirements of subdivisions 2 and 3.

Subd. 2. Current credentials required. An applicant applying for registration by reciprocity must provide evidence to the commissioner that the applicant holds a current and unrestricted credential for the practice of speech-language pathology or audiology in another

jurisdiction that has requirements equivalent to or higher than those in effect for determining whether an applicant in this state is qualified to be registered as a speech-language pathologist or audiologist. An applicant who provides sufficient evidence need not meet the requirements of section 148.515, provided that the applicant otherwise meets all other requirements of section 148.514.

Subd. 3. Verification of credentials required. An applicant for registration by reciprocity under subdivision 2, must have the appropriate government body in each jurisdiction in which the applicant holds a credential submit letters of verification to the commissioner. Each letter must state the applicant's name, date of birth, credential number, date of issuance, a statement regarding disciplinary actions, if any, taken against the applicant, and the terms under which the credential was issued.

History: 1996 c 363 s 7

148.518 REGISTRATION FOLLOWING LAPSE OF REGISTERED STATUS.

Subdivision 1. Lapse of three years or less. For an applicant whose registered status has lapsed for three years or less, the applicant must:

(1) apply for registration renewal according to section 148.5191 and document compliance with the continuing education requirements of section 148.5193 since the applicant's registration lapsed; or

(2) fulfill the requirements of section 148.517.

Subd. 2. Lapse of more than three years. For an applicant whose registered status has lapsed for more than three years, the applicant must:

(1) apply for registration renewal according to section 148.5191 and fulfill the requirements for registration under section 148.515, subdivisions 4 and 5. A qualifying score on the examination described in section 148.515, subdivision 5, must be obtained within one year of the application date for registration renewal; or

(2) fulfill the requirements of section 148.517.

History: 1996 c 363 s 8

148.519 REGISTRATION PROCEDURES.

Subdivision 1. Applications for registration. An applicant for registration must:

(1) submit a completed application for registration on forms provided by the commissioner. The application must include the applicant's name, certification number under chapter 153A, if applicable, business address and telephone number, or home address and telephone number if the applicant practices speech-language pathology or audiology out of the home, and a description of the applicant's education, training, and experience, including previous work history for the five years immediately preceding the date of application. The commissioner may ask the applicant to provide additional information necessary to clarify information submitted in the application;

(2) submit a transcript showing the completion of a master's degree or its equivalent meeting the requirements of section 148.515, subdivision 2;

(3) submit documentation of the required hours of supervised clinical training meeting the requirements of section 148.515, subdivision 3;

(4) submit documentation of the postgraduate clinical experience meeting the requirements of section 148.515, subdivision 4;

(5) submit documentation of receiving a qualifying score on an examination meeting the requirements of section 148.515, subdivision 5;

(6) sign a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief;

(7) submit with the application all fees required by section 148.5194; and

(8) sign a waiver authorizing the commissioner to obtain access to the applicant's records in this or any other state in which the applicant has engaged in the practice of speech-language pathology or audiology.

Subd. 2. Action on applications for registration. (a) The commissioner shall act on an application for registration according to paragraphs (b) to (d).

(b) The commissioner shall determine if the applicant meets the requirements for registration. The commissioner or advisory council may investigate information provided by an applicant to determine whether the information is accurate and complete.

(c) The commissioner shall notify an applicant of action taken on the application and of the grounds for denying registration if registration is denied.

(d) An applicant denied registration may make a written request to the commissioner, within 30 days of the date of notification to the applicant, to appear before the advisory council and for the advisory council to review the commissioner's decision to deny the applicant's registration. After reviewing the denial, the advisory council shall make a recommendation to the commissioner as to whether the denial should be affirmed. An applicant is allowed no more than one request for a review of denial of registration in any one registration renewal period.

History: 1996 c 363 s 9

148.5191 REGISTRATION RENEWAL.

Subdivision 1. **Renewal requirements.** To renew registration, an applicant must:

(1) annually complete a renewal application on a form provided by the commissioner and submit the annual renewal fee;

(2) meet the continuing education requirements of section 148.5193 and submit evidence of attending continuing education courses, as required in section 148.5193, subdivision 6; and

(3) submit additional information if requested by the commissioner to clarify information presented in the renewal application. The information must be submitted within 30 days after the commissioner's request.

Subd. 2. **Late fee.** An application submitted after the renewal deadline date must be accompanied by a late fee as provided in section 148.5194, subdivision 4.

Subd. 3. **Registration renewal notice.** Registration renewal is on an annual basis. At least 30 days before the registration renewal date in subdivision 4, the commissioner shall send out a renewal notice to the registrant's last known address. The notice shall include a renewal application and notice of fees required for renewal. If the registrant does not receive the renewal notice, the registrant is still required to meet the deadline for renewal to qualify for continuous registered status.

Subd. 4. **Renewal deadline.** The renewal application and fee must be postmarked on or before the date registration must be renewed according to clauses (1) to (5). Registration must be renewed according to the following schedule:

(1) for registrants whose last name begins with the letters A to E, February 1;

(2) for registrants whose last name begins with the letters F to L, April 1;

(3) for registrants whose last name begins with the letters M to P, June 1;

(4) for registrants whose last name begins with the letters Q to U, August 1; and

(5) for registrants whose last name begins with the letters V to Z, October 1.

History: 1996 c 363 s 10

148.5193 CONTINUING EDUCATION REQUIREMENTS.

Subdivision 1. **Number of contact hours required.** (a) An applicant for registration renewal must meet the requirements for continuing education according to paragraphs (b) to (e).

(b) An applicant for registration renewal as either a speech-language pathologist or an audiologist must provide evidence to the commissioner of a minimum of 30 contact hours of continuing education offered by an approved continuing education sponsor within the two years immediately preceding registration renewal. A minimum of 20 contact hours of continuing education must be directly related to the registrant's area of registration. Ten contact hours of continuing education may be in areas generally related to the registrant's area of registration.

(c) An applicant for registration renewal as both a speech-language pathologist and an audiologist must attest to and document completion of a minimum of 36 contact hours of

continuing education offered by an approved continuing education sponsor within the two years immediately preceding registration renewal. A minimum of 15 contact hours must be received in the area of speech–language pathology and a minimum of 15 contact hours must be received in the area of audiology. Six contact hours of continuing education may be in areas generally related to the registrant’s areas of registration.

(d) If the registrant is licensed by the board of teaching:

(1) activities that are approved in the categories of Minnesota Rules, part 8700.1000, subpart 3, items A and B, and that relate to speech–language pathology, shall be considered:

(i) offered by an approved sponsor of continuing education; and

(ii) directly related to speech–language pathology;

(2) activities that are approved in the categories of Minnesota Rules, part 8700.1000, subpart 3, shall be considered:

(i) offered by an approved sponsor of continuing education; and

(ii) generally related to speech–language pathology; and

(3) one clock hour as defined in Minnesota Rules, part 8700.1000, subpart 1, is equivalent to 1.2 contact hours of continuing education.

(e) Contact hours cannot be accumulated in advance and transferred to a future continuing education period.

Subd. 2. Preapproved continuing education sponsors. The commissioner will accept continuing education approved or sponsored by the Minnesota department of health, the Minnesota Speech–Language–Hearing Association, the American Speech–Language–Hearing Association, the American Academy of Audiology, the Minnesota Academy of Audiology, the Academy of Rehabilitative Audiologists, the Acoustical Society of America, Twin Cities Clinical Speech–Language Pathologists, Minnesota Foundation for Acoustical Education and Research, or universities accredited by the American Speech–Language–Hearing Association.

Subd. 3. Approval of continuing education sponsors. (a) Continuing education sponsors, unless preapproved under subdivision 2, must be approved by the commissioner according to paragraphs (b) to (e).

(b) Applications for approval must be submitted to the commissioner at least 60 days before the date of the first continuing education activity. Applications must be made in writing by the person or officer of the organization sponsoring the program. On receiving the commissioner’s approval, continuing education activities of the sponsor related to speech–language pathology or audiology are approved for two years following the date of the commissioner’s approval. To obtain approval, continuing education sponsors must submit the information described in clauses (1) to (5) on an application provided by the commissioner:

(1) The continuing education sponsor must describe the content of courses to be offered. The course content must contribute directly to the professional competency of the speech–language pathologist or audiologist, must be beyond the basic educational program leading to a degree in speech–language pathology or audiology, and must include subject matter related to current developments in speech–language pathology and audiology.

(2) The continuing education sponsor must describe the method of instruction for each course offered. The continuing education sponsor must describe for each course offered the teaching methods to be used, such as lecture, seminar, audiovisual, or simulation.

(3) The continuing education sponsor must outline specific written objectives that describe expected outcomes for the participants.

(4) The continuing education sponsor must state the number of contact hours of continuing education which may be obtained by completing a specified course, which must be a minimum of one hour.

(5) The continuing education sponsor must provide a resume of each instructor’s qualifications with the application for approval by the commissioner. Instructors must be qualified to teach the specified course content based on their prior education, training, or experience.

(c) The continuing education sponsor must report to the commissioner, on a timely basis, any change in the course content or instructor.

(d) Continuing education sponsors must maintain, for a minimum of three years, a record of attendance for each course offered.

(e) To maintain approval as a continuing education sponsor, a continuing education sponsor must continue to comply with this section.

Subd. 4. Earning continuing education contact hours through contact hour equivalents. (a) A registrant who teaches continuing education courses may obtain contact hour equivalents according to paragraphs (b) to (d).

(b) The sponsor of the course must be approved by the commissioner.

(c) A registrant may not obtain more than six contact hours in any two-year continuing education period by teaching continuing education courses.

(d) A registrant may obtain two contact hours for each hour spent teaching a course if the course is sponsored by an approved continuing education sponsor. Contact hours may be claimed only once for teaching the same course in any two-year continuing education period.

Subd. 5. Continuing education activities offered by a sponsor not approved by the commissioner. (a) A registrant may seek approval of a continuing education activity offered by a sponsor who is not approved by the commissioner. The registrant must seek approval according to paragraphs (b) and (c).

(b) The registrant's request for approval must be made in writing to the commissioner, on forms available from the commissioner. A request for approval before the continuing education activity is attended must be made a minimum of 45 days before the first day of the continuing education activity. A request for approval after the continuing education activity is attended must be made within 45 days of the last day of the continuing education activity and must include verification of attendance. A registrant not complying with this subdivision will not receive approval for the continuing education activity.

(c) A registrant denied approval of a continuing education activity may make a written request to the commissioner, within 30 days of the commissioner's decision, that the advisory council review the commissioner's decision to deny the registrant's request for approval of continuing education. After reviewing a denial, the advisory council shall submit its recommendation to the commissioner.

Subd. 6. Evidence of attendance. A registrant must maintain records of attending the continuing education contact hours required for registration renewal. An applicant for registration renewal must submit the following information on a form provided by the commissioner: the sponsoring organization, the dates of the course, the course name, the number of contact hours completed, and the name and signature of the registrant. The form must be submitted with the renewal application under section 148.5191, subdivision 1.

Subd. 7. Verification of continuing education reports. The commissioner may request a registrant or continuing education sponsor to verify the continuing education to which the registrant attested. Documentation may come directly from the registrant, the continuing education sponsor, or from a national accrediting or certifying organization which maintains the records.

Subd. 8. Waiver of continuing education requirements. The commissioner may grant a waiver of the requirements of this section in cases where the requirements would impose an undue burden on the registrant. A registrant must request in writing a waiver of the requirements of this section. The request for a waiver must cite this section, the reasons for requesting the waiver, the period of time the registrant wishes to have the continuing education requirement waived, and the alternative measures that will be taken if a waiver is granted. The commissioner shall set forth, in writing, the reasons for granting or denying the waiver. Waivers granted by the commissioner shall specify in writing the time limitation and required alternative measures to be taken by the registrant.

History: 1996 c 363 s 11

148.5194 FEES.

Subdivision 1. First time registrants and applicants for registration renewal. The commissioner shall prorate the registration fee for first time registrants and applicants for

registration renewal according to the number of months that have elapsed between the date registration is issued and the date registration must be renewed under section 148.5191, subdivision 4.

Subd. 2. **Annual registration fee.** The fee for initial registration and annual registration renewal is \$80.

Subd. 3. **Annual registration fee for dual registration as a speech–language pathologist and audiologist.** The fee for initial registration and annual registration renewal is \$80.

Subd. 4. **Penalty fee for late renewals.** The penalty fee for late submission of a renewal application is \$15.

Subd. 5. **Nonrefundable fees.** All fees are nonrefundable.

History: 1996 c 363 s 12

148.5195 INVESTIGATION PROCESS AND GROUNDS FOR DISCIPLINARY ACTION.

Subdivision 1. **Investigations of complaints.** The commissioner or advisory council may initiate an investigation upon receiving a signed complaint or other signed written communication that alleges or implies that an individual has violated sections 148.511 to 148.5196. According to section 214.13, subdivision 6, in the receipt, investigation, and hearing of a complaint that alleges or implies an individual has violated sections 148.511 to 148.5196, the commissioner shall follow the procedures in section 214.10.

Subd. 2. **Rights of applicants and registrants.** The rights of an applicant denied registration are stated in section 148.519, subdivision 2, paragraph (d). A registrant shall not be subjected to disciplinary action under this section without first having an opportunity for a contested case hearing under chapter 14.

Subd. 3. **Grounds for disciplinary action by commissioner.** The commissioner may take any of the disciplinary actions listed in subdivision 4 on proof that the individual has:

(1) intentionally submitted false or misleading information to the commissioner or the advisory council;

(2) failed, within 30 days, to provide information in response to a written request by the commissioner or advisory council;

(3) performed services of a speech–language pathologist or audiologist in an incompetent or negligent manner;

(4) violated sections 148.511 to 148.5196;

(5) failed to perform services with reasonable judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental impairment;

(6) violated any state or federal law, rule, or regulation, and the violation is a felony or misdemeanor, an essential element of which is dishonesty, or which relates directly or indirectly to the practice of speech–language pathology or audiology. Conviction for violating any state or federal law which relates to speech–language pathology or audiology is necessarily considered to constitute a violation, except as provided in chapter 364;

(7) aided or abetted another person in violating any provision of sections 148.511 to 148.5196;

(8) been or is being disciplined by another jurisdiction, if any of the grounds for the discipline is the same or substantially equivalent to those under sections 148.511 to 148.5196;

(9) not cooperated with the commissioner or advisory council in an investigation conducted according to subdivision 1;

(10) advertised in a manner that is false or misleading;

(11) engaged in conduct likely to deceive, defraud, or harm the public; or demonstrated a willful or careless disregard for the health, welfare, or safety of a client;

(12) failed to disclose to the consumer any fee splitting or any promise to pay a portion of a fee to any other professional other than a fee for services rendered by the other professional to the client;

(13) engaged in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical assistance laws;

(14) obtained money, property, or services from a consumer through the use of undue influence, high pressure sales tactics, harassment, duress, deception, or fraud;

(15) performed services for a client who had no possibility of benefiting from the services;

(16) failed to refer a client for medical evaluation or to other health care professionals when appropriate or when a client indicated symptoms associated with diseases that could be medically or surgically treated; or

(17) if the individual is a dispenser of hearing instruments as defined by section 153A.13, subdivision 5, had the certification required by chapter 153A, denied, suspended, or revoked according to chapter 153A.

Subd. 4. Disciplinary actions. If the commissioner finds that an individual should be disciplined according to subdivision 3, the commissioner may take any one or more of the following actions:

(1) refuse to grant or renew registration;

(2) suspend registration for a period not exceeding one year;

(3) revoke registration; or

(4) take any reasonable lesser action against an individual upon proof that the individual has violated sections 148.511 to 148.5196.

Subd. 5. Consequences of disciplinary actions. Upon the suspension or revocation of registration, the speech–language pathologist or audiologist shall cease to use titles protected under sections 148.511 to 148.5196 and shall cease to represent to the public that the speech–language pathologist or audiologist is registered by the commissioner.

Subd. 6. Reinstatement requirements after disciplinary action. A speech–language pathologist or audiologist who has had registration suspended may petition on forms provided by the commissioner for reinstatement following the period of suspension specified by the commissioner. The requirements of section 148.5191 for renewing registration must be met before registration may be reinstated.

History: 1996 c 363 s 13

148.5196 SPEECH–LANGUAGE PATHOLOGIST AND AUDIOLOGIST ADVISORY COUNCIL.

Subdivision 1. Membership. The commissioner shall appoint seven persons to a speech–language pathologist and audiologist advisory council. The seven persons must include:

(1) two public members, as defined in section 214.02. The public members shall be either persons receiving services of a speech–language pathologist or audiologist, or family members of or caregivers to such persons;

(2) two speech–language pathologists registered under sections 148.511 to 148.5196, one of whom is currently and has been, for the five years immediately preceding the appointment, engaged in the practice of speech–language pathology in Minnesota and each of whom is employed in a different employment setting including, but not limited to, private practice, hospitals, rehabilitation settings, educational settings, and government agencies;

(3) one speech–language pathologist registered under sections 148.511 to 148.5196, who is currently and has been, for the five years immediately preceding the appointment, employed by a Minnesota public school district or a Minnesota public school district consortium that is authorized by Minnesota Statutes and who is licensed in communication disorders by the Minnesota board of teaching; and

(4) two audiologists registered under sections 148.511 to 148.5196, one of whom is currently and has been, for the five years immediately preceding the appointment, engaged in the practice of audiology in Minnesota and each of whom is employed in a different employment setting including, but not limited to, private practice, hospitals, rehabilitation settings, educational settings, industry, and government agencies.

Subd. 2. Organization. The advisory council shall be organized and administered under section 15.059.

Subd. 3. Duties. The advisory council shall:

- (1) advise the commissioner regarding speech–language pathologist and audiologist registration standards;
- (2) advise the commissioner on enforcement of sections 148.511 to 148.5196;
- (3) provide for distribution of information regarding speech–language pathologist and audiologist registration standards;
- (4) review applications and make recommendations to the commissioner on granting or denying registration or registration renewal;
- (5) review reports of investigations relating to individuals and make recommendations to the commissioner as to whether registration should be denied or disciplinary action taken against the individual;
- (6) advise the commissioner regarding approval of continuing education sponsors using the criteria in section 148.5193, subdivision 3; and
- (7) perform other duties authorized for advisory councils under chapter 214, or as directed by the commissioner.

History: 1996 c 363 s 14

OPTOMETRISTS**148.52 BOARD OF OPTOMETRY.**

The board of optometry shall consist of two public members as defined by section 214.02 and five qualified optometrists appointed by the governor. Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements shall be as provided in sections 214.07 to 214.09.

The provision of staff, administrative services and office space; the review and processing of complaints; the setting of board fees; and other provisions relating to board operations shall be as provided in chapter 214.

History: (5785) 1915 c 127 s 1; 1925 c 239 s 1; 1929 c 420 s 1; 1973 c 62 s 1; 1973 c 638 s 20; 1975 c 136 s 16; 1976 c 222 s 61; 1976 c 239 s 56; 1991 c 199 art 1 s 42

148.53 POWERS OF BOARD.

The state board of optometry shall have the power to make any rules and to do any and all things not inconsistent with law which it may deem necessary or expedient for the effective enforcement of sections 148.52 to 148.62 or for the full and efficient performance of its duties thereunder.

History: (5786) 1915 c 127 s 2; 1925 c 239 s 2; 1929 c 420 s 2; 1985 c 248 s 70

148.54 BOARD; SEAL.

The board of optometry shall elect from among its members a president and may adopt a seal.

History: (5787) 1915 c 127 s 3; 1925 c 239 s 3; 1949 c 267 s 1; 1975 c 136 s 17; 1976 c 222 s 62

148.55 [Repealed, 1976 c 222 s 209]**148.56 OPTOMETRISTS.**

Subdivision 1. Optometry defined. Any person shall be deemed to be practicing optometry within the meaning of sections 148.52 to 148.62 who shall display a sign, such as an eye, a pair of eyes, a pair of glasses or spectacles, or who shall in any way advertise as an optometrist, or who shall employ any means for the measurement of the powers of vision or the adaptation of lenses or prisms for the aid thereof, or possess testing appliances for the purpose of the measurement of the powers of vision, or diagnose any optical deficiency or

deformity, visual or muscular anomaly of the human eye, or prescribe lenses, prisms, or ocular exercises for the correction or the relief of same, or who holds oneself out as being able to do so.

Subd. 2. Unlawful practices. It shall be unlawful for any person who is not licensed as an optometrist in this state to fit, sell, or dispose of, or to take, receive, or solicit any order for the fitting, sale, or disposition of, any spectacles, eye glasses, or lenses for the correction of vision in any place within the state other than an established place of business wherein such spectacles, eye glasses, or lenses are commonly sold and dealt in; and it shall be unlawful for any person, not licensed as an optometrist thereunder, to sell or dispose of, at retail, any spectacles, eye glasses, or lenses for the correction of vision in any established place of business or elsewhere in this state except under the supervision, direction, and authority of a duly licensed optometrist holding a certificate under sections 148.52 to 148.62, who shall be in charge of and in personal attendance at the booth, counter, or place where such articles are sold or disposed of.

Subd. 3. Unregulated sales. Nothing in sections 148.52 to 148.62 shall be construed to apply to the sale of toy glasses, goggles consisting of plano-white or plano-colored lenses or ordinary colored glasses or to the replacement of duplications of broken lenses, nor to sales upon prescription from persons legally authorized by the laws of this state to examine eyes and prescribe glasses therefor, nor shall it apply to regularly licensed physicians and surgeons. Sections 148.52 to 148.62 also do not apply to the sale of spectacles, used for reading and containing only simple lenses having a plus power of up to and including 3.25, if no attempt is made to test the eyes. The term "simple lenses" does not include bifocals. The seller shall prominently display a sign on the counter or rack or other display device where the spectacles are offered for sale that reads as follows: "If you have experienced a vision loss, the selection of these glasses should not take the place of an eye exam."

Subd. 4. License required. It shall be unlawful for any person to engage in the practice of optometry without first procuring and filing for record a certificate of registration as a licensed optometrist pursuant to this section.

History: (5789) 1915 c 127 s 5; 1925 c 239 s 5; 1929 c 420 s 3; 1983 c 301 s 146; 1986 c 444; 1987 c 125 s 1

148.57 LICENSE.

Subdivision 1. Examination. A person not authorized to practice optometry in the state and desiring to do so shall apply to the director of the state board of optometry and pay to the board a fee in an amount set by the board. The candidate desiring to apply to the board shall complete a form furnished by the board. With the submission of the application form, the candidate shall prove that the candidate (a) is of good moral character, and (b) is a graduate of an optometry school requiring at least two academic years of preprofessional training for admittance to such school and which has been approved by the board, or is currently enrolled in the final year of study at such a school, and pass all parts of an examination. The examination shall include both a written portion and a clinical practical portion and shall thoroughly test the fitness of the candidate to practice in this state. In regard to the written and clinical practical examinations, the board (a) may prepare, administer, and grade the examination itself or (b) may recognize and approve in whole or in part an examination prepared, administered and graded by a national board of examiners in optometry or (c) may administer a recognized and approved examination prepared and graded by or under the direction of a national board of examiners in optometry. The board shall issue a license to each applicant who satisfactorily passes the examinations and fulfills the other requirements stated in this section. The applicant shall pay to the board a fee as set by the board upon issuance of the license. In the event the candidate fails to pass a part of the examination, upon the payment of an additional fee as set by the board, the candidate may reapply to the board of optometry. The fees mentioned in this section are for the use of the board and in no case shall be refunded.

Subd. 2. Reciprocity. A person who holds a certificate of registration, or license, from another state, and who has practiced not less than three years in that state, may apply for licensure in Minnesota by filling out and swearing to an application for license by reciprocity form furnished by the board and by filing that form with the board secretary along with a fee as set by the board at least two weeks prior to the regular meeting at which the board is consid-

ering such applications. The application fee as set by the board shall be for the use of the board and in no case shall be refunded. To verify that the applicant possesses the knowledge and ability essential to the practice of optometry in this state, the board may for good cause request the applicant to perform a practical demonstration to its satisfaction. The applicant may then be issued a license if the requirements for registration or licensure in the other state are deemed by the board to be equivalent to those of sections 148.52 to 148.62; provided, that the other state accords like privileges to holders of certificates from the Minnesota board.

Subd. 3. Revocation, suspension. The board may revoke the license or suspend or restrict the right to practice of any person who has been convicted of any violation of sections 148.52 to 148.62 or of any other criminal offense, or who violates any provision of sections 148.571 to 148.576 or who is found by the board to be incompetent or guilty of unprofessional conduct. "Unprofessional conduct" means any conduct of a character likely to deceive or defraud the public, including, among other things, free examination advertising, the loaning of a license by any licensed optometrist to any person; the employment of "cappers" or "steerers" to obtain business; splitting or dividing a fee with any person; the obtaining of any fee or compensation by fraud or misrepresentation; employing directly or indirectly any suspended or unlicensed optometrist to perform any work covered by sections 148.52 to 148.62; the advertising by any means of optometric practice or treatment or advice in which untruthful, improbable, misleading, or impossible statements are made. After one year, upon application and proof that the disqualification has ceased, the board may reinstate such person.

Subd. 4. Peddling or canvassing forbidden. Every licensed optometrist who shall temporarily practice optometry outside or away from the regular registered place of business shall display the license and deliver to each customer or person there fitted or supplied with glasses a receipt or record which shall contain the signature, permanent registered place of business or post office address, and number of license of the optometrist, together with the amount charged therefor, but nothing contained in this section shall be construed as to permit peddling or canvassing by licensed optometrists.

History: (5790) 1915 c 127 s 6; 1925 c 239 s 6; 1929 c 420 s 4; 1949 c 267 s 3; 1967 c 381 s 2; 1973 c 62 s 2-4; 1976 c 222 s 63; 1978 c 516 s 1; 1982 c 388 s 5; 1985 c 247 s 25; 1986 c 444; 1992 c 419 s 1; 1993 c 121 s 3

148.571 USE OF TOPICAL OCULAR DRUGS.

Subdivision 1. Authority. Subject to the provisions of sections 148.57, subdivision 3, and 148.571 to 148.574, licensed optometrists may administer topical ocular drugs to the anterior segment of the human eye during an eye examination in the course of practice in their normal practice setting, solely for the purposes of determining the refractive, muscular, or functional origin of sources of visual discomfort or difficulty, and detecting abnormalities which may be evidence of disease.

Subd. 2. Drugs specified. For purposes of sections 148.57, subdivision 3, and 148.571 to 148.574, "topical ocular drugs" means:

(1) commercially prepared topical anesthetics as follows: proparacaine HC1 0.5 percent, tetracaine HC1 0.5 percent, and benoxinate HC1 0.4 percent;

(2) commercially prepared mydriatics as follows: phenylephrine HC1 in strength not greater than 2.5 percent and hydroxyamphetamine HBr in strength not greater than 1 percent; and

(3) commercially prepared cycloplegics/mydriatics as follows: tropicamide in strength not greater than 1 percent and cyclopentolate in strength not greater than 1 percent.

History: 1982 c 388 s 1; 1986 c 444

148.572 ADVICE TO SEEK DIAGNOSIS AND TREATMENT.

Whether or not topical ocular drugs have been used, if any licensed optometrist is informed by a patient or determines from examining a patient, using judgment and that degree of skill, care, knowledge and attention ordinarily possessed and exercised by optometrists in good standing under like circumstances, that there are present in that patient signs or symptoms which may be evidence of disease that requires treatment that is beyond the practice of

optometry permitted by law, then the licensed optometrist shall (1) promptly advise that patient to seek evaluation by an appropriate licensed physician for diagnosis and possible treatment and (2) not attempt to treat such condition by the use of drugs or any other means.

History: 1982 c 388 s 2; 1993 c 121 s 4

148.573 PREREQUISITES TO DRUG USE.

Subdivision 1. Certificate required. A licensed optometrist shall not purchase, possess or administer any topical ocular drugs unless, after August 1, 1982, the optometrist has obtained a certificate from the board of optometry certifying that the optometrist has complied with the following requirements:

(a) Successful completion of 60 classroom hours of study in general and clinical pharmacology as it relates to the practice of optometry, with particular emphasis on the use of topical ocular drugs for examination purposes. At least 30 of the 60 classroom hours shall be in ocular pharmacology and shall emphasize the systemic effects of and reactions to topical ocular drugs, including the emergency management and referral of any adverse reactions that may occur. The course of study shall be approved by the board of optometry, and shall be offered by an institution which is accredited by a regional or professional accreditation organization recognized or approved by the Council on Post-secondary Education or the United States Department of Education or their successors. The course shall be completed prior to entering the examination required by this section;

(b) Successful completion of an examination approved by the board of optometry on the subject of general and ocular pharmacology as it relates to optometry with particular emphasis on the use of topical ocular drugs, including emergency management and referral of any adverse reactions that may occur;

(c) Successful completion, after August 1, 1982, of a course in cardiopulmonary resuscitation offered or approved by the Red Cross, American Heart Association, an accredited hospital, or a comparable organization or institution; and

(d) Establishment, after August 1, 1982, of an emergency plan for the management and referral to appropriate medical services of patients who may experience adverse drug reactions resulting from the application of topical ocular drugs. The plan must be approved by the board of optometry and shall, at least, require the optometrist to:

(1) Refer patients who notify the optometrist of an adverse drug reaction to appropriate medical specialists or facilities;

(2) Routinely advise the patient to immediately contact the optometrist if the patient experiences an adverse reaction;

(3) Place in the patient's permanent record information describing any adverse drug reaction experienced by the patient, and the date and time that any referral was made; and

(4) Include in the plan the names of at least three physicians, physician clinics, or hospitals to whom the optometrist will refer patients who experience an adverse drug reaction. At least one of these physicians shall be skilled in the diagnosis and treatment of diseases of the eye.

Subd. 2. Exception. The course and examination required by clauses (a) and (b) of subdivision 1 shall be completed after August 1, 1982 except that the board of optometry may certify applicants who have graduated from an accredited school of optometry within two years prior to August 1, 1982 if the school's curriculum includes a course and examination meeting the requirements of clauses (a) and (b) of subdivision 1.

Subd. 3. Consultation required. Approvals of the course, examination and emergency plan required by clauses (a), (b) and (d) of subdivision 1 shall be given by the board of optometry only after consultation with the board of medical practice and board of pharmacy, provided that the recommendations of the board of medical practice and board of pharmacy are made within 120 days after they are requested by the board of optometry.

History: 1982 c 388 s 3; 1991 c 106 s 6

148.574 PROHIBITIONS RELATING TO LEGEND DRUGS; AUTHORIZING SALES BY PHARMACISTS UNDER CERTAIN CONDITIONS.

An optometrist shall not purchase, possess, administer, prescribe or give any legend drug as defined in section 151.01 to any person except as is expressly authorized by sections 148.571 to 148.577. The authorizations in sections 148.571 to 148.577 apply only to topical legend drugs. Nothing in chapter 151 shall prevent a pharmacist from selling topical ocular drugs to an optometrist authorized to use such drugs according to sections 148.571 to 148.577. Notwithstanding section 151.37, an optometrist is prohibited from dispensing legend drugs at retail.

History: 1982 c 388 s 4; 1993 c 121 s 5

148.575 CERTIFICATE REQUIRED FOR USE OF TOPICAL LEGEND DRUGS.

Subdivision 1. **Certificate required for use of topical legend drugs.** A licensed optometrist must be board certified to use topical legend drugs for therapy under section 148.576.

Subd. 2. **Board certified defined.** "Board certified" means that a licensed optometrist has been issued a certificate by the board of optometry certifying that the optometrist has complied with the following requirements for the use of topical legend drugs described in section 148.576:

(1) successful completion of at least 60 hours of study in general and ocular pharmacology emphasizing drugs used for examination or treatment purposes, their systemic effects and management or referral of adverse reactions;

(2) successful completion of at least 100 hours of study in the examination, diagnosis, and treatment of conditions of the human eye with topical legend drugs;

(3) successful completion of two years of supervised clinical experience in differential diagnosis of eye disease or disorders as part of optometric training or one year of that experience and ten years of actual clinical experience as a licensed optometrist; and

(4) successful completion of a nationally standardized examination approved by the board on the subject of treatment and management of ocular disease prepared, administered, and graded by the International Association of Boards of Examiners in Optometry or an equivalent national board examination.

Subd. 3. **Display of certificate required.** A certificate issued to a licensed optometrist by the board of optometry must be displayed in a prominent place in the licensed optometrist's office.

Subd. 4. **Accreditation of courses.** The board of optometry may approve courses of study in general or ocular pharmacology and examination, diagnosis, and treatment of conditions of the human eye only if they are taught by an institution that meets the following criteria:

(1) the institution has facilities for both didactic and clinical instruction in pharmacology and ocular disease treatment;

(2) the institution certifies to the board of optometry that the course of instruction is comparable in content to courses of instruction required by other health-related licensing boards whose license holders or registrants are permitted to administer pharmaceutical agents in their professional practice for either diagnostic or therapeutic purposes or both; and

(3) the institution is accredited by a regional or professional accrediting organization recognized by the Council on Postsecondary Accreditation or the United States Department of Education, or their successors.

Subd. 5. **Notice to board of pharmacy.** The board of optometry shall notify the board of pharmacy of each licensed optometrist who meets the certification requirements in this section.

History: 1993 c 121 s 6

148.576 USE OF TOPICAL LEGEND DRUGS; LIMITATIONS; REPORTS.

Subdivision 1. **Authority to prescribe or administer.** A licensed optometrist who is board certified under section 148.575 may prescribe or administer topical legend drugs to aid

in the diagnosis, cure, mitigation, prevention, treatment, or management of disease, deficiency, deformity, or abnormality of the human eye and adnexa.

Subd. 2. **Adverse reaction reports.** An optometrist certified to prescribe topical legend drugs shall file with the board of optometry within ten working days of its occurrence a report on any adverse reaction resulting from the optometrist's administration of a drug. The report must include the optometrist's name, address, and license number; the patient's name, address, and age; the patient's presenting problem; the diagnosis; the agent administered and the method of administration; the reaction; and the subsequent action taken.

History: 1993 c 121 s 7

148.577 STANDARD OF CARE.

A licensed optometrist who is board certified under section 148.575 is held to the same standard of care in the use of those drugs as physicians licensed by the state of Minnesota.

History: 1993 c 121 s 8

148.578 ADVERSE REACTIONS.

The board of optometry shall report annually to the legislature the details of adverse reactions received regarding the prescription or administration of topical legend drugs under section 148.576, subdivision 2.

History: 1993 c 121 s 9

148.58 [Repealed, 1976 c 222 s 209]

148.59 LICENSE RENEWAL; FEE.

A licensed optometrist shall pay to the state board of optometry a fee as set by the board in order to renew a license as provided by board rule.

History: (5792) 1915 c 127 s 8; 1925 c 239 s 8; 1949 c 267 s 4; 1959 c 378 s 1; 1967 c 381 s 4; 1973 c 62 s 6; 1976 c 222 s 64; 1986 c 444

148.60 EXPENSES.

The expenses of administering sections 148.52 to 148.62 shall be paid from appropriations made to the board of optometry.

History: (5793) 1915 c 127 s 9; 1925 c 239 s 9; 1955 c 847 s 14; 1973 c 638 s 21; 1975 c 136 s 19; 1976 c 222 s 65

148.61 PENALTY.

Subdivision 1. [Repealed, 1945 c 242 s 14]

Subd. 2. [Renumbered 148.511 subdivision 1]

Subd. 3. [Renumbered 148.101]

Subd. 4. [Renumbered 148.511 subd 2]

Subd. 5. Every person who shall violate any of the provisions of sections 148.52 to 148.62 shall be guilty of a gross misdemeanor.

History: (5794) 1915 c 127 s 10; 1925 c 239 s 10

148.62 APPLICATION.

Sections 148.52 to 148.62 shall not be construed as forbidding any person licensed to practice any profession in this state from engaging in such profession as it may now be defined by law.

History: (5796-1) 1925 c 239 s 13

DIETITIANS AND NUTRITIONISTS

148.621 DEFINITIONS.

Subdivision 1. **Applicability.** The definitions in this section apply to sections 148.621 to 148.633.

Subd. 2. **Accredited college or university.** "Accredited college or university" means a college or university accredited by the regional accrediting agencies recognized by the council on post-secondary accreditation, and the United States Department of Education at the time the degree was conferred.

Subd. 3. **Association.** "Association" means the American Dietetic Association.

Subd. 4. **Board.** "Board" means the board of dietetics and nutrition practice.

Subd. 5. **Commission.** "Commission" means the Commission on Dietetic Registration that is a member of the National Commission on Health Certifying Agencies, which national commission establishes national standards of competence for individuals participating in the health care delivery system.

Subd. 6. **Commissioner.** "Commissioner" means the commissioner of health.

Subd. 7. **Dietitian.** "Dietitian" means an individual who engages in dietetics or nutrition practice and uses the title dietitian.

Subd. 8. **Nutritionist.** "Nutritionist" means an individual who engages in dietetics or nutrition practice and uses the title nutritionist.

Subd. 9. **Dietetics or nutrition practice.** "Dietetics or nutrition practice" means the integration and application of scientific principles of food, nutrition, biochemistry, physiology, food management, and behavioral and social sciences to achieve and maintain human health through the provision of nutrition care services.

Subd. 10. **Nutrition care services.** "Nutrition care services" means:

- (1) assessment of the nutritional needs of individuals or groups;
- (2) establishment of priorities, goals, and objectives to meet nutritional needs;
- (3) provision of nutrition counseling for both normal and therapeutic needs;
- (4) development, implementation, and management of nutrition care services; or
- (5) evaluation, adjustment, and maintenance of appropriate standards of quality in nutrition care.

Subd. 11. **Nutritional assessment.** "Nutritional assessment" means the evaluation of the nutritional needs of individuals or groups based on appropriate biochemical, anthropometric, physical, and dietary data to determine nutrient needs and recommend appropriate nutritional intake.

Subd. 12. **Nutrition counseling.** "Nutrition counseling" means advising and assisting individuals or groups on appropriate nutritional intake by integrating information from the nutritional assessment with information on food and other sources of nutrients and meal preparation consistent with cultural background and socioeconomic status.

Subd. 13. **Person.** "Person" means an individual, corporation, partnership, or other legal entity.

History: 1994 c 613 s 2

148.622 BOARD OF DIETETICS AND NUTRITION PRACTICE.

Subdivision 1. **Creation.** The board of dietetics and nutrition practice consists of seven members appointed by the governor.

Subd. 2. **Membership.** Members of the board must have been residents of the state of Minnesota for two years immediately preceding appointment and must represent various geographic areas of the state and various employment settings, as required by this section. Two members must be dietitians registered with the commission with at least three years of dietetics practice in Minnesota. Two members must be nutritionists with at least three years of nutrition practice in Minnesota. The professional members first appointed need not be licensed under this chapter for appointment to their first terms on the board, but must possess the qualifications necessary for licensure under this chapter. Three other members must be public members as defined under section 214.02. Two of the public members must be consumers of nutrition care services or caregivers of those utilizing such services.

Subd. 3. **Membership terms; officers; quorum; expenses.** (a) Members must be appointed for staggered terms of four years, with terms beginning August 1 of each even-numbered year. The terms of the initial board members shall be determined by lot as follows:

three members shall be appointed for terms that expire August 1, 1999; two members must be appointed for terms that expire August 1, 1997; and two members must be appointed for terms that expire August 1, 1995. Members of the board serve until the expiration of the term to which they have been appointed or until their successors have qualified. A person may not be appointed to serve more than two consecutive terms.

(b) The board shall organize annually and select a chair and vice-chair.

(c) Four members of the board, including two professional members and two public members, constitute a quorum to do business.

(d) The board shall hold at least two regular meetings each year. Additional meetings may be held at the call of the chair or at the written request of any three members of the board. At least 14 days' written advance notice of the board meeting is required.

(e) Board members receive compensation for their services in accordance with section 15.0575.

History: 1994 c 613 s 3

148.623 DUTIES OF THE BOARD.

The board shall:

- (1) adopt rules necessary to administer and enforce sections 148.621 to 148.633;
 - (2) administer, coordinate, and enforce sections 148.621 to 148.633;
 - (3) evaluate the qualifications of applicants;
 - (4) issue subpoenas, examine witnesses, and administer oaths;
 - (5) conduct hearings and keep records and minutes necessary to the orderly administration of sections 148.621 to 148.633;
 - (6) investigate persons engaging in practices that violate sections 148.621 to 148.633;
- and
- (7) adopt rules under chapter 14 prescribing a code of ethics for licensees.

History: 1994 c 613 s 4

148.624 LICENSURE; RENEWAL.

Subdivision 1. **Dietetics.** The board shall issue a license as a dietitian to a person who files a completed application, pays all required fees, and certifies and furnishes evidence satisfactory to the board that the applicant:

- (1) meets the following qualifications:
 - (i) has received a baccalaureate or postgraduate degree from a United States regionally accredited college or university with a major in dietetics, human nutrition, nutrition education, food and nutrition, or food services management;
 - (ii) has completed a documented supervised preprofessional practice experience component in dietetic practice of not less than 900 hours under the supervision of a registered dietitian, a state licensed nutrition professional, or an individual with a doctoral degree conferred by a United States regionally accredited college or university with a major course of study in human nutrition, nutrition education, food and nutrition, dietetics, or food systems management. Supervised practice experience must be completed in the United States or its territories. Supervisors who obtain their doctoral degree outside the United States and its territories must have their degrees approved by the board as equivalent to the doctoral degree conferred by a United States regionally accredited college or university; and
 - (iii) has successfully completed the registration examination for dietitians administered by the commission; or
 - (2) has a valid current registration with the commission which gives the applicant the right to use the term "registered dietitian" or "R.D."

Subd. 2. **Nutrition.** The board shall issue a license as a nutritionist to a person who files a completed application, pays all required fees, and certifies and furnishes evidence satisfactory to the board that the applicant:

- (1) meets the following qualifications:

(i) has received a master's or doctoral degree from an accredited or approved college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition; and

(ii) has completed a documented supervised preprofessional practice experience component in dietetic practice of not less than 900 hours under the supervision of a registered dietitian, a state licensed nutrition professional, or an individual with a doctoral degree conferred by a United States regionally accredited college or university with a major course of study in human nutrition, nutrition education, food and nutrition, dietetics, or food systems management. Supervised practice experience must be completed in the United States or its territories. Supervisors who obtain their doctoral degree outside the United States and its territories must have their degrees validated as equivalent to the doctoral degree conferred by a United States regionally accredited college or university; or

(2) has qualified as a diplomate of the American Board of Nutrition, Springfield, Virginia.

Subd. 3. Petition. (a) The board may issue a license as a nutritionist to a person who submits to the board a petition for individual review, provided the person has received a master's or doctoral degree from an accredited college or university with a major course of study that includes an emphasis in human nutrition and has completed a supervised preprofessional experience component in nutrition practice of not less than 900 hours under the supervision of a registered dietitian, a state licensed health care practitioner, or an individual with a doctoral degree conferred by a United States regionally accredited college or university with a major course of study in human nutrition, nutrition education, food and nutrition, dietetics, or food system management. Supervised practice experience must be completed in the United States or its territories. Supervisors who obtain their degree outside the United States and its territories must have their degrees approved by the board as equivalent to a comparable degree conferred by a United States regionally accredited college or university.

(b) The board may issue a license as a dietitian or nutritionist to an applicant who has completed a course of study at a foreign college or university, if the applicant:

(1) submits a petition for individual review;

(2) successfully completes a course of study approved by the board as equivalent to a baccalaureate or master's degree conferred by a United States regionally accredited college or university; and

(3) meets the applicable experiential requirements set by the board.

Subd. 4. Renewal. Licensees shall renew licenses at the time and in the manner established by the rules of the board.

History: 1994 c 613 s 5

148.625 APPLICATION.

A person desiring a license under sections 148.621 to 148.633 shall apply to the board on a form and in the manner the board prescribes. The application must be accompanied by an application fee in an amount determined by the board.

History: 1994 c 613 s 6

148.626 CONTINUING EDUCATION REQUIRED.

Within three years of the effective date of sections 148.621 to 148.633, renewal of a license is contingent on the applicant meeting uniform continuing education requirements established by the board. Notice of initial or amended continuing education requirements must be sent to all persons licensed under sections 148.621 to 148.633 at least 12 months before a person's license renewal is dependent on satisfaction of those requirements. Continuing education requirements must be sent to new applicants with the forms on which they are to apply for licensure.

History: 1994 c 613 s 7

148.627 TRANSITION PERIOD.

Subdivision 1. Dietitians. For one year after the effective date of rules adopted by the board under section 148.623, the board shall issue a license as a dietitian to an applicant who

is a qualified dietitian as defined by the division of health resources of the department of health and has practiced nutrition or dietetics in good standing for the equivalent of one year full time during the last five years.

Subd. 2. Nutritionists. For one year after the effective date of rules adopted by the board under section 148.623, the board shall issue a license as a nutritionist to an applicant who has received a qualifying master's or doctoral degree and has practiced nutrition or dietetics in good standing for the equivalent of one year during the last five years.

Subd. 3. Clinical nutritionists. For one year after the effective date of rules adopted by the board under section 148.623, the board shall issue a license as a nutritionist to an applicant who is a certified clinical nutritionist, certified by the International and American Association of Clinical Nutritionists who meets the standards for certification and recertification established by the Clinical Nutrition Certification Board and works in cooperation with a medical doctor.

Subd. 4. Nutrition specialists. For one year after the effective date of rules adopted by the board under section 148.623, the board shall issue a license as a nutritionist to an applicant who is a certified nutrition specialist, certified by the Board for Nutrition Specialists.

Subd. 5. Notice. Within 30 days of the effective date of the rules adopted by the board under section 148.623, the board shall:

(1) notify dietitians and nutritionists of the existence of the rules by issuing notifications in dietitian and nutritionist trade publications;

(2) notify all Minnesota educational institutions which grant degrees in majors which prepare individuals for dietetics or nutrition practice of the existence of the rules; and

(3) provide copies of the rules upon request to interested individuals.

History: 1994 c 613 s 8

148.628 RECIPROCITY.

The board may issue a license to an applicant who is licensed as a dietitian or nutritionist in another state or the District of Columbia, provided that in the judgment of the board the standards for licensure in that state are not less stringent than the requirements set forth in sections 148.621 to 148.633.

History: 1994 c 613 s 9

148.629 DENIAL, SUSPENSION, OR REVOCATION.

Subdivision 1. Grounds. The board may refuse to renew or grant a license to, or may suspend, revoke, or restrict the license of an individual whom the board, after a hearing under the contested case provisions of chapter 14, determines:

(1) is incompetent to engage in dietetic or nutrition practice, or is found to be engaged in dietetic or nutrition practice in a manner harmful or dangerous to a client or to the public;

(2) has violated the rules of the board or the statutes the board is empowered to enforce;

(3) has obtained or attempted to obtain a license or license renewal by bribery or fraudulent representation;

(4) has knowingly made a false statement on a form required by the board for licensing or license renewal; or

(5) has sold any dietary supplement product if the sale of that product resulted in financial benefit to the individual.

Subd. 2. Restoring license. For reasons it finds sufficient, the board may grant a license previously refused, restore a license that has been revoked, or reduce a period of suspension or restriction of a license.

Subd. 3. Review. Suspension, revocation, or restriction of a license must be reviewed by the board at the request of the licensee against whom the disciplinary action was taken.

History: 1994 c 613 s 10

148.630 LICENSE REQUIRED.

(a) No person may engage in dietetics or nutrition practice unless the person is licensed as a dietitian or nutritionist by the board. No person may use the title "dietitian," "licensed

dietitian," "nutritionist," "licensed nutritionist," or any occupational title using the word "dietitian" or "nutritionist" unless so licensed by the board, nor shall any person hold out as a dietitian or nutritionist unless so licensed.

(b) Notwithstanding any other provision of sections 148.621 to 148.633, a dietitian registered by the commission shall have the right to use the title "registered dietitian" and the designation "R.D." Notwithstanding any other provision of sections 148.621 to 148.633, a dietetic technician registered by the commission on dietetic registration shall have the right to use the title "dietetic technician registered" and the designation "D.T.R."

History: 1994 c 613 s 11

148.631 PENALTY.

A person who violates sections 148.621 to 148.633 is guilty of a misdemeanor. If a person other than a licensed dietitian or nutritionist engages in an act or practice constituting an offense under sections 148.621 to 148.633, a district court on application of the board may issue an injunction or other appropriate order restraining the act or practice.

History: 1994 c 613 s 12

148.632 EXEMPTIONS; VOLUNTARY LICENSING.

Subdivision 1. **Persons excepted from the licensing requirement.** Nothing in sections 148.621 to 148.633 prevents or restricts the activities of:

(1) any person pursuing a degree in dietetics or nutrition at an accredited college or university who is practicing under the supervision of a licensed dietitian or licensed nutritionist and in accordance with accepted scientific knowledge and standards of practice, provided that the person is designated by a title which clearly indicates the person's status as a student or trainee;

(2) any person in the process of fulfilling the professional experience requirements in dietetics or nutrition necessary for licensure who is practicing under the supervision of a licensed dietitian or licensed nutritionist and in accordance with accepted scientific knowledge and standards of practice, provided that the person is designated by a title which clearly indicates the person's status as a trainee;

(3) any person licensed to practice medicine, nursing, optometry, psychology, pharmacy, dentistry, or chiropractic, when nutrition practice is incidental to the practice of the person's profession and the person does not hold out as a dietitian or nutritionist unless so licensed;

(4) any person, including a registered dietetic technician, dietetic technician, or other paraprofessional working in a program supervised by a licensed dietitian or nutritionist, if the person's activities are within the scope of the person's education and training and in accordance with accepted scientific knowledge and standards of practice in nutrition or dietetics and the person does not hold out as a dietitian or nutritionist unless so licensed;

(5) any person who provides weight control services, provided the nutrition program has been reviewed by, consultation is available from, and no program change can be initiated without prior approval by an individual licensed under sections 148.621 to 148.633, a dietitian licensed in another state that has licensure requirements considered by the board to be at least as stringent as the requirements for licensure under sections 148.621 to 148.633, or a registered dietitian, and provided that the person does not hold out as a dietitian or nutritionist unless so licensed;

(6) any home economist with a baccalaureate or graduate degree from an accredited college or university, if the person's activities are within the scope of the person's education and training and in accordance with accepted scientific knowledge and standards of practice and the person does not hold out as a dietitian or nutritionist;

(7) any person employed by a federal, state, county, or municipal agency, elementary or secondary school, regionally accredited institution of higher education, or nonprofit agency, if the person's activities are within the scope of the person's employment and the person does not hold out as a dietitian or nutritionist unless so licensed;

(8) any person who furnishes nutrition information on food, food materials, or dietary supplements or engages in the explanation to customers about foods or food products in con-

nection with the marketing and distribution of those products provided that the person does not hold out as a dietitian or nutritionist unless so licensed;

(9) any person who is recognized in the community as a provider of nutritional advice, including a curandero or medicine man or woman, and who advises people according to or based on traditional practices provided the person does not hold out as a dietitian or nutritionist unless so licensed;

(10) any animal nutritionist who does not meet the requirements of sections 148.621 to 148.633, provided that the person's activities are limited to the nutritional care of animals. Animal nutritionists may continue to use the title nutritionist so long as they provide nutrition services only to animals;

(11) any person who provides nutrition services without remuneration to family members; or

(12) any person involved in dietary or nutritional counseling pursuant to a research study supervised by a Minnesota institution of higher learning or state agency which has been approved by an institutional review board to ensure the informed consent and safety of study participants.

Subd. 2. Voluntary licensing. The licensing of persons employed by facilities licensed under chapters 144 and 144A is voluntary. Nothing in sections 148.621 to 148.633 prevents or restricts the activities of persons employed by these institutions.

History: 1994 c 613 s 13

148.633 DISPOSITION OF FUNDS.

Money received by the board under sections 148.621 to 148.633 must be credited to the health occupations licensing account within the special revenue fund.

History: 1994 c 613 s 14

PHYSICAL THERAPISTS

148.65 DEFINITIONS.

Subdivision 1. Physical therapy. As used in sections 148.65 to 148.78 the term "physical therapy" means the evaluation or treatment or both of any person by the employment of physical measures and the use of therapeutic exercises and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting, or alleviating a physical or mental disability. Physical measures shall include but shall not be limited to heat or cold, air, light, water, electricity and sound. Physical therapy includes evaluation other than medical diagnosis, treatment planning, treatment, documentation, performance of appropriate tests and measurement, interpretation of orders or referrals, instruction, consultative services, and supervision of supportive personnel. "Physical therapy" does not include the practice of medicine as defined in section 147.081, or the practice of chiropractic as defined in section 148.01.

Subd. 2. Physical therapist. "Physical therapist" means a person who practices physical therapy as defined in sections 148.65 to 148.78.

History: 1951 c 479 s 1; 1980 c 412 s 1; 1985 c 182 s 1; 1987 c 384 art 2 s 1

148.66 STATE BOARD OF MEDICAL PRACTICE, DUTIES.

The state board of medical practice, as now or hereafter constituted, hereinafter termed "the board," in the manner hereinafter provided, shall administer the provisions of this law.

History: 1951 c 479 s 2; 1991 c 106 s 6

148.67 PHYSICAL THERAPY COUNCIL.

The board of medical practice shall appoint a physical therapy council in carrying out the provisions of this law, regarding the qualifications and examination of physical therapists. The council shall consist of seven members, citizens and residents of the state of Min-

nesota, composed of three physical therapists, two licensed and registered doctors of medicine and surgery, one being a professor or associate or assistant professor from a program in physical therapy approved by the board of medical practice, one aide or assistant to a physical therapist and one public member. The council shall expire, and the terms, compensation and removal of members shall be as provided in section 15.059.

History: 1951 c 479 s 3; 1975 c 136 s 20; 1976 c 222 s 66; 1976 c 239 s 71; 1980 c 412 s 2; 1991 c 106 s 6

148.68 [Repealed, 1975 c 136 s 77]

148.69 [Repealed, 1975 c 136 s 77]

148.70 APPLICANTS, QUALIFICATIONS.

It shall be the duty of the board of medical practice with the advice and assistance of the physical therapy council to pass upon the qualifications of applicants for registration, continuing education requirements for reregistration, provide for and conduct all examinations following satisfactory completion of all didactic requirements, determine the applicants who successfully pass the examination, and duly register such applicants after the applicant has presented evidence satisfactory to the board that the applicant has completed a program of education or continuing education approved by the board.

The passing score for examinations taken after July 1, 1995, shall be based on objective, numerical standards, as established by a nationally recognized board approved testing service.

History: 1951 c 479 s 6; 1973 c 725 s 17; 1975 c 136 s 21; 1980 c 412 s 3; 1986 c 444; 1988 c 549 s 1; 1991 c 106 s 6; 1995 c 18 s 10

148.705 APPLICATION.

An applicant for registration as a physical therapist shall file a written application on forms provided by the board together with a fee in the amount set by the board, no portion of which shall be returned.

An approved program for physical therapists shall include the following:

(a) A minimum of 60 academic semester credits or its equivalent from an accredited college, including courses in the biological and physical sciences;

(b) An accredited course in physical therapy education which has provided adequate instruction in the basic sciences, clinical sciences, and physical therapy theory and procedures, as determined by the board. In determining whether or not a course in physical therapy is approved, the board may take into consideration the accreditation of such schools by the appropriate council of the American Medical Association, the American Physical Therapy Association, or the Canadian Medical Association.

History: 1980 c 412 s 4

148.706 SUPERVISION OF ASSISTANTS AND AIDES.

Every physical therapist who uses the services of an assistant or aide for the purpose of assisting in the practice of physical therapy is responsible for functions performed by the assistant or aide while engaged in such assistance. The physical therapist shall permit the assistant or aide to perform only those functions which the therapist is authorized by rule to delegate to a physical therapist assistant or assign to a physical therapy aide and shall provide supervision as specified.

History: 1980 c 412 s 11; 1986 c 444

148.71 REGISTRATION.

Subdivision 1. **Qualified applicant.** The state board of medical practice shall register as a physical therapist and shall furnish a certificate of registration to each applicant who successfully passes an examination provided for in sections 148.65 to 148.78 for registration as a physical therapist and who is otherwise qualified as required herein.

Subd. 2. Temporary permit. (a) The board may, upon payment of a fee set by the board, issue a temporary permit to practice physical therapy under supervision to a physical therapist who is a graduate of an approved school of physical therapy and qualified for admission to examination for registration as a physical therapist. A temporary permit to practice physical therapy under supervision may be issued only once and cannot be renewed. It expires 90 days after the next examination for registration given by the board or on the date on which the board, after examination of the applicant, grants or denies the applicant a registration to practice, whichever occurs first. A temporary permit expires on the first day the board begins its next examination for registration after the permit is issued if the holder does not submit to examination on that date. The holder of a temporary permit to practice physical therapy under supervision may practice physical therapy as defined in section 148.65 if the entire practice is under the supervision of a person holding a valid registration to practice physical therapy in this state. The supervision shall be direct, immediate, and on premises.

(b) A physical therapist from another state who is licensed or otherwise registered in good standing as a physical therapist by that state and meets the requirements for registration under section 148.72 does not require supervision to practice physical therapy while holding a temporary permit in this state. The temporary permit remains valid only until the meeting of the board at which the application for registration is considered.

Subd. 3. Foreign-trained physical therapists; temporary permits. (a) The board of medical practice may issue a temporary permit to a foreign-trained physical therapist who:

(1) is enrolled in a supervised physical therapy traineeship that meets the requirements under paragraph (b);

(2) has completed a physical therapy education program equivalent to that under section 148.705 and Minnesota Rules, part 5601.0800, subpart 2;

(3) has achieved a score of at least 550 on the test of English as a foreign language or a score of at least 85 on the Minnesota battery test; and

(4) has paid a nonrefundable fee set by the board.

A foreign-trained physical therapist must have the temporary permit before beginning a traineeship.

(b) A supervised physical therapy traineeship must:

(1) be at least six months;

(2) be at a board-approved facility;

(3) provide a broad base of clinical experience to the foreign-trained physical therapist including a variety of physical agents, therapeutic exercises, evaluation procedures, and patient diagnoses;

(4) be supervised by a physical therapist who has at least three years of clinical experience and is registered under subdivision 1; and

(5) be approved by the board before the foreign-trained physical therapist begins the traineeship.

(c) A temporary permit is effective on the first day of a traineeship and expires 90 days after the next examination for registration given by the board following successful completion of the traineeship or on the date on which the board, after examination of the applicant, grants or denies the applicant a registration to practice, whichever occurs first.

(d) A foreign-trained physical therapist must successfully complete a traineeship to be registered as a physical therapist under subdivision 1. The traineeship may be waived for a foreign-trained physical therapist who is licensed or otherwise registered in good standing in another state and has successfully practiced physical therapy in that state under the supervision of a licensed or registered physical therapist for at least six months at a facility that meets the requirements under paragraph (b), clauses (2) and (3).

(e) A temporary permit will not be issued to a foreign-trained applicant who has been issued a temporary permit for longer than six months in any other state.

History: 1951 c 479 s 7; 1980 c 412 s 5; 1988 c 557 s 4; 1991 c 106 s 6; 1993 c 21 s 11,12

148.72 EXAMINATIONS.

Subdivision 1. **Issuance of registration without examination.** On payment to the board of a fee in the amount set by the board and on submission of a written application on forms provided by the board, the board shall issue registration without examination to a person who is licensed or otherwise registered as a physical therapist by another state of the United States of America, its possessions, or the District of Columbia, if the requirements for licensure or registration in the state, possession, or District are equal to, or greater than, the requirements set forth in sections 148.65 to 148.78.

Subd. 2. **Certificate of registration.** The board may issue a certificate of registration to a physical therapist without examination to an applicant who presents evidence satisfactory to the board of having passed an examination recognized by the board if the standards of the other state or foreign country are determined by the board to be as high as those of this state. At the time of making an application the applicant shall pay to the board a fee in the amount set by the board, no portion of which shall be returned.

Subd. 3. **Examinations.** The board shall give an examination to applicants who comply with section 148.70. The examination shall include a written examination which shall test the applicant's knowledge of the basic and clinical sciences as they relate to physical therapy, physical therapy theory and procedures, and such other subjects as the board may deem useful to test the applicant's qualifications to act as a physical therapist.

Subd. 4. **Issuance of registration after examination.** The board shall issue a certificate of registration to each applicant who passes the examination in accordance with standards established by the board and who is not disqualified to receive registration under the provisions of section 148.75.

History: 1951 c 479 s 8; 1980 c 412 s 6; 1986 c 444; 1995 c 18 s 11

148.73 RENEWALS.

Every registered physical therapist shall, during each January, apply to the board for an extension of registration and pay a fee in the amount set by the board. The extension of registration is contingent upon demonstration that the continuing education requirements set by the board under section 148.70 have been satisfied.

History: 1951 c 479 s 9; 1959 c 282 s 1; 1961 c 323 s 1; 1980 c 412 s 7; 1986 c 444; 1988 c 549 s 2

148.74 RULES.

The board is authorized to adopt rules as may be necessary to carry out the purposes of sections 148.65 to 148.78. The secretary of the board shall keep a record of proceedings under these sections and a register of all persons registered under it. The register shall show the name, address, date and number of registration, and the renewal thereof. Any other interested person in the state may obtain a copy of such list on request to the board upon payment of an amount as may be fixed by the board, which shall not exceed the cost of the list so furnished. The board shall provide blanks, books, certificates, and stationery and assistance as is necessary for the transaction of the business of the board and the physical therapy council hereunder, and all money received by the board under sections 148.65 to 148.78 shall be paid into the state treasury as provided for by law. The board shall set by rule the amounts of the application fee and the annual registration fee. The fees collected by the board must be sufficient to cover the costs of administering sections 148.65 to 148.78.

History: 1951 c 479 s 10; 1977 c 305 s 45; 1980 c 412 s 8; 1985 c 248 s 70; 1988 c 549 s 3

148.75 CERTIFICATES; DENIAL, SUSPENSION, REVOCATION.

The state board of medical practice may refuse to grant registration to any physical therapist, or may suspend or revoke the registration of any physical therapist for any of the following grounds:

(a) using drugs or intoxicating liquors to an extent which affects professional competence;

- (b) been convicted of a felony;
- (c) conviction for violating any state or federal narcotic law;
- (d) procuring, aiding or abetting a criminal abortion;
- (e) registration or attempted registration by fraud or deception;
- (f) conduct unbecoming a person registered as a physical therapist or conduct detrimental to the best interests of the public;
- (g) gross negligence in the practice of physical therapy as a physical therapist;
- (h) treating human ailments by physical therapy after an initial 30-day period of patient admittance to treatment has lapsed, except by the order or referral of a person licensed in this state to practice medicine as defined in section 147.081, the practice of chiropractic as defined in section 148.01, the practice of podiatry as defined in section 153.01, or the practice of dentistry as defined in section 150A.05 and whose license is in good standing; or when a previous diagnosis exists indicating an ongoing condition warranting physical therapy treatment, subject to periodic review defined by board of medical practice rule;
- (i) treating human ailments without referral by physical therapy treatment without first having practiced one year under a physician's orders as verified by the board's records;
- (j) failure to consult with the patient's health care provider who prescribed the physical therapy treatment if the treatment is altered by the physical therapist from the original written order. The provision does not include written orders specifying orders to "evaluate and treat";
- (k) treating human ailments other than by physical therapy unless duly licensed or registered to do so under the laws of this state;
- (l) inappropriate delegation to a physical therapist assistant or inappropriate task assignment to an aide or inadequate supervision of either level of supportive personnel;
- (m) treating human ailments other than by performing physical therapy procedures unless duly licensed or registered to do so under the laws of this state;
- (n) practicing as a physical therapist performing medical diagnosis, the practice of medicine as defined in section 147.081, or the practice of chiropractic as defined in section 148.01;
- (o) failure to comply with a reasonable request to obtain appropriate clearance for mental or physical conditions which would interfere with the ability to practice physical therapy, and which may be potentially harmful to patients;
- (p) dividing fees with, or paying or promising to pay a commission or part of the fee to, any person who contacts the physical therapist for consultation or sends patients to the physical therapist for treatment;
- (q) engaging in an incentive payment arrangement, other than that prohibited by clause (p), that tends to promote physical therapy overutilization, whereby the referring person or person who controls the availability of physical therapy services to a client profits unreasonably as a result of patient treatment;
- (r) practicing physical therapy and failing to refer to a licensed health care professional any patient whose medical condition at the time of evaluation has been determined by the physical therapist to be beyond the scope of practice of a physical therapist; and
- (s) failure to report to the board other registered physical therapists who violate this section.

A certificate of registration to practice as a physical therapist is suspended if (1) a guardian of the person of the physical therapist is appointed by order of a court pursuant to sections 525.54 to 525.61, for reasons other than the minority of the physical therapist; or (2) the physical therapist is committed by order of a court pursuant to chapter 253B. The certificate of registration remains suspended until the physical therapist is restored to capacity by a court and, upon petition by the physical therapist, the suspension is terminated by the board of medical practice after a hearing.

History: 1951 c 479 s 11; 1967 c 119 s 1; 1969 c 6 s 27; 1969 c 927 s 7; 1974 c 61 s 1; 1974 c 406 s 23; 1980 c 412 s 9; 1982 c 581 s 24; 1985 c 182 s 2; 1986 c 444; 1987 c 384 art 2 s 1; 1988 c 549 s 4; 1991 c 106 s 6; 1991 c 199 art 2 s 1; 1Sp1994 c 1 art 2 s 11

148.76 PROHIBITED CONDUCT.

Subdivision 1. No person shall:

(a) use the title of physical therapist without a certificate of registration as a physical therapist issued pursuant to the provisions of sections 148.65 to 148.78;

(b) in any manner hold out as a physical therapist, or use in connection with the person's name the words or letters Physical Therapist, Physiotherapist, Physical Therapy Technician, Registered Physical Therapist, Licensed Physical Therapist, P.T., P.T.T., R.P.T., L.P.T., or any letters, words, abbreviations or insignia indicating or implying that the person is a physical therapist, without a certificate of registration as a physical therapist issued pursuant to the provisions of sections 148.65 to 148.78. To do so is a gross misdemeanor;

(c) employ fraud or deception in applying for or securing a certificate of registration as a physical therapist.

Nothing contained in sections 148.65 to 148.78 shall prohibit any person licensed or registered in this state under another law from carrying out the therapy or practice for which the person is duly licensed or registered.

Subd. 2. No physical therapist shall:

(a) treat human ailments by physical therapy after an initial 30-day period of patient admittance to treatment has lapsed, except by the order or referral of a person licensed in this state to practice medicine as defined in section 147.081, the practice of chiropractic as defined in section 148.01, the practice of podiatry as defined in section 153.01, or the practice of dentistry as defined in section 150A.05 and whose license is in good standing; or when a previous diagnosis exists indicating an ongoing condition warranting physical therapy treatment, subject to periodic review defined by board of medical practice rule;

(b) treat human ailments by physical therapy treatment without first having practiced one year under a physician's orders as verified by the board's records;

(c) utilize any chiropractic manipulative technique whose end is the chiropractic adjustment of an abnormal articulation of the body; and

(d) treat human ailments other than by physical therapy unless duly licensed or registered to do so under the laws of this state.

History: 1951 c 479 s 12; 1980 c 412 s 10; 1985 c 182 s 3; 1986 c 444; 1988 c 549 s 5; 1991 c 106 s 6; 1991 c 199 art 2 s 1

148.77 VIOLATIONS.

Any person violating the provisions of section 148.76 is guilty of a gross misdemeanor.

History: 1951 c 479 s 13; 1980 c 412 s 12

148.78 PROSECUTION, ALLEGATIONS.

In the prosecution of any person for violation of sections 148.65 to 148.78 as specified in section 148.76, it shall not be necessary to allege or prove want of a valid certificate of registration as a physical therapist, but shall be a matter of defense to be established by the accused.

History: 1951 c 749 s 14; 1980 c 412 s 13

ATHLETIC TRAINERS**148.7801 CITATION.**

Sections 148.7801 to 148.7815 may be cited as the "Minnesota athletic trainers act."

History: 1993 c 232 s 2

148.7802 DEFINITIONS.

Subdivision 1. **Applicability.** The definitions in this section apply to this chapter.

Subd. 2. **Approved continuing education program.** "Approved continuing education program" means a continuing education program that meets the continuing education requirements in section 148.7812 and is approved by the board.

Subd. 3. Approved education program. "Approved education program" means a university, college, or other post-secondary education program of athletic training that, at the time the student completes the program, is approved or accredited by the National Athletic Trainers Association Professional Education Committee, the National Athletic Trainers Association Board of Certification, or the Joint Review Committee on Educational Programs in Athletic Training in collaboration with the American Academy of Family Physicians, the American Academy of Pediatrics, the American Medical Association, and the National Athletic Trainers Association.

Subd. 4. Athlete. "Athlete" means a person participating in exercises, sports, games, or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina.

Subd. 5. Athletic injury. "Athletic injury" means an injury sustained by a person as a result of the person's participation in exercises, sports, games, or recreation requiring physical strength, agility, flexibility, range of motion, speed, or stamina.

Subd. 6. Athletic trainer. "Athletic trainer" means a person who engages in athletic training under section 148.7806 and is registered under section 148.7808.

Subd. 7. Board. "Board" means the board of medical practice.

Subd. 8. Credential. "Credential" means a license, permit, certification, registration, or other evidence of qualification or authorization to practice as an athletic trainer in this state or any other state.

Subd. 9. Credentialing examination. "Credentialing examination" means an examination administered by the National Athletic Trainers Association Board of Certification for credentialing as an athletic trainer, or an examination for credentialing offered by a national testing service that is approved by the board.

Subd. 10. Primary employment site. "Primary employment site" means the institution, organization, corporation, or sports team where the athletic trainer is employed for the practice of athletic training.

Subd. 11. Primary physician. "Primary physician" means a licensed medical physician who serves as a medical consultant to an athletic trainer.

History: 1993 c 232 s 3

148.7803 DESIGNATION OF ATHLETIC TRAINER.

Subdivision 1. Designation. A person shall not use in connection with the person's name the words or letters registered athletic trainer; licensed athletic trainer; Minnesota registered athletic trainer; athletic trainer; A.T.R.; or any words, letters, abbreviations, or insignia indicating or implying that the person is an athletic trainer, without a certificate of registration as an athletic trainer issued under sections 148.7808 to 148.7810. A student attending a college or university athletic training program must be identified as a "student athletic trainer."

Subd. 2. Penalty. A person who violates this section is guilty of a misdemeanor and subject to section 214.11.

History: 1993 c 232 s 4

148.7804 POWERS OF THE BOARD.

The board, acting under the advice of the athletic trainer's advisory council, shall issue all registrations and shall exercise the following powers and duties:

- (1) adopt rules necessary to implement sections 148.7801 to 148.7815;
- (2) prescribe registration application forms, certificate of registration forms, protocol forms, and other necessary forms;
- (3) approve a registration examination;
- (4) keep a complete record of registered athletic trainers, prepare a current official listing of the names and addresses of registered athletic trainers, and make a copy of the list available to any person requesting it upon payment of a copying fee established by the board;
- (5) keep a permanent record of all its proceedings; and
- (6) establish the duties of, and employ, clerical personnel.

History: 1993 c 232 s 5

148.7805 ATHLETIC TRAINER'S ADVISORY COUNCIL.

Subdivision 1. **Creation; membership.** The athletic trainer's advisory council is created and is composed of eight members appointed by the board. The advisory council consists of:

- (1) two public members as defined in section 214.02;
- (2) three members who, except for initial appointees, are registered athletic trainers, one being both a registered physical therapist and registered athletic trainer as submitted by the Minnesota American Physical Therapy Association;
- (3) two members who are medical physicians licensed by the state and have experience with athletic training and sports medicine; and
- (4) one member who is a doctor of chiropractic licensed by the state and has experience with athletic training and sports injuries.

Subd. 2. **Administration.** The advisory council is established and administered under section 15.059. Notwithstanding section 15.059, subdivision 5, the council shall not expire.

Subd. 3. **Duties.** The advisory council shall:

- (1) advise the board regarding standards for athletic trainers;
- (2) distribute information regarding athletic trainer standards;
- (3) advise the board on enforcement of sections 148.7801 to 148.7815;
- (4) review registration and registration renewal applications and make recommendations to the board;
- (5) review complaints in accordance with sections 214.10 and 214.13, subdivision 6;
- (6) review investigation reports of complaints and recommend to the board whether disciplinary action should be taken;
- (7) advise the board regarding evaluation and treatment protocols;
- (8) advise the board regarding approval of continuing education programs; and
- (9) perform other duties authorized for advisory councils under chapter 214, as directed by the board.

History: 1993 c 232 s 6

148.7806 ATHLETIC TRAINING.

Athletic training by a registered athletic trainer under section 148.7808 includes the activities described in paragraphs (a) to (e).

- (a) An athletic trainer shall:
- (1) prevent, recognize, and evaluate athletic injuries;
 - (2) give emergency care and first aid;
 - (3) manage and treat athletic injuries; and
 - (4) rehabilitate and physically recondition athletic injuries.

The athletic trainer may use modalities such as cold, heat, light, sound, electricity, exercise, and mechanical devices for treatment and rehabilitation of athletic injuries to athletes in the primary employment site.

(b) The primary physician shall establish evaluation and treatment protocols to be used by the athletic trainer. The primary physician shall record the protocols on a form prescribed by the board. The protocol form must be updated yearly at the athletic trainer's registration renewal time and kept on file by the athletic trainer.

(c) At the primary employment site, except in a corporate setting, an athletic trainer may evaluate and treat an athlete for an athletic injury not previously diagnosed for not more than 30 days, or a period of time as designated by the primary physician on the protocol form, from the date of the initial evaluation and treatment. Preventative care after resolution of the injury is not considered treatment. This paragraph does not apply to a person who is referred for treatment by a person licensed in this state to practice medicine as defined in section 147.081, to practice chiropractic as defined in section 148.01, to practice podiatry as defined in section 153.01, or to practice dentistry as defined in section 150A.05 and whose license is in good standing.

(d) An athletic trainer may:

(1) organize and administer an athletic training program including, but not limited to, educating and counseling athletes;

(2) monitor the signs, symptoms, general behavior, and general physical response of an athlete to treatment and rehabilitation including, but not limited to, whether the signs, symptoms, reactions, behavior, or general response show abnormal characteristics; and

(3) make suggestions to the primary physician or other treating provider for a modification in the treatment and rehabilitation of an injured athlete based on the indicators in clause (2).

(e) In a clinical, corporate, and physical therapy setting, when the service provided is, or is represented as being, physical therapy, an athletic trainer may work only under the direct supervision of a physical therapist as defined in section 148.65.

History: 1993 c 232 s 7

148.7807 LIMITATIONS ON PRACTICE.

If an athletic trainer determines that a patient's medical condition is beyond the scope of practice of that athletic trainer, the athletic trainer must refer the patient to a person licensed in this state to practice medicine as defined in section 147.081, to practice chiropractic as defined in section 148.01, to practice podiatry as defined in section 153.01, or to practice dentistry as defined in section 150A.05 and whose license is in good standing and in accordance with established evaluation and treatment protocols. An athletic trainer shall modify or terminate treatment of a patient that is not beneficial to the patient, or that is not tolerated by the patient.

History: 1993 c 232 s 8

148.7808 REGISTRATION; REQUIREMENTS.

Subdivision 1. Registration. The board may issue a certificate of registration as an athletic trainer to applicants who meet the requirements under this section. An applicant for registration as an athletic trainer shall pay a fee under section 148.7815 and file a written application on a form, provided by the board, that includes:

(1) the applicant's name, social security number, home address and telephone number, business address and telephone number, and business setting;

(2) evidence satisfactory to the board of the successful completion of an education program approved by the board;

(3) educational background;

(4) proof of a baccalaureate degree from an accredited college or university;

(5) credentials held in other jurisdictions;

(6) a description of any other jurisdiction's refusal to credential the applicant;

(7) a description of all professional disciplinary actions initiated against the applicant in any other jurisdiction;

(8) any history of drug or alcohol abuse, and any misdemeanor or felony conviction;

(9) evidence satisfactory to the board of a qualifying score on a credentialing examination within one year of the application for registration;

(10) additional information as requested by the board;

(11) the applicant's signature on a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief; and

(12) the applicant's signature on a waiver authorizing the board to obtain access to the applicant's records in this state or any other state in which the applicant has completed an education program approved by the board or engaged in the practice of athletic training.

Subd. 2. Registration by equivalency. The board may register by equivalency an applicant who:

(1) submits the application materials and fees required under subdivision 1, clauses (1) to (8), and (10) to (12); and

(2) provides evidence satisfactory to the board of current certification by the National Athletic Trainers Association Board of Certification.

Applicants who were certified by the National Athletic Trainers Association through the "grandfather" process prior to 1971 are exempt from completing subdivision 1, clauses (2) and (9).

Subd. 3. Registration by reciprocity. (a) The board may register by reciprocity an applicant who:

(1) submits the application materials and fees required under subdivision 1, clauses (1) to (8) and (10) to (12);

(2) provides a verified copy of a current and unrestricted credential for the practice of athletic training in another jurisdiction that has credentialing requirements equivalent to or more stringent than the requirements under subdivision 1; and

(3) provides letters of verification from the credentialing body in each jurisdiction in which the applicant holds a credential. Each letter must include the applicant's name, date of birth, credential number, date of issuance of the credential, a statement regarding disciplinary actions taken against the applicant, and the terms under which the credential was issued.

(b) An applicant for registration by reciprocity who has applied for registration under subdivision 1 and meets the requirements of paragraph (a), clause (1), may apply to the board for temporary registration under subdivision 4.

Subd. 4. Temporary registration. (a) The board may issue a temporary registration as an athletic trainer to qualified applicants. A temporary registration is issued for one year. An athletic trainer with a temporary registration may qualify for full registration after submission of verified documentation that the athletic trainer has achieved a qualifying score on a credentialing examination within one year after the date of the temporary registration.

(b) Except as provided in subdivision 3, paragraph (a), clause (1), an applicant for temporary registration must submit the application materials and fees for registration required under subdivision 1, clauses (1) to (8) and (10) to (12).

(c) An athletic trainer with a temporary registration shall work only under the direct supervision of an athletic trainer registered under this section. No more than four athletic trainers with temporary registrations shall work under the direction of a registered athletic trainer.

Subd. 5. Registration; transition period. (a) For two years after the effective date of sections 148.7801 to 148.7815, an applicant who has not completed an accredited or approved education program and is not certified by the National Athletic Trainers Association, the Board of Certification, or other national accrediting organization approved by the board, may qualify for registration. The board shall notify potential applicants of the effective date of sections 148.7801 to 148.7815 and the final date for submitting an application for registration during this transition period. Applications for registration under this subdivision shall not be accepted after the expiration date of the two-year period.

(b) An applicant for registration during the transition period must:

(1) submit an application and fees required under subdivision 1, clauses (1) and (3) to (12);

(2) submit documentation from a licensed medical physician verifying the athletic training services provided by the applicant and that the applicant has been employed in athletic training for no less than 21 hours per week for four of the five years immediately preceding the application; and

(3) achieve a qualifying score on the written examination of the National Athletic Trainers Association Board of Certification during the two-year transition period.

History: 1993 c 232 s 9

148.7809 REGISTRATION RENEWAL.

Subdivision 1. Requirements for registration renewal. A registered athletic trainer shall apply to the board for a one-year extension of registration by paying a fee under section 148.7815 and filing an application on a form provided by the board that includes:

(1) the athletic trainer's name, Minnesota athletic trainer registration number, home address and telephone number, business address and telephone number, and business setting;

(2) work history for the past year, including the average number of hours worked per week;

(3) a report of any change in status since initial registration or previous registration renewal;

(4) evidence satisfactory to the board of having met the continuing education requirements of section 148.7812;

(5) the athletic trainer's signature on a statement that a current copy of the protocol form is on file at the athletic trainer's primary employment site; and

(6) additional information as requested by the board.

Subd. 2. Registration renewal notice. Before June 1 of each year, the board shall send out a renewal notice to an athletic trainer's last known address on file with the board. The notice shall include an application for registration renewal and notice of the fees required for renewal. An athletic trainer who does not receive a renewal notice must still meet the requirements for registration renewal under this section.

Subd. 3. Renewal deadline. (a) An application for renewal of registration must be postmarked on or before July 1 of each year. If the postmark is illegible, the application is considered timely if received in the board office by the third working day after July 1.

(b) An application for renewal of registration submitted after the deadline date must include a late fee under section 148.7815.

Subd. 4. Lapse of registration status. An athletic trainer whose registration has lapsed must:

(1) apply for registration renewal under this section; and

(2) submit evidence satisfactory to the board from a licensed medical physician verifying employment in athletic training for eight weeks every three years during the time of the lapse in registration.

History: 1993 c 232 s 10

148.7810 BOARD ACTION ON APPLICATIONS.

Subdivision 1. Verification of application information. The board or advisory council, with the approval of the board, may verify information provided by an applicant for registration under section 148.7808 and registration renewal under section 148.7809 to determine whether the information is accurate and complete.

Subd. 2. Notification of board action. Within 120 days of receipt of the application, the board shall notify each applicant in writing of the action taken on the application.

Subd. 3. Request for hearing by applicant denied registration. An applicant denied registration shall be notified of the determination, and the grounds for it, and may request a hearing on the determination under Minnesota Rules, part 5615.0300, by filing a written 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.

History: 1993 c 232 s 11

148.7811 CHANGE OF ADDRESS.

A registered athletic trainer must notify the board, in writing, within 30 days of a change of address.

History: 1993 c 232 s 12

148.7812 CONTINUING EDUCATION REQUIREMENTS.

Subdivision 1. Number of contact hours required. An athletic trainer shall complete during every three-year period at least the equivalent of 60 contact hours of continuing professional postdegree education in programs approved by the board.

Subd. 2. Approved programs. The board shall approve a continuing education program that has been approved for continuing education credit by the National Athletic Trainers Association Board of Certification.

Subd. 3. Approval of continuing education programs. A continuing education program that has not been approved under subdivision 2 shall be approved by the board if:

- (1) the program content directly relates to the practice of athletic training or sports medicine;
- (2) each member of the program faculty shows expertise in the subject matter by holding a degree from an accredited education program, having verifiable experience in the field of athletic training or sports medicine, having special training in the subject area, or having experience teaching in the subject area;
- (3) the program lasts at least one contact hour;
- (4) there are specific written objectives describing the goals of the program for the participants; and
- (5) the program sponsor maintains attendance records for four years.

Subd. 4. Verification of continuing education credits. The board shall periodically select a random sample of athletic trainers and require the athletic trainers to show evidence to the board of having completed the continuing education requirements attested to by the athletic trainer. Either the athletic trainer or state or national organizations that maintain continuing education records may provide to the board documentation of attendance at a continuing education program.

Subd. 5. Restriction on continuing education topics. To meet the continuing education requirement in subdivision 1, an athletic trainer may have no more than ten hours of continuing education in the areas of management, risk management, personal growth, and educational techniques in a three-year reporting period.

History: 1993 c 232 s 13

148.7813 DISCIPLINARY PROCESS.

Subdivision 1. Investigation of complaints. Upon receipt of a complaint or other communication pursuant to section 214.13, subdivision 6, that alleges or implies a violation of sections 148.7801 to 148.7815 by an applicant or registered athletic trainer, the board shall follow the procedures in section 214.10.

Subd. 2. Grounds for disciplinary action. The board may impose disciplinary action as described in subdivision 3 against an athletic trainer whom the board, after a hearing under the contested case provisions of chapter 14, determines:

- (1) has knowingly made a false statement on a form required by the board for registration or registration renewal;
- (2) has provided athletic training services in a manner that falls below the standard of care of the profession;
- (3) has violated sections 148.7801 to 148.7815 or the rules adopted under these sections;
- (4) is or has been afflicted with any physical, mental, emotional, or other disability, or addiction that, in the opinion of the board, adversely affects the person's ability to practice athletic training;
- (5) has failed to cooperate with an investigation by the board;
- (6) has been convicted or has pled guilty or nolo contendere to an offense that in the opinion of the board reasonably relates to the practice of athletic training or that bears on the athletic trainer's ability to practice athletic training;
- (7) has aided and abetted in any manner a person in violating sections 148.7801 to 148.7815;
- (8) has been disciplined by an agency or board of another state while in the practice of athletic training;
- (9) has shown dishonest, unethical, or unprofessional conduct while in the practice of athletic training that is likely to deceive, defraud, or harm the public;
- (10) has violated a state or federal law, rule, or regulation that in the opinion of the board reasonably relates to the practice of athletic training;
- (11) has behaved in a sexual manner or what may reasonably be interpreted by a patient as sexual, or was verbally seductive or sexually demeaning to a patient;

- (12) has misused alcohol, drugs, or controlled substances; or
- (13) has violated an order issued by the board.

Subd. 3. **Disciplinary actions.** When grounds for disciplinary action exist under subdivision 2, the board may take one or more of the following actions:

- (1) deny the right to practice;
- (2) revoke the right to practice;
- (3) suspend the right to practice;
- (4) impose limitations on the practice of the athletic trainer;
- (5) impose conditions on the practice of the athletic trainer;
- (6) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the athletic trainer of any economic advantage gained by reason of the violation charged, or to discourage repeated violations;
- (7) censure or reprimand the athletic trainer; or
- (8) take any other action justified by the facts of the case.

Subd. 4. **Reinstatement.** An athletic trainer who has had registration revoked cannot apply for reinstatement. A suspended athletic trainer shall be reinstated upon evidence satisfactory to the board of fulfillment of the terms of suspension. All requirements of section 148.7809 to renew registration, if applicable, must also be met before reinstatement.

History: 1993 c 232 s 14

148.7814 APPLICABILITY.

Sections 148.7801 to 148.7815 do not apply to persons who are certified as athletic trainers by the National Athletic Trainers Association Board of Certification and come into Minnesota for a specific athletic event or series of athletic events with an individual or group.

History: 1993 c 232 s 15

148.7815 FEES.

Subdivision 1. **Registration fee.** The fee for registration under section 148.7808 and annual renewal under section 148.7809 is \$100.

Subd. 2. **Proration of fees.** The board shall prorate the fees for registration under section 148.7808 as follows:

- (1) applicants for initial registration between July 1 and December 31 shall pay the full registration fee; and
- (2) applicants for initial registration between January 1 and June 30 shall pay one-half the registration fee.

Athletic trainers registered under section 148.7808 are required to pay the full fee upon registration renewal.

Subd. 3. **Penalty for a late application for registration renewal.** The penalty for late submission of a registration renewal application under section 148.7809 is \$15.

Subd. 4. **Nonrefundable fees.** The fees in this section are nonrefundable.

History: 1993 c 232 s 16

PSYCHOLOGISTS

148.79 [Repealed, 1973 c 685 s 14; 1976 c 2 s 67]

148.80 [Repealed, 1973 c 685 s 14]

148.81 [Repealed, 1973 c 685 s 14; 1974 c 406 s 91]

148.82 [Repealed, 1973 c 685 s 14]

148.83 [Repealed, 1973 c 685 s 14]

148.84 [Repealed, 1973 c 685 s 14]

148.85 [Repealed, 1973 c 685 s 14; 1976 c 2 s 67]

148.86 [Repealed, 1973 c 685 s 14]

148.87 [Repealed, 1976 c 2 s 66]

148.88 CITATION.

Sections 148.88 to 148.98 and the rules adopted under them, shall be cited as the Minnesota psychology practice act.

History: 1973 c 685 s 1; 1Sp1981 c 4 art 1 s 81; 1991 c 255 s 3; 1996 c 424 s 2

148.881 DECLARATION OF POLICY.

The practice of psychology in Minnesota affects the public health, safety, and welfare. The regulations in sections 148.88 to 148.98 protect the public from the practice of psychology by unqualified persons and from unethical or unprofessional conduct by persons licensed to practice psychology.

History: 1991 c 255 s 4; 1996 c 424 s 3

148.89 DEFINITIONS.

Subdivision 1. **Applicability.** For the purposes of sections 148.88 to 148.98, the following terms have the meanings given them.

Subd. 2. **Board of psychology or board.** "Board of psychology" or "board" means the board established under section 148.90.

Subd. 2a. **Client.** "Client" means each person or legal, religious, academic, organizational, business, governmental, or other entity that receives, received, or should have received, or arranged for another entity to receive services from a person regulated under sections 148.88 to 148.98. For the purposes of sections 148.88 to 148.98, "client" may include patient, resident, counselee, evaluatee, and, as limited in the rules of conduct, student, supervisee, or research subject. In the case of dual clients, the psychologist must be aware of the responsibilities to each client, and of the potential for divergent interests of each client.

Subd. 3. **Independent practice.** "Independent practice" means the practice of psychology without supervision.

Subd. 4. **Licensee.** "Licensee" means a person who is licensed by the board as a licensed psychologist or as a psychological practitioner.

Subd. 5. **Practice of psychology.** "Practice of psychology" means the observation, description, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures, to prevent or eliminate symptomatic, maladaptive, or undesired behavior and to enhance interpersonal relationships, work and life adjustment, personal and organizational effectiveness, behavioral health, and mental health. The practice of psychology includes, but is not limited to, the following services, regardless of whether the provider receives payment for the services:

(1) psychological research, psychological testing, teaching of psychology, and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning;

(2) counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and diagnosis and treatment of:

- (i) mental and emotional disorder or disability;
- (ii) alcoholism and substance abuse;
- (iii) disorders of habit or conduct;
- (iv) the psychological aspects of physical illness or condition, accident, injury, or disability;
- (v) bereavement issues;
- (vi) family or relationship issues; and
- (vii) work-related issues; and

(3) psychoeducational evaluation, therapy, remediation, and consultation.

Subd. 6. [Repealed, 1996 c 424 s 24]

Subd. 7. [Repealed, 1996 c 424 s 24]

Subd. 8. [Repealed, 1996 c 424 s 24]

History: 1973 c 685 s 2; 1991 c 255 s 5; 1993 c 206 s 13; 1996 c 424 s 4,5

148.90 BOARD OF PSYCHOLOGY.

Subdivision 1. **Board of psychology.** (a) The board of psychology is created with the powers and duties described in this section. The board has 11 members who consist of:

(1) three persons licensed as licensed psychologists who have a doctoral degree in psychology;

(2) two persons licensed as licensed psychologists who have a master's degree in psychology;

(3) two psychologists, not necessarily licensed, one with a doctoral degree in psychology who represents a doctoral training program in psychology, and one who represents a master's degree training program in psychology;

(4) one person licensed or qualified to be licensed as a psychological practitioner; and

(5) three public members.

(b) After the date on which fewer than 30 percent of the persons licensed by the board as licensed psychologists qualify for licensure under section 148.907, subdivision 3, paragraph (b), the first vacancy filled under paragraph (a), clause (2), shall be filled by a person licensed or qualified to be licensed as a licensed psychological practitioner. From this date on, this position when vacant shall be filled by a person licensed or qualified to be licensed as a licensed psychological practitioner.

(c) After the date on which fewer than 15 percent of the persons licensed by the board as licensed psychologists qualify for licensure under section 148.907, subdivision 3, paragraph (b), the first vacancy under paragraph (a), clause (2), for a licensed psychologist with a master's degree in psychology shall be filled by a licensed psychologist. From this date on, this position when vacant shall be filled by a person licensed as a licensed psychologist.

Subd. 2. **Members.** (a) The members of the board shall:

(1) be appointed by the governor;

(2) be residents of the state;

(3) serve for not more than two consecutive terms;

(4) designate the officers of the board; and

(5) administer oaths pertaining to the business of the board.

(b) A public member of the board shall represent the public interest and shall not:

(1) be a psychologist, psychological practitioner, or have engaged in the practice of psychology;

(2) be an applicant or former applicant for licensure;

(3) be a member of another health profession;

(4) be a member of a household that includes a psychologist or psychological practitioner; or

(5) have conflicts of interest or the appearance of conflicts with duties as a board member.

Subd. 3. **Terms; compensation; removal of members.** Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements shall be as provided in chapter 214. The provision of staff, administrative services and office space; the review and processing of complaints; the setting of board fees; and other activities relating to board operations shall be conducted according to chapter 214.

Subd. 4. [Repealed, 1975 c 136 s 77]

Subd. 5. [Repealed, 1975 c 136 s 77]

History: 1973 c 685 s 3; 1975 c 136 s 22,23; 1975 c 271 s 6; 1976 c 222 s 67; 1982 c 424 s 130; 1991 c 199 art 1 s 43; 1991 c 255 s 6; 1996 c 424 s 6,7

148.905 DUTIES OF THE BOARD.

Subdivision 1. **General.** The board shall:

- (1) adopt and enforce rules for licensing psychologists and psychological practitioners and for regulating their professional conduct;
- (2) adopt and enforce rules of conduct governing the practice of psychology;
- (3) adopt and implement rules for examinations which shall be held at least once a year to assess applicants' knowledge and skills. The examinations may be written or oral or both, and may be administered by the board or by institutions or individuals designated by the board;
- (4) issue licenses to individuals qualified under sections 148.907 and 148.908, according to the procedures for licensing in Minnesota Rules;
- (5) issue copies of the rules for licensing to all applicants;
- (6) establish and maintain annually a register of current licenses;
- (7) establish and collect fees for the issuance and renewal of licenses and other services by the board. Fees shall be set to defray the cost of administering the provisions of sections 148.88 to 148.98 including costs for applications, examinations, enforcement, materials, and the operations of the board;
- (8) educate the public about the requirements for licensing of psychologists and of psychological practitioners and about the rules of conduct, to enable the public to file complaints against applicants or licensees who may have violated the psychology practice act; and
- (9) adopt and implement requirements for continuing education and establish or approve programs that qualify for professional psychology continuing educational credit. The board may hire consultants, agencies, or professional psychological associations to establish and approve continuing education courses.

Subd. 2. **Additional powers.** The board may adopt rules necessary to define standards or to carry out the provisions of sections 148.88 to 148.98. Rules shall be adopted according to chapter 14.

History: 1991 c 255 s 7; 1993 c 206 s 14; 1996 c 424 s 8

148.906 LEVELS OF PRACTICE.

The board may grant licenses for levels of psychological practice to be known as (1) licensed psychologist and (2) licensed psychological practitioner.

History: 1996 c 424 s 9

148.907 LICENSED PSYCHOLOGIST.

Subdivision 1. **Effective date.** After August 1, 1991, no person shall engage in the independent practice of psychology unless that person is licensed as a licensed psychologist.

Subd. 2. **Requirements for licensure as a licensed psychologist.** To become licensed by the board as a licensed psychologist, an applicant shall comply with the following requirements:

- (1) pass an examination in psychology;
- (2) pass a professional responsibility examination on the practice of psychology;
- (3) pass any other examinations as required by board rules;
- (4) pay nonrefundable fees to the board for applications, processing, testing, renewals, and materials;
- (5) have attained the age of majority, be of good moral character, and have no unresolved disciplinary action or complaints pending in the state of Minnesota or any other jurisdiction;
- (6) have a doctoral degree with a major in psychology from a regionally accredited educational institution meeting the standards the board has established by rule; and
- (7) have completed at least two full years or the equivalent of postdoctoral supervised psychological employment.

Subd. 3. **Master's level licensure as a licensed psychologist after August 1, 1991.** (a) A person licensed in this state as a licensed consulting psychologist or a licensed psycholo-

gist before August 1, 1991, qualifies for licensure as a licensed psychologist, as described in subdivision 2, at the time of license renewal.

(b) Providing all other licensure requirements have been satisfactorily met, the board shall grant licensure as a licensed psychologist to a person who:

(1) before November 1, 1991, entered a graduate program at a regionally accredited educational institution granting a master's or doctoral degree with a major in psychology which meets the standards the board has established by rule;

(2) before December 31, 1997, earned a master's degree or a master's equivalent in a doctoral program at a regionally accredited educational institution and complied with requirements of subdivision 2, clauses (1) to (5), except that the nonrefundable fees for licensure are payable at the time an application for licensure is submitted; and

(3) before December 31, 1998, completed at least two full years or the equivalent of post-master's supervised psychological employment, which may include a predoctoral internship.

(c) Notwithstanding paragraph (b), the board shall not grant licensure as a licensed psychologist under this subdivision unless the applicant demonstrates that the applicant was a resident of Minnesota on October 31, 1992, and meets all the requirements for licensure under this subdivision.

Subd. 4. Converting from master's to doctoral level licensure. To convert from licensure as a licensed psychologist at the master's or master's equivalent level to licensure at the doctoral level, a licensed psychologist shall have:

(1) completed an application provided by the board;

(2) had an official transcript documenting the conferral of the doctoral degree sent directly from the educational institution to the board;

(3) paid a nonrefundable fee;

(4) successfully completed two full years or the equivalent of supervised psychological employment, which shall not include a predoctoral internship, after earning a master's degree or a master's equivalent in a doctoral program;

(5) successfully completed a predoctoral internship meeting the standards the board has established by rule; and

(6) received a doctoral degree with a major in psychology from a regionally accredited educational institution meeting the standards the board has established by rule.

History: 1996 c 424 s 10

148.908 LICENSED PSYCHOLOGICAL PRACTITIONER.

Subdivision 1. Scope of practice. A licensed psychological practitioner shall practice only under supervision that satisfies the requirements of section 148.925 and while employed by either a licensed psychologist or a health care or social service agency which employs or contracts with a supervising licensed psychologist who shares clinical responsibility for the care provided by the licensed psychological practitioner.

Subd. 2. Requirements for licensure as a licensed psychological practitioner. To become licensed by the board as a licensed psychological practitioner, an applicant shall comply with the following requirements:

(1) pass an examination in psychology;

(2) pass a professional responsibility examination on the practice of psychology;

(3) pass any other examinations as required by board rules;

(4) pay nonrefundable fees to the board for applications, processing, testing, renewals, and materials;

(5) attained the age of majority, be of good moral character, and have no unresolved disciplinary action or complaints pending in the state of Minnesota or any other jurisdiction; and

(6) have received a doctoral or master's degree or the equivalent of a master's degree in a doctoral program with a major in psychology from a regionally accredited educational institution meeting the standards the board has established by rule.

History: 1996 c 424 s 11

148.91 [Repealed, 1996 c 424 s 24]

148.911 CONTINUING EDUCATION.

Upon application for license renewal, a licensee shall provide the board with satisfactory evidence that the licensee has completed continuing education requirements established by the board. Continuing education programs shall be approved under section 148.905, subdivision 1, clause (9). The board shall establish by rule the number of continuing education training hours required each year and may specify subject or skills areas that the licensee shall address.

History: 1991 c 255 s 9; 1996 c 424 s 12

148.915 RECIPROCITY.

The board may grant a license to a diplomate of the American Board of Professional Psychology or to any person who at the time of application is licensed, certified, or registered to practice psychology by a board of another state and who meets the licensure requirements under section 148.907, subdivision 2. The board, at its discretion, may elect not to require the examination in psychology under section 148.907, subdivision 2, clause (1), if the person was licensed in another state before the examination was required for licensure in that state. The board, at its discretion, may grant a license as a licensed psychologist to a person who at the time of application is licensed, certified, or registered at the doctoral level for at least 15 years to practice psychology in another jurisdiction, and has had no disciplinary action taken against the license, certificate, or registration during the person's entire period of licensure, certification, or registration, but who has completed fewer than two years of postdegree supervised employment. An applicant seeking licensure under this section shall pass a professional responsibility examination on the practice of psychology and any other examinations as required by the board.

History: 1996 c 424 s 13

148.916 GUEST LICENSURE.

Subdivision 1. Generally. If a nonresident of the state of Minnesota, who is not seeking licensure in this state, and who has been issued a license, certificate, or registration by another jurisdiction to practice psychology at the doctoral level, wishes to practice in Minnesota for more than seven calendar days, the person shall apply to the board for guest licensure, provided that the psychologist's practice in Minnesota is limited to no more than 30 days per calendar year. Application under this section shall be made no less than 30 days prior to the expected date of practice in Minnesota and shall be subject to approval by the board or its designee. The board shall charge a nonrefundable fee for guest licensure. The board shall adopt rules to implement this section.

Subd. 2. Psychological consultations. Notwithstanding subdivision 1, a nonresident of the state of Minnesota, who is not seeking licensure in this state, may serve as an expert witness, presenter, or educator without obtaining guest licensure, provided the person is appropriately trained, educated, or has been issued a license, certificate, or registration by another jurisdiction.

Subd. 3. Disaster or emergency relief workers. The requirements of subdivision 1 do not apply to psychologists sent to this state for the sole purpose of responding to a disaster or emergency relief effort of this state government, the federal government, the American Red Cross, or other disaster or emergency relief organization as long as the psychologist is not practicing in Minnesota for longer than 30 days and the American Red Cross, disaster or emergency relief organization, or government can certify the psychologist's assignment in this state. The board or its designee, at its discretion, may grant an extension to the 30-day time limitation of this subdivision.

Subd. 4. Prohibitions and sanctions. A person's privilege to practice under this section is subject to the prohibitions and sanctions for unprofessional or unethical conduct contained in Minnesota laws and rules.

History: 1996 c 424 s 14

148.92 [Repealed, 1991 c 255 s 20]

148.921 [Repealed, 1996 c 424 s 24]

148.925 SUPERVISION.

Subdivision 1. [Renumbered subd 3]

Subdivision 1. **Supervision.** For the purpose of meeting the requirements of this section, supervision means documented in-person consultation between either: (1) a supervising licensed psychologist and a licensed psychological practitioner; or (2) a supervising licensed psychologist or a mental health professional designated by the supervising licensed psychologist and an applicant for licensure as a licensed psychologist. The supervision shall be adequate to assure the quality and competence of the activities supervised. Supervisory consultation shall include discussions on the nature and content of the practice of the supervisee, including, but not limited to, a review of a representative sample of psychological services in the supervisee's practice.

Subd. 2. [Paragraph (a) renumbered subd 4]

Subd. 2. [Paragraph (b) renumbered subd 5]

Subd. 2. **Supervised psychological employment.** Supervised psychological employment means paid or volunteer work experience and postdegree training of a person seeking to be licensed as a licensed psychologist that involves the professional oversight by a licensed psychologist and satisfies the supervision requirements in subdivision 5.

Subd. 3. [Renumbered subd 7]

Subd. 3. **Persons qualified to provide supervision.** (a) Supervision of a master's level applicant for licensure as a licensed psychologist shall be provided by a person:

(1) who is a licensed psychologist with competencies both in supervision in the practice of psychology and in the activities being supervised;

(2) who has a doctoral degree with a major in psychology, who is employed by a regionally accredited educational institution or employed by a federal, state, county, or local government institution, agency, or research facility, and who has competencies both in supervision in the practice of psychology and in the activities being supervised, provided the supervision is being provided and the activities being supervised occur within that regionally accredited educational institution or federal, state, county, or local government institution, agency, or research facility; or

(3) who is eligible for licensure as a licensed psychologist by reciprocity with competencies both in supervision in the practice of psychology and in the activities being supervised.

(b) Supervision of a doctoral level applicant for licensure as a licensed psychologist shall be provided by a person:

(1) who is a licensed psychologist with a doctoral degree and with competencies both in supervision in the practice of psychology and in the activities being supervised;

(2) who has a doctoral degree with a major in psychology, who is employed by a regionally accredited educational institution or is employed by a federal, state, county, or local government institution, agency, or research facility, and who has competencies both in supervision in the practice of psychology and in the activities being supervised, provided the supervision is being provided and the activities being supervised occur within that regionally accredited educational institution or federal, state, county, or local government institution, agency, or research facility;

(3) who is eligible for licensure by reciprocity with competencies both in supervision in the practice of psychology and in the activities being supervised; or

(4) who is a licensed psychologist who was licensed before August 1, 1991, with competencies both in supervision in the practice of psychology and in the activities being supervised.

Subd. 4. **Supervisory consultation for a licensed psychological practitioner.** Supervisory consultation between a supervising licensed psychologist and a supervised licensed psychological practitioner shall be at least one hour in duration and shall occur on an individ-

ual, in-person basis. A minimum of one hour of supervision per month is required for the initial 20 or fewer hours of psychological services delivered per month. For each additional 20 hours of psychological services delivered per month, an additional hour of supervision per month is required. When more than 20 hours of psychological services are provided in a week, no more than one hour of supervision is required per week.

Subd. 5. Supervisory consultation for an applicant for licensure as a licensed psychologist. Supervision of an applicant for licensure as a licensed psychologist shall include at least two hours of regularly scheduled in-person consultations per week for full-time employment, one hour of which shall be with the supervisor on an individual basis. The remaining hour may be with other master's or doctoral prepared mental health professionals designated by the supervisor. The board may approve an exception to the weekly supervision requirement for a week when the supervisor was ill or otherwise unable to provide supervision. The board may prorate the two hours per week of supervision for persons preparing for licensure on a part-time basis. Supervised psychological employment does not qualify for licensure when the supervisory consultation is not adequate as described in subdivision 1, or in the board rules.

Subd. 6. Supervisee duties. Persons preparing for licensure as a licensed psychologist during their postdegree supervised employment may perform as part of their training any functions specified in section 148.89, but only under qualified supervision.

Subd. 7. Waiver of supervision requirements. (a) An applicant for licensure as a licensed psychologist who entered supervised employment before August 1, 1991, may request a waiver from the board of the supervision requirements in this section in order to continue supervision under the board rules in effect before August 1, 1991.

(b) The board shall grant a waiver from the supervision requirements of subdivision 4 to a licensed psychological practitioner who presents evidence of:

(1) completion of two full years or the equivalent of supervised post-master's degree employment, meeting the requirements of subdivision 5 as it relates to preparation for licensure as a licensed psychologist;

(2) endorsement for specific areas of competency by the licensed psychologist who provided the two years of supervision;

(3) employment by a hospital or by a community mental health center or nonprofit mental health clinic or social service agency providing services as a part of the mental health service plan required by the comprehensive mental health act;

(4) the employer's acceptance of clinical responsibility for the care provided by the licensed psychological practitioner; and

(5) a plan which is satisfactory to the board for supervising the work of the licensed psychological practitioner.

(c) After December 31, 1993, the supervision requirements must be deemed waived for a person who previously received a waiver under paragraph (b) and is seeking a new waiver because of a change of employment to a different employer or employment setting. The deemed waiver continues until the board either grants or denies the waiver. A person who has been denied a waiver is entitled to appeal the decision using a contested case hearing. The person must request a hearing within 30 days after receiving notice from the board that the request for a waiver has been denied. A deemed waiver under this paragraph continues until the appeal has been resolved.

History: 1991 c 255 s 11; 1992 c 513 art 6 s 31-33; 1993 c 206 s 17; 1996 c 424 s 15

148.93 [Repealed, 1996 c 424 s 24]

148.94 [Repealed, 1976 c 222 s 209]

148.941 DENIAL, REVOCATION, AND SUSPENSION OF LICENSES; DISCIPLINARY ACTION.

Subdivision 1. Generally. Except as otherwise described in this section, all hearings shall be conducted under chapter 14.

Subd. 2. Grounds for disciplinary action; forms of disciplinary action. (a) The board may impose disciplinary action as described in paragraph (b) against an applicant or licensee whom the board, by a preponderance of the evidence, determines:

(1) has violated a statute, rule, or order that the board issued or is empowered to enforce;

(2) has engaged in fraudulent, deceptive, or dishonest conduct, whether or not the conduct relates to the practice of psychology, that adversely affects the person's ability or fitness to practice psychology;

(3) has engaged in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;

(4) has been convicted of or has pled guilty or nolo contendere to a felony or other crime, an element of which is dishonesty or fraud, or has been shown to have engaged in acts or practices tending to show that the applicant or licensee is incompetent or has engaged in conduct reflecting adversely on the applicant's or licensee's ability or fitness to engage in the practice of psychology;

(5) has employed fraud or deception in obtaining or renewing a license, or in passing an examination;

(6) has had a psychology license, certificate, registration, privilege to take an examination, or other similar authority denied, revoked, suspended, canceled, limited, or not renewed for cause in any jurisdiction;

(7) has failed to meet any requirement for the issuance or renewal of the person's license. The burden of proof is on the applicant or licensee to demonstrate the qualifications or satisfy the requirements for a license under the psychology practice act;

(8) has failed to cooperate with an investigation of the board as required under subdivision 4;

(9) has demonstrated an inability to practice psychology with reasonable skill and safety to clients due to any mental or physical illness or condition; or

(10) has engaged in fee splitting. This clause does not apply to the distribution of revenues from a partnership, group practice, nonprofit corporation, or professional corporation to its partners, shareholders, members, or employees if the revenues consist only of fees for services performed by the licensee or under a licensee's administrative authority. Fee splitting includes, but is not limited to:

(i) paying, offering to pay, receiving, or agreeing to receive a commission, rebate, or remuneration, directly or indirectly, primarily for the referral of clients;

(ii) dividing fees with another person or a professional corporation, unless the division is in proportion to the services provided and the responsibility assumed by each professional;

(iii) referring a client to any health care provider as defined in section 144.335 in which the referring licensee has a significant financial interest unless the licensee has disclosed in advance to the client the licensee's own financial interest; and

(iv) dispensing for profit any instrument, test, procedure, or device, unless the licensee has disclosed in advance to the client the licensee's own profit interest.

(b) If grounds for disciplinary action exist under paragraph (a), the board may take one or more of the following actions:

(1) refuse to grant or renew a license;

(2) revoke a license;

(3) suspend a license;

(4) impose limitations or conditions on a licensee's practice of psychology, including, but not limited to, limiting the scope of practice to designated competencies, imposing retraining or rehabilitation requirements, requiring the licensee to practice under supervision, or conditioning continued practice on the demonstration of knowledge or skill by appropriate examination or other review of skill and competence;

(5) censure or reprimand the licensee;

(6) refuse to permit an applicant to take the licensure examination or refuse to release an applicant's examination grade if the board finds that it is in the public interest; or

(7) impose a civil penalty not exceeding \$5,000 for each separate violation. The amount of the penalty shall be fixed so as to deprive the applicant or licensee of any economic advantage gained by reason of the violation charged, or to discourage repeated violations.

(c) In lieu of or in addition to paragraph (b), the board may require, as a condition of continued licensure, termination of suspension, reinstatement of license, examination, or release of examination grades, that the applicant or licensee:

(1) submit to a quality review, as specified by the board, of the applicant's or licensee's ability, skills, or quality of work; and

(2) complete to the satisfaction of the board educational courses specified by the board.

(d) Service of the order is effective if the order is served on the applicant, licensee, or counsel of record personally or by mail to the most recent address provided to the board for the licensee, applicant, or counsel of record. The order shall state the reasons for the entry of the order.

Subd. 3. Temporary suspension of license. (a) In addition to any other remedy provided by law, the board may temporarily suspend the credentials of a licensee after conducting a preliminary inquiry to determine if the board reasonably believes that the licensee has violated a statute or rule that the board is empowered to enforce and continued practice by the licensee would create an imminent risk of harm to others.

(b) The order may prohibit the licensee from engaging in the practice of psychology in whole or in part and may condition the end of a suspension on the licensee's compliance with a statute, rule, or order that the board has issued or is empowered to enforce.

(c) The order shall give notice of the right to a hearing pursuant to this subdivision and shall state the reasons for the entry of the order.

(d) Service of the order is effective when the order is served on the licensee personally or by certified mail which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the licensee.

(e) At the time the board issues a temporary suspension order, the board shall schedule a hearing to be held before its own members which shall begin no later than 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for hearing by a licensee on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. This hearing is not subject to chapter 14. Evidence presented by the board or the licensee shall be in affidavit form only. The licensee or counsel of record may appear for oral argument.

(f) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, schedule a contested case hearing within 30 days of the issuance of the order. Notwithstanding chapter 14, the administrative law judge shall issue a report within 30 days after closing the contested case hearing record. The board shall issue a final order within 30 days of receipt of the administrative law judge's report.

Subd. 4. Cooperation of applicants or licensees with investigations. (a) An applicant or licensee of the board who is the subject of an investigation or who is questioned in connection with an investigation by or on behalf of the board shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any question raised by or on behalf of the board relating to the subject of the investigation, executing all releases requested by the board, providing copies of client records, as reasonably requested by the board to assist it in its investigation, and appearing at conferences or hearings scheduled by the board or its staff.

(b) If the board does not have a written consent from a client permitting access to the client's records, the licensee may delete any data in the record which identify the client before providing it to the board. The board shall maintain any records obtained pursuant to this section as investigative data pursuant to chapter 13.

Subd. 5. Evidence of past sexual conduct. In a proceeding for the suspension or revocation of a license or other disciplinary action for unethical or unprofessional conduct involving sexual contact with a client or former client, the board or administrative law judge shall not consider evidence of the client's previous sexual conduct nor shall any reference to this conduct be made during the proceedings or in the findings, except by motion of the cli-

ent, unless the evidence would be admissible under applicable provisions of section 609.347, subdivision 3.

Subd. 6. Violation. Persons who engage in the unlicensed practice of psychology or who misrepresent themselves as psychologists or psychological practitioners are guilty of a misdemeanor.

History: 1993 c 206 s 18; 1996 c 424 s 16–19

148.95 [Repealed, 1993 c 206 s 25]

148.951 [Repealed, 1996 c 424 s 24]

148.96 PRESENTATION TO PUBLIC.

Subdivision 1. Requirements for professional identification. All licensees, when representing themselves in activities relating to the practice of psychology, including in written materials or advertising, shall identify the academic degree upon which their licensure is based, as well as their level of licensure.

Subd. 2. Disclosure of education. At the initial meeting, a licensee shall display or make available to each new client accurate information about the qualifications and competencies of the licensee, in accordance with regulations of the board.

Subd. 3. Requirements for representations to the public. (a) Unless licensed under sections 148.88 to 148.98, except as provided in paragraphs (b) through (d), persons shall not present themselves or permit themselves to be presented to the public by:

(1) using any title or description of services incorporating the words “psychology,” “psychological,” or “psychologist;” or

(2) representing that the person has expert qualifications in an area of psychology.

(b) Psychologically trained individuals who are employed by an educational institution recognized by a regional accrediting organization, by a federal, state, county, or local government institution, agencies, or research facilities, may represent themselves by the title designated by that organization.

(c) A psychologically trained individual from an institution described in paragraph (b) may offer lecture services and is exempt from the provisions of this section.

(d) A person who is preparing for the practice of psychology under supervision in accordance with board statutes and rules may be designated as a “psychological intern,” “psychological trainee,” or by other terms clearly describing the person’s training status.

(e) Nothing in this section shall be construed to prohibit the practice of school psychology by a person licensed in accordance with chapter 125.

Subd. 4. Persons or techniques not regulated by this board. (a) Nothing in sections 148.88 to 148.98 shall be construed to limit the occupational pursuits consistent with their training and codes of ethics of professionals such as teachers in recognized public and private schools, members of the clergy, physicians, social workers, school psychologists, alcohol or drug counselors, optometrists, or attorneys. However, in such performance any title used shall be in accordance with section 148.96.

(b) Use of psychological techniques by business and industrial organizations for their own personnel purposes or by employment agencies or state vocational rehabilitation agencies for the evaluation of their own clients prior to recommendation for employment is also specifically allowed. However, no representative of an industrial or business firm or corporation may sell, offer, or provide any psychological services as specified in section 148.89 unless such services are performed or supervised by individuals licensed under sections 148.88 to 148.98.

Subd. 5. Other professions not authorized. Nothing in sections 148.88 to 148.98 shall be construed to authorize a person licensed under sections 148.88 to 148.98 to engage in the practice of any profession regulated under Minnesota law unless the person is duly licensed or registered in that profession.

History: 1973 c 685 s 9; 1986 c 444; 1991 c 255 s 14; 1996 c 424 s 20

148.97 [Repealed, 1996 c 424 s 24]

148.975 DUTY TO WARN; LIMITATION ON LIABILITY; VIOLENT BEHAVIOR OF PATIENT.

Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

(b) "Other person" means an immediate family member or someone who personally knows the client and has reason to believe the client is capable of and will carry out the serious, specific threat of harm to a specific, clearly identified or identifiable victim.

(c) "Reasonable efforts" means communicating the serious, specific threat to the potential victim and if unable to make contact with the potential victim, communicating the serious, specific threat to the law enforcement agency closest to the potential victim or the client.

Subd. 2. **Duty to warn.** The duty to predict, warn of, or take reasonable precautions to provide protection from, violent behavior arises only when a client or other person has communicated to the licensee a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim. If a duty to warn arises, the duty is discharged by the licensee if reasonable efforts, as defined in subdivision 1, paragraph (c), are made to communicate the threat.

Subd. 3. [Renumbered subd 2]

Subd. 3. **Liability standard.** If no duty to warn exists under subdivision 2, then no monetary liability and no cause of action may arise against a licensee for failure to predict, warn of, or take reasonable precautions to provide protection from, a client's violent behavior.

Subd. 4. **Disclosure of confidences.** Good faith compliance with the duty to warn shall not constitute a breach of confidence and shall not result in monetary liability or a cause of action against the licensee.

Subd. 5. **Continuity of care.** Nothing in subdivision 2 shall be construed to authorize a licensee to terminate treatment of a client as a direct result of a client's violent behavior or threat of physical violence unless the client is referred to another practitioner or appropriate health care facility.

Subd. 6. **Exception.** This section does not apply to a threat to commit suicide or other threats by a client to harm the client, or to a threat by a client who is adjudicated mentally ill and dangerous under chapter 253B.

Subd. 7. **Optional disclosure.** Nothing in section 148.975 shall be construed to prohibit a licensee from disclosing confidences to third parties in a good-faith effort to warn against or take precautions against a client's violent behavior or threat to commit suicide for which a duty to warn does not arise.

Subd. 8. **Limitation on liability.** No monetary liability and no cause of action, or disciplinary action by the board may arise against a licensee for disclosure of confidences to third parties, for failure to disclose confidences to third parties, or for erroneous disclosure of confidences to third parties in a good-faith effort to warn against or take precautions against a client's violent behavior or threat of suicide for which a duty to warn does not arise.

History: 1986 c 380 s 1; 1996 c 424 s 21

148.976 OPTIONAL DISCLOSURE; LIMITATION ON LIABILITY.

Subdivision 1. **Optional disclosure.** Nothing in section 148.975 shall be construed to prohibit a practitioner from disclosing confidences to third parties in a good-faith effort to warn against or take precautions against a patient's violent behavior for which a duty to warn does not arise under section 148.975.

Subd. 2. **Limitation on liability.** No monetary liability and no cause of action, or disciplinary action by the state board of psychology or board of nursing may arise against a practitioner for disclosure of confidences to third parties, for failure to disclose confidences to third parties, or for erroneous disclosure of confidences to third parties in a good-faith effort to warn against or take precautions against a patient's violent behavior for which a duty to warn does not arise under section 148.975.

History: 1986 c 380 s 2

148.98 RULES OF CONDUCT.

The board shall adopt rules of conduct to govern an applicant's or licensee's practices or behavior. The board shall publish the rules in the State Register and file the rules with the

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secretary of state at least 30 days prior to the effective date of the rules. The rules of conduct shall include, but are not limited to, the principles in paragraphs (a) through (c).

(a) Applicants or licensees shall recognize the boundaries of their competence and the limitations of their techniques and shall not offer services or use techniques that fail to meet usual and customary professional standards.

(b) An applicant or licensee who engages in practice shall assist clients in obtaining professional help for all important aspects of the client's problems that fall outside the boundaries of the applicant's or licensee's competence.

(c) Applicants or licensees shall not claim either directly or by implication professional qualifications that differ from their actual qualifications, nor shall they misrepresent their affiliations with any institution, organization, or individual, nor lead others to assume affiliations that do not exist.

History: 1973 c 685 s 11; 1976 c 222 s 72; 1986 c 444; 1991 c 255 s 16; 1993 c 206 s 19; 1996 c 424 s 22

148.99 Subdivision 1. [Repealed, 1976 c 222 s 209]

Subd. 2. [Expired]