

**WYOMING BOARD OF MEDICINE
RULES AND REGULATIONS**

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**WYOMING BOARD OF MEDICINE
RULES AND REGULATIONS**

CHAPTER 1 - LICENSE ELIGIBILITY, APPLICATION AND INTERVIEWS

Section 1. Authority.

These rules are promulgated pursuant to authority granted by the Act and the APA.

Section 2. Purpose.

The rules in this chapter are adopted to establish definitions to be used in the Board's rules, establish procedures to determine eligibility for licensure as a physician, set requirements for physician license applications, establish procedures and requirements for temporary, training and inactive physician licensure and license renewal and establish procedures and criteria for interviews of physician license applicants.

Section 3. Definitions.

The definitions contained in the Act and the APA are incorporated herein by this reference. In addition, the following definitions of terms used in all chapters of the rules promulgated under the Act shall apply :

- (a) "A.B.M.S." means the American Board of Medical Specialties.
- (b) "Active practice of medicine" means the practice of medicine and provision of clinical or population-based care for an average of not less than twenty (20) hours per week in any consecutive twelve (12) month period.
- (c) "Advisory council" means the advisory committee to the board of medicine on matters related to physician assistants created pursuant to W.S. 33-26-503(b)(v).
- (d) "Affidavit" means a written, notarized statement of facts made voluntarily under oath.
- (e) "A.M.A." means the American Medical Association.
- (f) "A.P.A." means the Wyoming Administrative Procedure Act, W.S. 16-3-101, *et seq.*
- (g) "Applicant" means any person who has applied to the board for issuance, renewal, or reactivation of a license.
- (h) "Application" means a written submission to the board on a form approved by the board, and any accompanying documents.
- (i) "Attending Physician" means a physician licensed by the Board who has established a physician/patient relationship;
- (j) "B.O.S.B.O.C." means the Bureau of Osteopathic Specialists and Boards of Certification.
- (k) "Clean application" means that the physician applicant has none of the following:
 - (i) Professional liability insurance settlement(s) or payment(s) in excess of \$50,000 individually or \$100,000 in the aggregate;
 - (ii) Criminal record;
 - (iii) Medical condition(s) which could affect the physician's ability to practice safely;
 - (iv) Licensing or regulatory board complaint(s), investigation(s), or action(s) (including withdrawal of a licensure application);
 - (v) Adverse action taken by a health care entity;

(vi) Investigation(s) or action(s) taken by a federal agency, the United States military, medical society or association; or,

(vii) Suspension or expulsion from, or disciplinary action in, any academic program, including medical school, residency program or fellowship program.

(l) “CLIA waived tests” means those medical tests that are exempt from federal Clinical Laboratory Improvement Amendments requirements.

(m) “C.M.E.” means continuing medical education.

(n) “Complainant” means any identified person, persons, association or entity, including the board or an individual member of the board, or the board staff, who communicates to the board alleging facts, which may constitute a violation of the Act by a licensee.

(o) “Complaint” means a communication received by the board which alleges sufficient to determine the identity of the licensee who allegedly engaged in the conduct, whether the alleged conduct falls within the board’s jurisdiction, and whether the alleged conduct may constitute a violation of the Act.

(p) “Complaint file” means a confidential record of an initial complaint and information received or produced in the screening and investigation of a complaint.

(q) “Consults” means participates in an ongoing, documented consultative relationship including at least one Wyoming licensed, attending physician.

(r) “Core application documents” means the following:

(i) The required application form(s) and appropriate fee(s);

(ii) Form and supporting document(s) demonstrating proof of legal presence in the U.S. pursuant to 8 U.S.C. § 1601, *et seq.*;

(iii) an FSMB Board Action Databank report; and,

(iv) an NPDB report.

(s) “Costs” means those expenses incurred in a hearing to deny, refuse to renew, reactivate, reinstate, revoke, restrict, place conditions upon, or suspend a license pursuant to W.S. 33-26-405(a)(viii) and includes, but is not limited to, reasonable attorneys’ fees incurred by the board, hearing officer fees, service fees, subpoena fees, reporter fees, lay and expert witness and consultant fees, travel and per diem expenses, deposition costs and other costs and expenses incurred in the investigation, discovery, preparation and hearing of any disciplinary matter.

(t) “Delegate” means transfer authority for the performance of a medical task.

(u) “Delegating physician” means a Wyoming-licensed physician who delegates duties to provide health care services to a medical assistant.

(v) “Docket file” means a confidential record of each board proceeding pertaining to a petition filed before the board or a denial of an application, and the reasons and grounds for each and every step in the disciplinary or appeal process, commencing with the first notice of complaint by any complainant or final order in a denial action. The docket file shall reflect every action in the proceeding.

(w) “Executive director” means a non-board member hired by the board pursuant to W.S. 33-26-203(a) and authorized to coordinate and direct board functions.

(x) “FSMB” means the Federation of State Medical Boards of the United States, Inc.

(y) “He,” “his” and all other male pronouns shall be construed as including the corresponding female pronoun.

(z) “Hearing officer” means an attorney experienced in administrative law

appointed by the board to perform those functions set forth in W.S. 16-3-112(b) and these rules in a contested case.

(aa) “Hearing panel” means the members of the board who hear and render a decision in a disciplinary case.

(bb) “HIPAA” means the Health Insurance Portability and Accountability Act of 1996.

(cc) “HIPAA privacy rule” means the federal regulations related to the privacy of protected health information at 45 C.F.R. 160 and 164.

(dd) In addition to the definition set forth in the Act, “impaired” means a person who is unable to practice medicine with reasonable skill and safety to patients by reason of professional incompetence.

(ee) “Indeterminate scores” means passing level examination scores that cannot be certified as representing a valid measure of an examinee’s competence in the domains assessed by the test. Indeterminate scores may result from irregular behavior, or they may be due to other factors such as examinee illness during part of an examination. Inconsistency of performance within the examination, between administrations with the same step examination, or other aberrations not reasonably and/or satisfactorily explained may result in passing scores being classified as indeterminate. If irregular behavior is determined to affect score validity, resultant passing scores are considered indeterminate.

(ff) “Informal interview” means a confidential meeting with a licensee and interviewers in which the specification of charges, defenses and responses are discussed after initial screening of the complaint and prior to a contested case hearing.

(gg) “Interviewers” are members of the board, and a member of the advisory council if the licensee is a physician assistant, appointed by the board president, or in his or her absence, the vice president, to investigate a complaint against a licensee, conduct an informal interview with the licensee, and make recommendations to the board officers for further board action.

(hh) “Interview date” means the day designated by the board for the licensure interview.

(ii) “Irregular behavior” means all actions on the part of applicants and/or examinees that subvert or attempt to subvert the examination process. Specific examples of irregular behavior include seeking and/or obtaining access to examination materials prior to the examination, falsification of information on application or registration forms, impersonation of an examinee or engaging a proxy to take the examination, copying answers from another examinee, etc. Irregular behavior is generally identified and subsequently reported by proctors or other individuals involved in examination registration or administration or is reported by examinees or others who believe inappropriate behavior has occurred.

(jj) “Ledger” means a continual, permanent, record of all complaints received by the board. A ledger entry shall commence with the initial complaint or final order in a denial action and shall contain the date of the action or complaint, the section(s) of the Act or the board’s rules relied upon by the board as a basis for its action, the disposition of the matter, the disciplinary action taken, if any, and the date of final disposition. No information likely to disclose the identity of the complainant, applicant or respondent shall be included in the ledger.

(kk) “Legal custodian” means the executive director.

(ll) “Licensure interview” means an interview before a panel of not fewer than

three (3) members of the board with an applicant who meets one or more of the criteria set forth in Chapter 1, Section 5(b)(iv) of these Rules.

(mm) "LMCC" means the Licentiate Medical Council of Canada.

(nn) "Medical assistant" means a person who does not hold a license to provide health care services issued under title 33 of the Wyoming Statutes, and is authorized and supervised by a Wyoming-licensed physician to provide health care services under limited delegation by the physician.

(oo) "Medical specialty consultant" means a person who consults with board staff, board prosecutor and interviewers or petitioners in a disciplinary action and provides specialized expertise on medical issues.

(pp) "National Boards" means the examination administered by the National Board of Medical Examiners.

(qq) "National certification" means certification of a physician assistant through the NCCPA or such other certification examination recognized by the board through examination and continuing medical education hours.

(rr) "N.B.M.E." means the National Board of Medical Examiners.

(ss) "NBOME" means the National Board of Osteopathic Medical Examiners or the examination of graduates of the colleges of osteopathic medicine also known as the NBOME and/or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX).

(tt) "N.P.D.B" means the National Practitioner Data Bank.

(uu) "Officers" means the president, vice president and secretary of the board.

(vv) "Petition" means a formal disciplinary action filed with the Board by the Board Prosecutor against one or more licensees on behalf of one or more petitioners.

(ww) "Petitioner" means a board or advisory council member who is appointed by the officers to act as a prosecuting party in a formal disciplinary action against one or more licensees.

(xx) "Physical address" the address of a licensee's practice or office location, or the licensee's home.

(yy) "Physician/patient relationship" means a relationship between a licensee and any person to whom the licensee provides any services or exhibits any conduct that constitutes practicing medicine.

(zz) In addition to the definition in the act, "practicing medicine" means any person who in any manner operates or delegates the responsibility to operate a medical device classified as a Class II or Class III medical device by the U.S. Food and Drug Administration unless operation or authorization for operation occurs in a site under the direct supervision of a person licensed under this chapter.

(aaa) "Practicing medicine" does not apply to or include:

(i) Licensed health care providers rendering medical assistance without compensation during an emergency, including, but not limited to, physician assistants who may render aid at the scene of an emergency without physician supervision;

(ii) Medical students trained in an L.C.M.E. or A.O.A. accredited or board approved school of medicine, or who are E.C.F.M.G. certified, serving as clinical clerks, residents, fellows or interns under the supervision of a physician licensed in this state;

(iii) Commissioned medical officers of the United States armed services and medical officers of the United States public health services or the veterans' administration of the United States in the discharge of their official duties or within federally controlled facilities or enclaves, provided that such persons who are licensees of the board shall be

subject to the provisions of the act and further provided that all such persons shall be the holder of a full and unrestricted license to practice medicine in one or more jurisdictions in the United States;

(iv) Any individual residing in and licensed to practice medicine in another state or country called into this state for consultation by a physician licensed to practice medicine in this state;

(v) Any individual licensed to practice medicine in another state that comes to this state to remove human organs from brain dead persons;

(vi) The treatment of disease, injury, deformity or ailments by prayer or spiritual means provided that federal and state health and sanitation laws, rules and regulations are not violated;

(vii) The gratuitous domestic administration of family remedies;

(viii) A health care provider licensed under any other chapter of this title engaged in the practice of the profession for which he is licensed;

(bbb) "Reactivation" means the procedures set forth in these Rules to restore an emeritus, inactive or lapsed license to active status;

(ccc) "Respondent" means a licensee named in a petition.

(ddd) "Screening" means a review by the officers of complaints received by the board.

(eee) "Sexual misconduct" means:

(i) Any behavior by a licensee which involves offers of exchange of medical services for some form of sexual gratification;

(ii) Sexual contact that occurs concurrent with the physician-patient relationship; or

(iii) Any behavior by a licensee toward a patient, former patient, another licensee, an employee of a health care facility, an employee of the licensee or a relative or guardian of a patient that exploits the position of trust, knowledge, emotions or influence of the licensee.

(fff) "SPEX" means the special purpose examination of current medical knowledge administered by the FSMB.

(ggg) "These rules" means all rules in all chapters properly adopted by the Board and currently in effect.

(hhh) In addition to the definition set forth in the Act, "unprofessional conduct" means:

(i) Improperly terminating a physician-patient relationship.

(ii) Interfering or attempting to interfere with a board investigation, whether of the licensee or another person. This includes, but is not limited to, attempting to intimidate or otherwise influence a complainant or witness to give less than full cooperation and truthful statements to the board in the course of an investigation.

(iii) Practicing as a physician assistant outside the scope of an approved physician assistant supervisory relationship.

(iii) "Application review committee" means one or more board members, including at least one (1) physician member of the Board, and one (1) member of the physician assistant advisory council (for review of physician assistant license applications only), appointed by the President to review license applications.

(jjj) "FBI" means the Federal Bureau of Investigation.

Section 4. Eligibility for licensure.

(a) General requirements.

(i) To be eligible for consideration for licensure, an applicant shall submit an application on the form or forms supplied or approved in advance by the board.

(ii) Any application, to be eligible for consideration, shall be accompanied by the required fee in immediately negotiable funds.

(iii) For an application to be considered complete, all documents, reports and related materials must be received in the board's office and meet all requirements set forth in the Act and the rules adopted by the board.

(iv) References shall be submitted on a form approved, and contain information as specified, by the board.

(A) Three (3) original references from physicians are required including at least two (2) from physicians with whom the applicant has practiced medicine within the past three (3) years. In exceptional circumstances the board may waive one (1) or more of the required reference letters. References from physicians with whom the applicant has a current or prospective financial, business or family relationship are not acceptable.

(B) All references shall be on a form prescribed by the board, dated within six (6) months of the application date and signed by the referring physician.

(C) If a submitted reference is incomplete or otherwise fails to provide sufficient information about the applicant, an applicant may be required to submit one or more references in addition to those required in subparagraph (A).

(v) An application, to be considered, shall be complete in all respects no later than fifteen (15) business days prior to the licensure interview date, should a licensure interview be required by these rules.

(vi) The board shall issue a written notice of ineligibility to any applicant who does not meet the eligibility requirements, or has otherwise failed to submit an application which meets the requirements, of the act or these rules.

(vii) Applications shall remain on active status for six (6) calendar months from the date the application document is received in the board office. The applicant is eligible for a licensure interview with the board, if one is required by these rules, at any time within the six (6) month period following the date the application is complete pursuant to Ch. 1, Section 4(a)(iii) of these rules.

(viii) Pursuant to 8 U.S.C. 1621, any applicant for licensure shall verify his or her lawful presence in the United States on a form approved or prescribed by the board.

(ix) Any applicant for licensure or renewal of licensure shall, pursuant to W.S. 33-1-114, provide his or her Social Security number as part of any application for licensure.

(b) To be eligible for consideration for licensure, an applicant shall demonstrate in his or her application that he or she meets each and all of the requirements of the act including, but not limited to, those requirements set forth in W.S. 33-26-303, and these rules.

(c) All applicants for physician licensure shall apply only through the F.C.V.S. and supply additional information as requested by the Board.

(d) Repealed.

(e) Any physician rendering medical diagnosis and/or treatment to a person physically present in this state must have a license issued by the board when such

diagnosis/treatment is rendered, regardless of the physician's location and regardless of the means by which such diagnosis/treatment is rendered. This requirement shall not apply to an out-of-state physician who consults by telephone, electronic or any other means with an attending physician licensed by this board or to an out-of-state physician who is specifically exempt from licensure pursuant to W.S. 33-26-103.

(f) Repealed.

(g) Repealed.

(h) All applicants for physician licensure shall have completed all three parts of the examination in a period of not more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program), and shall have taken the three parts of the examination a total of not more than seven times. Persons who have taken the three parts of the examination more than a total of seven times or who have taken more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program) to pass all three parts of the examination shall not be eligible for licensure unless and until they successfully complete either one (1) year of post graduate training in addition to that required in W.S. 33-26-303(a)(iv), or one (1) or more other comprehensive and suitably-rigorous assessment, training and evaluation programs after passage of all parts of the examination.

(i) Reserved.

(j) All applicants for licensure other than a training license must demonstrate one (1) or more of the following:

(A) Successful completion of not less than two (2) years of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program; or,

(B) Successful completion of not less than one (1) year of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program and:

(1) Current certification by a medical specialty board that is a member of the A.B.M.S. or the B.O.S.B.O.C.; or

(2) Continuous full and unrestricted medical licensure in good standing in one or more states and/or the District of Columbia for the preceding five (5) years.

Section 5. Licensure.

(a) Pursuant to the Act, the board may issue the following licenses to practice medicine:

(i) A license to practice medicine, subject to annual renewal.

(ii) A temporary license to practice medicine pursuant to W.S. 33-26-304(a).

(iii) A restricted or conditional license to practice medicine.

(iv) An inactive license. Inactive licenses are available for physicians currently licensed in Wyoming who do not intend to practice medicine, write prescriptions or engage in clinical activity. The Board may grant an inactive license to practice medicine if, in addition to meeting all eligibility requirements of W.S. 33-26-303, the applicant files a verified affidavit with the board attesting that: (1) he shall not see patients or perform procedures in a clinical or office setting for any type of remuneration, (2) he shall not in any way hold himself out as actively engaged in the active practice of medicine, and (3) he shall submit written confirmation to the board on an annual basis confirming that such inactive status is ongoing. An inactive license exempts the licensee from continuing medical education requirements described in Chapter 3, Sec. 7 of these rules. A holder of an inactive

license may not prescribe medications. Licensees claiming inactive status who receive remuneration for providing clinical services, or who prescribe any medication, may be subject to discipline pursuant to W.S. 33-26-402(a) (xxvii).

(v) An emeritus license. Emeritus licenses are available for retired physicians who hold a current Wyoming license to practice medicine and wish to provide clinical care in Wyoming without remuneration or for nominal remuneration in a non-profit facility. Such license may issue to an applicant who provides proof that he is retired from the active practice of medicine, provides proof that he has maintained a license in good standing in Wyoming or another jurisdiction of the United States or Canada for a period of not less than ten (10) years prior to applying for the emeritus license, and signs a notarized statement he will not accept any form of remuneration for medical services rendered in Wyoming while in the possession of an emeritus license, or that he is receiving only nominal remunerations for providing medical care in a non-profit facility. As part of the application process, an applicant for an emeritus medical license who does not hold a current Wyoming license shall complete all requirements for issuance of a Wyoming medical license set forth in W.S. 33-26-303. If a licensure interview is required pursuant to subsection (b) of this rule, such interview may be conducted by one (1) board member and, if deemed appropriate by the board officers, may be conducted by telephonic means.

(A) Physicians possessing an emeritus medical license shall:

(I) Annually sign an affidavit affirming that their medical practice continues to be without remuneration or is for nominal remuneration in a non-profit facility; and

(II) Even though physicians holding an emeritus license are not engaged in active clinical practice, the Board expects that they will engage in life-long learning activities to maintain a base of medical knowledge and skills. Therefore, the requirements for continuing medical education noted in Ch. 3, sec. 7 of these rules apply to emeritus licenses. Continuing medical education may also be satisfied by documented emeritus clinical service in a non-profit health care facility, such clinical service to be credited at one (1) hour of continuing medical education credit for every five (5) hours of clinical service, up to a maximum of ten (10) hours of continuing medical education credit per calendar year.

(B) The board shall require no fees for the application for, or renewal of, an emeritus medical license.

(vi) Training license. A medical training license issued pursuant to W.S. 33-26-304(c) to an applicant who meets all of the requirements of such statute and these rules.

(A) First-year training license ("T-1"). An applicant who is in the first year of enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state may be issued a first-year training license ("T-1" license). The holder of a T-1 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e. "moonlight"). The holder of a T-1 license may not independently prescribe any legend drugs or medications, and may only prescribe legend drugs or medications with the co-signature of a physician holding an active license in good standing in this state. The prohibition on prescribing does not apply to orders written under the supervision of a licensed attending physician for patients receiving inpatient care. The T-1 license expires on June 30th of each year, and may not be renewed.

(B) Second-year training license (“T-2”). An applicant who has successfully completed not less than one (1) year in an A.C.G.M.E. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident may be issued a second-year training license (“T-2” license). The holder of a T-2 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e., “moonlight”) except as specified in paragraph (H) below. The holder of a T-2 license may independently prescribe legend drugs and medications, subject to all applicable laws and regulations. The T-2 license expires on June 30th of each year, and may be renewed only one (1) time upon applicant’s successful completion of the second year of the residency program. If the applicant meets all requirements for issuance of a regular medical license under W.S. 33-26-301(b)(i) and W.S. 33-26-303, the T-2 license may not be renewed.

(C) To qualify for a training license (T-1 or T-2), an applicant must submit the following:

I. Evidence that the applicant has graduated from a school of medicine accredited by the L.C.M.E., a school of osteopathy accredited by the A.O.A., or a Canadian-accredited school of medicine, or that the applicant has been certified by the E.C.F.M.G.;

II. Evidence that the applicant has passed steps one (1) and two (2) of the U.S.M.L.E. or the COMLEX with a two-digit score of not less than 75 on each part;

III. A copy of the applicant’s signed contract then in force with an A.C.G.M.E., or A.O.A. accredited residency program located in this state (copy of the contract must be submitted with the application);

IV. A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

V. A completed application on a form provided or approved by the Board; and,

VI. The requisite fee(s) in accordance with this chapter.

(D) Applicants for a second-year (T-2) training license shall be subject to these additional requirements:

I. The applicant will use the Federation F.C.V.S. and have his packet submitted to the board at the applicant’s expense;

II. The board shall query the N.P.D.B. and F.S.M.B.’s board action data bank regarding the applicant; and,

III. The applicant will submit documentation that he or she has successfully completed not less than one (1) year in an A.C.G.M.E. or A.O.A. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident.

(E) When the application for a training license is complete, the Board’s executive director shall review the application, and may take the following action:

I. Issue the training license; or

II. Refer the application to the board officers for review. The board officers may issue the training license, issue the training license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for the

training license. If the board officers deny the training license, the applicant may appeal that decision to the full board, which shall review the application de novo, and which may require the applicant and/or the director of the residency program to appear for an interview. The board may issue the training license, issue the training license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for a training license. If the board denies the application, it shall issue an order to that effect, which shall be appealable to the district court pursuant to the Act and these Rules.

(F) Renewal of T-2 license. To renew a T-2 license, the applicant must provide documentation of the following:

I. Successful completion of the second year of an A.C.G.M.E. or A.O.A. accredited residency program;

II. A copy of the applicant's signed contract then in force with an A.C.G.M.E. or A.O.A. accredited residency program located in this state (copy of the contract must be submitted with the renewal application);

III. A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

IV. A completed renewal application on a form provided or approved by the Board; and,

V. The requisite fee(s) in accordance with this chapter.

(G) Automatic termination of training license. Issuance of a training license is subject to the applicant's current enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state. If for any reason the holder of a training license resigns or is dismissed from, or otherwise is no longer currently enrolled in, an A.C.G.M.E. or A.O.A. accredited residency program located in this state, the training license shall immediately expire and be deemed automatically terminated without additional action by the Board.

(H) A holder of a T-2 license may practice medicine outside of the duties assigned as part of the residency program in which he or she is enrolled (i.e., "moonlight") only if these following conditions are met:

I. The holder of the T-2 license has passed Step 3 of the USMLE or COMLEX with a two-digit score of not less than 75;

II. The holder of the T-2 license receives advance written approval from the residency program director for his or her proposed "moonlighting"; and,

III. The residency program director notifies the Board in advance and in writing of the approved "moonlighting" arrangement.

(vi) Volunteer license. The board may issue a license to a physician who is in good standing in at least one (1) jurisdiction other than the state of Wyoming for the purpose of providing medical treatment as a volunteer, without compensation. An applicant for a volunteer license must complete and submit a form and documentation prescribed by the board, meet the requirements of W.S. 33-26-303, agree to comply with the Act and these rules, agree to be subject to the jurisdiction of the board, provide proof of licensure in good standing in at least one (1) jurisdiction other than the state of Wyoming, and pay the fee set by the board. A licensure interview is not required for issuance of a volunteer license. A volunteer license shall be valid for not more than twenty-one (21) consecutive days in any calendar year, and may not be renewed.

(vii) Administrative medicine license. The board may issue an administrative medicine license to a physician who meets all qualifications for licensure in the state, including payment of a fee set by the board, but who does not intend to provide medical or clinical services to or for patients while in possession of an administrative medicine license and signs a notarized statement to that effect. An administrative medicine license is subject to annual renewal.

(b) Licensure Application Processing, Review and Interviews.

(i) When an applicant's core application documents have been received by the Board and are deemed to be satisfactory, the executive director or his designee will review the application and supporting materials to determine whether a licensure interview of the applicant will be required pursuant to this rule. If the executive director or his designee determines that the applicant has been continually licensed in good standing (not including training licenses) for the preceding three (3) years in one or more states and/or the District of Columbia; and the applicant has a clean application as defined in this chapter, the executive director may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules, including the requirement for a complete application set forth therein. In no event shall a temporary license issued under this paragraph be valid for more than 180 days from the original date of issuance.

(ii) If an applicant is not issued a temporary license pursuant to paragraph (b)(i) of this rule, when the application is deemed complete pursuant to Section 4 of this chapter, the executive director or his designee shall review the application and supporting materials and may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules. If the executive director or his designee declines to issue a temporary license to the applicant, the applicant's file shall be presented to the application review committee for review. The application review committee may:

(A) Issue a temporary license to the applicant, pursuant to Chapter 1, Section 6 of these rules;

(B) Defer action on the application until the applicant appears for a licensure interview

(C) Advise the applicant in writing that the application review committee will bring proceedings to deny the application for licensure, following the procedure set forth in Chapter 7 of these Rules; or

(D) If an applicant is applying for his first medical license in the United States, issue a temporary license subject to the requirement that the applicant appear for a licensure interview.

(iii) A summary of each applicant's licensure file and application will be sent to all members of the Board prior to the next regularly-scheduled board meeting, and any board member may request that the applicant appear for a licensure interview.

(iv) Licensure interviews. If an application or any information received by the Board demonstrates that an applicant is of a status or possesses one or more of the following characteristics, or if any Board member believes a licensure interview is necessary given the information contained on the application, the applicant may be required to submit to a licensure interview before a panel of not less than three (3) board members:

(A) Is seventy (70) years old or older;

(B) Has been licensed as a physician for more than thirty-five (35)

years;

(C) Repealed.

(D) Has answered "Yes" to one or more questions on the application form regarding physical or mental impairment, substance or alcohol abuse, criminal convictions, liability claims, prior disciplinary actions, restrictions or conditions on medical licensure, including relinquishment or surrender of a medical license, or restriction, suspension, or resignation while under investigation, of hospital privileges;

(E) Information acquired or received by the board indicates the applicant may not possess sufficient medical training, skill or experience appropriate for the applicant's intended practice in this state;

(F) The applicant's education and/or training verification documents indicate an unexplained delay in completion of his medical education or postgraduate training;

(G) The applicant's verification documents indicate more than one attempt at passage of any examination necessary to obtain initial licensure or to maintain ongoing licensure;

(H) The applicant's verification documents indicate failure to pass board specialty recertification examinations;

(I) One or more board member(s) determine that there are issues raised by the application and/or any supporting or verification documents that should be addressed and ruled on by a panel of board members;

(J) Whose temporary license was deferred by the board officers;

(K) The applicant has not previously engaged in the active practice of medicine for a period of at least twelve (12) continuous months;

(L) The applicant has been convicted of or pled guilty or nolo contendere to a charge of driving while under the influence of an intoxicant within five (5) years of the date of his/her application;

(M) The applicant has not been engaged in the active practice of medicine in the immediately-preceding two (2) year period;

(N) Failure to fully and completely answer one or more questions on the application form or failing to answer one or more questions truthfully; or,

(O) The applicant's post graduate work and/or employment history indicate an unexplained gap.

(v) Licensure interviews shall be conducted in person (unless otherwise specifically permitted by these rules) and shall consist of oral questions by the panel of board members and oral responses by the applicant. By his or her responses to questions posed in the licensure interview, the applicant must demonstrate to the satisfaction of a majority of the board that he or she is qualified to practice medicine in this state, that (1) he or she possesses a minimum fund of general and identified scope of practice medical knowledge appropriate for the applicant's intended practice in this state, (2) he or she possesses sufficient medical training and medical experience appropriate for the applicant's intended practice in this state, (3) he or she possesses personal and professional character and integrity befitting the practice of medicine, and (4) that there are no other factors contained in the application or disclosed in the licensure interview that would demonstrate that the applicant would be unable to practice medicine in a safe and competent manner.

(vi) Following a licensure interview, the board shall, by a recorded vote of the board members present:

- (A) Grant a license;
 - (B) Refer the application to the application review committee to bring proceedings to deny the application upon stated reasons, following the procedure set forth in Chapter 7 of these Rules;
 - (C) Allow the applicant to withdraw the application;
 - (D) Agree in writing signed by the applicant, to the issuance of a license subject to restrictions and/or conditions; or
 - (E) Defer action pending successful completion by the applicant of a medical competence examination such as the special purpose examination (SPEX) and/or such other examination, review, evaluation or course of study designated by the board and/or the board's receipt, review and approval of other information requested during the interview.
- (vii) If an applicant does not have a licensure interview, a full unrestricted license may be issued to the applicant only upon a majority vote of the board. The board may conduct this vote by voice vote, and may do so using a consent list showing applicants for approval.
- (viii) Failure to appear for a licensure interview, regardless of whether a temporary license was issued to the applicant, may result in denial by the board of the application for licensure pursuant to W.S. 33-26-202(b)(i). If an applicant fails to appear for a licensure interview, the Board shall refer the application to the application review committee to bring proceedings to deny the application upon stated reasons following the procedure set forth in Chapter 7 of these Rules.

Section 6. Temporary license.

(a) Temporary license to practice medicine means a license to practice medicine for a limited duration issued pursuant to these rules. A temporary license is effective from the date of issuance until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on the first day of the next regularly-scheduled board meeting. Except as otherwise provided in this chapter, temporary licenses issued less than fifteen (15) business days prior to the next regularly-scheduled board meeting will be valid until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the second regularly-scheduled board meeting after issuance.

(b) Upon written request received from the holder of a temporary license not less than seven (7) days before expiration of the temporary license the executive director may extend a temporary license for an additional term no longer than the later of a vote of board members on the application pursuant to these rules, or the date of the next regularly-scheduled board meeting after extension of the temporary license. The holder of a temporary license may request no more than one (1) extension of the temporary license under this subsection.

(c) If, upon review of the application of a person who is granted a temporary license, one or more board members request that the holder of the temporary license appear for a licensure interview, the executive director may extend the temporary license held by that person until 8:00 a.m. on the first day of the second regularly-scheduled board meeting after issuance of the temporary license. In no event, however, shall a temporary license issued under Section 5(b)(i) of this chapter be valid more than 180 days from the original date of issuance.

(d) All applicants who are granted a temporary license under Section 5(b)(i) of

this chapter are required to submit all documentation and materials necessary to ensure that their license application is complete in accordance with Section 4 of this chapter. Failure to have a complete license application within 180 days of issuance of a temporary license shall result in referral of the application to the application review committee to bring proceedings to deny the application upon stated reasons pursuant to W.S. 33-26-202(b)(i) following the procedure set forth in Chapter 7 of these Rules.

Section 7. Exemption from licensure.

(a) **Consultants.** Physicians residing in and currently licensed in good standing to practice medicine in another state or country brought into this state for consultation by a physician licensed to practice medicine in this state may practice medicine without first obtaining a Wyoming license for a total of not more than twelve (12) days in any fifty-two (52) week period and, therefore, are exempt from the licensure requirements of these rules and W.S. 33-26-103(a)(iv). Consults of longer duration or greater frequency require written advance approval of a majority of the Board officers. To qualify a consulting physician for the exemption from licensure, the physician licensed to practice medicine in this state shall notify the board, on a form published or approved by the Board, of the consultation in advance of the consulting physician practicing medicine in this state. For purposes of this subsection, the term “brought into this state” means having patient contact and establishing a physician-patient relationship, either by the physician’s physical presence with the patient or through telemedicine.

(b) **Physicians in training.** The term “medical students” in W.S. 33-26-103 (a)(ii) includes physicians trained in an LCME or AOA accredited or board approved school of medicine, or certified by the E.C.F.M.G., who are participating or serving in a program of clinical clerkship, internship, externship, residency or fellowship training under the supervision of a physician licensed by the Board. “Medical students” are exempt from the licensure requirements listed herein. Notwithstanding the foregoing, a medical student who applies for and receives a license issued by the Board shall be subject to the act and the Board’s rules and jurisdiction.

(c) **Physician assistants.** The term “persons” in W.S. 33-26-103(a)(i) specifically includes currently licensed physician assistants who may render aid at the scene of an emergency without physician supervision, such physician assistants are exempt from the licensure requirements listed herein when they are acting under such statutory authorization.

(d) **Emergencies.** Wyoming physicians and physician assistants and those physicians and physician assistants residing in and who hold full and unrestricted licenses to practice medicine or to practice as a physician assistant in another state or country who come into this state to provide medical care during an emergency or pandemic declared as such by Order of the Governor of this state and/or pursuant to any State Emergency Plan and who comply with all requirements of the board for verification of licensure and identity, may practice medicine or practice as a physician assistant without first obtaining a Wyoming license for the period during which any such emergency or pandemic Declaration or Order remains in effect.

Section 8. Fees.

- (a) All fees are non-refundable.
- (b) Requested paperwork shall not be processed until appropriate fees are received by the board.

(c) Application fees shall be paid to the board in the form of cashier's check or money order. All other fees shall be paid to the board in the form of a check, cashier's check or money order; however, on-line applications for licensure or renewal of licenses may be paid by credit card.

Application and initial license fee [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted) through June 30th]	\$600.00 (\$500.00 for persons holding a current T-2 license)
Paper form license application processing fee	\$50.00
Annual renewal of license (including administrative license)	\$250.00
Paper form renewal application-processing fee	\$25.00
License renewal grace period surcharge	\$100.00
Reactivation of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and license (if granted) through-June 30th]	\$400.00
Reinstatement of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and license (if reinstatement is granted) through June 30th] [Costs may also be imposed in addition to the reinstatement fee.]	\$400.00
Inactive license, conversion to (one-time fee)	\$50.00
Inactive license renewal	No charge
First-year residency training license ("T-1" license)	\$25.00
Second-year residency training license ("T-2" license)	\$100.00
Residency training license ("T-2" license) renewal	\$100.00
Volunteer license	\$75.00
Verification of license	\$35.00
Replacement of lost license – pocket size (No charge if the licensee uses the Board's on-line system to print the replacement license.)	\$25.00
License – wall size	\$50.00
Physician directory to non-licensees – per copy	\$45.00
Physician mailing list	\$500.00
Physician assistant mailing list	\$100.00
Physician and physician assistant mailing lists	\$550.00
Certified copies	First page: \$10.00 Additional pages: \$.50
Photocopies (except certified copies), including cost of duplication of transcript(s) and administrative record in appeals from contested case hearings [Ch. 7 § 14(b)]	First page: \$2.00 Additional pages: \$.10

Section 9. Repealed.

Section 10. License Renewal.

(a) All physician licenses must be renewed annually no later than June 30th of each calendar year.

(b) Licensees who fail to submit their application for renewal by June 30th may submit their application, the requisite renewal fee, and the license renewal grace period surcharge no later than September 30th..

(c) Licensees shall submit an application for renewal each year in a format or form provided by the board. The board may utilize paper or electronic forms, or a combination of both.

Section 11. Reactivation of emeritus and inactive licenses.

(a) A licensee holding an emeritus or inactive license may apply to reactivate it by submitting the following:

- (i) An application on a form prescribed by the board;
- (ii) Payment of the applicable fees established by the Board by rule; and,
- (iii) Two (2) references as described in section 4(a)(iv) of this Chapter.

(b) The holder of an inactive license must also submit proof of completion of not less than twenty (20) hours of qualified continuing medical education, as defined in chapter 3, section 7(a) of these rules, within the preceding twelve (12) months. This subsection shall not apply to the holder of an inactive license who is otherwise exempt from the continuing medical education requirement pursuant to chapter 3, section 7(b) of these rules.

(c) Applicants who do not meet the requirements of W.S. 33-26-303 shall not be eligible to reactivate an emeritus or inactive license.

(d) Upon review of the application by the board officers and the approval of a majority thereof, the applicant's emeritus or inactive license shall be returned to active status.

(e) If the applicant possesses one or more of the characteristics enumerated in section 5(b)(iv) of this chapter, the board officers may require the applicant to appear for a licensure interview conducted pursuant to section 5(b) of this chapter. Upon completion of the licensure interview, the board shall act upon the application for reactivation of the emeritus or inactive license pursuant to section 5(b)(vi) of this chapter. If after a licensure interview the board denies reactivation of an emeritus or inactive license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

(f) If a majority of the board officers does not approve the reactivation of an emeritus or inactive license, the applicant may file a petition with the board for review of the application in a contested case hearing conducted pursuant to the A.P.A.

Section 12. Reactivation of lapsed licenses.

(a) A licensee holding a lapsed license may apply to reactivate it by submitting the following:

- (i) An application on a form prescribed by the board;
- (ii) Payment of the applicable fees established by the Board by rule; and,
- (iii) Two (2) references as described in section 4(a)(iv) of this Chapter.

(b) The holder of a lapsed license must also submit proof of completion of not less than sixty (60) hours of qualified continuing medical education, as defined in chapter 3, section 7(a) of these rules, within the preceding three (3) years. This subsection shall not apply to the holder of an inactive license who is otherwise exempt from the continuing

medical education requirement pursuant to chapter 3, section 7(b) of these rules.

(c) Applicants who do not meet the requirements of W.S. 33-26-303 shall not be eligible to reactivate a lapsed license.

(d) Upon review of the application by the board officers and the approval of a majority thereof, the applicant's lapsed license shall be returned to active status.

(e) If the applicant possesses one or more of the characteristics enumerated in section 5(b)(iv) of this chapter, the board officers may require the applicant to appear for a licensure interview conducted pursuant to section 5(b) of this chapter. Upon completion of the licensure interview, the board shall act upon the application for reactivation of the lapsed license pursuant to section 5(b)(vi) of this chapter. If after a licensure interview the board denies reactivation of a lapsed license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

(f) If a majority of the board officers does not approve the reactivation of a lapsed license, the applicant may file a petition with the board for review of the application in a contested case hearing conducted pursuant to the A.P.A.

Section 13. Applicant criminal history record check.

(a) The board may request a criminal history record report on an applicant for licensure if:

(i) The applicant answers in the affirmative to one or more questions on the licensure application related to criminal history;

(ii) Documentation submitted with or in support of an application for licensure indicates the applicant may have a criminal history; or,

(iii) Any information received by the board indicates the applicant may have a criminal history.

(b) Upon a determination by the executive director that a criminal history record check is appropriate, a written request will be sent to the applicant along with the necessary forms for fingerprinting of the applicant. No further processing of the application will occur until the completed forms are received in the board office; however, the board office will continue to accept documentation sent in support of an application pending receipt of the completed forms for the criminal history record check.

(c) An applicant may receive a copy of the results of his criminal history record check upon written request submitted to the board. If the applicant disputes the results of the criminal history check, as permitted by federal regulations, the results received by the board will remain a part of the application or investigation file until such time as a correction or change is effected by the FBI. The applicant shall submit to the board a second set of forms with his fingerprints to be submitted to law enforcement for a new criminal history check, along with notice from the FBI that his challenge to the questioned information has been successful and the record has been changed accordingly.

Section 14. Severability. If one or more parts or sections of these rules are found to be invalid or unenforceable, the remainder shall continue in full force and effect.

Effective September 10, 2015

CHAPTER 2 - EXAMINATION FOR LICENSURE

Section 1. Definitions. The definitions contained in the Act, the APA, and Chapter 1 of these rules are incorporated herein by this reference.

Section 2. Eligibility for examination.

An examination applicant is eligible to sit for USMLE Step 3 provided the applicant:

- (a) Has completed or will complete by June 30 of the calendar year in which the applicant sits for Step 3 at least one year of postgraduate training in an ACGME or AOA accredited residency program;
- (b) Provides verification to the board, or its duly appointed agent, of having successfully completed USMLE Steps 1 and 2; and
- (c) Completes the USMLE Step 3 application form including requisite fees.

Section 3. Composite testing.

(a) The following combinations of licensure examination are acceptable to the board for purposes of licensure eligibility only if completed before June 30, 2000:

- (i) National Boards Part I or USMLE Step 1 and National Boards Part II or USMLE Step 2 and National Boards Part III or USMLE Step 3;
- (ii) FLEX Component 1 and FLEX Component 2;
- (iii) NBME parts 1, 2 and 3;
- (iv) FLEX Component 1 and USMLE Step 3 or National Boards Part I or USMLE Step 1 and National Boards Part II or USMLE Step 2 and FLEX Component 2;
- (v) Successful completion of a board approved state constructed examination administered before July 1, 1968.

(b) The board will not accept completion of any part of the examination administered by the LMCC as part of a combination requisite for USMLE Step 3 eligibility. The board will, however, accept successful completion of the LMCC examination as a component of licensure eligibility.

(c) As of July 1, 2000, the Board will not accept any of the combinations of licensure examinations described in Ch. 2, sec. 3(a)(i-iv) as prerequisites to eligibility for USMLE Step 3.

(d) As of July 1, 2000, the Board will accept only successful completion of USMLE Steps 1 and 2 as prerequisites for eligibility to sit for USMLE Step 3.

Section 4. Miscellaneous provisions.

(a) The board, or its duly appointed agent, will administer all aspects of USMLE Step 3 including, but not limited to, application and registration for the examination, selection of the site on which the exam will be administered, monitoring of the examination process and reporting of scores.

(b) "USMLE Policies and Procedures for Handling Indeterminate Scores and Irregular Behavior" developed by the FSMB are adopted by the board and incorporated by reference herein.

(c) "USMLE Test Administration Standards" developed by the FSMB are adopted by the board and incorporated by reference herein.

(d) "Policies and Procedures Regarding USMLE Test Administration for Examinees with Disabilities" developed by the FSMB are adopted by the board and incorporated by reference herein.

(e) A passing score on any step or part of the USMLE, COMLEX, FLEX, National

Boards, SPEX, or a state constructed examination is a minimum of 75. Composite scores of less than 75 are not accepted.

(f) Scores will be available for reporting to the examinees from the board at such time as they are made available to the board from the FSMB. Scores shall be reported to the examinee in writing.

(g) Application and fees for USMLE Step 3 shall be obtained from and paid directly to the FSMB.

(h) Applications must be sent directly to the FSMB no later than the deadline dates established in the USMLE annual bulletin examination administered before July 1, 1968.

Effective June 24, 2014

CHAPTER 3 - PRACTICE OF MEDICINE

Section 1. Pronouncement of death.

The determination of the cause of death constitutes medical diagnosis and is the practice of medicine. The pronouncement of death is not a medical diagnosis and does not require prior licensure by the board.

Section 2. Board ordered testing.

(a) Applicants/licenseses who have been or are now in recovery from chemical and/or alcohol impairment or for other conditions deemed appropriate for ongoing monitoring may, at the board's or its designated agent's discretion, be required to comply with board mandated testing to monitor recovery. All such applicants/licenseses shall execute and deliver to the board such releases and consents as may be required to enable the board to receive reports and communicate with any such testing facility.

(b) When ordered or as agreed to by consent decree, testing shall be done at a licensed medical facility convenient to the applicant's/licensee's residence and/or place of business at intervals determined by the board or its designated agent.

(c) A certified copy of the order/consent decree ordering the testing shall be sent to the facility where the testing is to be done. Execution of the consent decree or acceptance of a license to practice medicine will constitute waiver of applicant's/licensee's objection to release of the order/consent decree to the testing facility.

(d) Test results shall be mailed directly to the board of medicine or its designated agent for inclusion in the licensee's/applicant's file. Results and documentation thereof shall be confidential board records disclosed only if included in a final order pursuant to the terms of W.S. 33-26-408(c). Results may be disseminated to other licensing agencies, credentialing authorities, etc., if specifically requested, in writing, by the applicant/licensee.

(e) All expenses for testing shall be borne by the applicant/licensee and payable directly to the lab/facility where the testing is to be done.

Section 3. Physical or mental infirmity and/or communicable diseases.

(a) A physician infected with any communicable disease shall take appropriate steps to guard against the spread of contagious, infectious or communicable diseases, take appropriate steps to assure competent patient care if the disease may lead to or cause incapacity or inability to practice medicine safely and skillfully, appropriately adapt medical practice if possessing any physical or mental disability caused by such infectious disease and/or take appropriate steps to insure patient safety if the disease causes physical impairment.

(b) A physician infected with, or who has reasonable cause to believe he is infected with a communicable disease shall be aware of and adhere to current scientific knowledge concerning the communicable disease. If the disease is progressive and leads to any disability, the physician shall promptly notify the board.

(c) A physician who affirmatively answers any question relating to physical or mental infirmity, alcohol or substance abuse, or communicable disease on the application for licensure or annual renewal questionnaire may be requested to supply additional information designated by the board, and/or may be called to interview before the board or a board designated committee. Following the interview and based on the information submitted, the board may require the physician to submit to appropriate medical and/or mental testing including, but not limited to, blood, urine and hair testing, at his/her own expense.

(d) All information received by the board of medicine during the application and/or renewal process, including but not limited to information concerning physical or mental deterioration, alcohol or substance abuse, and communicable disease shall remain confidential and shall not be disclosed to any other party or entity without the express written release of the applicant/licensee or where required by law.

(e) Failure to comply with and adhere to the provisions set out above may lead to review and appropriate disciplinary action pursuant to W.S. 33-26-402(a).

Section 4. Patient access to physician medical records.

(a) The information contained in a patient's medical records should be made readily available upon receipt by the physician of an appropriate, signed, written request for release of such information. The paper, microfilm or data storage unit upon which the patient's information is maintained belongs to the physician and/or health care facility in which he/she practices. Patients do not have a right to possess the physical means by which the information is stored. Upon a patient's signed, written request, physicians shall make pertinent information in the medical record available to the patient. Physicians shall comply with the patient's written request within a reasonable period or no more than thirty days, whichever is shorter. Physicians shall honor a request for a patient's medical record when such request is made in writing and signed by the patient or an individual who is authorized to consent to health care for the patient pursuant to W.S. § 35-22-401 et. seq.

(b) Physicians may provide the medical record or any portion in an accurate, detailed, comprehensive summary of the factual information contained in the complete record. If requested, physicians shall provide copies of pertinent x-rays and other diagnostic records in addition to/in lieu of interpretive summaries.

(c) For purposes of this section, 'medical records' does not include a physician's personal office notes or personal communications between referring and consulting physicians relating to the patient. A physician may, however, include such notes and communications if appropriate.

(d) If the physician disclosing the medical record believes, in good faith, that releasing any portion of the record would injure the health or well being of the patient, a physician may refuse disclosure of that portion of the record. In such instances, a physician shall document the factual basis and rationale used in deciding against disclosure. A physician may also deny access to patient records if he/she reasonably concludes that access to the health care information requested is otherwise prohibited by law.

(e) A physician may establish reasonable charges, and charge a patient for the actual costs incurred in responding to a patient's request for copies of any portion of a patient's medical record. Such costs may include the cost of copies, clerical staff time and the physician's time in reviewing and summarizing the records and/or x-rays and diagnostic records, if necessary. The patient requesting medical records is responsible for payment of all such charges; however, a patient shall not be denied a summary or a copy of requested medical records because of inability to pay.

(f) Violation of this rule may be cause for disciplinary action pursuant to W.S. 33-26-402(a)(xxxi).

Section 5. Termination of physician-patient relationship; Closure of practice.

(a) Any physician licensed by the board who desires to terminate a physician/patient relationship must notify the patient or the patient's legally-designated

agent in writing at least thirty (30) days prior to the date of the termination that the licensee will no longer treat the patient. The written notice of termination shall be sent via certified mail, return receipt requested, and notify the patient that the licensee's care of the patient will continue for thirty days or until such date as the patient notifies the licensee of the name and address of the patient's new physician, whichever occurs first. Such requirements do not apply to physicians treating patients in an emergency room or under other emergent circumstances.

(b) Any physician licensed by the board who desires to relocate or close a medical practice should notify patients of such termination, sale, or relocation and unavailability by causing to be published once during each week for four (4) consecutive weeks, in the newspaper of greatest circulation in each county in which the physician practices or practiced and in a local newspaper that serves the immediate practice area, a notice which shall contain the date of termination, sale, or relocation and an address at which the records may be obtained from the physician or terminating the practice or located or from another licensed physician. A copy of this notice shall also be submitted to the Board not less than one (1) month prior to the date of termination, sale, or relocation of the practice. The physician may, but is not required to, place a sign in a conspicuous location on the façade of the physician's office or notify patients by letter, of the termination, sale or relocation of the practice. The sign or notice shall advise the physician's patients of their opportunity and right to transfer or receive copies of their records.

Section 6. Practice Coverage.

The Board recognizes that patients often need help outside of regular office hours. However, since physicians cannot be continuously available to respond to patients and their emergencies, it is recommended that physicians provide their patients with instructions about what to do if they need help with their care and treatment when their physician is unavailable. Coverage arrangements should take into account the general nature, complexity and severity of the illnesses and the care and treatment in the patient population regularly seen and treated by the physician, as well as the availability of other providers qualified and available to respond to their patients' needs. Physicians should make reasonable efforts to arrange adequate and appropriate coverage for their practices and patients when the physician is unavailable. Physicians who do not have formal call coverage and who instruct patients to use a local emergency room for medical needs should confer with the medical director of the local emergency room to ensure that physicians and staff are able to communicate with the physician, or another provider qualified and available to respond to the patient's needs, about the care of their patients who may present for care at the facility. Failure to adequately address coverage needs of physician's patients may be grounds for the imposition of disciplinary action pursuant to W.S. 33-26-402.

Section 7. Continuing medical education.

(a) To renew, reinstate or reactivate a license to practice medicine in Wyoming a physician shall verify satisfactory completion of not less than sixty (60) hours of continuing medical education (CME) earned in any combination of the following during the previous three (3) years:

- (i) AMA-approved Category I or II continuing medical education;
- (ii) AOA-approved continuing medical education;
- (iii) A current AMA Physician's Recognition Award;
- (iv) A current certificate from a specialty board approved by the A.B.M.S.

considered by the specialty board to be equivalent to the hours claimed to be attributable to such certificate by the licensee;

(v) Other documented and verifiable self-assessment, quality improvement or other activity that promotes the enhancement of a licensee's medical skills;

(vi) Documented volunteer service rendering clinical care in a nonprofit health care facility in this state to low income uninsured persons while holding an emeritus license in good standing, such CME to be credited at the rate set forth in Chapter 1, Section 5(a)(v)(A)(II) of these rules; and/or

(vii) Documented volunteer service to the board as a medical consultant, such service to be credited as CME at the rate of one (1) hour of continuing medical education credit per two (2) hours of service as a consultant, not to exceed twenty (20) hours' CME credit in a calendar year.

(b) The CME requirement prerequisite to renewal, reactivation or reinstatement of licensure shall not apply to physicians who:

(i) Have held a Wyoming license to practice medicine for less than three years as of the renewal date;

(ii) Have within the past three (3) years been certified or recertified by member board of the A.B.M.S.;

(iii) Have been within the previous three years, or are currently, enrolled in a residency program approved by the A.C.G.M.E. or the R.C.P.S.C.;

(iv) Hold an inactive license to practice medicine in Wyoming as defined in Ch. 1, sec. 5(a)(iv) of these rules and who indicate such status by written notice to the board.

(c) Upon written request specifying the reasons for an exemption, the board may grant an exemption of all or part of the requirements of circumstances beyond the control of the licensee, such as temporary disability, mandatory military service or officially declared disasters.

(d) Upon written request received in the board offices on or before the renewal date and for good cause shown, the board may grant an extension of the deadline requirements for up to one year.

(e) Each year, accompanying the application for renewal of a license to practice medicine or accompanying a petition for reactivation or reinstatement of his/her license, a physician shall sign an affidavit provided by the board requiring the license holder to verify that he/she has met the CME requirements described above or that he/she holds an inactive medical license or is otherwise exempt from these rules.

(f) Licensee shall maintain CME records for no less than four (4) years and such records shall be made available to the board upon request.

(g) Failure to complete CME requirements as described in this rule may cause the physician to be ineligible for annual renewal of his/her license. Failure to produce records reflecting that a physician has completed the required minimum continuing medical education hours upon written request by the board may constitute unprofessional conduct under W.S. 33-26-402(a)(xxviii).

(h) The board shall periodically conduct a random audit of approximately ten (10%) percent of its active licensees to determine compliance with these rules. The practitioners selected for the audit shall provide a signed statement of completion of the required hours and all supporting documentation within forty-five (45) days of the date of the notice of the audit. Failure to comply with the audit may subject the licensee to disciplinary action by the board as set forth above in subsection (g). If found to have not

completed the requirement noted above, a licensee shall have not more than six (6) months within which to comply with this rule.

Section 8. Co-signing of prescriptions.

- (a) The co-signing of a prescription is the practice of medicine.
- (b) A physician may co-sign a prescription only to the extent that the physician could properly write the prescription as the sole prescriber.
- (c) A physician may co-sign a prescription written by a person enrolled in a residency program in this state only if that person holds a current residency training license issued by the board.

Effective June 24, 2014

CHAPTER 4 - Repealed.

Effective June 24, 2014

CHAPTER 5 - RULES OF PRACTICE AND PROCEDURE FOR THE LICENSURE OF PHYSICIAN ASSISTANTS

Section 1. Authority.

These rules are promulgated pursuant to authority granted by the Act and A.P.A.

Section 2. Purpose.

These rules have been adopted to set forth the procedures of the board in the licensure and regulation of the practice of physician assistants in the state of Wyoming.

Section 3. Definitions.

The definitions contained in the Act, the A.P.A., and Chapter 1 of these rules are incorporated herein by this reference.

Section 4. Scope of practice.

(a) A physician assistant assists in the practice of medicine under the supervision of a licensed physician. Within the physician/physician assistant relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic, therapeutic and health promotion and disease prevention services. The physician assistant may perform those duties and responsibilities delegated to him by the supervising physician when the duties and responsibilities are provided under the supervision of a licensed physician approved by the board, are within the scope of the physician's practice and expertise and within the skills of the physician assistant.

(b) The physician assistant may work in the office of the supervising physician where primary practice is maintained and at sites outside that office as directed by the physician.

(c) The physical presence of the supervising physician is not required if the supervising physician and the physician assistant are or can easily be in contact with each other by telephone, radio, or other telecommunications. A physician assistant shall not practice in any capacity if, for any reason, there is not a supervising physician available to properly supervise the physician assistant in his or her professional duties, or is outside a reasonable geographic proximity to the physician assistant's practice location.

(d) The board does not recognize or bestow any level of competency upon a physician assistant to carry out a specific task. Such recognition of skill is the responsibility of the supervising physician. However, a physician assistant is expected to perform with similar skill and competency and to be evaluated by the same standards as the physician in the performance of assigned duties.

(e) Nothing in the act shall be construed to prohibit the employment of a physician assistant by a medical care facility, institution or corporation where such physician assistant functions under the supervision and direction of a physician or group of physicians.

(f) Neither the board nor the advisory council shall deny an application due to the number of physician assistants supervised up to three (3), except for good cause specific to the circumstances of the individual physician supervisor. The board and the advisory council may allow a physician to supervise more than three (3) physician assistants, subject to a showing by the supervising physician that it is appropriate in the circumstances, that all physician assistants under his supervision will have adequate, documented supervision, and that patient care and safety will be protected.

Section 5. Advisory council.

(a) Pursuant to W.S. 33-26-503(b)(v), the board of medicine shall appoint an advisory council to the board. This council shall consist of at least two (2) members who shall be physician assistants holding an active license to practice in this state and two (2) members who shall be physicians holding an active license to practice in this state. Additional members may be appointed at the discretion of the board. The advisory council is responsible to and will serve at the pleasure of the board.

(i) A chairman and vice-chairman shall be elected annually by a vote of the advisory council members.

(ii) Advisory council members shall serve one four (4) year term, with the ability to request reappointment by the board, not to exceed two (2) reappointments.

(b) The advisory council shall review and make recommendations to the board on matters relating to physician assistants that come before the council, including:

(i) Applications for licensure

(ii) Physician assistant education

(iii) Requirements for licensure

(iv) Professional conduct;

(v) Scope of practice; and,

(vi) Other matters related to the licensure, practice, and discipline of physician assistants.

(c) The advisory council shall meet in conjunction with the board for the purpose of interviewing candidates for recommendation to the board for licensure and other matters as directed by the board.

(d) The advisory council may recommend conditions, denial, suspension or revocation of licensure when it finds that the medical practice act and/or these rules are not being followed.

Section 6. License required, application, and supervision agreement.

(a) No person may practice as a physician assistant or represent that he or she is a physician assistant without a license granted by the board.

(b) An application form, provided or approved in advance by the board, must be submitted to the advisory council and board. The application form must be complete in every detail. For an application to be deemed complete and be considered, the following items must be received in the board office not less than 15 business days prior to the licensure interview date, should an interview be required of the applicant or the supervising physician:

(i) The application form, complete in every detail and properly executed by the applicant;

(ii) The required fee, as set forth in Section 12 of this chapter;

(iii) Three (3) original references, submitted on a form approved by the board. A minimum of two (2) references must be from physicians with whom the applicant has practiced; the third reference may be from a physician or PA-C with whom the applicant has practiced. References from physicians or physicians assistants with whom the applicant has a current or prospective financial, business or family relationship are not acceptable;

(iv) Proof of legal presence in the United States, pursuant to 8 U.S.C. 1621, on a form approved or prescribed by the Board;

(c) A supervising agreement form, provided by the Board, must be submitted to the advisory council and the board by the supervising physician. This form shall include, at a minimum:

(i) The supervising physician's name, degree, license number, medical specialty, and medical practice address and telephone number;

(ii) A detailed description of the medical practice and the duties of the physician assistant under the supervising physician's scope of practice, as well as the method(s) of supervision (e.g., over-the-shoulder, same office suite, radio, telephone, video, etc.) the supervising physician will utilize.

Section 7. Eligibility for Licensure.

The board may grant a physician assistant license to an applicant who:

(a) Is not less than 21 years of age;

(b) Has graduated from a physician assistant training program accredited by the CAAHEP or its predecessor or successor organization;

(c) Has satisfactorily completed a certification examination administered by the NCCPA or other national certifying agency established for such purposes which has been reviewed and approved by the board and is currently certified;

(d) Physician assistants licensed by the board prior to July 1, 1995 are not required to be currently certified by the NCCPA and are not required to provide proof of current NCCPA certification with any of the applications submitted to the board described in Section 8 below.

(e) The board may recognize specialty classifications of training of physician assistants. These classifications shall reflect the training and experience of the physician assistant.

(f) The board may grant an emeritus license to practice as a physician assistant under the supervision of a physician holding an active medical license in this state, which may be used for the provision of uncompensated physician assistant services. Such license may be issued to an applicant who provides an application by a supervising physician, proof that the applicant is currently certified by the NCCPA and has maintained a physician assistant license in good standing in another jurisdiction of the United States or Canada for a period of not less than ten (10) years prior to applying for the emeritus physician assistant license and signs a notarized statement he/she will not accept any form of remuneration for physician assistant services rendered while in the possession of an emeritus license. As part of the application process, an applicant for an emeritus physician assistant license who does not hold a current Wyoming physician assistant license shall complete to the satisfaction of a majority of the board members a personal interview consisting of inquiry and oral response to medical knowledge, personal and professional history and intentions for practicing as a physician assistant in this state. Such interview may be conducted by one (1) or more advisory council members and, if deemed appropriate by a majority of the advisory council, may be conducted by telephonic means.

(i) Physician assistants possessing an emeritus license shall:

(A) Annually sign an affidavit affirming that their physician assistant practice continues to be without remuneration; and

(B) Maintain current certification, in good standing, through the NCCPA including, but not limited to, the continuing education requirements thereof.

(ii) Repealed.

(g) The board may issue a volunteer/camp physician assistant license to a

physician assistant who is in good standing in at least one (1) jurisdiction other than the state of Wyoming for the purpose of assisting in the practice of medicine as a volunteer, without compensation. An applicant for a volunteer/camp physician assistant license must complete and submit a form and documentation prescribed by the board, meet the requirements of W.S. 33-26-504, agree to comply with the Act and these rules, agree to be subject to the jurisdiction of the board, provide proof of licensure in good standing in at least one (1) jurisdiction other than the state of Wyoming, and pay the fee set by the board. A licensure interview is not required for issuance of a volunteer/camp physician assistant license. A volunteer/camp physician assistant license shall be valid for not more than twenty-one (21) consecutive days in any calendar year, and may not be renewed.

(h) A person who has pled guilty or nolo contendere to, or has been convicted of, a felony or any crime that is a felony under Wyoming law in any state or federal court or any court of similar jurisdiction in another country may apply for licensure; however, the board may deny licensure based solely upon such plea or conviction.

Section 8. Consideration of applications.

(a) The applicant for physician assistant licensure is required to appear before the advisory council for initial licensure.

(b) The supervising physician shall complete and submit a supervision agreement form describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients, and setting forth the conditions of his supervision of the physician assistant;

(c) Physicians who have conditions or restrictions upon their license or privileges issued by the board or other state medical licensing board or health care facility may apply to supervise a physician assistant. All applications submitted by physicians with restrictions or conditions on their license or clinical privileges shall be reviewed by the board. The board may, in its discretion, require an interview with an applicant under this subsection.

(d) The advisory council may require a supervising physician to interview in person before the advisory council to determine the supervising physician's ability to properly supervise the physician assistant and his willingness to accept the responsibility of supervision of a physician assistant.

(e) If a physician assistant changes supervising physician, but remains in the same practice situation and location, the physician assistant shall submit an application on a form approved by the board explaining the change and providing proof of current NCCPA certification. The supervising physician shall also complete and submit an application describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients. Under these circumstances, an interview may be required if deemed appropriate by the advisory council or the board. If initial licensure fees have been paid, no further fees will be assessed.

(f) If a physician assistant changes job situations or locations within the state under a new supervising physician, the physician assistant shall submit an application on a form approved by the board explaining the change, provide proof of current NCCPA certification and pay a fee in the same amount as the initial application fee. The supervising physician shall also complete and submit a supervising agreement form describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients. A subsequent interview may be required by the advisory council.

(g) If a physician assistant leaves the state for employment and returns, a new

supervising physician application and fees must be submitted to the advisory council and board for approval. An interview may be required.

(h) Following review of the application documents and, where appropriate an interview, the advisory council shall make its recommendations to the board regarding licensure of a physician assistant to practice in Wyoming. The final decision remains with the board.

(i) If a licensed physician requires the assistance of a licensed physician assistant in an emergency, the physician and physician assistant shall, within two (2) business days of the emergent situation, submit to the board on form prescribed by the board a statement detailing the circumstance of the emergency and the need for the assistance of the physician assistant without the board's prior approval. If it is determined that the situation was not an emergency or if it was not appropriate to involve the physician assistant, both the physician and the physician assistant may be subject to disciplinary action.

(j) Applications submitted to the board for initial licensure as a physician assistant expire six (6) calendar months after the date the application document is received in the board office.

Section 9. Temporary license, expedited temporary license, initial licensure.

(a) For purposes of this section, the following definitions apply:

(i) "Clean application" means that the physician assistant applicant has none of the following:

- (A) Professional liability insurance settlement(s) or payment(s) in excess of \$50,000 individually or \$100,000 in the aggregate;
- (B) Criminal record;
- (C) Medical condition(s) which could affect the physician assistant's ability to practice safely;
- (D) Licensing or regulatory board complaint(s), investigation(s), or action(s) (including withdrawal of a licensure application);
- (E) Adverse action taken by a health care entity;
- (F) Investigation(s) or action(s) taken by a federal agency, the United States military, medical society or association; or,
- (G) Suspension or expulsion from, or disciplinary action in, any academic program, including physician assistant school and any post-graduate training program.

(ii) "Core application documents" means the following:

- (A) The required application form(s), including the supervising agreement form and appropriate fee(s);
- (B) Form and supporting document(s) demonstrating proof of legal presence in the U.S. pursuant to 8 U.S.C. § 1601, et seq.;
- (C) Verification of current certification by, and good standing with, the NCCPA;
- (D) FSMB Board Action Databank report; and,
- (E) NPDB report.

(b) License Application Processing, Review and Interviews. When an applicant's core application documents have been received by the board and are deemed to be satisfactory, the executive director or his designee will review the application and supporting materials to determine whether a licensure interview of the applicant will be required

pursuant to this rule. If the executive director or his designee determines that the applicant will not, in all likelihood, be required to have a licensure interview pursuant to this chapter, the applicant has been continually licensed in good standing (not including training licenses) for the preceding three (3) years in one or more states and/or the District of Columbia, and the applicant has a clean application, the executive director may, acting on behalf of the advisory council and the board, issue a temporary license to the applicant pursuant and subject to these rules, including the requirement for a complete application set forth therein. The temporary license shall be valid until 8:00 a.m. of the first day of the next regularly-scheduled board meeting.

(c) If an applicant is not issued a temporary license pursuant to paragraph (b) of this rule, when the application is deemed complete pursuant to Section 6(b) of this chapter, the physician assistant's application for licensure shall be sent to the advisory council for review. Upon the approval of at least three (3) members of the advisory council, the physician assistant shall be issued a temporary license to be valid until 8:00 a.m. of the first day of the next regularly-scheduled board meeting.

(d) A temporary license may be issued under paragraph (b) to a physician assistant who meets all requirements for licensure except completion of the NCCPA certification examination. A temporary license may be issued to allow the physician assistant an opportunity to sit for the next available examination, such time period not to exceed one (1) year from the date of issuance of the temporary license.

(e) A physician assistant who receives a temporary license under this section remains subject to the requirement for a personal interview with the advisory council and/or the board in this chapter.

(f) Temporary licenses issued less than fifteen (15) business days prior to the next regularly-scheduled board meeting will be valid until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the second regularly-scheduled board meeting after issuance.

(g) Upon written request received from the holder of a temporary license not less than seven (7) days before expiration of the temporary license, the executive director may extend a temporary license for an additional term no longer than the later of a vote of board members on the application pursuant to these rules, or the date of the next regularly-scheduled board meeting after extension of the temporary license. The holder of a temporary license may request no more than one (1) extension of the temporary license under this subsection.

(h) If, upon review of the application of a person who is granted a temporary license under paragraph (b) or (c) of this section, one or more advisory council or board members request that the holder of the temporary license appear for a licensure interview, the executive director may extend the temporary license held by that person until 8:00 a.m. on the first day of the second regularly-scheduled board meeting after issuance of the temporary license.

(i) If the advisory council does not meet in conjunction with a regularly-scheduled board meeting, the executive director may, in his discretion, extend temporary licenses due to expire at that board meeting until the next regularly-scheduled board meeting.

(j) All applicants who are granted a temporary license under paragraph (b) of this chapter are required to submit all documentation and materials necessary to ensure that their license application is complete in accordance with this chapter. Failure to have a complete license application within 180 days of issuance of a temporary license may result

in denial by the board of the application for licensure pursuant to W.S. 33-26-202(b)(i).

Section 10. Deleted.

Section 11. Term of license, renewal, duplicate and voluntary relinquishment.

(a) License Renewal and Deadline. All physician assistant licenses, other than temporary licenses, expire annually at 11:59 p.m., Mountain Time, December 31. A physician assistant may renew his/her license by sending a signed renewal questionnaire and renewal fee to the board, or completing an on-line renewal form and submitting a renewal fee prior to expiration of current license.

(i) License Renewal Form. A physician assistant may renew a license by submitting an application for renewal each year in a format or form provided by the board. The board may utilize paper or electronic forms, or a combination of both.

(ii) License Renewal Grace Period. Licensees who fail to submit their application for renewal by December 31st may submit their application, the requisite renewal fee, and the license renewal grace period surcharge no later than March 31st.

(b) The board may reactivate a lapsed license if the applicant pays reactivation fee and meets the requirements for granting of an initial license.

(c) A physician assistant may apply for a duplicate license if his/her license is lost, stolen, or destroyed.

(d) A physician assistant may offer to voluntarily relinquish his/her license at any time, however the board may, at its discretion, refuse to accept such offer.

Section 12. Fees.

(a) Pursuant to W.S. 33-26-507(a) the board shall collect the following fees:
Application and license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted) through the next December 31st]

	\$250.00
Paper form license application processing fee	\$25.00
Annual renewal of license	\$100.00
Paper form license renewal processing fee	\$10.00
License renewal grace period surcharge	\$50.00
Replacement of lost license (No charge for the licensee to print the replacement license from the Board's on-line system.)	\$ 25.00
Reactivation of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and temporary license (if granted) pending completion and review of the licensure application at the next board meeting, and initial license (if granted) through December 31st.]	\$100.00
Reinstatement of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and license (if reinstatement is granted) through December 31st. Costs may also be imposed in addition to the reinstatement fee.]	\$200.00
Extension of temporary license	\$50.00
Volunteer license	\$50.00
Emeritus license	No charge

Certified copies

First page: \$10.00;
Additional pages: \$.50

Photocopies (except certified copies), including cost of duplication of transcript(s) and administrative record in appeals from contested case hearings [Ch. 7, § 14(b)]

First page: \$2.00;

Additional pages: \$.10

(b) Application fees shall be paid to the board in the form of cashier's check or money order. All other fees shall be paid to the board in the form of a check, cashier's check or money order; however, on-line applications for licenses or renewal of licenses and license applications may be paid by credit card.

(c) Fees are not refundable.

Section 13. Denial, revocation or suspension of license.

(a) The board shall have the authority to deny an application for a license by, place restrictions or conditions on the license of, or revoke or suspend the license of, a physician assistant for, but not limited to, those grounds set forth in W.S. 33-26-508 and any of the following reasons if the physician assistant:

(i) Has held himself or herself out, or permitted another to represent him or her, as a licensed physician; or,

(ii) Deleted.

(iii) Deleted.

(iv) The supervising physician's right to employ a physician assistant has been withdrawn.

(v) Deleted.

(b) A hearing to deny an application for licensure or for reactivation of a license, place restrictions or conditions on a license, or to revoke or suspend a license, of a physician assistant, shall be conducted following the procedure set forth in Chapter 7 of these rules. If the board denies the license application, places restrictions or conditions on a license, or revokes, suspends or takes other action against a license, it shall issue a final order reflecting such action supported by findings of fact and conclusions of law.

(c) On the date of issuance of such final order, the executive director shall send a copy of such order to the applicant by certified mail at the address shown on the application or at the most recent address provided by the licensee.

Section 14. Appeal following denial of initial license application, reinstatement or reactivation.

An applicant who is denied a license, reinstatement or reactivation of a physician assistant license may appeal such final order to the district court pursuant to W.S. 16-3-114.

Section 15. Deleted.

Section 16. Repealed.

Section 17. Prescription of drugs.

(a) As the agent of the supervising physician, a physician assistant may prescribe, administer and dispense medications, including schedule II-V as defined in W.S. 35-7-1015 through 35-7-1022. Dispensing by physician assistants shall be limited to rural clinics in which pharmacy services are not physically available.

(b) A physician assistant shall not prescribe schedule I and schedule drugs as defined by W.S. 35-7-1013 through 35-7-1016.

(c) Use of pre-signed prescription pads is prohibited.

Section 18. General provisions.

(a) The supervising physician shall notify the board of any change of practice location or supervisory status of a physician assistant licensed in the state of Wyoming, and working under the physician's supervision, within thirty (30) days of the effective date of such change.

(b) A physician assistant shall clearly identify himself or herself by a name tag or other means to differentiate himself/herself from a physician.

(c) Except as otherwise provided in these rules and regulations, a physician may be a supervising physician for three (3) physician assistants on duty at any given time. Physicians whose specific practice circumstances indicate the need to supervise more than a total of three (3) physician assistants may submit a written request for approval of the supervisory arrangement, along with supporting documentation, for review by the Board of Medicine, as provided in these rules and regulations

(d) Deleted.

(e) Medical supervision of a physician assistant by other than a licensed physician is prohibited.

Section 19. Deleted.

Section 20. Supervision and protocol requirements.

All physician assistant supervision arrangements formed or submitted to the Board shall comply with the following requirements:

(a) A supervising physician and any physician assistant under his supervision shall maintain on file with the Board a current supervision plan approved pursuant to section 8(h) of this chapter.

(b) The supervision plan shall be submitted as part of any application by a supervising physician or group of supervising physicians.

(c) Before a supervising physician or physician assistant may change a supervision plan previously approved by the Board, they shall submit a revised supervision plan on an application form published by the Board. The revised supervision plan application shall be reviewed by the advisory council and the Board pursuant to section 8(h) of this chapter.

(d) Supervising physicians and physician assistants shall maintain documentation to demonstrate compliance with the elements of the supervision plan.

(e) A supervising physician or physician assistant shall, upon written request from the Board, produce within twenty (20) days of receipt of the Board's request any documentation maintained pursuant to subsection (d).

(f) In addition to the ability to request documentation pursuant to subsection (e) the Board may, from time to time, conduct an audit of approximately ten (10) percent of then-active supervisory relationships, selected by random means, by requesting from the selected supervising physician and the physician assistant any documentation from the past three (3) years maintained pursuant to subsection (d).

Effective September 10, 2015

CHAPTER 6 – MISCELLANEOUS

Section 1. Malpractice claims.

- (a) When the officers screen complaints, they shall review reports of malpractice claims against licensees reported since the previous complaint screening.
- (b) Based on this review, the board officers shall determine if further review and/or investigation is necessary under the terms and provisions of the act. If further review and/or investigation is deemed necessary, the matter shall be handled as a complaint .
- (c) The executive director shall compile all reports of malpractice claims from licensees, insurance carriers, attorneys, courts, health care entities, data banks and other reliable sources and maintain statistics for each licensee as to the number, frequency, nature and disposition of such claims.

Section 2. Disciplinary actions in other jurisdictions.

- (a) Final disciplinary orders entered in other jurisdictions against Wyoming licensed physicians and physician assistants shall be handled as follows:
 - (i) Those with current Wyoming licenses who are practicing in Wyoming may be subject to a board initiated complaint and investigation pursuant to chapters 4 and 5 of these rules, as appropriate.
 - (ii) Those with current licenses but practicing out of state may be served with a consent decree requiring the physician or physician assistant to notify the board in writing at least thirty (30) days prior to returning to the state to practice. The consent decree shall be a final order of the board, subject to reporting as provided in these rules and regulations. If a physician or physician assistant fails or refuses to sign such a consent decree, he or she may be subject to a board initiated complaint and investigation pursuant to chapters 4 and 5 of these rules, as appropriate.

Section 3. Board records.

- (a) For all purposes, the term 'board record' as set forth in W.S. 33-26-408(f) includes all information acquired by the board by any means except:
 - (i) The name of the licensee;
 - (ii) The licensure status of a licensee, i.e., current and in good standing, current with conditions or restrictions, lapsed, suspended, surrendered or revoked;
 - (iii) The professional designation of a licensee, i.e., M.D., D.O., P.A., or P.A.-C.;
 - (iv) The licensee's medical specialty;
 - (v) Whether the licensee is board certified and
 - (vi) The current office address and current telephone number at such address of a licensee.
- (b) All other information except that specifically described in subsection (a) maintained or in the possession of the members, employees or agents of the board, shall be considered a "board record," including but not limited to documents, records, summaries, photographs, diplomas, correspondence, test scores and licensure verification, and shall not be available for public dissemination or disclosure except as required by W.S. 33-26-408(f).
- (c) The Board may disseminate the information set forth in subsection (a) above by any means including, but not limited to, responses to inquiries, any Internet web pages maintained or contributed to by the Board and in the physician directory published annually by the Board.
- (d) This definition shall not restrict the type or content of information that the

Board is required to disclose pursuant to W.S. 33-26-202(b)(vii) or information, the disclosure of which has been waived by the licensee who is the subject of such information.

Section 4. Maintenance of Current Mailing, Physical Addresses.

- (a) All licensees shall maintain a current mailing address on file with the Board.
- (b) All licensees shall maintain a current physical address on file with the Board.

This address shall be the licensee's address of record for purpose of service of any disciplinary action brought against licensee under the Act.

(c) The licensee shall update his or her mailing address and physical address with the Board by submitting, within forty-five (45) days of the effective date of the new mailing or physical address, a completed change of address form as published by the Board. Failure to maintain current mailing and physical addresses with the Board shall be grounds for disciplinary action.

(d) In no event will the Board accept a request for the licensee's mailing address to be used for some, but not all, written communications from the Board.

Section 5. Regular Meeting of the Board

Pursuant to W.S. 33-1-302(a)(iii), the Board shall set one or more regular meetings in each calendar year by adopting in advance a resolution setting forth the date, time and place of each regular meeting. Other meetings of the Board shall be held at the time and place as called by the President or Vice President of the Board.

Effective September 10, 2015

CHAPTER 7 - RULES OF PRACTICE AND PROCEDURE FOR THE CONDUCT OF DISCIPLINARY PROCEEDINGS AGAINST PHYSICIANS AND PHYSICIAN ASSISTANTS

Section 1. Authority. These rules are promulgated pursuant to authority granted by the Act and the A.P.A.

Section 2. Purpose. These rules set forth the procedures of the board for the filing of complaints against licensees; for the conduct of investigations of, and disciplinary proceedings against, licensees; and to describe the process for license denials and appeals therefrom.

Section 3. Preliminary Complaint Evaluation

(a) All parties have a right to represent themselves or be represented by counsel at every stage of any investigation or disciplinary proceeding, including the informal interview.

(b) Proceedings under these rules shall commence when a complainant notifies the board of conduct by a licensee which falls within the board's jurisdiction and that may constitute a violation of the Act.

(c) A copy of every written complaint, and every writing in the general nature of a complaint, as well as reports of every oral communication in the nature a complaint received by the board shall be filed and maintained in the board's permanent files and entered in the ledger.

(d) Upon receipt of a complaint, the executive director of the board shall notify the complainant in writing of said receipt. The notice to the complainant required by this section shall, at a minimum, clearly state:

(i) Pursuant to W.S. 33-26-408(a) (ii), the complainant and any witnesses incur no civil liability for information provided to the board in good faith, without malice, and in reasonable belief that the information is accurate.

(ii) Any effort by the licensee named in the complaint to directly or indirectly discourage, intimidate, or otherwise impede investigation of the complaint constitutes a separate and distinct prosecutable instance of unprofessional conduct.

(iii) The complainant (or patient, if different than the complainant) and licensee shall not enter into settlement negotiations or exchange of offers of settlement or compromise of a complaint without the express written permission of the officers or, if interviewers/petitioners have been appointed, without the express written permission of the interviewers/petitioners.

(e) If cause exists to withhold the identity of the complainant from the licensee, or if the complainant requests his identity be withheld, the staff may withhold the complainant's name from the licensee until the complaint screening. If the complainant's name has been withheld, and it is necessary to disclose the name of a particular patient in order to permit the licensee to response to the Board's inquiry, the staff may do so with the prior approval of the officers.

(f) Board staff shall preliminarily ascertain whether the alleged conduct by a licensee may constitute a violation of the act.

(i) If the alleged conduct may constitute a violation of the act, board staff shall request a written response from the licensee. The request to the licensee shall, at a minimum, include the following:

(A) A copy of the complaint, unless the complainant's identity is

being withheld pursuant to subsection (e), in which case the request shall set forth information sufficient for the licensee to understand the nature of the complaint and respond;

(B) A date by which the licensee is requested to submit a written response to the allegations in the complaint;

(C) The section(s) of the act and/or the board's rules that may have been violated by the licensee's alleged conduct;

(D) Notice that the licensee has a right to represent himself or be represented by counsel at every stage of any investigation or disciplinary proceeding, including the informal interview;

(E) Notice that any effort by the licensee named in the complaint to discourage, intimidate or otherwise impede a full and vigorous pursuit of the complaint constitutes, under board rules, a separate and reportable instance of unprofessional conduct; and

(F) Notice that the complainant will be provided a copy of the request for written response from the licensee.

(ii) If the alleged conduct is not within the Board's jurisdiction, or would not constitute a violation of the act, board staff shall provide a summary of the complaint, and the reason(s) for recommending its closure, to the officers at the next complaint screening.

(g) Upon receipt of the licensee's response to the complaint, the board staff shall review the complaint and the response. If it continues to appear that the alleged conduct may constitute a violation of the act, the board staff shall refer the complaint and the licensee's response for review at the next complaint screening.

Section 4. Commencement of Disciplinary Proceedings. At the complaint screening, officers and staff review complaints, licensee responses, and reasons for closing any complaints.

(a) If the majority of the board officers cannot determine whether the complaint alleges conduct by a licensee which falls within the board's jurisdiction and/or may constitute a violation of the Act, the officers may direct the board's staff and agents to investigate the complaint to provide sufficient information for board officers to complete the screening process.

(b) If a majority of the officers determines that the complaint alleges conduct by a licensee which falls within the board's jurisdiction and may constitute a violation of the Act, the officers shall appoint two members of the board, and one member of the advisory council if the licensee in question is a physician assistant, as interviewers, or take other appropriate action. Nothing herein precludes the appointment of a board officer as an interviewer or petitioner in any case that they have screened.

(c) If the majority of the officers cannot determine whether the complaint alleges conduct by a licensee which falls within the board's jurisdiction and/or may constitute a violation of the Act, they may direct the board's staff and agents to investigate the complaint to provide sufficient information for them to complete the screening process. If the identity of the complainant has been withheld from the licensee, the officers shall also make a determination whether to continue to withhold the complainant's name.

(d) Within fifteen (15) business days after the appointment of interviewers, the board staff shall send a notice to the licensee and to the complainant. The notice to the licensee shall include:

- (i) The nature and subject matter of the petition, when it was filed, the board's appointment of interviewers;
- (ii) That counsel representing the licensee may be present at the informal interview, describe the interview process;
- (iii) The range of potential sanctions that may be available to the board as a result of the interviewers' recommendations; and
- (iv) That any effort by the licensee named in the complaint to directly or indirectly discourage, intimidate or otherwise impede a full and vigorous pursuit of the complaint constitutes a separate and prosecutable instance of unprofessional conduct.

Section 5. Informal interview.

- (a) The interviewers shall investigate the allegations against the licensee of conduct that may violate the Act and, where circumstances warrant, conduct an informal interview.
- (b) The interviewers may conduct the informal interview without assistance of the board prosecutor. If the licensee notifies the board of representation by counsel, the board prosecutor shall participate in the interview. Notice by the licensee of intent to be represented by counsel shall be sent to the board, in writing, not less than seven (7) days prior to the interview.
- (c) The interviewers are the agents and representatives of the board.
- (d) The informal interview is to determine whether: the allegations may constitute a violation of the Act; a mental, physical, or medical skills or knowledge examination of the licensee is warranted; further investigation is warranted; additional charges should be brought; resolution of the complaint without further proceedings is possible; and, a contested case hearing should be pursued.
- (e) The informal interview may be conducted by electronic means if the interviewers determine that the purpose of the interview can be achieved in such manner.
- (f) The interviewers, board prosecutor, licensee and/or licensee's counsel may discuss stipulation, dismissal, the consent decrees, restrictions or any other pertinent procedural or substantive information.
- (g) An electronic or stenographic record may be made and shall, if made, become part of the confidential files of the board.
- (h) An informal interview is not subject to strict legal procedural or evidentiary rules. Informal interviews are not open to the public nor is their occurrence a matter of public record.
- (i) If the alleged conduct is not within the Board's jurisdiction, or would not constitute a violation of the act, interviewers shall notify the complainant in writing and close the complaint. Board staff shall provide the interviewers' reason(s) for the closure of the complaint to the officers at the next complaint screening, and the closure shall be noted on the ledger.
- (j) The results of any board ordered mental, physical competency or medical competency examination shall be provided to the licensee and the interviewers prior to any further board action.
- (k) Following notice by the interviewers of their intent to conduct an informal interview, the licensee may, at any time, waive the right to an informal interview. Waiver of the informal interview process must be made in writing, signed by the licensee, and his attorney if represented, and sent to the Board before the scheduled informal interview. A licensee's waiver of the informal interview process shall not, in and of itself, constitute

grounds for additional charges of unprofessional conduct.

(l) Settlement or stipulation.

(i) Nothing in these rules shall preclude the licensee and interviewers or petitioners from entering into, at any time before the entry of a final order in a contested case hearing, a consent decree, nor shall these rules preclude a voluntary request by the licensee for the suspension, relinquishment or restriction of the licensee's license; provided, however, that the Board may, but is not required to, grant or reject such a request.

(ii) The reasons, grounds, conditions and other provisions of any such consent decree, voluntary relinquishment, suspension or restriction or other board action taken in lieu of a contested case hearing shall be recorded in the docket file and become a permanent part of the Board's confidential files; provided, however, that any action taken by the board constituting a final action shall be a public document as provided by the Act and the Board's rules.

(iii) Such consent decree or other action may occur at any time prior to the announcement of a final decision after a contested case hearing.

Section 6. Contested case.

(a) Any contested case before the board shall be conducted pursuant to these rules, the Act and the A.P.A.

(b) Contested cases before the board shall be initiated by a petition.

(c) At least ten (10) days prior to filing of a petition, written communication shall be sent to the respondent requiring indication whether respondent will accept service of the petition by United States certified mail, return receipt requested, or if respondent desires personal service at a place designated by him. Failure by respondent to return written election of choice of service to the board within thirty (30) days of mailing by the board shall mandate personal service. Service of a petition shall be governed by W.R.Civ.P. 4(c)-(o) and 5, and may include service by publication, as provided therein.

(d) The respondent shall file an answer, or cause an appearance to be entered before the Board, within thirty (30) days of service of the petition.

(e) Prior to any contested case hearing, other than one pursuant to a licensee's petition for reinstatement of a license or removal of restrictions or conditions on a license, an informal interview must be offered to the licensee.

Section 7. Hearing officer.

(a) Upon the filing of a petition, the board may appoint a hearing officer to preside over the contested case. The hearing officer shall not have participated in the preliminary investigation or case preparation.

(b) The hearing officer shall withdraw from the case if he deems himself to be disqualified.

(c) A party may make a written request for the removal of a hearing officer. The request shall be made as soon as the party has reasonable grounds to believe that the hearing officer is subject to disqualification. The written request shall explain the reasons for the requested disqualification and shall be accompanied by affidavits. If the hearing officer denies the request, he shall issue a written explanation of such denial and enter the explanation into the record.

(d) The hearing officer shall have those powers set forth in the A.P.A. and all such other powers as may be necessary to conduct a fair and impartial contested case hearing, including but not limited to, the power to provide for and determine the scope of discovery

and set a case schedule, and may assist the board in its deliberations and the development of findings of fact and conclusions of law.

Section 8. Discovery.

(a) Discovery in board disciplinary proceedings shall be governed by W.S. 16-3-107, the Act, and these rules.

(b) Pursuant to W.S. 16-3-107, the board or its hearing officer, at the request of a party, may subpoena the attendance of witnesses or require the production of books, papers or other evidence. A respondent may apply for a subpoena subject to W.S. 33-26-408(f).

Section 9. Deleted.

Section 10. Deleted.

Section 11. Executive Session. The hearing officer shall conduct the hearing in executive session pursuant to W.S. 16-4-405(a) (ii) and/or (a) (ix), unless the respondent, by written motion filed no later than the deadline set forth in the pre-hearing order, requests a public hearing. The hearing officer may sequester witnesses upon appropriate request by any party.

Section 12. Evidentiary Hearing to Compile a Record.

(a) A hearing panel shall not be required to personally attend any part of a hearing including, but not limited to, opening statements, presentation of evidence, and/or closing arguments.

(b) Pursuant to the Office of Administrative Hearings' Uniform Rules for Contested Case Practice and Procedure, Ch. 2, §. 8(b), the hearing officer may, upon the recommendation of the president or the executive director or upon his own motion, receive the evidence and compile the record in a contested case outside the presence of the hearing panel.

(c) Upon the close of evidence, all evidence received and compiled by the hearing officer, and the record of the contested case, shall be given as soon as practicable to the hearing panel for their review, deliberations and decision in accordance with this chapter.

(d) The evidentiary record provided to the hearing panel shall include the following:

(i) A transcript and video recording of the hearing, and any depositions entered as witness testimony in the proceedings; and,

(ii) An indexed copy of all exhibits admitted by the hearing officer during the course of the proceeding.

(e) As part of its deliberations on the case, one or more members of the hearing panel may request that a witness who previously testified in the proceeding be called before the panel, placed under oath, and asked one or more questions by the members of the hearing panel to clarify, correct or expand upon the witness's prior testimony. The board advisory attorney shall communicate the request to the hearing officer, in writing with copies to the parties. The hearing officer shall issue such orders and subpoenas as are necessary to secure the witness testimony requested by the hearing panel member(s). The hearing officer may, but is not required to, permit the parties to question a recalled witness, and may restrict the scope of questions posed by the parties.

Section 13. Deliberations and Decision.

(a) Board counsel shall assist the hearing panel in its deliberations, and in

drafting findings of fact, conclusions of law and an order.

(b) The hearing panel shall make its decision in public session, and shall serve a copy of the decision upon all parties. The decision shall include:

(i) A statement of the findings of fact and conclusions of law, separately stated and supported by concise and explicit statements, and

(ii) An order setting forth the action taken, including costs, if any, assessed against respondent.

Section 14. Record.

(a) The record in contested cases shall consist of those items set forth in W.S. 16-3-107(o) and the transcript of the proceedings.

(b) If the board's decision is appealed to the district court, the appealing party shall pay the costs of copying the transcripts and duplicating the record for submission to the court and the parties to the appeal.

Section 15. Reinstatement of, or Removal or Modification of Restrictions or Conditions on, a License.

(a) A former licensee whose license has been relinquished or revoked may file a petition for reinstatement of his license pursuant to the Act.

(b) A licensee whose license has restrictions or conditions on it may file a petition seeking removal or modification of one or more restrictions or conditions, pursuant to the Act.

(c) In the course of proceedings under subsections (a) and (b), the licensee will be designated "petitioner." The petitioners appointed during the proceedings that led to relinquishment, revocation, or placement of restrictions or conditions on an existing license shall be designated "respondent(s)." If none of the previously appointed petitioners remain on the board or the advisory council, the officers shall appoint one (1) board member to serve as the respondent in the proceedings to reinstate or remove or modify conditions or restrictions.

(d) After a hearing before the board on a petition filed pursuant to this section, the board shall issue specific findings of fact, conclusions of law and a final order:

(i) Reinstating the license without restrictions or conditions;

(ii) Reinstating the license subject to restrictions or conditions;

(iii) Removing or modifying the restrictions or conditions on the license;

(iv) Denying reinstatement of the license or removal of the restrictions or conditions on the license; or,

(v) Taking such action as the board deems appropriate and just in the circumstances.

(e) A licensee whose petition for reinstatement of or removal or modification or restrictions or conditions on, a license may appeal such final order to the district court pursuant to W.S. 16-3-114.

Section 16. Public inspection.

(a) The legal custodian shall segregate all documentation pertaining to any petition and place it into the appropriate docket file or the ledger of public information. The executive director shall provide proper identification of all the records in the docket files and ledger.

(b) The ledger shall be open for public inspection in the board offices.

(c) Docket files shall be confidential, segregated files not available for public

inspection, maintained in the board offices.

(d) If the legal custodian or his designee denies a request to inspect or copy records, written reasons shall be given if requested and the requestor shall be advised of the right to appeal and state why inspection should be granted including the purpose for which the record is needed by the requestor.

(e) All ledger records shall be kept at the board office or in a governmental record storage site and shall be available for public inspection and copying during office hours when such inspection or copying does not unduly interfere with the work of board staff.

(f) Original ledger records shall be examined under the supervision of board staff and shall not be removed from the office.

(g) A request to inspect ledger records shall be deemed sufficient if it reasonably describes the requested records and contains the requestor's name and address.

Section 17. Notification. All final board orders subject to public disclosure pursuant to W.S. 33-26-408(c) shall be sent to any medical facilities where the licensee has privileges, to the appropriate state medical society and to any local county medical society to which the licensee might belong, to a wire service, to the F.S.M.B., and the N.P.D.B. and, when applicable, to the Wyoming Board of Pharmacy and the U.S. Drug Enforcement Administration, within thirty (30) days of the final disposition of the case.

Section 18. Incorporation by reference.

(a) For any rule incorporated by reference in these Board Rules:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section; and

(iii) The incorporated rule is maintained at Board Office and is available for public inspection and copying at cost at the same location.

(b) Each rule incorporated by reference is further identified as follows:

(i) Chapter 2 - Uniform Rules for Contested Case Practice and Procedure, adopted by the Office of Administrative Hearings and effective on October 17, 2014, found at: <http://sos.wy.state.wy.us/Rules/RULES/9644.pdf>.

(ii) Rule 4(c)-(o), Wyoming Rules of Civil Procedure, adopted by the Wyoming Supreme Court and in effect on May 1, 2003 (found at: <http://www.courts.state.wy.us/WSC/CourtRule?RuleNumber=48#222>); and,

(iii) Rule 5, Wyoming Rules of Civil Procedure, adopted by the Wyoming Supreme Court and in effect on May 1, 2003 (found at: <http://www.courts.state.wy.us/WSC/CourtRule?RuleNumber=48#222>).

Section 19. Criminal History Background for Purposes of Investigations and Discipline

(a) The board may request a criminal history record report on a licensee if:

(i) A complaint against a licensee involves allegations of criminal conduct;

(ii) Any information received by the board indicates the licensee may have a criminal history that is relevant to a pending complaint, investigation or disciplinary action.

(b) Upon a determination by the executive director that a criminal history record check is appropriate, a written request shall be sent to the licensee along with the necessary forms for fingerprinting of the licensee.

(c) A licensee may receive a copy of the results of his criminal history record check upon written request submitted to the Board. If the licensee disputes the results of the criminal history check, as permitted by federal regulations, the results received by the Board shall remain a part of the application or investigation file until such time as a correction or change is effected by the FBI. The licensee shall submit to the Board a second set of forms with his fingerprints to be submitted to law enforcement for a new criminal history check, along with notice from the FBI that his challenge to the questioned information has been successful and the record has been changed accordingly.

Section 20. Proceedings to deny an application for licensure.

(a) If the application review committee recommends that an application for licensure or reactivation of a license be denied, or if after a licensure interview the Board refers an application to the application review committee for proceedings to deny an application for initial licensure or reactivation of a license, any proceedings shall be conducted pursuant to these rules.

(b) In the course of proceedings to deny an application for licensure or reactivation of a license, the applicant shall be designated "petitioner." The application review committee members shall be designated "respondents."

(c) The petitioner shall have the burden to prove, by a preponderance of evidence, that he meets all requirements for licensure or reactivation of his license, and that he can safely and skillfully practice medicine. Upon completion of the petitioner's case, the respondents shall have the burden to prove, by clear and convincing evidence, that the petitioner fails to meet all requirements for licensure or reactivation of his license, or is unable to safely and skillfully practice medicine.

(d) After a hearing before the board to deny an application for licensure or reactivation of a license, the board shall issue specific findings of fact, conclusions of law and a final order:

- (i) Granting a license without restrictions or conditions;
- (ii) Granting a license subject to restrictions or conditions;
- (iii) Denying issuance of a license; or,
- (iv) Taking such action as the board deems appropriate and just in the circumstances.

(e) An applicant whose application for licensure or for reactivation of a license is denied may appeal such final order to the district court pursuant to W.S. 16-3-114.

Effective September 10, 2015