21 NCAC 32B .1362 is adopted with changes as published in 40:17 NCR 1346-1348 as follows:

SECTION .1300 – GENERAL

21 NCAC 32B .1362 APPLICATION FOR INTERNATIONALLY TRAINED PHYSICIAN EMPLOYEE LICENSE

(a) The Internationally Trained Physician License is limited to physicians who have not attended accredited medical schools or ~~graduate~~ graduated from medical education programs in the United States.

(b) In order to obtain an Internationally Trained Physician License, the Board ~~must~~ shall receive from the applicant or the primary source:

(1) a completed application ~~attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application.~~ containing the following information from the applicant:

(A) personal mailing, physical address;

(B) work mailing, physical, and email address;

(C) telephone number;

(D) social security number;

(E) chronological history of education and employment from your first day of medical school to present;

(G) history of government investigations, substance use history for the past five years, military service, professional liability insurance history, investigations for employment misclassification for the past five years, and history of ~~regulatory actions,~~ disciplinary actions and pending investigations by any state, federal, or foreign regulatory agency, hospital privilege, and malpractice; and

(H) an attestation under oath or affirmation that the information on the application is true and complete, and authorize the release to the Board of all information pertaining to the application.

(2) a completed form from (1) a hospital located and licensed in North Carolina attesting to an offer of full-time employment, or (2) a NC licensed supervising physician located at a medical practice in a North Carolina rural county with a population of less than 500 people per square mile attesting to an offer of full-time employment where the supervising physician is physically practicing on-site;

(3) documentation of a legal name change, if applicable;

(4) a photograph, two inches by two inches, affixed to the oath or affirmation that has been attested to by a notary public;

(5) proof of licensure in good standing from the medical licensing authority in a foreign country as required by G.S. 90-12.03(a)(2);

(6) proof of 130 weeks of medical education from a medical school as described in G.S. 90-12.03(a)(3);

(7) furnish an original ~~ECFMG~~ Educational Commission for Foreign Medical Graduates certification status report;

(8) proof of ECFMG eligibility, which shall include furnishing an original ECFMG certification status report and successful passage of ~~USMLE~~ United States Medical Licensing Examination Step 1 and Step 2;

(9) proof of either (1) two years of graduate medical education approved by the applicant's country of licensure or (2) active practice in country of licensure for at least 10 years after graduation. Proof of graduate medical education will require verification from both the graduate medical education program regarding attendance and applicant's country of licensure of approval. Proof of active practice will require verification from employers, with applicable dates, positions and responsibilities; if the applicant was self-employed, the Board may require business documents, tax records, and patient attestations for the 10-year period to confirm the active practice of medicine;

(10) examination transcripts from the examining body that meet one of the requirements of G.S. 90-12.03(a)(4):

(A) if applying on the basis of the USMLE, the USMLE transcript ~~must~~ shall show a score on USMLE Step 3 and the applicant must have passed within three attempts;

(B) if applying on the basis of the COMLEX, the COMLEX transcript ~~must~~ shall show a score on COMLEX Level 1, Level 2 (cognitive evaluation), and Level 3 and the applicant must have passed each level within three attempts;

(C) if applying on the basis of any other board-approved examination under G.S. 90-10.1 or 21 NCAC 32B .1303, the transcript must be received from the examining body and must show a passing score of each part;

(D) if applying on the basis of a comprehensive assessment, the applicant should submit a proposal to the Board prior to undergoing the assessment to ensure approval. The comprehensive assessment must be performed by independent licensed physicians or medical educators. The assessment must evaluate the applicant's clinical knowledge, skills and ~~judgment~~ judgment, as well as their cognitive state and safety to practice. The assessment must perform the evaluation through multiple choice examination, neuro-cognitive screen, structured clinical interviews, simulated patient encounters, and procedure simulations. The assessment must evaluate and specify all current strengths and weaknesses in the intended area(s) of practice. The assessment must include testing and evaluation by licensed physicians or medical educators. The Board must receive an assessment report from the independent evaluators indicating the applicant's competence, all strengths and weaknesses in practice, and the ability to practice safely; or

(E) if the applicant does not qualify for any of the examinations listed in G.S. 90-12.03(a)(4), the Board may waive the requirement as long as the applicant satisfies all other requirements of G.S. 90-12.03, holds an O-1 visa, and submits the same supporting

documentation provided to the US Citizenship and Immigration Services indicating their extraordinary ability is relevant to the practice of medicine. The applicant must successfully pass the Special Purpose Examination or Post Licensure Assessment Systems within one year or the temporary license is rendered inactive.

(11) confirmation from all jurisdictions where the applicant ~~holds~~ holds, or has held a ~~license~~ license, that the applicant has not had a license revoked, suspended, restricted, denied or ~~other~~ otherwise acted against and is not the subject of any pending investigation as required by G.S. 90-12.03(a)(5);

(12) criminal background check translated into English and submitted by country of licensure directly to the Board;

(13) submit two completed fingerprint record cards;

(14) submit a signed consent allowing a search of local, state, and national files for any criminal record;

(15) confirmation that the applicant has practiced medicine for at least five years. Proof of active practice will require verification from employers, with applicable dates, positions and responsibilities; if the applicant was self-employed, the Board may require business documents, tax records, and patient attestations;

(16) demonstration of proficiency in English by:

(A) successfully passing an examination required under G.S. 90-10.1;

(B) licensure from a country where English is the primary language utilized by medical education programs; or,

(C) completing the Occupational English Test (OET) Medicine. The transcript for OET Medicine must be received from OET.

(17) supply a certified copy of applicant's birth certificate or a certified copy of a valid and unexpired U.S. passport if the applicant was born in the U.S. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration status which the Board will use to verify applicant's lawful presence in the U.S.;

(18) valid social security number;

(19) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) plus the costs of a United States criminal background check; and,

(20) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.

(c) All information submitted under subsection (b) must be delivered to the Board from the primary originating source in English in order to verify the accuracy and authenticity of the information.

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

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

(f) The holder of an internationally trained physician employee license who meets the requirements of G.S. 90-12.03(d) may submit an application to convert their license to a full license after four years of active practice ~~and who meets the requirements of G.S. 90-12.03(d)~~. The Board must receive the following from the applicant or the primary source:

(1) a completed application containing the information listed above in (b)(1A) – (b)(1H);~~, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;~~

(2) submit to a criminal background check, and pay the cost of the criminal background check;

(3) submit a signed consent allowing a search of local, state, and national files for any criminal record; and

(4) report their practice plans, including geographic location of practice, practice setting, and area of specialty.

History Note: *Authority G.S. 90-5.1(a)(3); 90-8.1; 90-12.03; 90-13.1;*
Eff. ~~*July*~~ *August 1, 2026*

21 NCAC 32S .0227 is adopted with changes as published in 40:17 NCR 1349-1350 as follows:

21 NCAC 32S .0227 TEAM-BASED SETTINGS PRACTICE

(a) For purposes of G.S. 90-1.1(4d), "consistent and meaningful participation in the design and implementation of health services to patients" means that a physician on the team:

(1) provides health services to patients in the team-based setting or team-based practice;

(2) is available, whether in person or by telecommunication, for collaboration, consultation, or referral during the times the team-based physician assistant is performing medical acts, tasks, or functions;

(3) participates in determining and documenting of how the team will continuously function, including (i) the roles of each member of the team; (ii) the manner in which the team will collaborate, consult, and refer; (iii) a continuous process for ensuring patient safety; and (iv) implementation of any quality improvement measures. These records and documents shall be shared and acknowledged by all team members. The records and documents shall be provided to the Board upon request. For purposes of this section, “team” shall refer to team-based physician assistants and physicians; and

(4) is engaged in shared governance within the organization that enables site-based decision-making.

(b) For purposes of G.S. 90-9.3A(a)(2), “clinical practice experience” means direct patient care as a physician assistant performing medical acts, tasks, and functions, including diagnosing, treating, and prescribing.

(c) For purposes of G.S. 90-9.3A(a)(b), in determining whether team-based physician assistants have appropriately collaborated, consulted, and referred to members of the health care team, the Board will take into consideration all documents and records under Subparagraph (a)(3) of this Rule. These records and documents shall be made available to the Board if requested.

(d) Prior to practicing as a team-based physician assistant, a physician assistant shall submit to the Board a registration for a Team-Based Practice ~~on the Board's website~~, by logging into their Licensure Gateway account at https://portal.ncmedboard.org/index.aspx, that includes the following information:

(1) the physician assistant's name, mailing address, and telephone number;

(2) the address of all the team-based settings in which the physician assistant practices;

(3) ~~a three part~~ an attestation, signed by the physician assistant, under oath and affirmation that the physician assistant:

(A) has at least 4,000 documented hours of clinical practice experience as a licensed physician assistant. Documentation shall be made available to the Board if requested;

(B) has at least 1,000 documented hours of clinical practice experience within each specified medical specialty area of practice in which the team-based physician assistant will be practicing. Documentation shall be made available to the Board if requested; and

(C) will be working in a team-based setting or team-based practice as defined by G.S. 90-1.1(4d).

~~(4) confirmation from at least one North Carolina licensed physician, who is also a member of the team-based setting or team-based practice, that the physician assistant will be practicing in a team-based~~

~~practice or team-based setting as set forth in G.S. 90-9.3A(a) and that the team-based practice or team-based setting meets the requirements set forth in G.S. 90-1.1(4d)(a) or (b); and~~

~~(5) confirmation from an employer, or its authorized representative, that it has determined the physician assistant has been hired or promoted as a team-based physician assistant in a team-based setting or practice.~~

(e) The physician assistant shall not commence practice as team-based physician assistant until they receive acknowledgement from the Board, or confirm on its website, that the Board has received and processed the Team-Based Practice Registration. The Team-Based Practice Registration is limited to the medical specialty and team-based setting registered with the Board. A team-based physician assistant shall notify the Board of any changes to the information required in Subparagraphs (d)(1) and (d)(2) of this Rule within 60 days of the change. Physician assistants shall update all information under Paragraph (d) when the team-based physician assistant changes team-based practices under a different employer or their medical specialty before initiating practice.

(f) A team-based physician assistant who changes employment to a medical practice that does not qualify as a team-based setting, or who changes to a specialty practice area, within which they do not have 1,000 hours of practice in a specialty practice area shall be subject to the requirements of Rules .0203, .0212(2), .0212(4)(c), and .0213 of this Section.

(g) The team-based physician assistant shall ensure that in the team-based setting:

(1) ~~they practice~~ the physician assistant practices within the scope of their education, experience, competence, as well as within the functions of the team as established in Subparagraph (a)(3) of this Rule;

(2) that there are physicians who have consistent and meaningful participation in the design and implementation of health services to patients as defined in Paragraph (a) of this Rule; and

(3) that there are means for collaboration, consultation, and referral, as indicated by the patient's condition, as well as the education, experience, and competencies of the physician assistant, and the applicable standard of care.

(h) Nothing in this Rule requires a physician assistant to be in the same physical location as a physician on the team.

(i) For purposes of G.S. 90-9.3A(c), "supervised" or "supervision" shall mean that a physician is accountable to the Board for the team-based physician assistant who performs medical acts, tasks, and functions in a perioperative setting. A perioperative setting includes all patient care that is provided at a hospital, surgical center, or the office of a health care provider from the time of the patient's admission to the time of the patient's discharge from the surgical suite. The supervising physician shall ensure that the team-based physician assistant is qualified by their education, training, and experience to perform medical acts, tasks, and functions within the perioperative setting. The supervising physician must have written protocols to determine the team-based physician assistant's scope of practice in the perioperative setting when the physician is present onsite or remote.

(j) For purposes of G.S. 90-18.1(e2), "supervised" or "supervision" shall mean that a physician is accountable to the Board for the team-based physician assistant who provides final interpretations of plain film radiographs, or X-rays. The supervising physician shall ensure that the team-based physician assistant is qualified by their education, training,

21 NCAC 32U. 0103 is adopted with changes as published in 40:17 NCR 1350 as follows:

SUBCHAPTER 32U - PHARMACISTS VACCINATIONS AND ADMINISTRATION OF LONG-ACTING INJECTABLES

SECTION .0100 - PHARMACISTS VACCINATIONS AND ADMINSTRATION OF LONG-ACTING INJECTABLES

21 NCAC 32U .0103 INFLUENZA TEST AND TREAT

Pharmacists may, in accordance with 21 NCAC 46 .2517, initiate ~~CLIA-waived~~ Clinical Laboratory Improvement Amendments waived testing and treatment for influenza, as defined in G.S. 90-85.3(b2), per the protocols available at the Board of Pharmacy's office and on its website, (www.ncbop.org/protocols), including prophylactic treatment for ~~certain~~ high-risk patients who have been exposed to ~~influenza.~~ influenza, as set forth in the protocols.

History Note: *Authority G.S. 90-85.3(b2), S.L. 2025-37, s. 5.3*
Eff. August 1, 2026