

21 NCAC 32B .1303 is amended, with changes, as published in 33:17 NCR 1770-1772 as follows:

21 NCAC 32B .1303 APPLICATION FOR PHYSICIAN LICENSE

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

- (1) submit a completed application, attesting under oath or affirmation that the information on the application is true and complete and authorizing the release to the Board of all information pertaining to the application;
- (2) submit a photograph, two inches by two inches, affixed to the oath or affirmation ~~which that~~ has been attested to by a notary public;
- (3) submit documentation of a legal name change, if applicable;
- (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States U.S. or a certified copy of a valid and unexpired US U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status ~~which that~~ the Board will use to verify applicant's ability to work lawfully in the United States; U.S.;
- (5) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education and received a medical degree. However, the Board shall waive the 130-week 130-week requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS FRCS, or AOA approved specialty board within the past 10 years;
- (6) for an applicant who has graduated from a medical or osteopathic school approved by the LCME, the CACMS CACMS, or COCA, meet the requirements set forth in G.S. 90-9.1;
- (7) for an applicant graduating from a medical school not approved by the LCME, meet the requirements set forth in G.S. 90-9.2;
- (8) provide proof of passage of an examination testing general medical knowledge. In addition to the examinations set forth in G.S. 90-10.1 (a state board licensing ~~examination;~~ examination, ~~NBME;~~ NBME, ~~USMLE;~~ USMLE, FLEX, or their successors), the Board accepts the following examinations (or their successors) for licensure:
 - (A) COMLEX; COMLEX;
 - (B) NBOME; NBOME; and
 - (C) MCCQE; MCCQE;
- (9) submit proof that the applicant has completed graduate medical education as required by G.S. 90-9.1 or 90-9.2, as follows:
 - (A) A graduate of a medical school approved by LCME, CACMS CACMS, or COCA shall have satisfactorily completed at least one year of graduate medical education approved by ACGME, CFPC, RCPSC RCPSC, or AOA; AOA;

- (B) A graduate of a medical school not approved by LCME shall have ~~satisfactorily~~ completed three years of graduate medical education approved by ACGME, CFPC, ~~RCPSC~~ ~~RCPSC~~, or ~~AOA~~, ~~AOA~~;
- (C) An applicant may satisfy the graduate medical education requirements of Parts (A) or (B) of this Subparagraph by showing proof of current certification by a specialty board recognized by the ABMS, CCFP, FRCP, ~~FRCS~~ ~~FRCS~~, or AOA;
- (10) submit a FCVS profile:
- (A) If the applicant is a graduate of a medical school approved by LCME, ~~CACMS~~ ~~CACMS~~, or COCA, and the applicant previously has completed a FCVS profile; or
- (B) If the applicant is a graduate of a medical school other than those approved by LCME, ~~COCA~~ ~~COCA~~, or CACMS;
- (11) if a graduate of a medical school other than those approved by LCME, AOA, ~~COCA~~ ~~COCA~~, or CACMS, furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if:
- (A) the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG ~~required~~); or ~~required~~;
- ~~(B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;~~
- (12) submit an AMA Physician Profile and, if ~~the~~ applicant is an osteopathic physician, also submit an AOA Physician Profile;
- (13) if applying on the basis of the USMLE, submit:
- (A) a transcript from the FSMB showing a score on USMLE Step 1, both portions of Step 2 (clinical knowledge and clinical skills) and Step 3; and
- (B) proof that the applicant has passed each step within three attempts. However, the Board shall waive the ~~three-attempt~~ ~~three-attempt~~ requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, ~~FRCS~~ or ~~FRCS~~, ~~AOA~~ ~~AOA~~, ~~for ABOMS~~ ~~American Board of Oral Maxillofacial Surgery ("ABOMS")~~ approved specialty board within the past 10 years;
- (14) if applying on the basis of COMLEX, submit:
- (A) a transcript from the NBOME showing a score on COMLEX Level 1, both portions of Level 2 (cognitive evaluation and performance evaluation) and Level 3; and
- (B) proof that the applicant has passed COMLEX within three attempts. However, the Board shall waive the ~~three-attempt~~ ~~three-attempt~~ requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, ~~FRCS~~ or ~~FRCS~~, ~~AOA~~ ~~AOA~~, or ~~ABOMS~~ approved specialty board within the past 10 years;

- 1 (15) if applying on the basis of any other board-approved examination, submit a transcript showing a
2 passing score;
- 3 ~~(16) submit a NPDB / HIPDB report, dated within 60 days of submission of the application;~~
- 4 ~~(17) submit a FSMB Board Action Data Report;~~
- 5 ~~(18)~~(16) submit two completed fingerprint record cards supplied by the Board;
- 6 ~~(19)~~(17) submit a signed consent **form** allowing a search of local, state, and national files for any criminal
7 record;
- 8 ~~(20)~~(18) provide two original references from persons with no family or marital relationship to the applicant.
9 These references **must shall** be:
- 10 (A) from physicians who have observed the applicant's work in a clinical environment within
11 the past three years;
- 12 (B) on forms supplied by the Board;
- 13 (C) dated within six months of the submission of the application; and
- 14 (D) bearing the original signature of the writer;
- 15 ~~(21)~~(19) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal
16 background check; and
- 17 ~~(22)~~(20) upon request, supply any additional information the Board deems necessary to evaluate the
18 applicant's competence and character.
- 19 (b) In addition to the requirements of Paragraph (a) of this Rule, the applicant shall submit proof that the applicant
20 has:
- 21 (1) within the past 10 years taken and passed either:
- 22 (A) an exam listed in G.S. 90-10.1 (a state board licensing **examination; NBOME; USMLE;**
23 **COMLEX; examination, NBOME, USMLE, COMLEX,** or MCCQE or their successors);
- 24 (B) SPEX (with a score of 75 or higher); or
- 25 (C) COMVEX (with a score of 75 or higher);
- 26 (2) within the past 10 years:
- 27 (A) obtained certification or recertification or CAQ by a specialty board recognized by the
28 ABMS, CCFP, FRCP, ~~FRCS or AOA;~~ **FRCS, AOA or [ABOMS; American Board of**
29 **Maxillofacial Surgery;**
- 30 (B) met requirements for ABMS MOC (maintenance of certification) or AOA OCC
31 (Osteopathic continuous certification);
- 32 (3) within the past 10 years completed GME approved by ACGME, CFPC, **RCPSC RCPSC,** or AOA;
33 or
- 34 (4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and
35 .0102.
- 36 (c) All reports must be submitted directly to the Board from the primary **source, source, when possible.**

1 (d) An applicant shall appear in person for an interview with the Board or its agent, if the Board ~~needs more~~
2 ~~information to complete the application.~~ determines it needs more information to evaluate the applicant based on the
3 information provided by the applicant and the Board's concerns.

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

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7 *History note:* Authority G.S. 90-5.1(a)(3); ~~G.S.~~ 90-8.1; 90-9.1; 90-9.2; 90-13.1;

8 *Eff. August 1, 2010;*

9 *Amended Eff. December 1, 2013; January 1, 2012; November 1, 2011; October 1, 2011;*

10 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*
11 *2016.*

12 *Amended Eff. July 1, 2019.*
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21 NCAC 32B .1350 is amended, **with changes,** as published in 33:17 NCR 1772-1773 as follows:

21 NCAC 32B .1350 REINSTATEMENT OF PHYSICIAN LICENSE

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

(b) All applicants for reinstatement shall:

- (1) submit a completed **application application, which that** can be found on the Board's website in the application section at <http://www.ncmedboard.org/licensing>, attesting under oath or affirmation that information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit documentation of a legal name change, if applicable;
- (3) supply a certified copy of the applicant's birth certificate if the applicant was born in the **United States U.S.** or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant shall provide information about the applicant's immigration **and work** status **which that** the Board shall use to verify the applicant's **ability to work lawfully legal presence** in the **United States. U.S.** Applicants who are not **physically** present in the U.S. and who do not plan to practice **physically by being physically present** in the **US U.S.** shall submit a written statement to that **effect. effect:**
- (4) furnish an original ECFMG certification status report of a currently valid certification of the ECFMG if the applicant is a graduate of a medical school other than those approved by LCME, AOA, COCA, or CACMS. The ECFMG certification status report requirement shall be waived if:
 - (A) the applicant has passed the ECFMG examination and **successfully** completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required); **or**
 - ~~(B) the applicant has been licensed in another state on the basis of a written examination before the establishment of the ECFMG in 1958;~~
- (5) submit the AMA Physician Profile; and, if the applicant is an osteopathic physician, also submit the AOA Physician Profile;
- ~~(6) submit a NPDB/HPDB report dated within 60 days of the application's submission;~~
- ~~(7) submit a FSMB Board Action Data Bank report;~~
- ~~(8)(6)~~ submit documentation of CME obtained in the last three **years, years; upon request;**
- ~~(9)(7)~~ submit two completed fingerprint cards supplied by the Board;
- ~~(10)(8)~~ submit a signed consent **form** allowing a search of local, state, and national files to disclose any criminal record;

- (11)(9) provide two original references from persons with no family or ~~material~~ marital relationship to the applicant. These references shall be:
- (A) from physicians who have observed the applicant's work in a clinical environment within the past three years;
 - (B) on forms supplied by the Board;
 - (C) dated within six months of submission of the application; and
 - (D) bearing the original signature of the author;
- (12)(10) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal background check; and
- (13)(11) upon request, ~~supply~~ provide any additional information the Board deems necessary to evaluate the applicant's qualifications.
- (c) In addition to the requirements of Paragraph (b) of this Rule, the applicant shall submit proof that the applicant has:
- (1) within the past 10 years taken and passed either:
 - (A) an exam listed in G.S. 90-10.1 (a state board licensing ~~examination; NBOME; USMLE; COMLEX; examination, NBOME, USMLE, COMLEX,~~ or MCCQE or their successors);
 - (B) SPEX (with a score of 75 or higher); or
 - (C) ~~COMVEX~~ COMLEX (with a score of 75 or higher);
 - (2) within the past ten years:
 - (A) obtained certification or recertification of CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, ~~FRCS or AOA; FRCS, [AOA] AOA, or [ABOMS;]~~ American Board of Oral Maxillofacial Surgery;
 - (B) met requirements for ABMS MOC (maintenance ~~or~~ of certification) or AOA OCC (Osteopathic continuous ~~Certification;~~ certification);
 - (3) within the past 10 years completed GME approved by ACGME, CFPC, RCPSC or AOA; or
 - (4) within the past three years completed CME as required by 21 NCAC 32R .0101(a), .0101(b), and .0102.
- (d) All reports shall be submitted directly to the Board from the primary ~~source, source, when possible.~~ If a primary source verification is not possible, then a third party verification shall be submitted.
- (e) An applicant shall be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character if the Board ~~needs more information to complete the application.~~ determines it needs more information to evaluate the applicant based on the information provided by the applicant and the Board's concerns.
- (f) An application must be complete within one year of submission. If not, the applicant shall be charged another application fee plus the cost of another criminal background check.

(g) Notwithstanding the ~~above~~ provisions of this Rule, the licensure requirements established by rule at the time the applicant first received his or her equivalent North Carolina license shall apply. Information about these Rules is available from the Board.

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

21 NCAC 32B .1502 is amended, with changes, as published in 33:17 NCR 1773-1774 as follows:

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

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

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

- (1) submit a completed application, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit the Board's form, signed by the Dean or his the Dean's appointed representative, indicating stating that the applicant has received a full-time paid appointment as either a an instructor, lecturer, assistant professor, associate professor, or full professor at a medical school in the state of North Carolina;
- (3) submit documentation of a legal name change, if applicable;
- (4) submit a photograph, two inches by two inches, affixed to the oath or affirmation which that has been attested to by a notary public;
- (5) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education. However, the Board shall waive the 130-week 130-week requirement if the applicant has been certified or recertified by an ABMS, ~~DDFP~~, [AOA], FRCP, or FRCS or AOA approved specialty board within the past 10 years;
- (6) supply a certified copy of applicant's birth certificate or a certified copy of a valid and unexpired US U.S. passport if the applicant was born in the United States U.S. If the applicant does not possess proof of US U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully lawful presence in the United States U.S.:
- (7) submit proof of satisfactory completion of at least one year of GME approved by ACGME, CFPC, RCPSC, or AOA; or evidence of other education, training or experience, determined by the Board to be equivalent;
- (8) submit reports from all medical or osteopathic boards from which the applicant has ever held a medical or osteopathic license, indicating stating the status of the applicant's license and whether or not any action has been taken against the license;
- (9) submit an AMA Physician Profile; and, if applicant is an osteopathic physician, also submit an AOA Physician Profile;
- (10) submit a NPDB report, HIPDB report, report dated within 60 days of applicant's oath;
- (11) submit a FSMB Board Action Data Bank report;
- (12) submit two completed fingerprint record cards supplied by the Board;

- 1 (13) submit a signed consent form allowing a search of local, state, and national files to disclose any
2 criminal record;
- 3 (14) provide two original ~~references~~ reference letters from persons with no family or marital
4 relationship to the applicant. These letters must be:
- 5 (A) from physicians who have observed the applicant's work in a clinical environment within
6 the past three years;
- 7 (B) on forms supplied by the Board;
- 8 (C) dated within six months of the applicant's oath; and
- 9 (D) bearing the original signature of the ~~writer~~ writer;
- 10 (15) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a), plus the cost of a criminal
11 background check; and
- 12 (16) upon request, supply any additional information the Board deems necessary to evaluate the
13 applicant's competence and character.
- 14 (c) All reports must be submitted directly to the Board from the primary ~~source, source, when possible.~~
- 15 (d) An applicant may be required to appear in person for an interview with the Board or its agent ~~to evaluate the~~
16 ~~applicant's competence and character.~~ if the Board determines it needs more information to evaluate the applicant
17 based on the information provided and the Board's concerns.
- 18 (e) An application must be completed within one year of the date of the applicant's oath.
- 19 ~~(f) This Rule applies to licenses granted after the effective date of this Rule.~~
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- 21 *History Note:* Authority G.S. 90-5.1(a)(3); G.S. 90-12.3; 90-13.2;
22 Eff. June 28, 2011;
23 Amended Eff. November 1, 2013;
24 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
25 2016.
26 Amended Eff. July 1, 2019.
- 27
- 28

21 NCAC 32B .1706 is adopted, with changes, as published in 33:17 NCR 1774-1775 as follows:

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

(a) The Board ~~[shall,]~~ shall ~~[pursuant to G.S. 90-12.5,]~~ waive requirements for licensure ~~[except to the extent set forth in this Rule and after the Governor of the State of North Carolina has declared a disaster or state of emergency, or in the event of an occurrence for which a county or municipality has declared a state of emergency, or to protect the public health, safety or welfare of its citizens under G.S. 130A, Article 22. There are two ways for physicians to practice under this Rule:]~~ in the circumstances set forth in G.S. 90-12.5.

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

(1) Hospital to Hospital Credentialing: A physician who holds a full, ~~[unlimited]~~ unlimited, and unrestricted license to practice medicine in another U.S. state, ~~[territory]~~ territory, or district and has unrestricted hospital credentials and privileges in any U.S. state, ~~[territory]~~ territory, or district may come to North Carolina and practice medicine at a hospital that is licensed by the North Carolina Department of Health and Human Services upon the following terms and conditions:

(A) the licensed North Carolina hospital shall verify all physician credentials and privileges;

(B) the licensed North Carolina hospital shall keep a list of all physicians coming to practice and shall provide this list to the Board within 10 days of each physician practicing at the licensed North Carolina hospital. The licensed North Carolina hospital shall also provide the Board a list of when each physician has stopped practicing medicine in North Carolina under this Rule within 10 days after each physician has stopped practicing medicine under this Rule;

(C) all physicians practicing under this Rule shall be authorized to practice medicine in North Carolina and shall be deemed to be licensed to practice medicine in the State ~~[of North Carolina]~~ and the Board shall have jurisdiction over all physicians practicing under this Rule for all purposes set forth in or related to G.S. 90, Article 1, and such jurisdiction shall continue in effect even after any and all physicians have stopped practicing medicine under this Rule;

(D) a physician may practice under this Rule for the shorter of:

(i) 30 days from the date the physician has started practicing under this Rule; or

(ii) a statement by an appropriate authority is made that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license deemed to be issued shall become ~~[inactive,]~~ inactive; and

(E) physicians practicing under this Rule shall not receive any compensation outside of their ~~[usual]~~ customary compensation for the provision of medical services during a disaster or emergency.

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

History Note:

Authority G.S. 90.5.1(a)(1)(3); 90-12.5; ~~[90-13.2(e);]~~ 90-14(a);
Eff. July 1, 2019.

21 NCAC 32B .2001 is amended, with changes, as published in 33:17 NCR 1775-1776 as follows:

21 NCAC 32B .2001 EXPEDITED APPLICATION FOR PHYSICIAN LICENSE

~~(a) A specialty board-certified physician who has been licensed in at least one other state, the District of Columbia, U.S. territory or Canadian province for at least five years, has been in active clinical practice the past two years; and who has a clean license application, as defined in Paragraph (c) of this Rule may apply for a license on an expedited basis. A physician who meets the qualifications listed in this Rule may apply for a license on an expedited basis.~~

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

- (1) complete the Board's application ~~form~~, attesting under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit documentation of a legal name change, if applicable;
- (3) on the Board's form, submit a photograph taken within the past year, two inches by two inches, attested to or affirmed by the applicant as a true likeness of the applicant before a notary public; submit a photograph, two inches by two inches, affixed to the oath or affirmation that has been attested to by a notary public;
- (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States U.S. or a certified copy of a valid and unexpired US U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status ~~which~~ that the Board will use to verify applicant's ability to work lawfully in the United States; [States.] U.S. Applicants who are not present in the U.S. and who do not plan to practice physically in the U.S. shall submit a statement to that effect;
~~(Note: there may be some applicants who are not present in the U.S. and who do not plan to practice physically in the U.S. Those applicants shall submit a statement to that effect);~~
- (5) provide proof that applicant has held an active unrestricted license to practice medicine in at least one other state, the District of Columbia, U.S. Territory or Canadian province continuously for ~~at least a minimum of~~ five years immediately preceding this application;
- (6) provide proof of clinical practice providing patient care for an average of 20 hours or more per week, for at least the last two years;
- (7) provide proof of:
 - (A) current certification or current recertification by an ABMS, CCFP, FRCP, FRCS, ~~or AOA-AOA, or [ABOMS]~~ American Board of Maxillofacial Surgery approved specialty board obtained within the past 10 years; or
 - (B) obtained certification or recertification of CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS FRCS, or AOA; ~~or~~
 - (C) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous ~~Certification~~); certification;

- (8) if the applicant is a graduate of a medical school other than those approved by LCME, AOA, ~~[COCA]~~ COCA, or CACMS, the applicant shall furnish an original ECFMG certification status report of a currently valid certification of the ECFMG. The ECFMG certification status report requirement shall be waived if the applicant has passed the ~~[ECH+FMG]~~ ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG ~~[required];~~ required;
- (8)(9) submit an AMA Physician Profile; and, if applicant is an osteopathic physician submit an AOA Physician Profile; submit an AMA Physician Profile and, if the applicant is an osteopathic physician, also submit an AOA Physician Profile;
- (9) submit a NPDB/HIPDB report dated within 60 days of the applicant's oath;
- (10) submit a FSMB Board Action Data Bank report;
- (11)(10) submit two completed fingerprint record cards supplied by the Board;
- (12)(11) submit a signed consent form allowing a search of local, state and national files to disclose any criminal record;
- (13)(12) pay to the Board a non-refundable fee pursuant to G.S. 90-13.1(a) of three hundred fifty dollars (\$350.00); plus the cost of a criminal background check; and
- (14)(13) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.
- (c) A ~~clean~~ physician applying for an expedited license application means that the physician has none of the following; must:
- (1) not have any professional liability insurance claim(s) or payment(s); payments(s) within the past 10 years;
 - (2) not have any criminal record; conviction;
 - (3) not have any medical condition(s) which conditions that could affect the physician's ability to practice safely;
 - (4) not have any regulatory board complaint(s), investigation(s), or action(s) complaints, investigations, or actions (including applicant's withdrawal of a license application); application) within the past 10 years;
 - (5) not have any adverse action [action(s)] actions taken by a health care institution; institution within the past 10 years;
 - (6) not have any adverse investigation(s) or action(s) actions taken by a federal agency, the U.S. military, or medical societies or associations; within the past 10 years;
 - (7) suspension or expulsion from any school, including medical school;
 - (8) graduation from any United States or Canadian medical school that is not LCME or CACMS approved; or
 - (9) has passed no licensing examination other than Puerto Rico Written Examination/Revalida.

(7) have passed an examination testing general medical knowledge. In addition to the examinations set forth in G.S. 90-10.1 (a state board licensing examination: ~~NBME; USMLE; FLEX~~ NBME, USMLE, FLEX, or their ~~successors~~ successors). ~~The~~ the Board accepts the following examinations (or their successors) for licensure:

(A) COMLEX;

(B) NBOME; and

(C) MCCQE.

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

~~(e) The application process must be completed within one year of the date on which the application fee is paid. If not, the applicant shall be charged a new applicant fee.~~

History Note: Authority G.S. 90-5.1(a)(3); ~~G.S.~~ 90-9.1; 90-9.2; ~~90-5~~; 90-11; 90-13.1;

Eff. August 1, 2010;

Amended Eff. November 1, 2013;

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

Amended Eff. July 1, 2019.

21 NCAC 32N .0110 is amended, **with changes**, as published in 33:17 NCR 1776-1777 as follows:

21 NCAC 32N .0110 INITIATION OF DISCIPLINARY HEARINGS

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

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

(c) A pre-hearing conference shall be held not less than seven days before the hearing date unless waived by the Board President or designated presiding officer upon written request by either party. The purpose of the conference will be to simplify the issues to be determined, obtain stipulations in regards to testimony or exhibits, obtain stipulations of agreement on undisputed facts or the application of particular laws, consider the proposed witnesses for each party, identify and exchange documentary evidence intended to be introduced at the hearing, and consider such other matters that may be necessary or advisable for the efficient and expeditious conduct of the hearing.

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

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

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

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

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

1 person's case and making a motion based upon the responses to those inquiries that a Board member recuse himself
2 or herself ~~of or~~ be removed by the Board President or presiding officer.

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

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

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

32 (k) Dispositive motions made pursuant to Rules 12(b) and 56 of the North Carolina Rules of Civil Procedure shall
33 be filed no later than 14 calendar days before the hearing. Dispositive motions shall be heard, and decided upon, by
34 a quorum of the Board. The Board shall receive the assistance of independent counsel when deciding a dispositive
35 motion.

36
37 *History Note: Authority G.S. 90-5.1(a)(3); 90-8; 90-14.1; 90-14.2; 90-14.3; 150B-38; 150B-39(c);*

- 1 *Eff. February 1, 2012;*
- 2 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*
- 3 *Amended Eff. July 1, 2019.*

21 NCAC 32S .0219 is amended, **with changes**, as published in 33:17 NCR 1777-1779 as follows:

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

~~(a) The Board shall, pursuant to G.S. 90-12.5, issue a limited physician assistant license under the following conditions:~~

- ~~(1) the Governor of the State of North Carolina has declared a disaster or state of emergency, or in the event of an occurrence for which a county or municipality has enacted an ordinance to deal with states of emergency under G.S. 14-288.12, 14-288.13, or 14-288.14, or to protect the public health, safety or welfare of its citizens under Article 22 of Chapter 130A of the General Statutes, G.S. 160A-174(a) or G.S. 153A-121(a);~~
- ~~(2) the applicant provides government issued photo identification;~~
- ~~(3) the applicant provides proof of licensure, certification or authorization to practice as a physician assistant in another state, the District of Columbia, US Territory or Canadian province;~~
- ~~(4) applicant affirms under oath that such license is in good standing; and~~
- ~~(5) no grounds exist pursuant to G.S. 90-14(a) for the Board to deny a license.~~

~~(b) In response to the specific circumstances presented by a declared disaster or state of emergency and in order to best serve the public interest, the Board may limit the physician assistant's scope of practice including, but not limited to, the following: geography; term; type of practice; prescribing, administering and dispensing therapeutic measures, tests, procedures and drugs; supervision; and practice setting.~~

~~(c) The physician assistant must practice under the direct supervision of an on site physician. The supervising physician must be licensed in this State or approved to practice in this State during a disaster or state of emergency pursuant to G.S. 90-12.5 and 21 NCAC 32B .1705. The physician assistant may perform only those medical acts, tasks, and functions delegated by the supervising physician and not limited by the physician assistant's scope of practice as set out in Paragraph (b) of this Rule.~~

~~(d) A team of physician(s) and physician assistant(s) practicing pursuant to this Rule is not required to maintain on-site documentation describing supervisory arrangements and instructions for prescriptive authority as otherwise required by 21 NCAC 32S .0213.~~

~~(e) A physician assistant holding a Limited Physician Assistant License for Disasters and Emergencies shall not receive any other or additional compensation outside his or her usual compensation, either direct or indirect, monetary, in-kind, or otherwise for the provision of medical services during a disaster or emergency.~~

(a) The Board ~~shall, pursuant to G.S. 90-12.5,~~ shall waive requirements for licensure ~~except to the extent below and after the Governor of the State of North Carolina has declared a disaster or state of emergency, or in the event of an occurrence for which a county or municipality has declared a state of emergency, or to protect the public health, safety or welfare of its citizens under Article 22 of Chapter 130A of the General Statutes. There are two ways for physician assistant assistants to practice under this Rule:~~ in the circumstances set forth in G.S. 90-12.5.

1 (b) There are two ways for physician assistants to practice under this Rule:

2 (1) Hospital to Hospital Credentialing: A physician assistant who holds a full, ~~unlimited~~ unlimited,
3 and unrestricted license to practice medicine in another U.S. state, ~~territory~~ territory, or district
4 and has unrestricted hospital credentials and privileges in any U.S. state, ~~territory~~ territory, or
5 district may come to North Carolina and practice medicine at a North Carolina hospital that is
6 licensed by the North Carolina Department of Health and Human Services upon the following terms
7 and conditions:

8 (A) the licensed North Carolina hospital shall verify all physician assistant credentials and
9 privileges;

10 (B) the licensed North Carolina hospital shall keep a list of all physician assistants coming to
11 practice and their respective supervising physicians and shall provide this list to the Board
12 within 10 days of each physician assistant practicing at the licensed North Carolina
13 hospital. The licensed North Carolina hospital shall also provide the Board a list of when
14 each physician assistant has stopped practicing medicine in North Carolina under this Rule
15 within 10 days after each physician assistant has stopped practicing medicine under this
16 Rule;

17 (C) all physician assistants practicing under this Rule shall be authorized to practice medicine
18 in North Carolina and deemed to be licensed to practice medicine in the State ~~of North~~
19 Carolina] and the Board shall have jurisdiction over all physician assistants practicing
20 under this Rule for all purposes set forth in or related to Article 1 of Chapter 90 of the
21 North Carolina General Statutes, and such jurisdiction shall continue in effect even after
22 any and all physician assistants have stopped practicing medicine under this Rule;

23 (D) the physician assistant must practice under the direct supervision of an on-site physician
24 and the supervising physician must be licensed in this State or approved to practice in this
25 State during a disaster or state of emergency pursuant to G.S. 90-12.5;

26 (E) a physician assistant may practice under this Rule for the shorter of:

27 (i) 30 days from the date the physician assistant has started practicing under this
28 Rule; or

29 (ii) a statement by an appropriate authority is made that the emergency or disaster
30 declaration has been withdrawn or ended and, at such time, the license deemed to
31 be issued shall become inactive; and

32 (F) physician assistants practicing under this Rule shall not receive any compensation outside
33 of their ~~usual~~ customary compensation for the provision of medical services during a
34 disaster or emergency.

35 (2) Limited Emergency License: A physician assistant who holds a full, ~~unlimited~~ unlimited, and
36 unrestricted license to practice medicine in another U.S. state, ~~territory~~ territory, or district may
37 apply for a limited emergency license on the following conditions:

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

History Note: Authority ~~G.S. 90-5.1(a)(3); G.S. 90-12.5; G.S. 90-18(e)(13); G.S. 90-13.2(e); G.S. 90-14(a); G.S. 90-18(e)(13); G.S. 166A-45~~
Eff. September 1, 2009;

1 *Amended Eff. November 1, 2010;*
2 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,*
3 *2016;*
4 *Amended Eff. July 1, 2019.*

21 NCAC 32W .0116 is adopted, with changes, as published in 33:17 NCR 1779-1780 as follows:

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

(a) The Board ~~[shall, pursuant to G.S. 90-12.5,]~~ shall waive requirements for licensure ~~[except to the extent]~~ in the circumstances set forth in G.S. 90-12.5. [and after the Governor of the State of North Carolina has declared a disaster or state of emergency, or in the event of an occurrence for which a county or municipality has declared a state of emergency, or to protect the public health, safety or welfare of its citizens under Article 22 of Chapter 130A of the General Statutes. There are two ways for anesthesiologist assistants to practice under this rule:]

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

(1) Hospital to Hospital Credentialing: ~~[A]~~ An anesthesiologist assistant who holds an unrestricted license in good standing to practice as an anesthesiologist assistant in another U.S. state, ~~[territory]~~ territory, or district and has unrestricted hospital credentials and privileges in any U.S. state, ~~[territory]~~ territory, or district may practice at a licensed North Carolina hospital upon the following terms and conditions:

(A) the licensed North Carolina hospital shall verify all anesthesiologist assistant credentials and privileges;

(B) the licensed North Carolina hospital shall keep a list of all anesthesiologist assistants coming to practice and shall provide this list to the Board within 10 days of each anesthesiologist assistant practicing at the licensed North Carolina hospital. The licensed North Carolina hospital shall also provide the Board a list of when each anesthesiologist assistant has stopped practicing at the hospital under this Rule within 10 days after each anesthesiologist assistant has ceased practicing under this Rule;

(C) all anesthesiologist assistants practicing under this Rule shall be authorized to practice in North Carolina and deemed to be licensed in North Carolina and the Board shall have jurisdiction under G.S. 90-14(a) over all anesthesiologist assistants practicing under this Rule for all purposes set forth in or related to Article 1 of Chapter 90 of the North Carolina General Statutes, and the Board shall retain jurisdiction over any and all anesthesiologist assistants after they have stopped practicing under this Rule;

(D) anesthesiologist assistants may practice under this section for the shorter of:

(i) 30 days from the date the anesthesiologist assistant has started practicing under this Rule; or

(ii) a statement is made by ~~[the Governor or the Governor's designee]~~ an appropriate authority that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license ~~[deemed to be]~~ issued shall become inactive; and

(E) anesthesiologist assistants practicing under this Rule shall not receive any compensation outside of their ~~[usual]~~ customary compensation for the provision of medical services during a disaster or emergency.

(2) Limited Emergency License: An anesthesiologist assistant who holds an unrestricted license in good standing to practice as an anesthesiologist assistant in another U.S. state, ~~[territory]~~ territory, or district may apply for a limited emergency license on the following conditions:

(A) the applicant must complete an application;

(B) the Board shall verify that the anesthesiologist assistant holds an unrestricted license in good standing to practice in another U.S. state, ~~[territory]~~ territory, or district;

(C) in response to ~~[the specific circumstances presented by]~~ a declared disaster or state of emergency and in order to best serve the public interest, the Board may limit the anesthesiologist assistant's scope of practice;

(D) the Board shall have jurisdiction ~~under G.S. 90-14(a)~~ over all anesthesiologist assistants practicing under this Rule for all purposes set forth in or related to Article 1 of Chapter 90 of the North Carolina General Statutes, and the Board shall retain jurisdiction over any and all anesthesiologist assistants after they have stopped practicing under this Rule;

(E) this license shall be in effect for the shorter of:

(i) 30 days from the date the anesthesiologist assistant has started practicing under this Rule; or

(ii) a statement is made by ~~[the Governor or the Governor's designee]~~ an appropriate authority is made that the emergency or disaster declaration has been withdrawn or ended and, at such time the license issued shall become inactive; and

(F) anesthesiologist assistants holding limited emergency licenses shall not receive any compensation outside of their ~~[usual]~~ customary compensation for the provision of [medical services during a disaster or emergency.

History Note: Authority ~~G.S. 90-5.1(a)(3); [G.S.] 90-12.5; [G.S. 90-13.2(e);]~~ [G.S.] 90-14(a); [G.S. 166A-45]
Eff. July 1, 2019.