

21 NCAC 32B .1303 is amended as published in 36.13 NCR 1142-1145 as follows:

21 NCAC 32B .1303 APPLICATION FOR PHYSICIAN LICENSE

(a) In order to obtain a 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 that shows a front view of your face; ~~photograph, two inches by two inches, affixed to the oath or affirmation 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 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 must provide information about applicant's immigration and work status that the Board will use to verify applicant's ability to work lawfully in the 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 requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, 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, 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, NBME, USMLE, FLEX, or their successors~~), the Board accepts the following examinations (or their successors) for licensure:
 - (A) COMLEX;
 - ~~(B) NBOME; and~~
 - ~~(B)(C) MCCQE; and~~
 - (C) Current certification or current recertification by an ABMS, CCFP, FRCP, FRCS, AOA, ABOMS or other Board approved speciality board.
- (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, or COCA shall have completed at least one year of graduate medical education approved by ACGME, CFPC, RCPSC, or AOA;

- (B) A graduate of a medical school not approved by LCME shall have completed three years of graduate medical education approved by ACGME, CFPC, RCPSC, or 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, or AOA;
- (10) submit a FCVS profile:
- (A) If the applicant is a graduate of a medical school approved by LCME, 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, or CACMS;
- (11) if a graduate of a medical school other than those approved by LCME, AOA, 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: the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required);
- (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 requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS, AOA, 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 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 requirement if the applicant has been certified or recertified by an ABMS, CCFP, FRCP, FRCS, AOA, or ABOMS approved specialty board within the past 10 years;
- (15) if applying on the basis of any other board-approved examination, submit a transcript showing a passing score;
- (16) submit two completed fingerprint record cards; ~~cards supplied by the Board;~~
- (17) submit a signed consent allowing a search of local, state, and national files for any criminal record;
- (18) provide two original references from persons with no family or 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 the submission of the application; and
- (D) bearing the original signature of the writer;
- (19) 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
- (20) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (b) In addition to the requirements of Paragraph (a) 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, or MCCQE or their successors);
- (B) SPEX (with a score of 75 or higher); or
- (C) COMVEX (with a score of 75 or higher);
- (2) within the past 10 years:
- (A) obtained certification or recertification or CAQ by a specialty board recognized by the ABMS, CCFP, FRCP, FRCS, AOA or American Board of Maxillofacial Surgery;
- (B) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous 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.
- (c) All reports must be submitted directly to the Board from the primary source.
- (d) An applicant shall 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 by the applicant and the Board's concerns.
- (e) An application must be completed within one year of submission. If not, the applicant shall be charged another application fee, plus the cost of another criminal background check.

History note: Authority G.S. 90-5.1(a)(3); 90-8.1; 90-9.1; 90-9.2; 90-13.1;
Eff. August 1, 2010;
Amended Eff. December 1, 2013; January 1, 2012; November 1, 2011; October 1, 2011;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
2016;
Amended Eff. May 1, 2022; July 1, 2019.

21 NCAC 32B .1350 is amended as published in 36.13 NCR 1145-1146 as follows:

21 NCAC 32B .1350 REINSTATEMENT OF PHYSICIAN LICENSE

(a) "Reinstatement" is for a physician who has held a North Carolina 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, ~~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 a photograph that shows a front view of your face;

~~(2)~~(3) submit documentation of a legal name change, if applicable;

~~(3)~~(4) supply a ~~certified~~ copy of the applicant's birth certificate if the applicant was born in the 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 status that the Board shall use to verify the applicant's legal presence in the U.S. Applicants who are not physically present in the U.S. and who do not plan to practice by being physically present in the U.S. shall submit a written statement to that effect;

~~(4)~~(5) 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: the applicant has passed the ECFMG examination and completed an approved Fifth Pathway program (original ECFMG score transcript from the ECFMG required);

~~(5) — submit the AMA Physician Profile; and, if the applicant is an osteopathic physician, also submit the AOA Physician Profile;~~

(6) submit documentation of CME obtained in the last three years;

(7) submit two completed fingerprint cards ~~supplied by the Board;~~

(8) submit a signed consent allowing a search of local, state, and national files to disclose any criminal record;

(9) provide two original references from persons with no family or 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;
- (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
- (11) upon request, 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, or MCCQE or their successors);
- (B) SPEX (with a score of 75 or higher); or
- (C) 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, AOA, or American Board of Oral Maxillofacial Surgery;
- (B) met requirements for ABMS MOC (maintenance of certification) or AOA OCC (Osteopathic continuous 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.
- (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 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 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); 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. May 1, 2022; July 1, 2019.

21 NCAC 32B .1402 is amended as published in 36.13 NCR 1146 as follows:

21 NCAC 32B .1402 APPLICATION FOR RESIDENT'S TRAINING LICENSE

(a) In order to obtain a Resident's Training License, an applicant shall:

- (1) submit a completed application which can be found on the Board's website in the application ~~section~~ at ~~http://www.nemedboard.org/licensing~~, 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) submit a photograph that shows a front view of your face; ~~photograph, two inches by two inches, affixed to the oath or affirmation which has been attested to by a notary public;~~
- (4) submit proof on the Board's Medical Education Certification form that the applicant has completed at least 130 weeks of medical education; ~~education to P.O. Box 20007, Raleigh, NC 27619 or license@nemedboard.org.~~
- (5) furnish an original ECFMG certification status report of a currently valid ECFMG certification 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) ~~if~~ the applicant has passed the ECFMG examination and successfully completed an approved Fifth Pathway program (the applicant shall provide an ECFMG score transcript from the ECFMG); ~~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;~~
- (6) submit an appointment letter from the program director of the GME program or his or her appointed agent verifying the applicant's appointment and commencement date;
- (7) submit two completed fingerprint record cards; ~~cards supplied by the Board to P.O. Box 20007, Raleigh, NC 27619;~~
- (8) submit a signed consent form allowing a search of local, state, and national files for any criminal record; ~~record to P.O. Box 20007, Raleigh, NC 27619.~~
- (9) pay a non-refundable fee pursuant to G.S. 90-13.1(b), plus the cost of a criminal background check;
- (10) provide proof that the applicant has taken and passed within three attempts:
 - (A) COMLEX Level 1, ~~each component of~~ COMLEX Level 2 (cognitive ~~evaluation and performance~~ evaluation) and, if taken, COMLEX Level 3; or
 - (B) USMLE Step 1, ~~each component of~~ USMLE Step 2 (Clinical Knowledge) ~~Knowledge and Clinical Skills~~ and, if taken USMLE Step 3; or
 - (C) MCCQE Part 1 and, if taken, MCCQE Pat 2;

- 1 (11) In the event any of the above required information should indicate a concern about the applicant's
2 qualifications, upon request, the applicant shall supply any additional information the Board deems
3 necessary to evaluate the applicant's competence and character.
- 4 (b) In the event any of the above required information should indicate a concern about the applicant's qualifications,
5 an applicant shall be required to appear in person for an interview with the Board or its agent to evaluate the applicant's
6 competence and character, if the Board needs more information to complete the application.
- 7 (c) If the applicant previously held a North Carolina residency training license, the licensure requirements
8 established by rule at the time the applicant first received his or her North Carolina residency training license shall
9 apply. Information about these Rules is available from the Board.

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11 *History Note:* *Authority G.S. 90-8.1; 90-12.01; 90-13.1; 90-14(a);*
12 *Eff. August 1, 2010;*
13 *Amended Eff. January 1, 2016; September 1, 2014; November 1, 2013; August 1, 2012; November*
14 *1, 2011;*
15 *Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. ~~March 1,~~*
16 *~~2016.~~ March 1, 2016;*
17 *Amended Eff. May 1, 2022.*
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21 NCAC 32S .0213 is amended with changes as published in 36.13 NCR 1146-1147 as follows:

21 NCAC 32S .0213 PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS

(a) A physician wishing to serve as a primary supervising physician shall exercise supervision of the physician assistant in accordance with rules adopted by the Board.

(b) A physician assistant may perform medical acts, tasks, or functions only under the supervision of a physician. Supervision shall be continuous but, except as otherwise provided in the rules of this Subchapter, shall not be construed as requiring the physical presence of the supervising physician at the time and place that the services are rendered.

(c) Each team of physician(s) and physician assistant(s) shall ensure:

- (1) the physician assistant's scope of practice is identified;
- (2) delegation of medical tasks is appropriate to the skills of the supervising physician(s) as well as the physician assistant's level of competence;
- (3) the relationship of, and access to, each supervising physician is defined; and
- (4) a process for evaluation of the physician assistant's performance is established.

(d) Each supervising physician and physician assistant shall sign a statement, as defined in Rule .0201(9) of this Subchapter, that describes the supervisory arrangements in all settings. The physician assistant shall maintain written prescribing instructions at each site. This statement shall be kept on file at all practice sites, and shall be available upon request by the Board.

(e) A primary supervising physician and a physician assistant in a new practice arrangement shall meet monthly for the first six months to discuss practice relevant clinical issues and quality improvement measures. Thereafter, the primary supervising physician and the physician assistant shall meet at least once every six months. A written record of these meetings shall be signed and dated by both the supervising physician and the physician assistant, and shall be available upon request by the Board. The written record shall include a description of the relevant clinical issues discussed and the quality improvement measures taken.

(f) Physician assistants enrolled and participating in a postgraduate training program shall designate on their intent to practice form as required by rule .0203 of this Subchapter a single physician as their primary supervising physician as determined by the postgraduate training program. For purposes of this Rule, a postgraduate training program shall mean a professional development program of at least 12 months sponsored or co-sponsored by a licensed hospital and healthcare system in which the participants rotate through at least three or more distinct medical specialties. As the participants rotate through the program's various specialties, all other supervising physicians shall be designated as ~~the~~ backups.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;

Eff. September 1, 2009;

Amended Eff. May 1, 2015;

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

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Amended Eff. May 1, 2022.

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