

21 NCAC 32R .0103 is amended, with changes, as published in 32:12 NCR page 1218 as follows:

21 NCAC 32R .0103 EXCEPTIONS

(a) A physician ~~is~~ shall be exempt from the requirements of Rule .0101 of this Section if the licensee is:

(1) Currently enrolled in an AOA or Accreditation of Council of Graduate Medical Education (ACGME) accredited graduate medical education ~~program;~~ program and holds a residency training license;

(2) In good standing with the ~~Board;~~ Board and is either:

(i) serving in the armed forces of the United States or serving in support of such armed forces, and serving in a combat ~~zone;~~ zone; or

(ii) serving with respect to a military contingency operation as defined by 10 U.S.C. 101(a)(13); or

(3) Serving as a member of the General Assembly's House or Senate Health Committee.

(b) A physician who obtains initial certification from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his or her entire CME requirement for the three year cycle in which the physician obtains board certification. However, if the physician prescribes controlled substances, then the physician shall complete at least three hours of CME that is designed [specifically] to address controlled substance prescribing practices as required in 21 NCAC 32R .0101 during that three year cycle. If the physician completed CME as part of their initial certification that [specifically] satisfies the requirement in 21 NCAC 32R .0101, then the physician [is] shall not be required to take controlled-substance prescribing CME beyond that included in their initial certification process.

(c) A physician who attests that he or she is continuously engaged in a program of ~~recertification;~~ recertification or maintenance of ~~certification;~~ certification from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his or her entire CME requirement for that three year cycle. However, if the physician prescribes controlled substances, then the physician shall complete at least three hours of CME that is designed [specifically] to address controlled substance prescribing practices as required in 21 NCAC 32R .0101 during that three year cycle. If the physician completed CME as part of their program for recertification or maintenance of certification process that [specifically] satisfies the requirement in 21 NCAC 32R .0101, then the physician [is] shall not be required to take controlled-substance prescribing CME beyond that included in their recertification or maintenance of certification process.

History Note: Authority G.S. 90-14(a)(15); 90B-15;

Eff. January 1, 2000;

Amended Eff. [April 1, 2018;] August 1, 2012; January 1, 2001;

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

Amended Eff. July 1, 2018.