TIT 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

The table of contents on the first page contains quick links to the referenced page numbers in this Chapter. Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the Arizona Administrative Register.

Sections, Parts, Exhibits, Tables or Appendices codified in this supplement. The list provided contains quick links to the updated rules.

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The release of this Chapter in Supp. 19-3 replaces Supp. 17-1, 1-12 pages
Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.
The definition for a rule is provided for under A.R.S. § 41-1001. 
“‘Rule’ means an agency statement of general applicability that 
implements, interprets, or prescribes law or policy, or describes 
the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The Arizona Administrative Code is where the official rules of the 
state of Arizona are published. The Code is the official codification 
of rules that govern state agencies, boards, and commissions.

The Code is separated by subject into titles. Titles are divided into 
chapters. A chapter includes state agency rules. Rules in chapters 
are divided into Articles, then Sections. The “R” stands for “rule” 
with a sequential numbering and lettering outline separated into 
subsections.

Rules are codified quarterly in the Code. Supplement release 
dates are printed on the footers of each chapter.
First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31
For example, the first supplement for the first quarter of 2019 is 
cited as Supp. 19-1.

Please note: The Office publishes by chapter, not by individual 
rule section. Therefore there might be only a few sections codi- 
cied in each chapter released in a supplement. Historical notes at 
the end of a section provide an effective date and information 
when a rule was last updated.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate chapters of the Administrative 
Code in Supp. 18-1 to comply with A.R.S. § 41-1012(B) and 
A.R.S. § 5302(1), (2)(d) through (e), and (3)(d) through (e).

A certification verifies the authenticity of each Code chapter 
posted as it is released by the Office of the Secretary of State. The 
authenticated pdf of the Code includes an integrity mark with a 
certificate ID. Users should check the validity of the signature, 
especially if the pdf has been downloaded. If the digital signature 
is invalid it means the document’s content has been compro- 
mised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the 
Office. Therefore, the user should refer to issues of the Arizona 
Administrative Register for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the 
Legislature’s website, www.azleg.gov. An agency’s authority

note to make rules is often included at the beginning of a chapter. 
Other Arizona statutes may be referenced in rule under the A.R.S. 
acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a chapter can be found at the 
Secretary of State’s website, under Services-> Legislative Fil- 
ings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps 
outlined in the rulemaking process as specified in the Arizona 
Administrative Procedures Act, also known as the APA (Arizona 
Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). 
Other agencies may be given an exemption to certain provisions 
of the Act.

An agency’s exemption is written in law by the Arizona State 
Legislature or under a referendum or initiative passed into law by 
Arizona voters.

When an agency files an exempt rulemaking package with our 
Office it specifies the law exemption in what is called the pre-
amble of rulemaking. The preamble is published in the Register 
online at www.azsos.gov/rules, click on the Administrative Reg-
ister link.

Editor’s notes at the beginning of a chapter provide information 
about rulemaking sections made by exempt rulemaking. Exempt 
rulemaking notes are also included in the historical note at the end 
of a rulemaking Section.

The Office makes a distinction to certain exemptions because 
some rules are made without receiving input from stakeholders or 
the public. Other exemptions may require an agency to propose 
exempt rules at a public hearing.

EXEMPTIONS AND PAPER COLOR

At one time the Office published exempt rules on either blue or 
green paper. Blue meant the authority of the exemption was given 
by the Legislature; green meant the authority was determined by a 
court order. In 2001 the Office discontinued publishing rules 
using these paper colors.

PERSONAL USE/COMMERCIAL USE

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private use only. Those who wish to use the contents for resale or 
profit should contact the Office about Commercial Use fees. For 
information on commercial use fees review A.R.S. § 39-121.03 
and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, managing rules editor, assisted with the editing 
of this chapter.
CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

ARTICLE 1. GENERAL PROVISIONS


Former Article 1 consisting of Sections R4-22-01, R4-22-02, R4-22-04 thru R4-22-07, R4-22-09, R4-22-10, and R4-22-12 repealed and Sections R4-22-08 and R4-22-11 amended and renumbered as R4-22-05 and R4-22-06 effective June 29, 1987.

Authority: A.R.S. § 32-1801 et seq.

ARTICLE 2. LICENSING

ARTICLE 3. DISPENSING DRUGS

ARTICLE 4. MEDICAL ASSISTANTS

ARTICLE 5. OFFICE-BASED SURGERY
ARTICLE 1. GENERAL PROVISIONS

R4-22-101. Definitions
In addition to the definitions in A.R.S. § 32-1800, in this Chapter:

“ABHES” means Accrediting Bureau of Health Education Schools.

“ABMS” means American Board of Medical Specialties.

“ACCME” means the Accreditation Council for Continuing Medical Education.

“ACGME” means the Accreditation Council on Graduate Medical Education.

“AOA” means the American Osteopathic Association.

“AOIA” means the American Osteopathic Information Association.

“Approved internship,” “approved preceptorship,” and “approved residency” mean training accredited by the AOA or ACGME.

“CAAHEP” means Commission on Accreditation of Allied Health Education Programs.

“CME” means continuing medical education.

“COMLEX” means Comprehensive Osteopathic Medical Licensing Examination.

“Continuing medical education” means a course, program, or other training that the Board approves for license renewal.

“Controlled substance” means a drug, substance, or immediate precursor, identified, defined, or listed in A.R.S. Title 36, Chapter 27, Article 2.

“FCVS” means Federal Credentials Verification Service.

“Licensee” means an individual who holds a current license issued under A.R.S. Title 32, Chapter 17.

“MAP” means Monitored Aftercare Program.

“NBME” means the National Board of Medical Examiners.

“NBOME” means the National Board of Osteopathic Medical Examiners.

“Post-graduate training program” means an approved internship or residency.

“USMLE” means United States Medical Licensing Examination.

Historical Note
Former Rule 1. Former Section R4-22-01 repealed, new Section R4-22-101 adopted effective June 29, 1987 (Supp. 87-2). Former Section R4-22-101 renumbered to R4-22-109, new Section R4-22-101 adopted effective May 3, 1993 (Supp. 93-2). Section expired under A.R.S. § 41-1077, fees listed in subsection (A) are not refundable.

A. Fee and Charges

1. Application for license to practice osteopathic medicine, $200;

2. Application for a temporary license to practice osteopathic medicine, $250;

3. Issuance of initial license, $180 (prorated);

4. Biennial renewal of license, $636 plus the penalty and reimbursement fees specified in A.R.S. § 32-1826(B), if applicable;

5. Locum tenens registration, $300;

6. Annual registration of an approved internship, residency, or clinical fellowship program or short-term residency program, $50;

7. Teaching license, $318;

8. Five-day educational teaching permit, $106; and

9. Annual registration to dispense drugs and devices, $240 (initial registration fee is prorated).

B. Under the specific authority provided by A.R.S. § 32-1826(C), the Board establishes and shall collect the following charges for services provided for the Board:

1. Verifying a license to practice osteopathic medicine issued by the Board and copy of licensee’s complaint history, $10;

2. Issuing a duplicate license, $10;

3. Processing fingerprints for a state and federal criminal records check, $50;

4. Providing a list of physicians licensed by the Board, $25.00 if for non-commercial use or $100 if for commercial use;

5. Copying records, documents, letters, minutes, applications, and files, 25¢ per page;

6. Copying an audio tape, $35.00; and

7. Providing information in a digital medium not requiring programming, $100.

C. Except as provided under A.R.S. § 41-1077, the fees listed in subsection (A) are not refundable.

Historical Note

R4-22-103. Submitting Documents to the Board

An individual who wants the Board to consider a document at a meeting or hearing shall submit the document to the Board at least 15 days before the meeting or hearing or at another time as directed by the Board.

Historical Note
Former Section R4-22-04 repealed, new Section R4-22-103 adopted effective June 29, 1987 (Supp. 87-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2). Section R4-22-103 renumbered to R4-22-105; new Section R4-22-103 made by final rulemaking at 20 A.A.R. 2854, effective November 8, 2014 (Supp. 14-3).

R4-22-104. Licensing Time Frames

A. The overall time frame described in A.R.S. § 41-1072(2) for each type of license issued by the Board is listed in Table 1. An applicant and the Executive Director of the Board may agree in writing to extend the substantive review and overall time frames by no more than 25 percent of the overall time frame listed in Table 1.

B. The administrative completeness review time frame described in A.R.S. § 41-1072(1) for each type of license issued by the Board is listed in Table 1. The administrative completeness
review time frame for a particular license begins on the date
the Board receives an application package for that license.
1. If the application package is incomplete, the Board shall
send to the applicant a written notice specifying the miss-
ing document or incomplete information. The administra-
tive completeness review and overall time frames are
suspended from the postmark date on the notice until the
date the Board receives the missing document or incom-
plete information.
2. If the application package is complete, the Board shall
send to the applicant a written notice of administrative
completeness.
3. If the Board grants or denies a license during the adminis-
trative completeness review time frame, the Board shall
not issue a separate written notice of administrative com-
pleteness.
C. The substantive review time frame described in A.R.S. § 41-
1072(3) for each type of license issued by the Board is listed in
Table 1. The substantive review time frame begins on the post-
mark date of the Board’s notice of administrative complete-
ness.
1. During the substantive review time frame, the Board may
make one comprehensive written request for additional
information or documentation. The substantive review
and overall time frames are suspended from the postmark
date on the comprehensive written request for additional
information or documentation until the Board receives
the additional information or documentation. The Board
and applicant may agree in writing to allow the Board to
submit supplemental requests for additional information.
2. The Board shall send a written notice of approval to an
applicant who meets the requirements of A.R.S. Title 32,
Chapter 17 and this Chapter.
3. The Board shall send a written notice of denial to an
applicant who fails to meet the requirements of A.R.S.
Title 32, Chapter 17 or this Chapter.
D. The Board shall administratively close an applicant’s file if the
applicant fails to submit the information or documentation
required under subsection (B)(1) or (C)(1) within 360 days
from the date on which the application package was originally
submitted. If an individual whose file is administratively
closed wishes to be licensed, the individual shall file another
application package and pay the application fee.
E. The Board shall grant or deny the following licenses within
seven days after receipt of an application:
1. Ninety-day extension of locum tenens registration,
2. Waiver of continuing education requirements for a partic-
ular period,
3. Extension of time to complete continuing education
requirements,
4. Five-day educational training permit,
5. Extension of one-year renewable training permit, and
6. Renewal of retired status.
F. In computing any time frame prescribed in this Section, the
day of the act or event that begins the time frame is not
included. The computation includes intermediate Saturdays,
Sundays, and official state holidays. If the last day of a time
frame falls on a Saturday, Sunday, or official state holiday, the
next business day is the time frame’s last day.

Table 1. Time Frames (in days)

<table>
<thead>
<tr>
<th>Type of License</th>
<th>Statutory Authority</th>
<th>Overall Time Frame</th>
<th>Administrative Completeness Time Frame</th>
<th>Substantive Review Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>License</td>
<td>A.R.S. § 32-1822</td>
<td>120</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>License Renewal</td>
<td>A.R.S. § 32-1825</td>
<td>120</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>Temporary License</td>
<td>A.R.S. § 32-1834</td>
<td>30</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>90-day Locum Tenens Registration</td>
<td>A.R.S. § 32-1823</td>
<td>60</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>One-year Renewable Training Permit</td>
<td>A.R.S. § 32-1829(A)</td>
<td>60</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Short-term Training Permit</td>
<td>A.R.S. § 32-1829(C)</td>
<td>60</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>One-year Training Permit at Approved School or Hospital</td>
<td>A.R.S. § 32-1830</td>
<td>60</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Two-year Teaching License</td>
<td>A.R.S. § 32-1831</td>
<td>60</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Registration to Dispense Drugs and Devices</td>
<td>A.R.S. § 32-1871</td>
<td>90</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>Renewal of Registration to Dispense Drugs and Devices</td>
<td>A.R.S. §§ 32-1826(A)(11) and 32-1871</td>
<td>60</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Approval of Educational Program for Medical Assistants</td>
<td>A.R.S. § 32-1800(17)</td>
<td>60</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Retired Status</td>
<td>A.R.S. § 32-1832</td>
<td>90</td>
<td>30</td>
<td>60</td>
</tr>
</tbody>
</table>

Historical Note

New Table 1, under Section R4-22-104, renumbered from R4-22-212 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 763, effective May 12, 2017 (Supp. 17-1).
CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

For purposes of A.R.S. § 32-1822, the equivalent of an approved internship or approved residency is any of the following:
1. One or more years of a fellowship training program approved by the AOA or the ACGME; or
2. A current certification by the AOA in an osteopathic medical specialty.

**Historical Note**
Former Rule 8. Amended by adding subsection (D) effective January 24, 1984 (Supp. 84-1). Former Section R4-22-08 amended and renumbered as Section R4-22-105 effective June 29, 1987 (Supp. 87-2). Section repealed by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2). New Section R4-22-105 renumbered from R4-22-103 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

**R4-22-106. Special Designation**
A. The Board approves specialty boards recognized by the:
1. American Osteopathic Association Bureau of Osteopathic Specialists and listed in the *Handbook of the Bureau of Osteopathic Specialists (BOS)*, revised March 2013, available from the AOA at 142 E. Ontario Street, Chicago, IL 60611, 800-621-1773, or www.osteopathic.org; and
2. American Board of Medical Specialties (ABMS) and listed in the *ABMS Guide to Medical Specialties*, 2013, available from the ABMS at 222 N. LaSalle Street, Suite 1500, Chicago, IL 60601, 312-436-2600, or www.abms.org.

B. The Board incorporates the materials listed in subsection (A) by reference. The materials include no future editions or amendments. The Board shall make the materials available at the Board office and on its web site.

**Historical Note**

**R4-22-107. Petition for Rulemaking or Review**
A. A person may petition the Board under A.R.S. § 41-1033 for either a:
1. Rulemaking action relating to a Board rule, including making a new rule or amending or repealing an existing rule; or
2. Review of an existing Board practice or substantive policy statement alleged to constitute a rule.

B. A person shall submit to the Board a written petition including the following information:
1. Name, address, e-mail address, and telephone and fax numbers of the person submitting the petition;
2. Name of any person represented by the person submitting the petition;
3. If requesting a rulemaking action:
   a. Statement of the rulemaking action sought, including the A.A.C. citation of all existing rules, and the specific language of a new rule or rule amendment; and
   b. Reasons for the rulemaking action, including an explanation of why the existing rule is inadequate, unreasonable, unduly burdensome, or unlawful;
4. If requesting a review of an existing practice or a substantive policy statement:
   a. Subject matter of the existing practice or substantive policy statement, and
   b. Reasons why the existing practice or substantive policy statement constitutes a rule; and
5. Dated signature of the person submitting the petition.

C. A person may submit supporting information with a petition.
D. A person may submit a petition and any supporting information by e-mail, hand delivery, or the U.S. Postal Service.
E. The Board shall send the person submitting a petition a written response within 60 days of the date the Board receives the petition.

**Historical Note**
Adopted effective August 7, 1992 (Supp. 92-3). Section R4-22-107 repealed; new Section R4-22-107 renumbered from R4-22-115 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

**R4-22-108. Rehearing or Review of Decision**
A. The Board shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10 and rules established by the Office of Administrative Hearings.

B. Except as provided in subsection (I), a party is required to file a motion for rehearing or review of a decision of the Board to exhaust the party’s administrative remedies.

C. A party may amend a motion for rehearing or review at any time before the Board rules on the motion.

D. The Board may grant a rehearing or review for any of the following reasons materially affecting a party’s rights:
1. Irregularity in the proceedings of the Board, or any order or abuse of discretion, that deprived the moving party of a fair hearing;
2. Misconduct of the Board, its staff, an administrative law judge, or the prevailing party;
3. Accident or surprise that could not have been prevented by ordinary prudence;
4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
5. Excessive penalty;
6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings;
7. The Board’s decision is a result of passion or prejudice; or
8. The findings of fact or decision is not justified by the evidence or is contrary to law.

E. The Board may affirm or modify a decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons in subsection (D). An order modifying a decision or granting a rehearing shall specify with particularity the grounds for the order.

F. When a motion for rehearing or review is based upon affidavits, the affidavits shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits.

G. Not later than 10 days after the date of a decision, after giving parties notice and an opportunity to be heard, the Board may grant a rehearing or review on its own initiative for any reason for which it might have granted relief on motion of a party. The Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion.

H. If a rehearing is granted, the Board shall hold the rehearing within 60 days after the issue date on the order granting the rehearing.
CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

I. If the Board makes a specific finding that a particular decision needs to be effective immediately to preserve the public peace, health, or safety and that a review or rehearing of the decision is impracticable, unnecessary, or contrary to the public interest, the Board shall issue the decision as a final decision without an opportunity for rehearing or review.

J. A party that has exhausted the party's administrative remedies may appeal a final order of the Board under A.R.S. Title 12, Chapter 7, Article 6.

Historical Note

R4-22-109. Renumbered

Historical Note

R4-22-110. Renumbered

Historical Note

R4-22-111. Renumbered

Historical Note

R4-22-112. Renumbered

Historical Note

R4-22-113. Repealed

Historical Note

R4-22-114. Repealed

Historical Note

R4-22-115. Renumbered

ARTICLE 2. LICENSING

R4-22-201. Application Required
An individual or entity that seeks a license or other approval from the Board shall complete and submit an application form prescribed by the Board. The Board has prescribed the following application forms, which are available from the Board office or web site:

1. License,
2. Temporary license,
3. License renewal,
4. Locum tenens registration,
5. Initial registration to dispense,
6. Registration to dispense renewal,
7. Renewable one-year post-graduate training permit,
8. Renewal of post-graduate training permit,
9. Short-term training permit,
10. Two-year teaching license, and
11. Approval of an educational program for medical assistants.

Historical Note

R4-22-202. Determining Qualification for Licensure
A. To obtain a license, an applicant shall submit:
1. The application form specified in R4-22-201;
2. The proof required under A.R.S. § 32-1822(A);
3. A list of all Board-certified specializations, the certifying entity, and a copy of each certification or letter verifying specialization;
4. A list of each health care facility or employer at which the applicant obtained practice experience. If the applicant has not passed an examination approved under R4-22-203 within the last seven years, the Board may obtain verification of practice experience from the health care facilities or employers listed for the last seven years;
5. A malpractice claim or suit questionnaire for each instance of medical malpractice in which there was an award, settlement, or payment;
6. A full set of fingerprints and the charge specified in R4-22-102(B);
7. A passport-size picture taken within the last 60 days; and
8. The application fee required under R4-22-102(A).

B. In addition to the materials required under subsection (A), an applicant shall have the following information submitted directly to the Board by the specified entity:
1. Professional Education Verification form or an official transcript submitted by the osteopathic college from which the applicant graduated;
2. Verification of Postgraduate Training form submitted by each postgraduate facility or program at which the applicant trained;
3. Verification of passing an examination approved under R4-22-203 submitted by the examining entity; and
4. Verification of licensure form submitted by every state in which the applicant is or has been licensed as an osteopathic physician.

C. If an applicant has established a credentials portfolio with the FCVS or AOIA, the applicant may request that the FCVS for-
 CHAPTER 22. BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND SURGERY

A. Examination R4-22-203. Examination; Practice Equivalency to an Examination

The Board shall conduct a substantive review of the information submitted under subsections (A) and (B) and determine whether the applicant is qualified for licensure by virtue of:

1. Possessing the knowledge and skills necessary to practice medicine safely and skillfully;
2. Demonstrating a history of professional conduct; and
3. Possessing the physical, mental, and emotional fitness to practice medicine.

B. Practice equivalency to an examination. If an applicant has not passed an approved examination within the seven years before the date of application, the Board shall find that the applicant has practice experience equivalent to an approved examination if the applicant submits documentation of all of the following:

1. On the date of application and continuously until the date the applicant is issued or denied a license, the applicant holds:
   a. An active license to practice osteopathic medicine issued by another state, or
   b. An active permit or temporary license to practice in an approved residency or fellowship;
2. For at least seven of the 10 years immediately before the date of application, the applicant:
   a. Was in clinical practice providing direct patient care, or
   b. Was in the second or later year of an approved residency or fellowship; and
3. Has completed a certification examination provided by a specialty board under R4-22-106.

C. Other information the Board determines demonstrates whether the applicant has been rehabilitated.

Historical Note
New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-204. License Issuance; Effective Date of License

A. Within 90 days after an applicant for licensure receives notice from the Board that the applicant is approved, but no later than 360 days after the date on which the application was originally submitted, the approved applicant shall submit to the Board the license issuance fee required by A.R.S. § 32-1826(A) and the following information in writing:

1. Practice address and telephone number,
2. Residential address, and
3. A statement of whether the practice address or residential address should be used by the Board as the address of record.

B. The Board shall issue a license to an approved applicant that is effective on the date the information required under subsection (A) is received.

C. The Board shall administratively close an approved applicant’s file if the approved applicant fails to submit the information required within the time specified under subsection (A). If an applicant whose file is administratively closed wishes to be considered further for licensure, the applicant shall reapply by complying with R4-22-202.

Historical Note
New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-205. License Renewal

To renew a license, the licensee shall submit to the Board the renewal application required under R4-22-201. Failure to receive notice of the need to renew does not excuse failure to renew timely.
**Chapter 22. Board of Osteopathic Examiners in Medicine and Surgery**

**R4-22-206. Procedure for Application to Reenter Practice**

**A.** The procedures in this Section apply only to an osteopathic physician who:

1. Was licensed and practiced as an osteopathic physician in Arizona or another jurisdiction, and
2. Currently is not licensed and practicing as an osteopathic physician in Arizona or another jurisdiction.

**B.** All applicants to reenter practice shall:

1. Submit the application required under R4-22-201, including all documents specified in the application; and
2. Pay the fee specified in R4-22-102(A).

**C.** In addition to complying with subsection (B), an applicant who has been out of practice for less than two years and has no disciplinary history shall submit documentation of completing at least 40 hours of Category 1-A or Category 1 CME in the applicant’s intended field of practice within the two years before the date the application to reenter practice is approved.

**D.** In addition to complying with subsection (B), an applicant who has been out of practice for two or more years and has no disciplinary history shall attend a Board meeting and:

1. Discuss with the Board evidence that the applicant remains competent to practice medicine; and
2. Develop a reentry plan designed to ensure that the applicant is competent to practice medicine. The re-entry plan may include any or all of the following, at the discretion of the Board:
   a. Taking a competency or specialty examination;
   b. Taking continuing education;
   c. Completing a practice assessment program;
   d. Practicing under supervision or with restrictions; and
   e. Submitting to a physical or psychological examination.

**E.** In addition to complying with subsection (B), an applicant who has been out of practice and has a history of disciplinary action shall attend a Board meeting and:

1. Establish to the Board’s satisfaction that the applicant is rehabilitated from the underlying unprofessional conduct.
   In determining whether the applicant is rehabilitated, the Board shall consider the factors listed in R4-22-202(F); and
2. If the Board determines that the applicant is rehabilitated, take the actions listed in subsection (D) to ensure that the applicant is competent to practice medicine.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

**R4-22-207. Continuing Medical Education; Waiver; Extension of Time to Complete**

**A.** Under A.R.S. § 32-1825(B), a licensee is required to obtain 40 hours of Board-approved CME in the two years before license renewal. The Board shall approve the CME of a licensee if the CME complies with the following:

1. At least 24 hours are obtained by completing CME classified by the AOA as Category 1A.
2. No more than 16 hours are obtained by completing CME classified as American Medical Association Category 1 approved by an ACCME-accredited CME provider, and
3. At least the number of CME hours specified under A.R.S. § 32-3248.02 address opioid-related, substance use disorder-related, or addiction-related prescribing and are obtained under subsection (A)(1) or (2).

**B.** A licensee may fulfill 40 hours of the CME requirement for a biennial license renewal period by participating in an approved postgraduate training program or preceptorship during that biennial license renewal period.

**C.** The Board shall accept the following documentation as evidence of compliance with the CME requirement:

1. For a CME under subsection (A)(1):
   a. The AOA printout of the licensee’s CME, or
   b. A copy of the certificate of attendance from the provider of the CME showing:
      i. Licensee’s name,
      ii. Title of the CME,
      iii. Name of the provider of the CME,
      iv. Category of the CME,
      v. Number of hours in the CME, and
      vi. Date of attendance;
2. For a CME under subsection (A)(2):
   a. A copy of the certificate of attendance from the provider of the CME showing the information listed in subsection (C)(1)(b); or
   b. A specialty board’s printout showing a licensee’s completion of CME.

**D.** Waiver of CME requirements. To obtain a waiver under A.R.S. § 32-1825(C) of the CME requirements, a licensee shall submit to the Board a written request that includes the following:

1. The period for which the waiver is requested;
2. CME completed during the current license period and the documentation required under subsection (C), and
3. Reason that a waiver is needed and the applicable documentation:
   a. For military service. A copy of current orders or a letter on official letterhead from the licensee’s commanding officer;
   b. For absence from the United States. A copy of pages from the licensee’s passport showing exit and entry dates;
   c. For disability. A letter from the licensee’s treating physician stating the nature of the disability; or
   d. For circumstances beyond the licensee’s control:
      i. A letter from the licensee stating the nature of the circumstances, and
      ii. Documentation that provides evidence of the circumstances.

**E.** The Board shall grant a request for waiver of CME requirements that:

1. Is based on a reason listed in subsection (D)(3);
2. Is supported by the documentation required under subsection (D)(3);
3. Is filed no sooner than 60 days before and no later than 30 days after the license renewal date, and
4. Will promote the safe and professional practice of osteopathy in this state.

**F.** Extension of time to complete CME requirements. To obtain an extension of time under A.R.S. § 32-1825(C) to complete the CME requirements, a licensee shall submit to the Board a written request that includes the following:

1. Ending date of the requested extension;
2. CME completed during the current license period and the documentation required under subsection (C); and
3. Proof the licensee is registered for additional CME sufficient to enable the licensee to complete all CME required
for license renewal before the end of the requested extension, and
4. Licensee’s attestation that the CME obtained under the extension will be reported only to fulfill the current license renewal requirement and will not be reported on a subsequent license renewal application.

G. The Board shall grant a request for an extension that:
1. Specifies an ending date no later than May 1 following the license renewal date,
2. Includes the documentation and attestation required under subsection (F),
3. Is submitted no sooner than 60 days before and no later than 30 days after the license renewal date, and
4. Will promote the safe and professional practice of osteopathy in this state.

Historical Note

R4-22-208. Reserved
R4-22-209. Reserved
R4-22-210. Reserved
R4-22-211. Reserved

R4-22-212. Confidential Program for Treatment and Rehabilitation of Impaired Osteopathic Physicians
A. To protect the public health and safety, a licensee is required by A.R.S. § 32-1822 to be physically, mentally, and emotionally able to practice medicine.
B. If the Board determines that a licensee may be impaired by substance abuse and there is evidence of an imminent danger to the public health and safety, the Board’s Executive Director, with the concurrence of investigative staff, the medical consultant, or a Board member, may enter into:
1. A consent agreement with the licensee to restrict the licensee’s practice if there is evidence that a restriction of the licensee’s practice is needed to mitigate the danger to the public health and safety;
2. A stipulated agreement with the licensee requiring the licensee to complete a Board-approved evaluation and treatment program for abuse or misuse of chemical substances if there is evidence the program would be successful in enabling the licensee to return to practice safely; and
3. A stipulated agreement with the licensee to enter a Monitored Aftercare Program (MAP) if there is evidence the licensee intends to comply with a program for rehabilitation.

Historical Note
New Section made by final rulemaking at 12 A.A.R. 1388, effective June 4, 2006 (Supp. 06-2). Section R4-22-212 renumbered to Section R4-22-104; new Section R4-22-212 made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

Table 1. Renumbered
2. The date the controlled substance or prescription-only drug is dispensed;
3. The patient's name;
4. The name of the controlled substance or prescription-only drug, strength, dosage, form, name of manufacturer, quantity dispensed, directions for use, and any cautionary statement necessary for the safe and effective use of the controlled substance or prescription-only drug; and
5. A beyond-use date not to exceed one year from the date of dispensing or the manufacturer's expiration date if less than one year.

C. An osteopathic physician shall:
1. Secure all controlled substances in a locked cabinet or room;
2. Control access to the locked cabinet or room by a written procedure that includes, at a minimum:
   a. Designation of the persons who have access to the locked cabinet or room, and
   b. Procedures for recording requests for access to the locked cabinet or room;
3. Make the written procedure required under subsection (C)(2) available on demand by the Board or its authorized representative for inspection or copying;
4. Store prescription-only drugs so they are not accessible to patients; and
5. Store controlled substances and prescription-only drugs not requiring refrigeration in an area where the temperature does not exceed 85° F.

D. An osteopathic physician shall maintain a dispensing log for all controlled substances and the prescription-only drug nalbuphine hydrochloride (Nubain) dispensed. The osteopathic physician shall ensure that the dispensing log includes the following information on a separate inventory sheet for each controlled substance or prescription-only drug:
1. Date the drug is dispensed;
2. Patient's name;
3. Name of controlled substance or prescription-only drug, strength, dosage, form, and name of manufacturer;
4. Number of dosage units dispensed;
5. Running total of each controlled substance or prescription-only drug dispensed; and
6. Written signature of the osteopathic physician next to each entry.

E. An osteopathic physician may use a computer to maintain the dispensing log required under subsection (D) if the log is quickly accessible through either on-screen viewing or printing a copy.
F. This Section does not apply to a prepackaged manufacturer sample of a controlled substance or prescription-only drug unless otherwise provided by federal law.

B. Before dispensing a controlled substance, prescription-only drug, or prescription-only device, an osteopathic physician shall review the prepared controlled substance, prescription-only drug, or prescription-only device to ensure that:
1. The container label and contents comply with the prescription; and
2. The patient is informed of the name of the controlled substance, prescription-only drug, or prescription-only device, directions for use, precautions, and storage requirements.

C. An osteopathic physician shall purchase all controlled substances, prescription-only drugs, or prescription-only devices dispensed from a manufacturer or distributor approved by the United State Food and Drug Administration or a pharmacy holding a current permit from the Arizona Board of Pharmacy.

D. The individual who prepares a controlled substance, prescription-only drug, or prescription-only device for dispensing shall countersign and date the original prescription form.

Historical Note
New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-304. Recordkeeping and Reporting Shortages

A. An osteopathic physician who dispenses a controlled substance or prescription-only drug shall ensure that an original prescription order, as defined in A.R.S. § 32-1901(77), for the controlled substance or prescription-only drug dispensed is dated, consecutively numbered in the order in which originally dispensed, and filed separately from patient medical records. The osteopathic physician shall ensure that original prescription orders are maintained in three separate files, as follows:
1. Schedule II controlled substances, which are listed at A.R.S. § 36-2513;
2. Schedule III, IV, and V controlled substances, which are defined or listed at A.R.S. §§ 36-2514 through 36-2516, and
3. Prescription-only drugs.

B. An osteopathic physician shall ensure that purchase orders and invoices for all dispensed controlled substances and prescription-only drugs are maintained for three years from the date on the purchase order or invoice in three separate files as follows:
1. Schedule II controlled substances;
2. Schedule III, IV, and V controlled substances and nalbuphine; and
3. All other prescription-only drugs.

C. An osteopathic physician who discovers a theft or loss of a controlled substance or dangerous drug, as defined in A.R.S. Title 36, Chapter 27, Article 2, from the physician's office shall:
1. Immediately notify the local law enforcement agency,
2. Provide the local law enforcement agency with a written report, and
3. Send a copy of the report to the U.S. Drug Enforcement Administration and the Board within seven days of the discovery of the theft or loss.

Historical Note
New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-305. Inspections; Denial and Revocation

A. An osteopathic physician shall allow the Board or its representative access to the physician's office and the records required under this Article for inspection of compliance with A.R.S. § 32-1871 and this Article.

B. Failure to comply with A.R.S. § 32-1871 and this Article is unprofessional conduct and grounds for revocation of the phy-
A. For purposes of this Section, a Board-approved medical assistant training program is a program:
1. Accredited by the CAAHEP;
2. Accredited by the ABHES;
3. Accredited by any accrediting agency recognized by the United States Department of Education; or
4. Designed and offered by a licensed osteopathic physician, that meets or exceeds the standards of one of the accrediting programs listed in subsections (A)(1) through (A)(3), and the licensed osteopathic physician verifies that those who complete the program have the entry level competencies referenced in R4-22-402.

B. A person seeking approval of a training program for medical assistants shall submit to the Board the application required under R4-22-201 and verification that the program meets the requirements in subsection (A).

C. If the Board denies a registration to dispense to an osteopathic physician, the physician may appeal the decision by filing a written request with the Board no later than 30 days after service of the notice of denial.

D. If the Board denies a registration to dispense to an osteopathic physician, the physician may appeal the decision by filing a written request with the Board no later than 30 days after service of the notice of denial.

R4-22-403. Medical Assistant Training Requirement
A. The licensed osteopathic physician who will provide direct supervision to a medical assistant shall ensure that the medical assistant satisfies one of the following training requirements before the medical assistant is employed:
1. Completes an approved medical assistant training program,
2. Completes an unapproved medical assistant training program and passes a medical assistant examination administered by either the American Association of Medical Assistants or the American Medical Technologists, or
3. Completes a medical services training program of the Armed Forces of the United States.

B. This Section does not apply to a person who completed a medical assistant training program before August 7, 2004, and was employed continuously as a medical assistant since completing the program.

R4-22-501. Definitions
In this Article,
“ACLS” means advanced cardiac life support performed according to certification standards of the American Heart Association.
“Auscultation” means the act of listening to sounds within the human body either directly or through use of a stethoscope or other means.
“BLS” means basic life support performed according to certification standards of the American Heart Association.
“Capnography” means monitoring the concentration of exhaled carbon dioxide of a sedated patient to determine adequacy of the patient’s ventilatory function.
“Deep sedation” means a drug-induced depression of consciousness during which a patient:
Cannot be easily aroused, but
Responds purposefully following repeated or painful stimulation, and
May partially lose the ability to maintain ventilatory function.
“Discharge” means a written or electronic documented termination of office-based surgery provided to a patient.
“Emergency” means an immediate threat to the life or health of a patient.
“General anesthesia” means a drug-induced loss of consciousness during which a patient:
Can not be aroused even with painful stimulus; and
An osteopathic physician who performs office-based surgery shall:

A. Establish, document, and implement written policies and procedures that cover:
   a. Patients' rights,
   b. Informed consent,
   c. Care of patients in an emergency, and
   d. Transfer of patients to a local accredited or licensed acute-care hospital;

B. Ensure that a staff member who assists with or a health care professional who participates in office-based surgery:
   a. Has sufficient education, training, and experience to perform assigned duties;
   b. If applicable, has a current license or certification required to perform assigned duties; and
   c. Performs only those acts that are within the scope of practice established in the staff member's or health care professional's governing statutes;

C. Ensure that the office or other practice location where office-based surgery is performed has all equipment necessary for:
   a. The physician to perform the office-based surgery safely;
   b. The physician or health care professional to administer the sedation safely;
   c. The physician or health care professional to monitor the use of sedation, and
   d. The physician and health care professional administering the sedation to rescue a patient after the sedation is administered if the patient enters into a deeper state of sedation than was intended by the physician;

D. Ensure that a copy of the patients' rights policy is provided to each patient before performing office-based surgery;

E. Obtain informed consent from the patient before performing office-based surgery that:
   a. Authorizes the office-based surgery, and
   b. Authorizes the office-based surgery to be performed at the specific practice location; and

F. Review all policies and procedures at least every 12 months and update as needed.

R4-22-502. Health Care Institution License

An osteopathic physician who performs office-based surgery shall obtain a health care institution license as required by the Arizona Department of Health Services under A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10.

R4-22-503. Administrative Provisions

A. An osteopathic physician who performs office-based surgery shall:

1. Establish, document, and implement written policies and procedures that cover:
   a. Patients' rights,
   b. Informed consent,
   c. Care of patients in an emergency, and
   d. Transfer of patients to a local accredited or licensed acute-care hospital;

2. Ensure that a staff member who assists with or a health care professional who participates in office-based surgery:
   a. Has sufficient education, training, and experience to perform assigned duties;
   b. If applicable, has a current license or certification required to perform assigned duties; and
   c. Performs only those acts that are within the scope of practice established in the staff member's or health care professional's governing statutes;

3. Ensure that the office or other practice location where office-based surgery is performed has all equipment necessary for:
   a. The physician to perform the office-based surgery safely;
   b. The physician or health care professional to administer the sedation safely;
   c. The physician or health care professional to monitor the use of sedation, and
   d. The physician and health care professional administering the sedation to rescue a patient after the sedation is administered if the patient enters into a deeper state of sedation than was intended by the physician;

4. Ensure that a copy of the patients' rights policy is provided to each patient before performing office-based surgery;

5. Obtain informed consent from the patient before performing office-based surgery that:
   a. Authorizes the office-based surgery, and
   b. Authorizes the office-based surgery to be performed at the specific practice location; and

6. Review all policies and procedures at least every 12 months and update as needed.

B. An osteopathic physician who performs office-based surgery shall comply with:

1. The local jurisdiction's fire code;
2. The local jurisdiction's building codes for construction and occupancy;
3. The bio-hazardous waste and hazardous waste standards in 18 A.A.C. 13, Article 14; and
4. The controlled substances administration, supply, and storage standards in 4 A.A.C. 23, Article 5.

R4-22-504. Procedure and Patient Selection

A. An osteopathic physician shall ensure that each office-based surgery performed:

1. Can be performed safely with the equipment, staff members, and health care professionals at the physician's office;

Historical Note

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).
2. Is of duration and degree of complexity that allows a patient to be discharged from the physician's office within 24 hours;
3. Is within the education, training, experience, skills, and licensure of the physician; and
4. Is within the education, training, experience, skills, and licensure of the staff members and health care profession- als at the physician's office.

B. An osteopathic physician shall not perform office-based surgery if the patient:
1. Has a medical condition or other condition that indicates the procedure should not be performed in the physician's office, or
2. Will require inpatient services at a hospital.

Historical Note
New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-505. Sedation Monitoring Standards
A. An osteopathic physician who performs office-based surgery when minimal sedation is administered to a patient shall ensure from the time sedation is administered until post-sedation monitoring begins that a quantitative method of assessing the patient's oxygenation, such as pulse oximetry, is used;

B. An osteopathic physician who performs office-based surgery when moderate or deep sedation is administered to a patient shall ensure from the time sedation is administered until post-sedation monitoring begins that:
1. A quantitative method of assessing the patient's oxygenation, such as pulse oximetry, is used;
2. The patient's ventilatory function is monitored by any of the following:
   a. Direct observation,
   b. Auscultation, or
   c. Capnography;
3. The patient's circulatory function is monitored by:
   a. Having a continuously displayed electrocardiogram,
   b. Documenting arterial blood pressure and heart rate at least every five minutes, and
   c. Evaluating the patient's cardiovascular function by pulse plethysmography;
4. The patient's temperature is monitored if the physician expects the patient's temperature to fluctuate; and
5. A licensed and qualified health care professional, other than the physician performing the office-based surgery, is:
   a. Present throughout the office-based surgery, and
   b. Has the sole responsibility of attending to the patient.

Historical Note
New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-507. Emergency Drugs; Equipment and Space Used for Office-based Surgery
A. In addition to the requirements in R4-22-503(A)(3) and R4- 22-504(A)(1), an osteopathic physician who performs office-based surgery shall ensure that the physician's office has at a minimum:

1. The following:
   a. A reliable oxygen source with a SaO2 monitor;
   b. Suction;
   c. Resuscitation equipment, including a defibrillator;
   d. Emergency drugs; and
   e. A cardiac monitor;

2. The equipment for patient monitoring according to the standards in R4-22-505;
3. Space large enough to:
   a. Allow access to the patient during office-based surgery, recovery, and any emergency;
   b. Accommodate all equipment necessary to perform the office-based surgery; and
   c. Accommodate all equipment necessary for sedation monitoring;
4. A source of auxiliary electrical power available in the event of a power failure;
5. Equipment, emergency drugs, and resuscitative capabilities required under this Section for patients less than 18 years of age, if office-based surgery is performed on these patients; and
6. Procedures to minimize the spread of infection.

B. An osteopathic physician who performs office-based surgery shall:

1. Ensure that all equipment used for office-based surgery is maintained, tested, and inspected according to manufacturer specifications; and
2. Maintain documentation of manufacturer-recommended maintenance of all equipment used in office-based surgery.

Historical Note
New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

A. An osteopathic physician who performs office-based surgery shall ensure that a health care professional who participates in or a staff member who assists with office-based surgery receives instruction in the following:
1. Policy and procedure in cases of emergency,
2. Policy and procedure for office evacuation, and
3. Safe and timely patient transfer.

B. When performing office-based surgery, an osteopathic physician shall not use any drug or agent that may trigger malignant hyperthermia.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).