



Arizona Revised Statutes Title 32, Chapter 17

Arizona Board of Osteopathic Examiners in Medicine and Surgery

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Article 1. Board of Osteopathic Examiners in Medicine and Surgery

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Osteopathic Statutes: A.R.S§32-1800 et seq.
Chapter 17: Osteopathic Physicians and Surgeons
Article 1. Board of Osteopathic Examiners in Medicine and Surgery

§32-1800. Definitions

In this chapter, unless the context otherwise requires:

1. "Active license" means a valid license to practice medicine and includes the license of a licensee who has been placed on probation or on whose license the board has placed restrictions.
2. "Address of record" means either:
 - (a) The address where a person who is regulated pursuant to this chapter practices medicine or is otherwise employed.
 - (b) The residential address of a person who is regulated pursuant to this chapter if that person has made a written request to the board that the board use that address as the address of record.
3. "Adequate records" means legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another licensed health care practitioner to assume continuity of the patient's care at any point in the course of treatment.
4. "Administrative warning" means a disciplinary action by the board in the form of a written warning to a physician of a violation of this chapter involving patient care that the board determines falls below the community standard.
5. "Approved postgraduate training program" means that an applicant for licensure successfully completed training when the hospital or other facility in which the training occurred was approved for a postgraduate internship, residency or fellowship by the American osteopathic association or by the accreditation council for graduate medical education.
6. "Approved school of osteopathic medicine" means a school or college offering a course of study that, on successful completion, results in the awarding of the degree of doctor of osteopathy and whose course of study has been approved or accredited by the American osteopathic association.
7. "Board" means the Arizona board of osteopathic examiners in medicine and surgery.
8. "Decree of censure" means a formal written reprimand by the board of a physician for a violation of this chapter that constitutes a disciplinary action against a physician's license.

9. "Direct supervision" means that a physician is within the same room or office suite as the unlicensed person in order to be available for consultation regarding those tasks the unlicensed person performs pursuant to section 32-1859.

10. "Dispense" means the delivery by a physician of a prescription drug or device to a patient, except for samples packaged for individual use by licensed manufacturers or repackagers of drugs, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the drug or device for delivery.

11. "Doctor of osteopathy" means a person who holds a license, registration or permit to practice medicine pursuant to this chapter.

12. "Immediate family" means the spouse, natural or adopted children, father, mother, brothers and sisters of the physician and the natural and adopted children, father, mother, brothers and sisters of the physician's spouse.

13. "Inappropriate fee" means a fee that is not supported by documentation of time, complexity or extreme skill required to perform the service.

14. "Investigative hearing" means a meeting between the board and a physician to discuss issues set forth in the investigative hearing notice and during which the board may hear statements from board staff, the complainant, the physician and witnesses, if any.

15. "Letter of concern" means an advisory letter to notify a physician that while there is insufficient evidence to support disciplinary action against the physician's license there is sufficient evidence for the board to notify the physician of its concern.

16. "Limited license" means a license that restricts the scope and setting of a licensee's practice.

17. "Medical assistant" means an unlicensed person who has completed an educational program approved by the board, who assists in a medical practice under the supervision of a doctor of osteopathic medicine and who performs delegated procedures commensurate with the assistant's education and training but who does not diagnose, interpret, design or modify established treatment programs or violate any statute.

18. "Medicine" means osteopathic medicine as practiced by a person who receives a degree of doctor of osteopathy.

19. "Physician" means a doctor of osteopathy who holds a license, a permit or a locum tenens registration to practice osteopathic medicine pursuant to this chapter.

20. "Practice of medicine" or "practice of osteopathic medicine" means all of the following:

(a) To examine, diagnose, treat, prescribe for, palliate, prevent or correct human diseases, injuries, ailments, infirmities and deformities, physical or mental conditions, real or imaginary,

by the use of drugs, surgery, manipulation, electricity or any physical, mechanical or other means as provided by this chapter.

(b) Suggesting, recommending, prescribing or administering any form of treatment, operation or healing for the intended palliation, relief or cure of any physical or mental disease, ailment, injury, condition or defect.

(c) The practice of osteopathic medicine alone or the practice of osteopathic surgery or osteopathic manipulative therapy, or any combination of either practice.

21. "Specialist" means a physician who has successfully completed postdoctoral training in an approved postgraduate training program, an approved preceptorship or an approved residency or who is board certified by a specialty board approved by the board.

22. "Subscription provider of health care" means an entity that, through contractual agreement, is responsible for the payment, in whole or in part, of debts incurred by a person for medical or other health care services.

§32-1801. Arizona board of osteopathic examiners in medicine and surgery

A. The Arizona board of osteopathic examiners in medicine and surgery is established consisting of seven members appointed by the governor. One member of the board shall be appointed each year for a term of five years, to begin and end on April 15.

B. Before appointment by the governor, a prospective member of the board shall submit a full set of fingerprints to the governor for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation.

C. Two members of the board shall be public members who shall not be in any manner connected with, or have an interest in, any school of medicine or any person practicing any form of healing or treatment of bodily or mental ailments and who has demonstrated an interest in the health problems of the state. The other five members of the board shall have engaged in the practice of medicine as an osteopathic physician in this state for at least five years preceding their appointments, hold active licenses in good standing and, at the time of appointment, be practicing medicine with direct patient contact. In making appointments of each professional member of the board, the governor shall consider a list of qualified persons submitted by the Arizona osteopathic medical association and recommendations by any other person. Members of the board shall continue in office until their successors are appointed and qualified. Each board member, before entering on his duties, shall take an oath prescribed by law and in addition thereto shall make an oath as to his qualifications as prescribed in this section. No board member may serve more than two consecutive five year terms.

D. The governor may remove board members if they fail to attend three or more board meetings within twelve months. This does not include telephonic meetings of the board. The governor may also remove board members for malfeasance, misfeasance or incompetence in their office,

unprofessional or dishonorable conduct in their office or unprofessional or dishonorable conduct. The governor shall appoint a qualified replacement to fill a vacant position for the unexpired portion of the term.

§32-1802. Meetings; organization; compensation; committees

A. The board shall hold an annual meeting during the month of January each year in the Phoenix metropolitan area and may hold other meetings at times and places determined by a majority of the board on notice to each member and the general public pursuant to title 38, chapter 3, article 3.1. A majority of the members of the board constitutes a quorum, and a majority vote of a quorum present at any meeting governs all board actions.

B. At each annual meeting the board shall select from among its membership a president and vice-president who shall serve until their successors are chosen. If either of these offices becomes vacant before the annual meeting, the board may elect a replacement at any other board meeting.

C. Members of the board are eligible to receive compensation in the amount of two hundred fifty dollars for each day of actual service in the business of the board and reimbursement of all expenses necessarily and properly incurred in attending meetings of the board.

D. Board members, the executive director, permanent or temporary board personnel, board consultants, committee members and professional medical investigators are immune from civil liability for any act they do in good faith to implement this chapter.

E. To carry out the functions of the board, the board president may establish committees and define committee duties. The president shall name at least one board member to each committee the president establishes.

§32-1803. Powers and duties

A. The board shall:

1. Protect the public from unlawful, incompetent, unqualified, impaired and unprofessional practitioners of osteopathic medicine.

2. Issue licenses, conduct hearings, place physicians on probation, revoke or suspend licenses, enter into stipulated orders, issue letters of concern or decrees of censure and administer and enforce this chapter.

3. Maintain a record of its acts and proceedings, including the issuance, denial, renewal, suspension or revocation of licenses to practice according to this chapter. The board shall delete records of complaints only as follows:

(a) If the board dismisses a complaint, the board shall delete the public record of the complaint five years after it dismissed the complaint.

(b) If the board has issued a letter of concern but has taken no further action on the complaint, the board shall delete the public record of the complaint five years after it issued the letter of concern.

(c) If the board has required additional continuing medical education pursuant to section 32-1855 but has not taken further action, the board shall delete the public record of the complaint five years after the person satisfies this requirement.

4. Maintain a public directory of all osteopathic physicians and surgeons who are or were licensed pursuant to this chapter that includes:

(a) The name of the physician.

(b) The physician's current or last known address of record.

(c) The date and number of the license issued to the physician pursuant to this chapter.

(d) The date the license is scheduled to expire if not renewed or the date the license expired or was revoked, suspended or canceled.

(e) Any disciplinary actions taken against the physician by the board.

(f) Letters of concern, remedial continuing medical education ordered and dismissals of complaints against the physician until deleted from the public record pursuant to paragraph 3 of this subsection.

5. Adopt rules regarding the regulation and the qualifications of medical assistants.

6. Discipline and rehabilitate osteopathic physicians.

B. The public records of the board are open to inspection at all times during office hours.

C. The board may:

1. Adopt rules necessary or proper for the administration of this chapter.

2. Appoint one of its members to the jurisdiction arbitration panel pursuant to section 32-2907, subsection B.

3. Accept and spend federal monies and private grants, gifts, contributions and devises. These monies do not revert to the state general fund at the end of a fiscal year.

4. Develop and publish advisory opinions and standards governing the profession.

D. The board shall adopt and use a seal, the imprint of which, together with the signature of either the president, vice-president or executive director, is evidence of its official acts.

E. In conducting investigations pursuant to this chapter the board may receive and review confidential internal staff reports relating to complaints and malpractice claims.

F. The board may make available to academic and research organizations public records regarding statistical information on doctors of osteopathic medicine and applicants for licensure.

§32-1804. Executive director; compensation; duties

A. Subject to title 41, chapter 4, article 4, the board shall appoint an executive director who is not a member of the board. The executive director shall serve at the pleasure of the board and shall receive compensation as determined pursuant to section 38-611 to be paid from the board fund.

B. The executive director or that person's designee shall:

1. Serve as administrative assistant to the board and manage the board's offices.
2. Collect all monies due and payable to the board.
3. Deposit, pursuant to sections 35-146 and 35-147, all monies received by the board in the appropriate fund.
4. Pay all bills for authorized board expenditures.
5. Administer oaths.
6. Act as custodian of the board's seal and books.
7. Employ special consultants or other agents subject to title 41, chapter 4, article 4 to make investigations, gather information, review complaints, review malpractice claims, suits and settlements, prepare reports and perform other duties the executive director determines are necessary to enforce this chapter.
8. Subject to title 41, chapter 4, article 4 and, as applicable, articles 5 and 6, employ, evaluate, dismiss, discipline and direct professional, clerical, technical, investigative and administrative personnel necessary to carry out the purposes of this chapter. The personnel are eligible to receive compensation pursuant to section 38-611.
9. Issue licenses, limited licenses, registrations, permits, license renewal extensions and waivers to applicants who meet the requirements of this chapter.
10. Enter into contracts pursuant to title 41, chapter 23 for goods and services that are necessary to carry out board policies and directives.
11. Prepare minutes, reports and records of all board transactions and orders.
12. Prepare a biannual budget.

13. As directed by the board, prepare and submit recommendations for changes to this chapter for consideration by the legislature.
14. Initiate an investigation if evidence appears to demonstrate that a physician may be engaged in unprofessional conduct or may be mentally incompetent or physically unable to safely practice medicine.
15. Issue subpoenas to compel the attendance and testimony of a witness and the production of evidence.
16. As directed by the board, provide assistance to the attorney general in preparing and executing disciplinary orders, rehabilitation orders and notices of hearings.
17. Represent the board with the federal government, other states and jurisdictions of the United States, this state, political subdivisions of this state, the news media and the public.
18. If delegated by the board, dismiss complaints that, after an investigation, demonstrate insufficient evidence that the physician's conduct violated this chapter.
19. If delegated by the board, enter into a stipulated agreement with a licensee for the treatment, rehabilitation and monitoring of the licensee's abuse or misuse of a chemical substance.
20. Review all complaints filed pursuant to section 32-1855. If delegated by the board, the executive director may also dismiss a complaint if the complaint is without merit. The executive director shall not dismiss a complaint if a court has entered a medical malpractice judgment against a physician. The executive director shall submit to the board a report of each complaint the executive director dismisses for its review at its next regular board meeting. The report shall include the complaint number, the name of the physician and the investigation timeline for each dismissed complaint.
21. If delegated by the board, refer complaints for an investigative hearing.
22. If delegated by the board, close complaints resolved through mediation.
23. If delegated by the board, issue letters of concern or orders for non-disciplinary education, or both.
24. If delegated by the board, enter into a consent agreement if there is evidence of danger to the public health and safety.
25. If delegated by the board, grant uncontested requests for cancellation of a license pursuant to section 32-1827.
26. Perform any other duty required by the board.

§32-1805. Board fund; disbursements

A. Before the end of the calendar month, pursuant to sections 35-146 and 35-147, the board shall deposit ten per cent of all monies received by the board from fees and other monies provided for in section 32-1826 in the state general fund and deposit the remaining ninety per cent in the board fund. All monies derived from civil penalties collected pursuant to section 32-1855 shall be deposited, pursuant to sections 35-146 and 35-147, in the state general fund.

B. Monies deposited in the board fund shall be subject to section 35-143.01.

§32-1806. Jurisdiction arbitration panel

A. When the board receives a complaint concerning a physician who is also licensed pursuant to chapter 29 of this title, the board shall immediately notify the board of homeopathic and integrated medicine examiners. If the boards disagree and if both boards continue to claim jurisdiction over the dual licensee, an arbitration panel shall decide jurisdiction pursuant to section 32-2907, subsections B, C, D and E.

B. If the licensing boards decide without resorting to arbitration which board or boards shall conduct the investigation, the board or boards conducting the investigation shall transmit all investigation materials, findings and conclusions to the other board with which the physician is licensed. The board or boards shall review this information to determine if disciplinary action shall be taken against the physician.

Article 2. Licensing

§32-1821. Persons and acts not affected by chapter

This chapter does not prevent:

1. A duly licensed physician and surgeon of any other state, district or territory from meeting a person licensed pursuant to this chapter within this state for consultation or, pursuant to an invitation by a sponsor, visiting this state for the sole purpose of promoting professional education through lectures, clinics or demonstrations as long as the visiting physician does not open an office, designate a place to meet patients or receive calls relating to the practice of medicine outside of the facilities and programs of the sponsor.

2. The practice of any other method, system or science of healing by a person duly licensed pursuant to the laws of this state.

3. The practice by physicians and surgeons discharging their duties while members of the armed forces of the United States or other federal agencies.

4. Any act, task or function performed by a physician assistant or registered nurse practitioner in the proper discharge of that person's duties.

5. A person administering a lawful domestic or family remedy to a member of that person's immediate family.
6. Providing medical assistance in case of an emergency.
7. The emergency harvesting of donor organs.

§32-1822. Qualifications of applicant; application; fingerprinting; fees

A. On a form and in a manner prescribed by the board, an applicant for licensure shall submit proof that the applicant:

1. Is the person named on the application and on all supporting documents submitted.
2. Is a citizen of the United States or a resident alien.
3. Is a graduate of a school of osteopathic medicine approved by the American osteopathic association.
4. Has successfully completed an approved internship, the first year of an approved multiple-year residency or a board-approved equivalency.
5. Has passed the approved examinations for licensure within seven years of application or has the board-approved equivalency of practice experience.
6. Has not engaged in any conduct that, if it occurred in this state, would be considered unprofessional conduct or, if the applicant has engaged in unprofessional conduct, is rehabilitated from the underlying conduct.
7. Is physically, mentally and emotionally able to practice medicine, or, if limited, restricted or impaired in the ability to practice medicine, consents to contingent licensure pursuant to subsection E of this section or to entry into a program prescribed in section 32-1861.
8. Is of good moral character.
9. Beginning September 1, 2017, has submitted a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation.

B. An applicant must submit with the application the nonrefundable application fee prescribed in section 32-1826 and pay the prescribed license issuance fee to the board at the time the license is issued.

C. The board or the executive director may require an applicant to submit to a personal interview, a physical examination or a mental evaluation or any combination of these, at the

applicant's expense, at a reasonable time and place as prescribed by the board if the board determines that this is necessary to provide the board adequate information regarding the applicant's ability to meet the licensure requirements of this chapter. An interview may include medical knowledge questions and other matters that are relevant to licensure.

D. The board may deny a license for any unprofessional conduct that would constitute grounds for disciplinary action pursuant to this chapter or as determined by a competent domestic or foreign jurisdiction.

E. The board may issue a license that is contingent on the applicant entering into a stipulated order that may include a period of probation or a restriction on the licensee's practice.

F. The executive director may issue licenses to applicants who meet the requirements of this section.

G. A person whose license has been revoked, denied or surrendered in this or any other state may apply for licensure not sooner than five years after the revocation, denial or surrender.

H. A license issued pursuant to this section is valid for the remainder of the calendar year in which it was issued, at which time it is eligible for renewal.

§32-1823. Locum tenens registration; application; term; interview; denial of application; discipline

A. A doctor of osteopathy who is licensed to practice osteopathic medicine and surgery by another state may be registered to provide locum tenens medical services to substitute for or temporarily assist a doctor of osteopathy who holds an active license pursuant to this chapter or a doctor of medicine who holds an active license pursuant to chapter 13 of this title under the following conditions:

1. The applicant provides on forms and in a manner prescribed by the board proof that the applicant meets the applicable requirements of section 32-1822.

2. The doctor of medicine or doctor of osteopathy for whom the applicant is substituting or assisting provides to the board a written request for locum tenens registration of the applicant.

B. On completion of the registration form prescribed by the board and payment of the required fees, the executive director may register a qualifying doctor of osteopathy by locum tenens registration and authorize the doctor to provide locum tenens services.

C. Locum tenens registration granted pursuant to this section is valid for ninety days and may be extended once for an additional ninety days on written request by the doctor of medicine or doctor of osteopathy who originally initiated the request for this registration, stating the reason extension is necessary, and by submitting the appropriate fees and other documents requested by the executive director.

D. The board or the executive director may require an applicant to submit to a personal interview to provide the board with adequate information regarding the applicant's ability to practice under locum tenens registration. The applicant is responsible for all costs to attend the interview.

E. The board may deny the application for a locum tenens registration for any unprofessional conduct that would constitute grounds for disciplinary action pursuant to this chapter or as determined by a competent domestic or foreign jurisdiction.

F. A locum tenens registrant is subject to the disciplinary provisions pursuant to this chapter.

§32-1824. Expedited licensure; medical licensure compact; fingerprinting

Beginning September 1, 2017, applicants for expedited licensure pursuant to section 32-3241 shall submit a full set of fingerprints to the board for the purpose of obtaining a state and federal criminal records check pursuant to section 41-1750 and Public Law 92-544. The department of public safety may exchange this fingerprint data with the federal bureau of investigation. Communication between the board and the interstate medical licensure compact commission regarding verification of physician eligibility for licensure under the medical licensure compact may not include any information received from the federal bureau of investigation relating to a state and federal criminal records check performed for the purposes of section 32-3241, section 5, subsection B, paragraph 2.

§32-1825. Renewal of licenses; continuing medical education; failure to renew; penalty; reinstatement; waiver of continuing medical education

A. Except as provided in section 32-4301, each licensee shall renew the license every other year on or before January 1 on an application form approved by the board. At least sixty days before that renewal date, the executive director shall notify each licensee of this requirement. The executive director shall send this notification by mail to the licensee at the licensee's address.

B. With the application prescribed pursuant to subsection A of this section, the licensee shall furnish to the executive director a statement of having attended before the license renewal date educational programs, approved by the board, totaling at least forty clock hours during the two preceding years, and a statement that the licensee reported any conduct that may constitute unprofessional conduct in this state or elsewhere. The application must also include the prescribed renewal fee. The executive director shall then issue a renewal receipt to the licensee. The board may require a licensee to submit documentation of continuing medical education.

C. The board shall not renew the license of a licensee who does not fully document the licensee's compliance with the continuing education requirements of subsection B of this section unless that person receives a waiver of those requirements. The board may waive the continuing education requirements of subsection B of this section for a particular period if it is satisfied that the licensee's noncompliance was due to the licensee's disability, military service or absence from the United States or to other circumstances beyond the control of the licensee. If a licensee fails to attend the required number of clock hours for reasons other than those specified in this subsection, the board may grant an extension until May 1 of that year for the licensee to comply.

D. Unless the board grants an extension pursuant to subsection C of this section, a licensee who fails to renew the license within thirty days after the renewal date shall pay a penalty fee and a reimbursement fee in addition to the prescribed renewal fee. Except as provided in sections 32-3202 and 32-4301, a license expires if a person does not renew the license within four months after the renewal date. A person who practices osteopathic medicine after that time is in violation of this chapter. A person whose license expires may reapply for a license pursuant to this chapter.

§32-1826. Fees; penalty

A. The board shall establish fees of not to exceed the following:

1. For an application to practice osteopathic medicine, four hundred dollars.
2. For issuance of a license, two hundred dollars, prorated by each month remaining in the calendar year of issuance.
3. For biennial renewal of a license, eight hundred dollars.
4. For locum tenens registration or extension, three hundred dollars.
5. For issuance of a duplicate license, one hundred dollars.
6. For an annual training permit for an approved postgraduate training program or short-term residency program, one hundred dollars.
7. For an annual teaching license issued pursuant to section 32-1831, four hundred dollars.
8. For a five-day educational teaching permit at an approved school of medicine or at an approved teaching hospital's accredited graduate medical education program, two hundred dollars.
9. For the sale of a computerized format of the board's licensee directory that does not require programming, one hundred dollars.
10. For initial and annual registration to dispense drugs and devices, two hundred fifty dollars, prorated by each month remaining in the calendar year of issuance.

B. The board shall charge a one hundred fifty dollar penalty fee for late renewal of a license and a twenty-five dollar reimbursement fee to cover the board's expenses in collecting late renewal fees. The board shall deposit this fee in the board fund.

C. The board may charge additional fees for services the board determines are necessary and appropriate to carry out this chapter. These fees shall not exceed the actual cost of providing the services.

§32-1827. Cancellation of a license; requirements

The board shall cancel a license at the licensee's request if the licensee is not the subject of a board investigation or disciplinary proceeding.

§32-1828. Education teaching permits

A. The dean of a school of osteopathic medicine approved by the American osteopathic association or the chairman of a teaching hospital's accredited graduate medical education program may invite a doctor of osteopathy who is not licensed in this state to demonstrate and perform medical procedures and surgical techniques for the sole purpose of promoting professional education for students, interns, residents, fellows and doctors of osteopathy in this state.

B. The chairman or dean of the inviting institution shall provide to the board evidence that an applicant for an educational permit has malpractice insurance in an amount that meets the requirements of that institution and that the applicant accepts all responsibility and liability for the procedures the applicant performs within the scope of the applicant's permit.

C. In a letter to the board, the chairman or dean of the inviting institution shall outline the procedures and techniques that the doctor of medicine will perform or demonstrate and the dates that this activity will occur. The letter shall also include a summary of the doctor of osteopathy's education and professional background and shall be accompanied by the fee required pursuant to this chapter.

D. The inviting institutions shall submit the fees and documents required pursuant to this section no later than two weeks before the scheduled activity.

E. The board through its staff shall issue an educational teaching permit for not more than five days for each approved activity.

§32-1829. Training permits; issuance of permits

A. The board may grant a one-year renewable training permit to a person who is participating in a teaching hospital's accredited internship, residency or clinical fellowship training program to allow that person to practice medicine only in the supervised setting of that program. Before the board issues the permit, the person shall:

1. Submit an application on a form and in a manner prescribed by the board and proof that the applicant:

(a) Is the person named on the application and on all supporting documentation.

(b) Is a citizen of the United States or a resident alien.

- (c) Is a graduate of a school approved by the American osteopathic association.
 - (d) Participated in postgraduate training, if any.
 - (e) Has passed approved examinations appropriate to the applicant's level of education and training.
 - (f) Has not engaged in any conduct that, if it occurred in this state, would be considered unprofessional conduct or, if the applicant has engaged in unprofessional conduct, is rehabilitated from the underlying conduct.
 - (g) Is of good moral character.
 - (h) Is physically, mentally and emotionally able to practice medicine, or, if limited, restricted or impaired in the ability to practice medicine, consents to a contingent permit or to entry into a program described in section 32-1861.
2. Pay the nonrefundable application fee prescribed by the board.
- B. If a permittee who is participating in a teaching hospital's accredited internship, residency or clinical fellowship training program must repeat or make up time in the program due to resident progression or for other reasons, the board may grant that person an extension of the training permit if requested to do so by the program's director of medical education or a person who holds an equivalent position. The extended permit limits the permittee to practicing only in the supervised setting of that program for a period of time sufficient to repeat or make up the training.
- C. The board may grant a training permit to a person who is not licensed in this state and who is participating in a short-term training program of four months or less for continuing medical education conducted in an approved school of osteopathic medicine or a hospital that has an accredited hospital internship, residency or clinical fellowship training program in this state. Before the board issues the permit, the person shall:
- 1. Submit an application on a form and in a manner prescribed by the board and proof that the applicant meets the requirements prescribed in subsection A, paragraph 1 of this section.
 - 2. Pay the nonrefundable application fee prescribed by the board.
- D. A permittee is subject to the disciplinary provisions of this chapter.
- E. The executive director may issue a permit to an applicant who meets the requirements of this chapter.
- F. If a permit is not issued pursuant to subsection E of this section, the board may issue a permit or may:

1. Issue a permit that is contingent on the applicant entering into a stipulated agreement that may include a period of probation or a restriction on the permittee's practice.
2. Deny a permit to an applicant who does not meet the requirements of this chapter.

§32-1830. Training permits; approved schools

The executive director may grant a one-year training permit to a person who:

1. Participates in a program at an approved school of medicine or a hospital that has an approved hospital internship, residency or clinical fellowship training program if the purpose of the program is to exchange technical and educational information.
2. Pays the fee as prescribed by the board.
3. Submits a written statement from the dean of the approved school of osteopathic medicine or from the chairman of a teaching hospital's accredited graduate medical education program that:
 - (a) Includes a request for the permit and describes the purpose of the exchange program.
 - (b) Specifies that the host institution shall provide liability coverage.
 - (c) Provides proof that a doctor of medicine will serve as the preceptor of the host institution and provide appropriate supervision of the participant.
 - (d) States that the host institution has advised the participant that the participant may serve as a member of an organized medical team but shall not practice medicine independently and that this training does not accrue toward postgraduate training requirements for licensure.

§32-1831. Teaching licenses; definitions

A. A doctor of osteopathic medicine who is not licensed in this state may be employed as a full-time faculty member by a school of osteopathic medicine in this state approved by the American osteopathic association or a teaching hospital's accredited graduate medical education program in this state to provide professional education through lectures, clinics or demonstrations if the doctor holds a teaching license issued pursuant to this section.

B. An applicant for a teaching license shall:

1. Submit a completed application as prescribed by the board.
2. Pay all fees prescribed by the board. Application fees are nonrefundable.
3. Meet the requirements of section 32-1822.

C. A person who is licensed pursuant to this section shall not open an office or designate a place to meet patients or receive calls relating to the practice of osteopathic medicine in this state outside of the facilities and programs of the approved school or teaching hospital.

D. A person who is licensed pursuant to this section shall comply with the requirements of this chapter, with the exception of those that relate to licensing examinations.

E. The board or the executive director may require an applicant to submit to a personal interview, a physical examination or a mental health evaluation, or any combination of these, at the applicant's expense. The board shall prescribe a reasonable time and place if the board determines that this is necessary to provide the board with adequate information regarding the applicant's ability to meet the licensure requirements of this chapter. The interview may include questions regarding medical knowledge and other matters relevant to licensure.

F. The board may deny a license for any unprofessional conduct that would constitute grounds for disciplinary action pursuant to this chapter or as determined by a competent domestic or foreign jurisdiction.

G. A person who is licensed pursuant to this section is subject to the disciplinary provisions pursuant to this chapter.

H. A license issued pursuant to this section is valid for two years. A doctor of osteopathic medicine may apply for licensure once every two years, subject to the continuing medical education requirements prescribed in section 32-1825.

I. For the purposes of this section:

1. "Accredited" means that the school or teaching hospital has an internship, fellowship or residency training program that is accredited by the accreditation council for graduate medical education, the American osteopathic association or a similar body that is approved by the board.

2. "Full-time faculty member" means a full-time faculty member as prescribed by the school of osteopathic medicine or the teaching hospital.

§32-1832. Retired license; waiver of fees; reinstatement; limited license; volunteer work

A. The board shall waive a physician's biennial renewal fee if the physician has paid all past fees, presents an affidavit to the board stating that the physician has permanently retired from the practice of osteopathic medicine and does not have any pending complaints or open disciplinary matters before the board.

B. A retired physician whose biennial fee has been waived by the board pursuant to this section is not required to comply with any continuing medical education requirements of this chapter.

C. After retired status is granted by the board, a retired physician shall submit a renewal of retired status every two years on a form and in a manner prescribed by the board.

D. Except as provided in subsection F of this section, a retired physician who has had the biennial renewal fee waived by the board pursuant to this section and who engages in the practice of osteopathic medicine is subject to the same penalties that are imposed pursuant to this chapter on a person who practices medicine without a license or without being exempt from licensure.

E. The board may reinstate a retired physician to active status on payment of the biennial renewal fee and presentation of evidence satisfactory to the board that the physician meets the qualifications prescribed pursuant to section 32-1822. The board may deny the request for reinstatement, place the licensee on probation or issue a limited license that requires general or direct supervision by another licensed doctor of osteopathy for not more than one year.

F. A retired physician who has had the biennial renewal fee waived by the board pursuant to this section may perform volunteer work of not more than ten hours each week and may teach or provide instruction at an approved school of osteopathic medicine.

§32-1833. Pro bono registration

A. The board may issue a pro bono registration to allow a doctor of osteopathy who is not a licensee to practice in this state for a total of sixty days each calendar year if the doctor meets all of the following requirements:

1. Holds an active and unrestricted license to practice medicine in a state, territory or possession of the United States.
2. Has never had a license revoked or suspended by a health profession regulatory board of another jurisdiction.
3. Is not the subject of an unresolved complaint.
4. Applies for registration on an annual basis as prescribed by the board.
5. Agrees to render all medical services without accepting a fee or salary or performs only initial or follow-up examinations at no cost to the patient and the patient's family through a charitable organization.

B. The sixty days of practice prescribed pursuant to subsection A of this section may be performed consecutively or cumulatively during each calendar year.

C. For the purpose of meeting the requirements of subsection A of this section, an applicant under this section shall provide the board the name of each state in which the person is licensed or has held a license. The board shall verify with the applicable regulatory board of each state that the applicant is licensed or has held a license, has never had a license revoked or suspended and is not the subject of an unresolved complaint. The board may accept the verification of the information required by subsection A, paragraphs 1, 2 and 3 of this section from each of the other state's regulatory boards either electronically or by hard copy.

§32-1834. Temporary licensure; requirements; fee

A. Beginning July 1, 2017, the board may issue a temporary license, which may not be renewed or extended, to allow a physician who is not a licensee to practice in this state for a total of up to two hundred fifty consecutive days if the physician meets all of the following requirements:

1. Holds an active and unrestricted license to practice medicine in a state, territory or possession of the United States.
2. Has never had a license revoked or suspended or surrendered a license for disciplinary reasons.
3. Is not the subject of an unresolved complaint.
4. Has applied for a license pursuant to section 32-1822.
5. Has paid any applicable fees.

B. The physician shall submit to the board a notarized affidavit attesting that the physician meets the requirements of subsection A, paragraphs 1, 2 and 3 of this section. The physician shall notify the board immediately if any circumstance specified in subsection A, paragraphs 1, 2 and 3 of this section changes during the application period for a temporary license or while holding a temporary license, at which time the board may deny or revoke the temporary license.

C. The board shall approve or deny an application under this section within thirty days after an applicant files a complete application. The approval of a temporary license pursuant to this section allows the physician to practice in this state without restriction.

D. If granted, the physician's temporary license expires the earlier of two hundred fifty days after the date the temporary license is granted or on approval or denial of the physician's license application submitted pursuant to section 32-1822.

E. For the purpose of meeting the requirements of subsection A of this section, an applicant shall provide the board the name of each state, territory or possession of the United States in which the person is licensed or has held a license and the board shall verify with the applicable regulatory board that the applicant holds an active and unrestricted license to practice medicine, has never had a license revoked or suspended or surrendered a license for disciplinary reasons and is not the subject of an unresolved complaint. The board may accept the verification of this information from each other regulatory board verbally, which shall be followed by either an electronic or hard copy before the physician's permanent license is granted. If the board is unable to verify the information within the initial thirty days as required by subsection C of this section, the board may extend the time frame by an additional thirty days to receive the necessary verification.

F. The board may establish a fee in rule for temporary licensure under this section.

§32-1835. Specialty certification; prohibited requirement for licensure; definition

A. The board may not require an applicant for licensure pursuant to this article to hold or maintain a specialty certification as a condition of licensure in this state. This subsection does not prohibit the board from considering an applicant's specialty certification as a factor in whether to grant a license to the applicant.

B. For the purposes of this section, "specialty certification" means certification by a board that specializes in one particular area of medicine and that may require examinations in addition to those required by this state to be licensed to practice medicine.

Article 3. Regulation

§32-1851. Prohibited acts

The following acts are prohibited:

1. Practicing medicine and surgery as an osteopathic physician and surgeon without holding a license issued by the board under the provisions of this chapter.
2. Misusing the designation "D.O." in a way that leads the public to believe that a person is licensed to practice medicine in this state.
3. Using the designation "doctor of osteopathy", "doctor of osteopathic medicine", "osteopathic physician", "osteopathic surgeon", "osteopathic physician and surgeon" or any combination of these terms unless the designation additionally contains the description of another branch of the healing arts.
4. Using any other words, initials or symbols or a combination of these that leads the public to believe a person is licensed to practice medicine in this state.

§32-1852. Rights and duties of osteopathic physicians and surgeons; scope of practice

A person holding a license under this chapter to practice medicine and surgery as an osteopathic physician and surgeon shall be subject to all state and local laws and regulations pertaining to public health. In diagnosing, prognosticating and treating any human ills he shall be subjected to all the same duties and obligations and authorized to exercise all the same rights and privileges possessed by physicians and surgeons of other complete schools of medicine in the practice of their profession.

§32-1853. Use of title

A person licensed under this chapter shall use the title "osteopathic physician and surgeon", "osteopathic physician" or "doctor of osteopathy" or affix the initials "D.O." after the licensee's name.

§32-1853.01. Use of title by a medical assistant

It is unlawful for a person to use the title "medical assistant" or a related abbreviation unless the person is working as a medical assistant under the supervision of a doctor of osteopathic medicine pursuant to rules adopted by the board.

§32-1854. Definition of unprofessional conduct

For the purposes of this chapter, "unprofessional conduct" includes the following acts, whether occurring in this state or elsewhere:

1. Knowingly betraying a professional secret or willfully violating a privileged communication except as either of these may otherwise be required by law. This paragraph does not prevent members of the board from exchanging information with the licensing and disciplinary boards of other states, territories or districts of the United States or with foreign countries or with osteopathic medical organizations located in this state or in any state, district or territory of this country or in any foreign country.
2. Committing a felony or a misdemeanor involving moral turpitude. In either case conviction by any court of competent jurisdiction is conclusive evidence of the commission of the offense.
3. Practicing medicine while under the influence of alcohol, a dangerous drug as defined in section 13-3401, narcotic or hypnotic drugs or any substance that impairs or may impair the licensee's ability to safely and skillfully practice medicine.
4. Being diagnosed by a physician licensed under this chapter or chapter 13 of this title or a psychologist licensed under chapter 19.1 of this title as excessively or illegally using alcohol or a controlled substance.
5. Prescribing, dispensing or administering controlled substances or prescription-only drugs for other than accepted therapeutic purposes.
6. Engaging in the practice of medicine in a manner that harms or may harm a patient or that the board determines falls below the community standard.
7. Impersonating another physician.
8. Acting or assuming to act as a member of the board if this is not true.

9. Procuring, renewing or attempting to procure or renew a license to practice osteopathic medicine by fraud or misrepresentation.
10. Having professional connection with or lending one's name to an illegal practitioner of osteopathic medicine or any of the other healing arts.
11. Representing that a manifestly incurable disease, injury, ailment or infirmity can be permanently cured or that a curable disease, injury, ailment or infirmity can be cured within a stated time, if this is not true.
12. Failing to reasonably disclose and inform the patient or the patient's representative of the method, device or instrumentality the licensee uses to treat the patient's disease, injury, ailment or infirmity.
13. Refusing to divulge to the board on demand the means, method, device or instrumentality used in the treatment of a disease, injury, ailment or infirmity.
14. Charging a fee for services not rendered or dividing a professional fee for patient referrals. This paragraph does not apply to payments from a medical researcher to a physician in connection with identifying and monitoring patients for clinical trial regulated by the United States food and drug administration.
15. Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of medicine or when applying for or renewing privileges at a health care institution or a health care program.
16. Advertising in a false, deceptive or misleading manner.
17. Representing or claiming to be an osteopathic medical specialist if the physician has not satisfied the applicable requirements of this chapter or board rules.
18. Having a license denied or disciplinary action taken against a license by any other state, territory, district or country, unless it can be shown that this occurred for reasons that did not relate to the person's ability to safely and skillfully practice osteopathic medicine or to any act of unprofessional conduct as provided in this section.
19. Committing any conduct or practice contrary to recognized standards of ethics of the osteopathic medical profession.
20. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any of the provisions of this chapter.
21. Failing or refusing to establish and maintain adequate records on a patient as follows:
 - (a) If the patient is an adult, for at least six years after the last date the licensee provided the patient with medical or health care services.

(b) If the patient is a child, either for at least three years after the child's eighteenth birthday or for at least six years after the last date the licensee provided that patient with medical or health care services, whichever date occurs later.

22. Using controlled substances or prescription-only drugs unless they are provided by a medical practitioner, as defined in section 32-1901, as part of a lawful course of treatment.

23. Prescribing controlled substances to members of one's immediate family unless there is no other physician available within fifty miles to treat a member of the family and an emergency exists.

24. Committing nontherapeutic use of injectable amphetamines.

25. Violating a formal order, probation or a stipulation issued by the board under this chapter.

26. Charging or collecting an inappropriate fee. This paragraph does not apply to a fee that is fixed in a written contract between the physician and the patient and entered into before treatment begins.

27. Using experimental forms of therapy without adequate informed patient consent or without conforming to generally accepted criteria and complying with federal and state statutes and regulations governing experimental therapies.

28. Failing to make patient medical records in the physician's possession promptly available to a physician assistant, a nurse practitioner, a person licensed pursuant to this chapter or a podiatrist, chiropractor, naturopathic physician, physician or homeopathic physician licensed under chapter 7, 8, 13, 14 or 29 of this title on receipt of proper authorization to do so from the patient, a minor patient's parent, the patient's legal guardian or the patient's authorized representative or failing to comply with title 12, chapter 13, article 7.1.

29. Failing to allow properly authorized board personnel to have, on presentation of a subpoena, access to any documents, reports or records that are maintained by the physician and that relate to the physician's medical practice or medically related activities pursuant to section 32-1855.01.

30. Signing a blank, undated or predated prescription form.

31. Obtaining a fee by fraud, deceit or misrepresentation.

32. Failing to report to the board an osteopathic physician and surgeon who is or may be guilty of unprofessional conduct or is or may be mentally or physically unable safely to engage in the practice of medicine.

33. Referring a patient to a diagnostic or treatment facility or prescribing goods and services without disclosing that the physician has a direct pecuniary interest in the facility, goods or services to which the patient has been referred or prescribed. This paragraph does not apply to a referral by one physician to another physician within a group of physicians practicing together.

34. Exhibiting a lack of or inappropriate direction, collaboration or supervision of a licensed, certified or registered health care provider or office personnel employed by or assigned to the physician in the medical care of patients.
35. Violating a federal law, a state law or a rule applicable to the practice of medicine.
36. Prescribing or dispensing controlled substances or prescription-only medications without establishing and maintaining adequate patient records.
37. Dispensing a schedule II controlled substance that is an opioid, except as provided in section 32-1871.
38. Failing to dispense drugs and devices in compliance with article 4 of this chapter.
39. Committing any conduct or practice that endangers a patient's or the public's health or may reasonably be expected to do so.
40. Committing any conduct or practice that impairs the licensee's ability to safely and skillfully practice medicine or that may reasonably be expected to do so.
41. With the exception of heavy metal poisoning, using chelation therapy in the treatment of arteriosclerosis or as any other form of therapy without adequate informed patient consent and without conforming to generally accepted experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee.
42. Prescribing, dispensing or administering anabolic-androgenic steroids to a person for other than therapeutic purposes.
43. Engaging in sexual conduct with a current patient or with a former patient within six months after the last medical consultation unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating or engagement relationship with the licensee. For the purposes of this paragraph, "sexual conduct" includes:
 - (a) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual.
 - (b) Making sexual advances, requesting sexual favors or engaging in any other verbal conduct or physical conduct of a sexual nature.
44. Committing conduct that is in violation of section 36-2302.
45. Committing conduct that the board determines constitutes gross negligence, repeated negligence or negligence that results in harm or death of a patient.
46. Committing conduct in the practice of medicine that evidences moral unfitness to practice medicine.

47. Engaging in disruptive or abusive behavior in a professional setting.

48. Failing to disclose to a patient that the licensee has a direct financial interest in a prescribed treatment, good or service if the treatment, good or service is available on a competitive basis. This paragraph does not apply to a referral by one licensee to another licensee within a group of licensees who practice together. A licensee meets the disclosure requirements of this paragraph if both of the following are true:

(a) The licensee makes the disclosure on a form prescribed by the board.

(b) The patient or the patient's guardian or parent acknowledges by signing the form that the licensee has disclosed the licensee's direct financial interest.

49. Prescribing, dispensing or furnishing a prescription medication or a prescription-only device to a person if the licensee has not conducted a physical or mental health status examination of that person or has not previously established a physician-patient relationship. The physical or mental health status examination may be conducted during a real-time telemedicine encounter with audio and video capability, unless the examination is for the purpose of obtaining a written certification from the physician for the purposes of title 36, chapter 28.1. This paragraph does not apply to:

(a) Emergencies.

(b) A licensee who provides patient care on behalf of the patient's regular treating licensed health care professional or provides a consultation requested by the patient's regular treating licensed health care professional.

(c) Prescriptions written or antimicrobials dispensed to a contact as defined in section 36-661 who is believed to have had significant exposure risk as defined in section 36-661 with another person who has been diagnosed with a communicable disease as defined in section 36-661 by the prescribing or dispensing physician.

(d) Prescriptions for epinephrine auto-injectors written or dispensed for a school district or charter school to be stocked for emergency use pursuant to section 15-157 or for an authorized entity to be stocked pursuant to section 36-2226.01.

(e) Prescriptions written by a licensee through a telemedicine program that is covered by the policies and procedures adopted by the administrator of a hospital or outpatient treatment center.

(f) Prescriptions for naloxone hydrochloride or any other opioid antagonist approved by the United States food and drug administration that are written or dispensed for use pursuant to section 36-2228 or 36-2266.

50. If a licensee provides medical care by computer, failing to disclose the licensee's license number and the board's address and telephone number.

§32-1855. Disciplinary action; duty to report; hearing; notice; independent medical examinations; surrender of license

A. Except as otherwise provided in this subsection, the board on its own motion may investigate any information that appears to show that an osteopathic physician and surgeon is or may be guilty of unprofessional conduct or is or may be mentally or physically unable safely to engage in the practice of medicine. A physician who conducts an independent medical examination pursuant to an order by a court or pursuant to section 23-1026 is not subject to a complaint for unprofessional conduct unless, in the case of a court-ordered examination, the complaint is made or referred by a court to the board, or in the case of an examination conducted pursuant to section 23-1026, the complaint alleges unprofessional conduct based on some act other than a disagreement with the findings and opinions expressed by the physician as a result of the examination. Any osteopathic physician or surgeon or the Arizona osteopathic medical association or any health care institution as defined in section 36-401 shall, and any other person may, report to the board any information the physician or surgeon, association, health care institution or other person may have that appears to show that an osteopathic physician and surgeon is or may be guilty of unprofessional conduct or is or may be mentally or physically unable safely to engage in the practice of medicine. The board shall notify the doctor about whom information has been received as to the content of the information as soon as reasonable after receiving the information. Any person who reports or provides information to the board in good faith is not subject to civil damages as a result of that action. If requested the board shall not disclose the informant's name unless it is essential to the disciplinary proceedings conducted pursuant to this section. It is an act of unprofessional conduct for any osteopathic physician or surgeon to fail to report as required by this section. The board shall report any health care institution that fails to report as required by this section to that institution's licensing agency. A person who reports information in good faith pursuant to this subsection is not subject to civil liability. For the purposes of this subsection, "independent medical examination" means a professional analysis of medical status that is based on a person's past and present physical, medical and psychiatric history and conducted by a licensee or group of licensees on a contract basis for a court or for a workers' compensation carrier, self-insured employer or claims processing representative if the examination was conducted pursuant to section 23-1026.

B. The board may require a physician under investigation pursuant to subsection A of this section to be interviewed by the board or its representatives. The board or the executive director may require a licensee who is under investigation pursuant to subsection A of this section to undergo at the licensee's expense any combination of medical, physical or mental examinations the board finds necessary to determine the physician's competence.

C. If the board finds, based on the information it received under subsection A or B of this section, that the public health, safety or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, the board may order a summary suspension of a license pending proceedings for revocation or other action. If an order of summary suspension is issued, the licensee shall also be served with a written notice of complaint and formal hearing setting forth the charges made against the licensee and is entitled to a formal hearing on the

charges pursuant to title 41, chapter 6, article 10. Formal proceedings shall be promptly instituted and determined.

D. If, after completing its investigation, the board finds that the information provided pursuant to this section is not of sufficient seriousness to merit direct action against the physician's license, it may take any combination of the following actions:

1. Dismiss if, in the opinion of the board, the information is without merit.
2. Issue a letter of concern.
3. In addition to the requirements of section 32-1825, require continuing medical education on subjects and within a time period determined by the board.
4. Issue a non-disciplinary order requiring the licensee to complete a prescribed number of hours of continuing education in an area or areas prescribed by the board to provide the licensee with the necessary understanding of current developments, skills, procedures or treatment.

E. If, in the opinion of the board, it appears that information provided pursuant to this section is or may be true, the board may request an investigative hearing with the physician concerned. At an investigative hearing the board may receive and consider sworn statements of persons who may be called as witnesses and other pertinent documents. Legal counsel may be present and participate in the meeting. If the physician refuses the request or if the physician accepts the request and the results of the investigative hearing indicate suspension of more than twelve months or revocation of the license may be in order, a complaint shall be issued and an administrative hearing shall be held pursuant to title 41, chapter 6, article 10. After the investigative hearing and a mental, physical or medical competence examination as the board deems necessary, the board may take any of the following actions:

1. Dismiss if, in the opinion of the board, the information is without merit.
2. Issue a letter of concern.
3. In addition to the requirements of section 32-1825, require continuing medical education on subjects and within a time period determined by the board.
4. Issue a decree of censure, which constitutes an official action against a physician's license.
5. Fix a period and terms of probation best adapted to protect the public health and safety and rehabilitate or educate the physician concerned. Any costs incidental to the terms of probation are at the physician's own expense.
6. Restrict or limit the physician's practice in a manner and for a time determined by the board.
7. Suspend the physician's license for not more than twelve months.

8. Impose a civil penalty of not to exceed five hundred dollars for each violation of this chapter.

9. Issue a non-disciplinary order requiring the licensee to complete a prescribed number of hours of continuing education in an area or areas prescribed by the board to provide the licensee with the necessary understanding of current developments, skills, procedures or treatment.

10. Issue an administrative warning.

F. If, in the opinion of the board, it appears the charge is of such magnitude as to warrant suspension for more than twelve months or revocation of the license, the board shall immediately initiate formal revocation or suspension proceedings pursuant to title 41, chapter 6, article 10. The board shall notify a licensee of a complaint and hearing by certified mail addressed to the licensee's last known address on record in the board's files.

G. A licensee shall respond in writing to the board within thirty days after the notice of formal or administrative hearing is served. A licensee who fails to answer the charges in a complaint and notice of formal or administrative hearing issued pursuant to this article and title 41, chapter 6, article 10 is deemed to admit the acts charged in the complaint, and the board may revoke or suspend the license without a hearing.

H. A physician who, after an investigative or administrative hearing, is found to be guilty of unprofessional conduct or is found to be mentally or physically unable safely to engage in the practice of osteopathic medicine is subject to any combination of censure, probation, suspension of license, revocation of license, an order to return patient fees, imposition of hearing costs, imposition of a civil penalty of not to exceed five hundred dollars for each violation for a period of time, or permanently, and under conditions the board deems appropriate for the protection of the public health and safety and just in the circumstances. The board may charge the costs of an investigative or administrative hearing to the licensee if pursuant to that hearing the board determines that the licensee violated this chapter or board rules.

I. If the board acts to modify a physician's prescription writing privileges, it shall immediately notify the state board of pharmacy and the federal drug enforcement administration in the United States department of justice of the modification.

J. The board shall report allegations of evidence of criminal wrongdoing to the appropriate criminal justice agency.

K. Notice of a complaint and administrative hearing is effective when a true copy of the notice is sent by certified mail to the licensee's last known address of record in the board's files and is complete on the date of its deposit in the mail. The board shall hold an administrative hearing within one hundred twenty days after that date.

L. The board may accept the surrender of an active license from a licensee who admits in writing to having committed an act of unprofessional conduct, to having violated this chapter or board rules or to being unable to safely practice medicine.

§32-1855.01. Right to examine and copy evidence; summoning witnesses and documents; taking testimony; right to counsel; court aid; process

A. Pursuant to an investigation conducted under this chapter, the board and its authorized agents and employees may examine any documents, reports, records or other physical evidence of any person being investigated, as well as the reports, records and other documents maintained by and in possession of any hospital, clinic, physician's office, laboratory, pharmacy or other public or private agency and health care institution as defined in section 36-401, that relate to medical competence, unprofessional conduct or the licensee's mental or physical ability to safely practice medicine. The investigators may copy evidence on site and at the licensee's expense. Failing to permit access on request is unprofessional conduct.

B. For the purpose of all investigations and proceedings conducted by the board:

1. The board, the executive director and the administrative law judges on their own initiative, or on application of any person involved in the investigation, may issue subpoenas to compel the attendance and testimony of witnesses or to demand the production for examination or copying of documents or any other physical evidence that relates to medical competence, unprofessional conduct or the mental or physical ability of a licensee to safely practice medicine. Within five days after the service of a subpoena requiring the production of evidence, the recipient of the subpoena may petition the board to revoke, limit or modify the subpoena. The board shall take the requested action if in its opinion the evidence required does not relate to unlawful practices covered by this chapter, is not relevant to the charge that is the subject matter of the hearing or investigation or does not describe with sufficient particularity the physical evidence whose production is required. Any member of the board or any agent designated by the board may administer oaths or affirmations, examine witnesses and receive evidence. The superior court may enforce a subpoena issued by the board.

2. Any person appearing before the board has the right to be represented by counsel.

3. The superior court on application by the board has jurisdiction to issue an order to require the subject of the subpoena to appear before the board or its agent and produce evidence relating to the matter under investigation. On application by the subject of the subpoena, the court may revoke, limit or modify the subpoena if in the court's opinion the evidence demanded does not relate to unlawful practices covered by this chapter, is not relevant to the charge that is the subject matter of the hearing or investigation or does not describe with sufficient particularity the evidence whose production is required.

4. The superior court, on application by the board, has jurisdiction to issue an order enforcing a board-ordered examination for mental, physical or medical competence as provided in section 32-1855, subsection B.

§32-1855.03. Health care institution duty to report; immunity; patient records; confidentiality

A. A health care institution as defined in section 36-401 or a subscription provider of health care shall report to the board any information it may have that appears to show that a physician may be guilty of unprofessional conduct or may be mentally or physically unable safely to engage in the practice of medicine. A health care institution or subscription provider of health care that provides information to the board in good faith is not subject to an action for civil damages as a result and, if requested, the board shall not disclose its name unless the testimony is essential to the disciplinary proceedings conducted pursuant to section 32-1855. The board shall report a health care institution or subscription provider of health care that fails to report as required by this section to the institution's licensing agency.

B. The chief executive officer, the medical director or the medical chief of staff of a health care institution or subscription provider of health care shall inform the board when the privileges of a physician to practice in the health care institution or subscription provider of health care are denied, revoked, suspended or limited because of actions by the physician that jeopardized patient health and welfare or when the physician resigned during pending proceedings for denial, revocation, suspension or limitation of privileges. A report to the board pursuant to this subsection shall contain a general statement of the reasons the health care institution or subscription provider of health care took an action to deny, revoke, suspend or limit a physician's privileges.

C. Hospital records, medical staff records, medical staff review committee records and testimony concerning these records and proceedings related to the creation of these records are confidential and are subject to the same discovery and use in legal actions only as are the original records in the possession and control of hospitals, their medical staff and their medical staff review committees. The board shall use these records and testimony only during the course of investigations and proceedings pursuant to this chapter.

D. Patient records, including clinical records, medical reports, laboratory statements and reports, any file or film, any other report or oral statement relating to diagnostic findings or treatment of patients, any information from which a patient or the patient's family might be identified or information received and records kept by the board as a result of the investigation made pursuant to this chapter are confidential.

E. Nothing in this chapter or any other provision of law relating to privileged communications between a physician and patient applies to investigations or proceedings conducted pursuant to this chapter. The board and its employees, agents and representatives shall keep confidential the name of a patient whose records are reviewed during the course of an investigation and proceedings.

§32-1856. Judicial review

Except as provided in section 41-1092.08, subsection H, an appeal to the superior court in Maricopa County may be taken from any final decision of the board pursuant to title 12, chapter 7, article 6.

§32-1857. Injunction

A. An injunction may be issued to enjoin the practice of osteopathic medicine by either of the following:

1. A person not licensed to practice osteopathic medicine nor exempt from the licensing requirement under this chapter.
2. A physician whose continued practice will or may cause irreparable damage to the public health and safety.

B. In a petition for injunction under subsection A, paragraph 1 it is sufficient to charge that the respondent on a certain day in a named county engaged in the practice of osteopathic medicine without a license and without being exempt from the licensing requirement under this chapter. For the purpose of this subsection damage or injury as a result of such practice is presumed.

C. A petition for injunction shall be filed in the name of this state by the board or at the request of the attorney general in Maricopa county or the county where the respondent resides or may be found.

D. Issuance of an injunction does not relieve the respondent from being subject to any other proceedings under law provided for in this chapter or otherwise. Violation of an injunction shall be punished as for contempt of court.

E. In all other respects injunction proceedings under this section shall be conducted in the same manner as other injunctions.

§32-1858. Violations; classification

A. A person who practices medicine and surgery as an osteopathic physician and surgeon without compliance with this chapter or a person who violates any of the provisions of this chapter is guilty of a class 5 felony.

B. A violation of each section of this chapter constitutes a separate offense and each day of continuing violation constitutes a separate offense.

§32-1859. Medical assistants

Nothing in this chapter shall be construed to prevent a medical assistant from assisting a doctor of osteopathic medicine pursuant to rules adopted by the board.

§32-1860. Acquired immune deficiency syndrome; disclosure of patient information; immunity; definition

A. Notwithstanding section 32-1854, it is not an act of unprofessional conduct for a physician to report to the department of health services the name of a patient's spouse or sex partner or a person with whom the patient has shared hypodermic needles or syringes if the physician knows that the patient has contracted or tests positive for the human immunodeficiency virus and that the patient has not or will not notify these people and refer them to testing. Before making the report to the department of health services, the physician shall first consult with the patient and ask the patient to release this information voluntarily.

B. It is not an act of unprofessional conduct for a physician who knows or has reason to believe that a significant exposure has occurred between a patient infected with the human immunodeficiency virus and a health care or public safety employee to inform the employee of the exposure. Before informing the employee, the physician shall consult with the patient and ask the patient to release this information voluntarily. If the patient does not release this information the physician may do so in a manner that does not identify the patient.

C. This section does not impose a duty to disclose information. A physician is not civilly or criminally liable for either disclosing or not disclosing information.

D. If a physician decides to make a disclosure pursuant to this section, he may request that the department of health services make the disclosure on his behalf.

E. For the purposes of this section, "significant exposure" means contact of a person's ruptured or broken skin or mucous membranes with another person's blood or body fluids, other than tears, saliva or perspiration, of a magnitude that the centers for disease control of the United States public health service have epidemiologically demonstrated can result in transmission of the human immunodeficiency virus.

§32-1861. Substance abuse treatment and rehabilitation program; private contract; funding

A. The board may establish a confidential program for the treatment and rehabilitation of licensees who are impaired by substance abuse. This program may include education, intervention, therapeutic treatment and posttreatment monitoring and support.

B. The board may contract with other organizations to operate the program established pursuant to subsection A of this section. A contract with a private organization shall include the following requirements:

1. Periodic reports to the board regarding treatment program activity.
2. Release to the board on demand of all treatment records.

3. Quarterly reports to the board regarding each physician's diagnosis and prognosis and recommendations for continuing care, treatment and supervision.
 4. Immediate reporting to the board of the name of an impaired physician who the treating organization believes to be incapable of safely practicing medicine.
- C. The board may allocate an amount of not more than twenty dollars from each fee it collects from the renewal of licenses pursuant to section 32-1826 for the administration of the program established by this section.

Article 4. Dispensing of Drugs and Devices

§32-1871. Dispensing of drugs and devices; conditions; exception; civil penalty

A. Except as provided in subsection B of this section, an osteopathic physician may dispense drugs and devices kept by the physician if:

1. All drugs are dispensed in packages labeled with the following information:
 - (a) The dispensing physician's name, address and telephone number.
 - (b) The date the drug is dispensed.
 - (c) The patient's name.
 - (d) The name and strength of the drug, directions for its use and any cautionary statements.
2. The dispensing physician enters into the patient's medical record the name and strength of the drug dispensed, the date the drug is dispensed and the therapeutic reason.
3. The dispensing physician keeps all drugs in a locked cabinet or room, controls access to the cabinet or room by a written procedure and maintains an ongoing inventory of its contents.
4. The dispensing physician annually registers with the board to dispense drugs and devices.
5. The dispensing physician pays the registration fee prescribed by the board pursuant to section 32-1826. This paragraph does not apply if the physician is dispensing in a nonprofit practice and neither the patient nor a third party pays or reimburses the physician or the nonprofit practice for the drugs or devices dispensed.
6. The dispensing physician labels dispensed drugs and devices and stores them according to rules adopted by the board.

B. An osteopathic physician may not dispense a schedule II controlled substance that is an opioid, except for an implantable device or an opioid that is for medication-assisted treatment for substance use disorders.

C. Except in an emergency situation, a physician who dispenses drugs without being registered by the board to do so is subject to a civil penalty by the board of not less than three hundred dollars and not more than one thousand dollars for each transaction and is prohibited from further dispensing for a period of time as prescribed by the board.

D. Before dispensing a drug pursuant to this section, the patient shall be given a written prescription on which appears the following statement in bold type: "This prescription may be filled by the prescribing physician or by a pharmacy of your choice."

E. A physician shall dispense only to the physician's patient and only for conditions being treated by that physician.

F. The board shall enforce this section and shall establish rules regarding labeling, recordkeeping, storage and packaging of drugs that are consistent with the requirements of chapter 18 of this title. The board may conduct periodic inspections of dispensing practices to ensure compliance with this section and applicable rules.

G. If a physician fails to renew a registration to dispense or ceases to dispense for any reason, within thirty days that physician must notify the board in writing of the remaining inventory of drugs and devices and the manner in which they were disposed.



Arizona Administrative Code
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Chapter 22.

Arizona Board of Osteopathic Examiners in
Medicine and Surgery

September 13, 2019

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Arizona Administrative Code
Title 4. Professions and Occupations
Chapter 22. Board of Osteopathic Examiners in Medicine and 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. § 41-1056(E) at 11 A.A.R. 583, effective November 30, 2004 (Supp. 05-1). New Section made by final rulemaking at 12 A.A.R. 2765, effective September 9, 2006 (Supp. 06-3). Amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-102. Fees and Charges

- A. Under the specific authority provided by A.R.S. §§ 32-1826(A) and 32-1871(A)(5), the Board establishes and shall collect the following fees for the Board’s licensing activities:
 - 1. Application for license to practice osteopathic medicine, \$400;
 - 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 by the Board:
 - 1. Verifying a license to practice osteopathic medicine issued by the Board and copy of licensee’s complaint history, \$10;
 - 2. Issuing of a duplicate license, \$10;
 - 3. Providing a list of physicians licensed by the Board, \$25.00 if for non-commercial use or \$100 if for commercial use;
 - 4. Copying records, documents, letters, minutes, applications, and files, 25¢ per page.;
 - 5. Copying an audio tape, \$35.00; and
 - 6. 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

Adopted effective January 24, 1984 (Supp. 84-1). Section R4-22-02 repealed effective June 29, 1987 (Supp. 87-2). New Section R4-22-102 adopted effective August 7, 1992 (Supp. 92-3). Section R4-22-102 renumbered to R4-22-106; new Section R4-22-102 renumbered from R4-22-108 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3). Section R4-22-102 amended by final rulemaking at 25 A.A.R. 1793, effective August 31, 2019 (Supp. 19-3).

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. 2654, 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 missing document or incomplete information. The administrative 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 incomplete 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 administrative completeness review time frame, the Board shall not issue a separate written notice of administrative completeness.

- 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 completeness.
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 particular 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 timeframe falls on a Saturday, Sunday, or official state holiday, the next business day is the time frame’s last day.

Historical Note

Former Rule 4. Amended effective May 2, 1978 (Supp. 78-3). Former Section R4-22-05 repealed, new Section R4-22-104 adopted effective June 29, 1987 (Supp. 87-2). Section R4-22-104 renumbered to R4-22-203; new 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).

Table 1. Time Frames (in days)

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

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). Amended by final rulemaking at 25 A.A.R. 1793, effective August 31, 2019 (Supp. 19-3).

R4-22-105. Equivalents to an Approved Internship or Residency.

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. Specialist 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

Adopted effective May 8, 1978 (Supp. 78-3). Former Section R4-22-11 amended and renumbered as Section R4-22-106 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 R4-22-106 renumbered to R4-22-108; new Section R4-22-106 renumbered from R4-22-102 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

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

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 there hearing.
- 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 with-out 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

Adopted effective August 7, 1992 (Supp. 92-3). Amended by final rulemaking at 18 A.A.R. 2488, effective November 10, 2012 (Supp. 12-3). Section R4-22-108 renumbered to R4-22-102; new Section R4-22-108 renumbered from R4-22-106 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-109. Renumbered

Historical Note

Former Rule 1. Former Section R4-22-01 repealed, new Section R4-22-101 adopted effective June 29, 1987 (Supp. 87-2). Renumbered from R4-22-101 effective May 3, 1993 (Supp. 93-2).

Former R4-22-109 renumbered to R4-22-207 by final rulemaking at 12 A.A.R. 2765, effective September 9, 2006 (Supp. 06-3).

R4-22-110. Renumbered

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2). Section R4-22-110 renumbered to R4-22-401 by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-111. Renumbered

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2). Section R4-22-111 renumbered to R4-22-402 by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-112. Renumbered

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2). Section R4-22-112 renumbered to R4-22-403 by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-113. Repealed

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Section repealed by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

R4-22-114. Repealed

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Section repealed by final rulemaking at 10 A.A.R. 2793, effective August 7, 2004 (Supp. 04-2).

R4-22-115. Renumbered

Historical Note

Adopted effective May 3, 1993 (Supp. 93-2). Section R4-22-115 renumbered to R4-22-107 by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

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 website:

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

New Section made by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3). Amended by final rulemaking at 25 A.A.R. 1793, effective August 31, 2019 (Supp.19-3).

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 forward to the Board some or all of the materials required under subsection (B).
- D. 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.
- E. If the substantive review referenced in subsection (D) does not yield sufficient information for the Board to determine whether an applicant is qualified for licensure, the Board shall request that the applicant appear before the Board for an inter-view.
 1. The Board shall conduct an application interview in the same manner as an informal hearing conducted under A.R.S. § 32-1855 and shall accord the applicant the same rights as a respondent.
 2. In conjunction with an application interview, the Executive Director or Board may require that the applicant, at the applicant's expense:
 - a. Provide additional documentation,
 - b. Submit to a physical or psychological examination,
 - c. Submit to a practice assessment evaluation,
 - d. Pass an approved special purposes competency examination listed in R4-22-203(A)(3), or
 - e. Fulfill any combination of the requirements listed in subsections (E)(2)(a) through (d).
- F. If the substantive review referenced in subsection (D) reveals that an applicant has been subject to disciplinary action or criminal conviction, the Board shall consider the following factors to determine whether the applicant has been rehabilitated from the conduct underlying the disciplinary action or criminal conviction:
 1. Nature of the disciplinary or criminal action including charges and final disposition;
 2. Whether all terms of court-ordered sentencing or Board-issued order were satisfied;
 3. Whether the disciplinary action or criminal conviction was set aside, dismissed with prejudice, or reduced;
 4. Whether a diversion program was entered and completed;
 5. Whether the circumstances, relationships, or personal attributes that caused or contributed to the underlying conduct changed;
 6. Personal and professional references attesting to rehabilitation; and
 7. 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). Amended by final rulemaking at 25 A.A.R. 1793, effective August 31, 2019 (Supp.19-3).

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

- A. Approved examinations. For the purposes of licensing, the Board approves the following examinations:
 - 1. All levels and parts of the COMLEX required by the NBOME with a passing score determined by the NBOME;
 - 2. All levels and parts of the USMLE required by the NBME with a passing score determined by the NBME; and
 - 3. A special purposes competency examination given by the NBOME or NBME to an applicant at the request of the Board, with a passing score established by the NBOME or NBME.
- 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
 - c. Has completed a certification examination provided by a specialty board under R4-22-106; and
 - 3. Within two years immediately before the date of application, the applicant completed at least 40 hours of approved CME, defined and documented as specified in R4-22-207.

Historical Note

New Section renumbered from R4-22-104 and amended 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.

Historical Note

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

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 to 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):
 - 1. A copy of the certificate of attendance from the provider of the CME showing the information listed in subsection (C)(1)(b); or
 - 2. A specialty board's printout showing a licensee's completion of CME.

3. For a CME under subsection (B), either a letter from the Director of Medical Education or a certificate of completion for the approved postgraduate training program or preceptorship.
- 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 reentry 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),
 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

Section R4-22-207 renumbered from R4-22-109 and amended by final rulemaking at 12 A.A.R. 2765, effective September 9, 2006 (Supp. 06-3). 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). Amended by final rulemaking at 25 A.A.R. 1793, effective August 31, 2019 (Supp.19-3).

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 emotion-ally 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

Historical Note

Table 1 made by final rulemaking at 12 A.A.R. 1388, effective June 4, 2006 (Supp. 06-2). Table 1 renumbered to R4-22-104, Table 1 by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

ARTICLE 3. DISPENSING DRUGS

R4-22-301. Registration to Dispense Required

- A. An osteopathic physician shall register with the Board annually if the osteopathic physician:
1. Maintains a supply of controlled substances, as defined in A.R.S. § 32-1901(13), prescription-only drugs, as defined in A.R.S. § 32-1901(76), or prescription-only devices, as defined in A.R.S. § 32-1901(75), excluding manufacturers' samples;
 2. Prescribes the items listed in subsection (A)(1) to a patient of the osteopathic physician for use outside the office of the osteopathic physician; and
 3. Obtains payment for the items listed in subsection (A)(1) at a practice location in Arizona.
- B. To register with the Board to dispense, an osteopathic physician shall:
1. Submit the form referenced in R4-22-201,
 2. Submit a copy of the osteopathic physician's current Drug Enforcement Administration certificate of registration for each location from which the osteopathic physician will dispense a controlled substance, and
 3. Pay the fee authorized by A.R.S. § 32-1826(A)(11).
- C. An osteopathic physician who is registered with the Board to dispense shall renew the registration by December 31 of each year by complying with subsection (B). If an osteopathic physician submits a timely and complete application to renew a registration to dispense, the osteopathic physician may continue to dispense until the Board approves or denies the renewal application.
- D. If an osteopathic physician fails to submit a timely and complete application to renew a registration to dispense, the osteopathic physician shall immediately cease dispensing. 1. If the osteopathic physician wishes to resume dispensing, the osteopathic physician shall register with the Board by complying with subsection (B) and shall not dispense until the osteopathic physician receives notice from the Board that the registration is approved. 2. If the osteopathic physician does not wish to resume dispensing, the osteopathic physician shall, as required by A.R.S. § 32-1871(F), submit to the Board an inventory disposal form, which is available from the Board office or on its website.

Historical Note

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

R4-22-302. Packaging and Inventory

- A. An osteopathic physician shall dispense a controlled substance or prescription-only drug in a prepackaged or light-resistant container with a consumer safety cap that complies with standards specified in the official compendium, as defined at A.R.S. § 32-1901(55), and state and federal law, unless a patient or the patient's representative requests a non-safety cap.
- B. An osteopathic physician shall ensure that a dispensed controlled substance or prescription-only drug is labeled with the following information:
1. The name, address, and telephone number of the dispensing osteopathic physician;
 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.

Historical Note

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

R4-22-303. Prescribing and Dispensing Requirements

- A. An osteopathic physician who dispenses a controlled substance, prescription-only drug, or prescription-only device shall record the following information on the patient's medical record:
1. Name, strength, dosage, and form of the controlled substance, prescription-only drug, or prescription-only device dispensed;
 2. Quantity or volume dispensed;

3. Date of dispensing;
 4. Medical reasons for dispensing; and
 5. Number of refills authorized.
- 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 substance, 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 physician's registration to dispense or denial of renewal of registration to dispense.
- C. The Board shall revoke an osteopathic physician's registration to dispense upon the occurrence of the following:
 1. Suspending, revoking, surrendering, or canceling the physician's license;
 2. Failing to timely renew the physician's license; or
 3. Restricting the physician's ability to prescribe or administer medication, including loss or expiration of the physician's Drug Enforcement Administration Certificate of Registration.
- 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.

Historical Note

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

ARTICLE 4. MEDICAL ASSISTANTS

R4-22-401. Approval of Educational Programs for Medical Assistants

- 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).

Historical Note

Section R4-22-401 renumbered from R4-22-110 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

R4-22-402. Medical Assistants – Authorized Procedures

- A. A medical assistant may, under the direct supervision of a licensed osteopathic physician, perform the medical procedures listed in the Commission on Accreditation of Allied Health Education Programs' Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting, revised 2008. This material is incorporated by reference, does not include any later revisions, amendments or editions, is on file with the Board, and may be obtained from the Commission on Accreditation of Allied Health Education Programs, 1361 Park Street, Clearwater, FL 33756, 727-210-2350, or www.caahep.org.
- B. Additionally, a medical assistant working under the direct supervision of a licensed osteopathic physician may:
 - 1. Perform physical medicine modalities, including administering whirlpool treatments, diathermy treatments, electronic galvanic stimulation treatments, ultrasound therapy, massage therapy, and traction treatments;
 - 2. Apply Transcutaneous Nerve Stimulation units and hot and cold packs;
 - 3. Administer small volume nebulizers;
 - 4. Draw blood;
 - 5. Prepare proper dosages of medication and administer the medication as directed by the physician;
 - 6. Assist in minor surgical procedures;
 - 7. Perform urine analyses, strep screens, and urine pregnancy tests;
 - 8. Perform EKGs; and
 - 9. Take vital signs.

Historical Note

Section R4-22-402 renumbered from R4-22-111 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

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.

Historical Note

Section R4-22-403 renumbered from R4-22-112 and amended by final rulemaking at 20 A.A.R. 2654, effective November 8, 2014 (Supp. 14-3).

ARTICLE 5. OFFICE-BASED SURGERY

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 ventilator 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:
Cannot be aroused even with painful stimulus; and May partially or completely lose the ability to maintain ventilatory, neuromuscular, or cardiovascular function or airway.

“Health care professional” means a registered nurse or a registered nurse practitioner, as defined in A.R.S. § 32-1601, physician assistant, as defined in A.R.S. § 32-2501, and any individual authorized to perform surgery under A.R.S. Title 32 who participates in office-based surgery.

“Informed consent” means advising a patient of the:
Purpose for and alternatives to office-based surgery, Risks associated with office-based surgery, and Possible benefits and complications from office-based surgery.

“Malignant hyperthermia” means a life-threatening condition in an individual who has a genetic sensitivity to inhalant anesthetics and depolarizing neuromuscular blocking drugs that occurs during or after the administration of an inhalant anesthetic or depolarizing neuromuscular blocking drug.

“Minimal sedation” means a drug-induced state during which:
A patient responds to verbal commands, Cognitive function and coordination may be impaired, and A patient's ventilatory and cardiovascular functions are unaffected.

“Moderate sedation” means a drug-induced depression of consciousness during which:
A patient responds to verbal commands or light tactile stimulations, and No interventions are required to maintain ventilatory or cardiovascular function.

“Monitor” means to assess the condition of a patient.

“Office-based surgery” means a medical procedure performed by an osteopathic physician in the physician's office or other practice location that is not part of a licensed hospital or licensed ambulatory surgical center while using sedation.

“PALS” means pediatric advanced life support performed according to certification standards of the American Academy of Pediatrics or the American Heart Association.

“Rescue” means to correct adverse physiologic consequences of deeper than intended level of sedation and return the patient to the intended level of sedation.

“Staff member” means an individual who:
Is not a health care professional, and Assists with office-based surgery under the supervision of the osteopathic physician performing the office-based surgery.

“Transfer” means a physical relocation of a patient from the office or other practice location of an osteopathic physician to a licensed health care institution.

Historical Note

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

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.

Historical Note

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

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.

Historical Note

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

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;
 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 professionals 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 postsedation 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).

R4-22-506. Perioperative Period; Patient Discharge

An osteopathic physician performing office-based surgery shall ensure all of the following:

- 1. The physician is physically present in the room where office-based surgery is performed while the office-based surgery is performed;
- 2. After the office-based surgery is performed and until the patient's post-sedation monitoring is discontinued, a physician is at the physician's office and sufficiently free of other duties to respond to an emergency;
- 3. If using minimal sedation, the physician or a health care professional certified in ACLS, PALS, or BLS is at the physician's office and sufficiently free of other duties to respond to an emergency until the patient is discharged;
- 4. If using moderate or deep sedation, the physician or a health care professional certified in ACLS or PALS is at the physician's office and sufficiently free of other duties to respond to an emergency until the patient is discharged;
- 5. A discharge is documented in the patient's medical record including:
 - a. The date and time of the patient's discharge, and
 - b. A description of the patient's medical condition at the time of discharge; and
- 6. The patient receives discharge instructions and receipt of the discharge instructions is documented in the patient's medical record.

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).

R4-22-508. Emergency and Transfer Provisions

- 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).



Arizona Revised Statutes
Title 32, Chapter 17

Arizona Board of Osteopathic Examiners in
Medicine and Surgery

September 13, 2019

Substantive Policy Statements

- SPS #09-01 Confidential Program for Treatment and Rehabilitation of Impaired Physicians
- SPS #19-01 Clarification of "Board-Certified in Pain"
- SPS #19-02 Acceptable Courses in Accordance with A.R.S. §32-3248.02 and A.A.C. R4-22-207(A)(3).
- SPS #20-01 Determination of Residence for Licensure Applicants Submitted Pursuant to A.R.S. 32-4302

Arizona Board of Osteopathic Examiners in Medicine and Surgery
Substantive Policy Statement

Confidential Program for Treatment and Rehabilitation of Impaired Physicians

Delegating to the Executive Director the Authority to Enter into Consent Agreements and Stipulated Agreements pertaining to the Confidential Program for Impaired Physicians

The Arizona Board of Osteopathic Examiners in Medicine and Surgery (Board) is authorized to establish a confidential program for the treatment and rehabilitation of licensees who may be impaired by substance abuse (A.R.S. §32-1861). The Board may delegate the authority to its Executive Director to enter into consent agreements if there is evidence of a danger to the public health and safety. (A.R.S. §32-1804(24)). The Board intends to codify this delegation into administrative rule authorizing the ED to enter an interim consent agreement if there is evidence that a restriction of the licensee's practice is needed to mitigate imminent danger to the public health and safety, and the investigative staff, the medical consultant and a Board member concur after review of the case.

The Board or the Executive Director may order the evaluation of a licensee under investigation. (A.R.S. §32-1984(B)). The Board may delegate to the ED the authority to enter into a stipulated agreement with the physician requiring the physician to complete Board-approved evaluation and treatment for abuse or misuse of chemical substances (A.R.S. §32-1804(16)). The Board intends to codify this delegation into administrative rule authorizing the ED to enter a stipulated agreement if there is evidence that evaluation and treatment would be successful in returning the physician to being able to practice safely.; and if the investigative staff, the medical consultant and a Board member concur after review of the case.

When the treatment is completed, the physician is often determined safe to return to practice provided the physician enters the Board's Monitored Aftercare Program (MAP) for doctors of osteopathic medicine who are impaired by abuse or misuse of chemical substances. Placement in the MAP allows the Board to monitor the physician's recovery and learn of any relapse by the physician. The Board may delegate to the ED the authority to enter into a stipulated agreement for the monitoring of the physician's rehabilitation. (A.R.S. §32-1804(16)). The ED may enter the stipulation if there is evidence of the physician's intent to comply and the investigative staff, the medical consultant, and a Board member concur after review of the case.

Approved by Board at their January 10, 2009 meeting
Published in AZ Administrative Register on _____

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona Administrative Procedures Act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under Arizona Revised Statutes § 41-1033 for a review of the statement.

**ARIZONA BOARD OF OSTEPATHIC EXAMINERS IN MEDICINE AND
SURGERY**

SUBSTANTIVE POLICY STATEMENT # 19-01

CLARIFICATION OF “BOARD-CERTIFIED IN PAIN”

The Arizona Opioid Act recently added A.R.S. §32-3248.01 relating to the prescribing of a Schedule II controlled substance that is an opioid. The section specifically prohibits the issuance of a new prescription for a Schedule II controlled substance that is an opioid that exceeds ninety (90) morphine milligram equivalents per day. Subsection (B) of A.R.S. §32-3248.01 provides a list of exemptions to the limitation. In addition, subsection (C), provides that if a health professional believes that a patient requires more than ninety morphine milligram equivalents per day and the patient is not exempt pursuant to (B), the health professional must first consult with an allopathic or osteopathic physician who is board-certified in pain.

The purpose of this Substantive Policy Statement is to provide clarification regarding the Board’s definition of “board-certified in pain.” The Board defines “board-certified in pain” as an allopathic or osteopathic licensed physician who is board certified in pain management by the American Osteopathic Association (AOA), the American Board of Medical Specialties (ABMS), or the American Board of Pain Medicine (ABPM).

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**ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND
SURGERY**

SUBSTANTIVE POLICY STATEMENT # 19-02

**ACCEPTABLE COURSES IN ACCORDANCE WITH A.R.S.§32-3248.02 and
A.A.C. R4-22-207(A)(3).**

The Arizona Opioid Act recently added A.R.S. §32-3248.02 relating to the required continuing medical education of all health professionals. The section specifically directs that all health professionals who are authorized to prescribe schedule II controlled substances and have a valid United States Drug Enforcement Administration registration number shall complete a minimum of three hours of opioid-related, substance use disorder-related, or addiction-related continuing medical education each license renewal cycle.

The Board has determined that both Category 1A and 1B courses as designated by the American Osteopathic Association or the American Medical Association are deemed acceptable to meet the requirements of A.R.S.§32-3248.02 and A.A.C. R4-22-207(A)(3).

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**ARIZONA BOARD OF OSTEOPATHIC EXAMINERS IN MEDICINE AND
SURGERY**

SUBSTANTIVE POLICY STATEMENT # 20-01

**DETERMINATION OF RESIDENCE FOR LICENSURE APPLICANTS
SUBMITTED PURSUANT TO A.R.S. § 32-4302**

The Arizona Board of Osteopathic Examiners in Medicine and Surgery has adopted this Substantive Policy Statement to provide the public with information useful in the Board's implementation of A.R.S. § 32-4302 which mandates the issuance of a professional or occupational license to a person who has been licensed in another state for at least 12 months and who meets certain conditions. This Substantive Policy Statement addresses only the residence requirement of A.R.S. § 32-4302; a person may be required to meet additional conditions.

As amended, A.R.S. § 32-4302(A) provides that a person shall be granted an occupation or professional license in the same discipline and at the same practice level if the person meets establishes a residence in Arizona. The Board recognizes that there may be a number of different ways a person may try to demonstrate that they have established a residence in the State. Applicants who seek licensure under A.R.S. § 32-4302 shall submit objective evidence that they reside in Arizona. The burden to demonstrate an established residence rests with the applicant. The question of whether a residence has been established rests exclusively with the Board. Objective evidence that an applicant has established a residence in Arizona may include, but is not limited to:

- A valid Arizona driver's license
- A current motor vehicle registration
- Proof of filing Arizona income taxes in the most recent tax year

- An Arizona voter registration
- Documentation of a mortgage for an Arizona Residence under the Applicant's name
- A dated rental contract with proof of payment
- Proof of major banking services in Arizona
- Proof of establishment of Arizona utilities
- Proof of enrollment of children in Arizona schools (Excluding Online or Tele-educational programs)
- Documentation demonstrating a change in permanent address on all pertinent records
- Military Form 2058

In determining whether an applicant has satisfied the established residence requirement of A.R.S. §32-4302(A), the Board will consider all reasonable evidence demonstrating that an applicant has established residence in Arizona.