CHAPTER 185-10
COMMONWEALTH HEALTH CARE PROFESSIONS LICENSING BOARD REGULATIONS

Subchapter Authority: 3 CMC § 2214(a).

Subchapter History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Amdts Adopted 40 Com. Reg. 40978 (Oct. 28, 2018); Amdts Proposed 40 Com. Reg. 40915 (Aug. 28, 2018); Amdts Adopted 39 Com. Reg. 39587 (Apr. 28, 2017); Amdts Proposed 38 Com. Reg. 39115 (Dec. 28, 2016); Amdts Adopted 37 Com. Reg. 36787 (July 30, 2015); Amdts Proposed 37 Com. Reg. 36546 (May 28, 2015); Amdts Adopted 37 Com. Reg. 36016 (Feb. 28, 2015); Amdts Proposed 36 Com. Reg. 35956 (Dec. 28, 2014); Amdts Adopted 37 Com. Reg. 36014 (Feb. 28, 2015); Amdts Proposed 36 Com. Reg. 35963 (Dec. 28, 2014); Amdts Adopted 37 Com. Reg. 36018 (Feb. 28, 2015); Amdts Proposed 36 Com. Reg. 35947 (Dec. 28, 2014); Amdts Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Amdts Proposed 36 Com. Reg. 34806 (Feb. 28, 2014); Amdts Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013); Amdts Adopted 36 Com. Reg. 34714

(Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34585 (Nov. 28, 2013); Amdts Adopted 36 Com. Reg. 34712 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34591 (Nov. 28, 2013); Amdts Adopted 36 Com. Reg. 34708 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34388 (Oct. 10, 2013); Amdts Adopted 35 Com. Reg. 34580 (Nov. 28, 2013); Amdts Proposed 35 Com. Reg. 34277 (Sept. 28, 2013); Amdts Adopted 35 Com. Reg. 34560 (Nov. 28, 2013); Amdts Proposed 35 Com. Reg. 34270 (Sept. 28, 2013); Amdts Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Amdts Proposed 35 Com. Reg. 34159 (Aug. 28, 2013); Amdts Adopted 35 Com. Reg. 34364 (Oct. 28, 2013); Amdts Proposed 35 Com. Reg. 34147 (Aug. 28, 2013); Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Amdts Adopted 35 Com. Reg. 34132 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33602 (June 28, 2013); Amdts Adopted 35 Com. Reg. 33296 (Feb. 28, 2013); Amdts Proposed 34 Com. Reg. 33120 (Dec. 28, 2012); Amdts Adopted 34 Com. Reg. 32802 (Sept. 29, 2012), Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012); Amdts Adopted 34 Com. Reg. 32493 (July 29, 2012); Amdts Proposed 34 Com. Reg. 32440 (May 29, 2012); Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: PL 1-8, tit. 1, ch. 12, codified as amended at 1 CMC §§ 2601-2633, created the Department of Public Health and Environmental Services (DPHES) within the Commonwealth government. See 1 CMC § 2601. 1 CMC § 2603(c) grants the Department the power and duty to establish standards of medical and dental care and practice and to license medical and dental practitioners. 1 CMC § 2605(f) directs the Department to adopt rules and regulations regarding those matters over which it has jurisdiction.

PL 3-30 (effective Nov. 30, 1982), the "Medical Practice Act of 1982," codified as amended at 1 CMC §§ 2641-2642 and 3 CMC §§ 2201-2272, creates a Medical Profession Licensing Board within DPHES charged with regulating the practice of medicine in the Commonwealth and licensing health care professionals. 3 CMC § 2214 authorizes the Board to adopt rules and regulations consistent with the act.

Executive Order 94-3 (effective August 23, 1994) reorganized the Commonwealth government executive branch, changed agency names and official titles, and effected numerous other revisions. According to Executive Order 94-3 § 105:

> Section 105. Department of Public Health.
>
> The Department of Public Health and Environmental Services is re-designated the Department of Public Health.

The full text of Executive Order 94-3 is set forth in the commission comment to 1 CMC § 2001.

In January of 2008, the Board promulgated a new subchapter entitled "Commonwealth Health Care Professions Licensing Board Regulations" on an emergency basis. 30 Com. Reg. 27975 (Jan. 22, 2008). This subchapter was adopted on a permanent basis in March of 2008. 30 Com. Reg. 28388 (Mar. 25, 2008). The Public Notice of Emergency Regulations and the Public Notice of Certification and Adoption of Rules and Regulations both indicate the Board's intent to codify this as a new subchapter, 140-50.3. As stated in the Public Notice of Proposed Rules and Regulations:

> These Rules and Regulations are the first of the Board's new Rules and Regulations. These create Rules and Regulations 140 NMIAC 50.3, Part 001 through Part 9000. Many of the sections are reserved, with no content presently.
>
> These Regulations shall also be deemed amendments to the Board's Regulations. These amendments add to the Regulations of the Medical Profession-Licensing Board, 140 NMIAC 50.1-001 - 9000. The regulations are the attached new Subchapter 140-50.3, Health Care Professions Licensing Board Rules and Regulations.

However, some of the contents of these regulations appear to duplicate or conflict with regulations contained in subchapter 140-50.1. As it is unclear which, if any, of the provisions of subchapter 140-50.1 the Board intended to replace, the Commission codified subchapter 140-50.3 as written.

Public Law 16-51 (effective Jan. 15, 2010), the "Commonwealth Healthcare Corporation Act of 2008," codified at 3 CMC § 2801 et seq., established the Commonwealth Healthcare Corporation, which assumed the duties of the Department of Public Health as of January 15, 2011.

Public Law 16-25, § 2 (Nov. 25, 2008), codified at 3 CMC § 2204(a), established the Health Care Professions Licensing Board as an independent regulatory agency. Accordingly, the Commission moved Subchapter 140-50.3 to Title 185 pursuant to 1 CMC § 3806(b).

Part 001 - [Reserved]

Part 100 - General Provisions

§ 185-10-101 Currency of These Regulations and Transition

(a) These regulations are intended to be current through the cutoff date for the CNMl Register Volume 29 No. 12 (Dec. 2007). They include all Board regulations, including (for the convenience of the reader) those previously adopted. For the purposes of transition during 2007 and 2008, they do not repeal the previous regulations of the Medical Profession Licensing Board, unless there is a conflict between the two sets of regulations.

(b) For the transition period between the application of the old Medical Practice Act and the new Health Care Professions Licensing Act, specifically until new applicable regulations are promulgated, each practicing member of each profession over which the Board has jurisdiction shall be deemed practicing with a license until regulations are promulgated for the respective profession and an indicated re-licensing application period has ended, or until the Board acts to suspend, modify, revoke, or otherwise affect a license, whichever comes first.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The paragraphs of this section were undesignated in the original regulation. The Commission designated them as subsections (a) and (b). The Commission inserted a comma after the word "revoke" in subsection (b) pursuant to 1 CMC § 3806(g).

§ 185-10-105 History

(a) History is not part of the operative language of the Regulation, and is included by the Board for the convenience of the reader.

(b) The Board shall attempt to publish a brief history with each change to these regulations, identifying date and Commonwealth Register citation for the change.

(c) The history is:
(1) Health Care Professions Licensing Act of 2007 signed by Governor Benigno R. Fitial, November 7, 2007, 4 CMC §§ 2201-2236, PL 15-105.
(2) Meetings, procedure, definitions, regulation, licensing, fees, discipline, appeals, other general, and midwives:

(i) Emergency Regulations, Midwives and General, adopted by resolution of the Board on December 13, 2007, were signed by the Governor on December 19, 2007, and delivered to and signed by the Register on December 19, 2007. Commonwealth Register Vol. 30, No. 01, pp 027987-28026 (January 22, 2008).
(ii) Proposed Regulations, Midwives and General, adopted by resolution of the Board on December 13, 2007. Proposed regulations were published in the Commonwealth Register, Vol. 30, No. 01, pp 027975-28026 (January 22, 2008).
(iii) Final fee regulations were adopted by resolution on February 26, 2008, and promulgated by publication of notice in the Commonwealth Register Vol. 30, No. 03 (03/25/2008).

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Notice of Adoption changed the language of subsection (c), purporting to add a new subsection (c)(3). As the contents of this new subsection duplicated the existing subsection (c)(2), the Commission moved them to subsection (c)(2) pursuant to 1 CMC § 3806(g). The Commission inserted a period at the end of subsection (c)(2)(ii) pursuant to 1 CMC § 3806(g).

§ 185-10-110 Numbering of Resolutions and Other Acts

(a) Resolutions shall be signed by the Secretary, Chair, or Acting Chair and numbered to indicate year, month, and successive number of resolutions in the month, and shall indicate briefly their subject matter. For example: “Res. 2008-1 0-04 (Budget)”.

(b) Other actions of the Board shall be similarly identified. For example: “Personnel Policy Amendment 2009-03-01 (Travel)”.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted commas after the words “Chair” and “month” in subsection (a) pursuant to 1 CMC § 3806(g).

§ 185-10-115 Office

The Board shall designate the location of its principal office, of testing centers, and may establish branch offices in other locations.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-120 Organization and Officers

(a) The officers of the Board are Chair, Vice-Chair, Secretary, and a Secretary-Treasurer, or a Secretary and a Treasurer.

(b) The Board shall elect its officers for the calendar year at the first regular meeting of the year.

(c) The officers shall assume the duties of their respective offices as soon as they have been elected.

(d) The officers of the Board shall continue in office until their successors are elected and qualify.

(e) The Chair shall preside at all meetings of the board, and in the event of his/her absence or inability to act, the Vice-Chair shall preside. Other duties of the officers shall be such as the Board may prescribe.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-125 Appointments, Vacancies, and Removal from Office

(a) Vacancies occurring shall be filled by appointment for the unexpired term of a person licensed in the same capacity as the person being replaced.

(b) The Board shall remove from the Board any member who has become unqualified to serve.

(c) The Board shall recommend to the Governor, after hearing, the removal of any member of the Board for neglect of duty or other just cause.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted a comma after the word “vacancies” in the section title pursuant to 1 CMC § 3806(g).

§ 185-10-130 Oath

(a) The Board shall adopt an oath of office.

(b) Within 30 days after their appointment, the members of the Board shall take and subscribe to an oath of office administered by a suitable public official and shall file a signed copy of the same with the Board.

(c) The Administrator or Executive Director shall take and sign an oath of office, administered by the Chair of the Board or other suitable public official.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-135 Record Keeping

(a) The Board shall keep records of all proceedings and actions by and before the Board and

before its committees.

(b) In any proceeding before a government agency, or in court, civil or criminal, copies of Board records certified as correct by the executive officer of the Board or the Secretary, and under seal of the Board, shall be admissible in evidence and shall be prima facie evidence of the correctness of the contents thereof.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-140 Seal

The Board shall have a seal and shall provide for its use. The official seal of the Board shall be a metal impression seal consisting of four symbols imposed inside the smaller circle representing the islands: a large latte stone with a caduceus symbol for medicine place in front of the capstone; a Carolinian outrigger canoe, two fairy terns flying in pairs; and a Carolinian mwar. Imposed on the bottom portion of the small circle is the date the Board was established. In the outer annular space are the words "Health Care Professions Licensing Board" and "Commonwealth of the Northern Mariana Islands".

History: Amdts Adopted 42 Com. Reg. 44387 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43969 (Aug. 28, 2020); Amdts Adopted 40 Com. Reg. 40978 (Oct. 28, 2018); Amdts Proposed 40 Com. Reg. 40915 (Aug. 28, 2018); Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-145 Authority of Officers and Committees

(a) All officers, as between themselves and the Board, shall have such authority, and perform such duties, as may be provided by or pursuant to resolution or order of the Board, or, in the absence thereof, as may be determined from these regulations.

(b) An Executive Committee, consisting of the Chair, Vice-Chair, and the Secretary or the Treasurer shall have the power to act on behalf of the Board between Board meetings as follows:
(1) In emergencies;
(2) Where Board action is required on a ministerial act and convenience requires that the action be taken; and
(3) Other actions where Board action is required but it is unreasonable to schedule and conduct a Board meeting;
(4) Provided that no such action shall violate the Open Meetings Act, 1 CMC §§ 9901-16.
(5) Exception: The Executive Committee shall not have any power or authority as to the following:
(i) The adoption, amendment, or repeal of these regulations.
(ii) The amendment or repeal of any resolution or decision of the Board.
(iii) Vacating or discharging Board members.
(6) The Executive Committee shall meet from time to time, as the Chair requires.
(7) The meetings of the Executive Committee may be conducted by electronic means, and shall be noticed to the Board with instructions on how to attend a meeting, if by electronic means.
(8) Any Board member shall have the right to attend a meeting of the Executive Committee.

(c) Standing Committees. The Board, or the Chair with the Board's subsequent approval, may determine and create such standing committees as it finds reasonable or necessary; and it shall determine the duties and responsibilities of each standing committee.

(d) Special Committees. The Board or the Chair, respectively, may determine and create such special committees as they find reasonable or necessary.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted a comma after the word "amendment" in subsection (b)(5)(i) pursuant to 1 CMC § 3806(g).

§ 185-10-150 Operations, Staff, and Contractors

(a) The Board may enter into such contracts, leases, licenses, and other agreements as it may determine necessary for the conduct of its affairs.

(b) The Board may employ such staff, agents, and contractors, except as provided otherwise specifically by statute or in these regulations, to assist in the performance of its duties, and pay salaries, costs, and expenses.

(c) The Board may appoint a chief operating officer.

(1) Such person may be an employee or a contractor.
(2) Such person shall serve ex officio on all committees, without vote.
(3) Such person shall attend the meetings of the Board and may attend committee meetings, and shall make recommendations to the Board.
(4) Except as otherwise provided by law, the Board may furnish a bond for the executive officer and other staff, the cost of which bond shall be paid by from among the Board's funds.
(5) Such person may be called "Administrator" or "Executive Director."

(d) The Board may collect, receive, and disburse funds as provided by law, and may delegate such functions to its chief operating officer.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted commas after the words "staff" in the section title, "agents" and "costs" in subsection (b), and "receive" in subsection (d) pursuant to 1 CMC § 3806(g). The Commission moved the period at the end of subsection (c)(5) inside the quotation mark pursuant to 1 CMC § 3806(g).

§ 185-10-155 Advisory Committees

The Board may, for the purpose of obtaining technical expertise and public input, appoint advisory committees of non-Board-members to provide advice and assistance related to the Board's functions. Such committees shall act only in an advisory capacity, shall have no authority to initiate any disciplinary action against a licensee, and shall only be authorized to report findings and/or make recommendations from any investigation, deliberation, or hearing.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted a comma after the word "deliberation" pursuant to 1 CMC § 3806(g).

§ 185-10-160 Conflict of Interest

(a) No member of the Board, or any business in which a Board member or her/his immediate family serves as staff, officer, owner, or director, or by contract represents, shall transact any pecuniary business of any kind with the Board, unless the following preconditions are met:
(1) Notification to all Members in advance, in writing, or by oral notification to the Members in a meeting at which the notification is transcribed and placed in the minutes of the Board, of his/her potential business or personal interest in the transaction; and
(2) The Member abstains from Board vote regarding the transaction; and
(3) The vote of each Member is recorded.

(b) Loans to Officers and Members Prohibited.
(1) No loans shall be made by the Board to its Members or to members of their immediate families.
(2) The Members who vote for, or assent to, the making of a loan to a Member, and any officer of officers participating in the making of such loan, shall be jointly and severally liable to the

Board for the amount of such loan until the repayment thereof, and their action shall not be subject to indemnification.

(3) Exception: The following undertaken on behalf of, or for the benefit of, the Board shall not be a loan within the meaning of these regulations:

(i) An advance related to participating in a conference, meeting, or other event.;

(ii) An advance for a filing with a government agency or membership organization; or

(iii) An advance made pursuant to an indemnification.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted commas after the words "owner" in subsection (a) and "meeting" in subsection (b)(3)(i) pursuant to 1 CMC § 3806(g).

§ 185-10-165 Purpose

The purpose of these regulations is to promote and protect the public interest, and the health, safety, and welfare of the people of the Commonwealth, by implementing the provisions of the CNMI's Health Care Professions Licensing Act of 2007, which provide, among other things, for the issuance and renewal of licenses for the health care professionals listed in 3 CMC § 2212(a) - (hh), and such other duties and powers as are set out in that Act.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted a comma after the word "safety" pursuant to 1 CMC § 3806(g).

Part 200 - Administration and Conduct of Meetings

§ 185-10-201 Business Meetings

(a) The Board shall conduct its affairs at its meetings.

(b) All meetings of the Board shall be open and public, as provided by law.

(c) A majority of the Board shall constitute a quorum for the transaction of any business at any meeting of the Board.

(d) Notice to the members of regular meetings shall be given at least seven days in advance by the Chair or, upon the Board's designation, by the Chair, Acting Chair, or executive officer.

(e) Notice of meetings may be waived in writing either before or after the meeting by unanimous consent of all members.

(f) Ordinarily, the Board shall meet at the call of the Chair or the executive officer, but not less than twice each year.

(g) Any two members of the Board may call a special meeting, and the executive officer, upon receiving that notice, shall call a meeting pursuant to the procedure prescribed herein.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted a comma after the word "Chair" in subsection (d) pursuant to 1 CMC § 3806(g).

§ 185-10-205 Executive Session

(a) The Board may hold executive sessions as provided by law.

(b) Specifically, and without limitation, the Board may deliberate in executive session:
(1) on the decision to be reached upon the evidence introduced in a quasi-judicial proceeding;
(2) on personnel matters;
(3) on litigation;
(4) on matters related to individual tests; and
(5) to prepare, approve, grade, or administer examinations.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-210 Notice

(a) Notice to the members shall be given in any way, including by electronic means, reasonably calculated to give actual notice. When actual notice may not be given, notice shall be given by US Postal Service, first class mail, and shall be deemed given when mailed.

(b) Notice to the public shall be given as provided by statute.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-215 Robert's Rules of Order

Meetings of the Members shall be conducted according to Robert's Rules of Order, most recent revision, unless:

(a) otherwise specified in these Regulations, or otherwise by law; or

(b) the Rules are suspended pursuant to a vote of two-thirds of those present and voting.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission struck the figure "2/3" from subsection (b) pursuant to 1 CMC § 3806(e).

§ 185-10-220 [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-225 [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-230 Public Meetings

(a) In general.
(1) The Board shall act at its meetings, or as otherwise provided in these Regulations.
(2) The Board shall make provision for the attendance by electronic means of Members, if a Member so requests.
(3) Meetings shall be noticed as required by law.
(4) A copy of meeting materials distributed to the Members shall be available to any person for review at the meeting site, except for materials subject to confidentiality or privilege as permitted or required by law.

(b) Time. The time for the regular meetings of the Board shall be set by the Board each year and published, except as otherwise permitted or provided by law.

(c) Location.
(1) Meetings shall be held at such place as the Chair may determine unless otherwise provided by the Board, and the location shall be properly noticed to the public.
(2) The Board may meet by electronic means, and any Member may attend a meeting by electronic means.
(3) When the Board meets by electronic means, access to the meeting shall be freely given through the noticed site so that any person attending shall have the same access to the meeting as each attending Member at the site. Typically this will include use of a speaker phone for a conference call meeting.
(4) Votes of Members may be received by electronic means and announced at a meeting.

(d) Regular Meetings. Regular meetings shall be held as determined by the Board's regulations and as additionally determined by the Board.

(e) Special Meetings. Special meetings may be held from time to time, as deemed necessary, and shall be duly noticed.

(f) Executive Session. Ordinarily the Board's meetings shall be open to the public. The Board may meet privately, in Executive Session, for the following purposes:

(1) To discuss personnel matters, including the hiring, firing, and discipline of staff and/or contractors;
(2) To discuss pending or potential litigation or investigations;
(3) To deliberate as a quasi-judicial body, particularly with respect to discipline;
(4) To discuss aspects of the Board's business affairs that are confidential and/or proprietary by law;
(5) To address a matter that may give rise to a conflict of interest, or an appearance of a conflict, in the absence of the Member(s) related thereto; and
(6) To address other matters permitted by law.

(g) Discussions by electronic means.
(1) The Board may discuss a matter by electronic means over time, as well as in real time, provided that access to the discussion shall be freely given so that a person seeking to review the discussion as it happens shall have substantially the same access to the discussion as each participating Member.
(2) Typically such a discussion shall be by electronic bulletin board open to the view of the public.
(3) Such discussion shall be noticed according to these regulations and shall comply with CNMI law regarding open meetings.
(4) The Board shall arrange for a person, upon reasonable request, the reasonable use of a publicly-available computer with internet access in order to allow review of the discussion.

(h) Accessibility. The Board shall comply with the accessibility requirements required by law and may, upon a person's request to accommodate other special needs relating to sight, sound, language, or location.

(i) (This section is adopted pursuant to 1 CMC § 9908(a) (times and places of meeting) and 3 CMC § 2205 (meetings; meetings by electronic means.)

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted commas after the words "firing" in subsection (f)(1) and "language" in subsection (h) pursuant to 1 CMC § 3806(g). The final paragraph was undesignated in the original regulation. The Commission designated it as subsection (i) pursuant to 1 CMC § 3806(a).

Part 300 - Definitions

§ 185-10-301 Definitions

For the purpose of this Chapter and the administration and/or interpretation of the Act, the following terms shall be defined as set forth in 3 CMC § 2202:

(a) Board;

(b) Board Fund;

(c) Commonwealth;

(d) Doctor;

(e) Electronic means;

(f) Health care profession;

(g) Health care professional;

(h) License;

(i) Licensee;

(j) Licensure;

(k) Medical Profession Licensing Board;

(l) Person;

(m) State;

(n) Rules of Construction.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission corrected the capitalization of the words "Rules of Construction" pursuant to 1 CMC § 3806(f).

§ 185-10-305 Additional Definitions

For the purposes of this Chapter, and the administration and/or interpretation of the Act, the following definitions shall apply:

(a) "Act" or "Health Care Professions Act" means the Health Care Professions Licensing Act of 2007, PL 15-105, as amended and codified.

(b) "By electronic means," when used with respect to a meeting, means by electronic means that provide for real-time communication to and from the participants in such a manner that each participant can hear and/or read the comments of each other participant.

(c) "CBT" means Computer Based Test, and applies to a testing center for delivering an examination.

(d) "CPE" means Continuing Professional Education, and includes continuing medical education, dental education, and other types of continuing health care professional education, as

the context indicates.

(e) "Delivered" or "Presented" means:
(1) delivered in person;
(2) deposited in the United States mail, first class or express postage prepaid, or with Federal Express, DHL, UPS, or similar carrier, postage paid or guaranteed;
(3) emailed, and an email acknowledging receipt is generated by the recipient, and not merely automatically by the recipient's machine; or
(4) faxed, and a memo generated automatically by the sending fax machine or fax modem that the fax was received.

(f) "Direct supervision" means the physical presence of the licensed professional who is supervising the licensee.

(g) "Electronic means" includes telephone, video-conference, electronic-telecommunications-mediated written, aural, and/or video means, including mediated through the internet and/or email.

(h) "Firm" shall also include a limited liability company or partnership.

(i) "Jurisdictional Testing Center" means a high security CBT center operated by the Board or its designee, for the purpose of delivering an examination in computer format.

(j) "Manager" means the same as the term "manager" in a limited liability company.

(k) "Member," when used to refer to a person in a professional health care firm or other business, means the same as the term "member" in a limited liability company or partnership.

(l) "Rule" means a rule, regulation, or other written directive of general application duly adopted by the Board, including "regulation" as defined in the Administrative Procedure Act, 1 CMC § 9101(k).

(m) "Patient," as used in any context in this Chapter, means a person for whom health care professional services are performed or to whom health care products or services are sold or provided at the site of a health care professional's practice or through referral to another location or business in which the health care professional has a material interest.

(n) "Signature" or "Signed": The term includes a hard copy or an electronic communication that bears the hallmark of legitimacy, including original hard copy, Xerox of an original, fax copy, electronic signature through use of a digital code, and an electronic copy of a signature if separately confirmed as true and correct.

(o) "State" includes a state of the United States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and the CNMI.

(p) "Writing" means handwriting, printing, typing, lithography, and other methods of reproducing words in a visible form. This includes hard copy, and communications by electronic

means, including such electronic formats as fax, email, pdf format and word processing formats which are generally commercially available.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission moved commas inside quotation marks after the words "means" in subsection (b), "member" in subsection (k), and "patient" in subsection (m) pursuant to 1 CMC § 3806(g). The Commission inserted commas after the words "UPS" in subsection (e)(2), "aural" in subsection (g), "Guam" in subsection (o), and "lithography" in subsection (p) pursuant to 1 CMC § 3806(g).

Part 400 - Professional Conduct and Ethics Rules

§ 185-10-401 Obligation to Follow the Rules

(a) A licensee shall follow the Board's rules of professional conduct.

(b) Every applicant for a license shall subscribe to the Board's rules of professional conduct on a form supplied by the Board.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-405 Reference to the Rules on Board Forms

The Board's rules of professional conduct shall be identified on the application for a license or other registration.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-410 Adoption of Professional Bodies' Rules of Conduct

(a) The Board hereby adopts as its rules of professional conduct those published by the professional bodies identified in the following Parts, infra, addressing the professions which the Board regulates. Those Rules shall be known, respectively, as the CNMI {name of health profession} Rules of Professional Conduct. Those professional conduct rules are included herein by reference, and shall have the full force and effect of regulations of this Board.

(b) Each of the CNMI Health Professions' Codes of Professional Conduct is promulgated for the purpose of maintaining high standards of professional conduct by those licensed by and otherwise registered with the Board.

(c) It is the Board's purpose and intent that amendments which the referenced professional organizations adopt to their Codes of Professional Conduct shall be automatically adopted herein.
(1) The amendments which each of the named professional organizations adopts to its Code of Professional Conduct shall be automatically adopted herein.

(2) If a court of competent jurisdiction finds, or would find, that the Board may not automatically adopt such amendments by reference, the Board shall consider each amendment which the referenced organization adopts to its Code of Professional Conduct and, after publication of notice thereof, issue an order adopting it, adopting it with changes, or declining to adopt the amendment.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: This section was originally titled "Adoption of Professional Bodies' Rules of Conduct – reserved." As the section contains regulations and does not appear to be reserved for anything, the Commission removed the word "reserved" from the section title pursuant to 1 CMC § 3806(g).

Part 500 - Education Requirements, Examinations

§ 185-10-501 Accreditation

(a) Semester hour. A "semester hour" means the conventional college semester hour. Quarter hours may be converted to semester hours by multiplying them by two-thirds.

(b) Accreditation. "Accreditation" refers to the process of quality control of the education process.

(c) [Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-505 Education Requirements

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-510 Time, Type, and Place of Examinations

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-515 Examination Content

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-520 Determining and Reporting Examination Grades

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-525 Candidate Testing Fee

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-530 Cheating

(a) Cheating by a candidate in applying for, taking, during or subsequent to the examination shall invalidate each grade earned by a candidate, and may warrant summary expulsion from the test site and disqualification from taking the examination for a specified period of time.

(b) The following actions or attempted activities, among others, may be considered cheating:
(1) Falsifying or misrepresenting educational credentials or other information required for admission to the examination;
(2) Communication with others inside or outside the test site while the examination is in progress;
(3) Copying another candidate's answers while the examination is in progress;
(4) Substitution of another person to sit in the test site in the stead of a candidate;
(5) Reference to crib sheets, textbooks, or other material or electronic media (other than that provided to the candidate as part of the examination) inside or outside the test site while the examination is in progress;
(6) Violating the nondisclosure prohibitions of the examination, or aiding or abetting another in doing so; and/or*

(c) In a case where it appears that cheating has occurred or is occurring, the Board or its representatives may either summarily expel the candidate involved from the examination or move the candidate to a position in the test center away from other examinees where the candidate can be watched more closely.

(d) In a case where the Board believes that it has evidence that a candidate has cheated on the examination, including a case in which the candidate has been expelled from the examination, the Board shall conduct an investigation and may conduct a hearing pursuant to the Administrative Procedure Act for the purpose of determining whether or not there was cheating, and if so what remedy should be applied. In such a proceeding, the Board shall decide:
(1) Whether the candidate shall be given credit for any portion of the examination completed in that session; and
(2) Whether the candidate shall be barred from taking the examination and if so, for what

period of time.

(e) In a case where the Board or its representative permits a candidate to continue taking the examination, it may, depending on the circumstances:

(1) Admonish the candidate;
(2) Seat the candidate in a segregated location for the rest of the examination;
(3) Keep a record of the candidate's seat location and identifying information, and the names and identifying information of the candidates in close proximity of the candidate, and notify the appropriate testing organization or professional organization so that the candidate may be more closely monitored in future examination sessions.

(f) In a case in which a candidate is refused credit for any part of an examination taken, disqualified from taking any part of a test, or barred from taking the examination in the future, the Board shall provide to the corresponding board of each other state to which the candidate may apply for the examination information as to the Board's findings and actions taken.

* So in original.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted a comma after the word "textbooks" in subsection (b)(5) pursuant to 1 CMC § 3806(g).

§ 185-10-535 Security and Irregularities

Notwithstanding any other provision of these regulations, the Board may postpone scheduled examinations, the release of grades, or the issuance of certificates due to a breach of examination security; unauthorized acquisition or disclosure of the contents of an examination; suspected or actual negligence, errors, omissions, or irregularities in conducting an examination; or for any other reasonable cause or unforeseen circumstance.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 600 - Issuance and Renewal of Licenses, Continuing Professional Education

§ 185-10-601 Identification as a Licensee

No one shall practice as a claimed licensee of the Board unless they shall have a license, certificate, or permit issued and maintained pursuant to these Regulations and the Act.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted a comma after the word "certificate" pursuant to 1 CMC § 3806(g).

§ 185-10-605 Applications For a License

(a) An application for an initial license and for renewal of a license pursuant to the Act shall be made on a form provided by the Board.

(b) The Board shall notify every licensee at least twelve weeks, eighty-four days, before license expiration. The notice shall state the date of expiration and the fee and any additional requirements for the renewal thereof. Ordinarily, the Board's notice shall be by electronic means.

(c) An application for renewal, shall be filed no closer than eight weeks, fifty-six days, before the expiration date of the current license, or prior to the expiration date set by these Regulations. The Applicant shall ordinarily file electronically.

(d) Applications shall not be considered filed until the applicable fee prescribed in the Regulations is received. If an application for renewal is filed late, the delinquency fee prescribed in the Regulations shall also accompany it. The Board will try to arrange for electronic payment.

(e) Applications for renewal of a license shall be accompanied by evidence satisfactory to the Board that the applicant has complied with the continuing professional education requirements under the Act and these Regulations.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission struck the figures "12" and "84" from subsection (b) and "8" and "56" from subsection (c) pursuant to 1 CMC § 3806(e).

§ 185-10-610 Experience Required for Initial License

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-615 Evidence of Applicant's Experience; Evidence from Other Licensees

(a) Another licensee who has been requested by an applicant to submit to the Board evidence of the applicant's experience and has refused to do so shall, upon request of the Board, explain in writing or in person the basis for such refusal.

(b) The Board may require a licensee who has furnished evidence of an applicant's experience to substantiate the information.

(c) An applicant may be required to appear before the Board or its representative to supplement or verify evidence of experience.

(d) The Board may inspect documentation relating to an applicant's claimed experience.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-620 Continuing Professional Education Requirements

(a) Each licensee must comply with the continuing professional education requirements stated in the Part of these Regulations specific to the profession.

(b) The default reporting period for CPE shall be two calendar years.

(c) [Reserved.]

(d) An non-active applicant seeking renewal of a license, from other than inactive status, shall show that the applicant has completed within the preceding 24 months no less than the number of credit hours of continuing professional education required for one year for a licensed professional, pursuant to the Part of these regulations specific to the profession.

(e) An applicant whose license has lapsed shall complete no less than the number of hours of CE required by these Regulations during the two-year period preceding the date of re-application.

(f) A licensee granted inactive status shall not be required to complete the continuing education requirements specified for an active licensee.

(g) [Reserved.]

(h) The continuing education requirement may be met in the CNMI or outside of the CNMI, via live attendance or through electronic or other means.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Notice of Adoption changed this section from the initial proposal.

§ 185-10-625 Programs Qualifying for Continuing Professional Education Credit

(a) Standards. A program qualifies as acceptable continuing professional education if it is a program of learning which contributes to the growth in the professional knowledge and professional competence of a licensee. The program must meet the minimum standards of quality of development, presentation, measurement, and reporting of credits acceptable to the Board. Ordinarily, a program sponsored by, or accepted by, the licensee's national professional organization or another state board will be acceptable to this Board.

(b) A continuing education credit hour is a 60-minute hour. If the licensee attends a program and leaves for more than six minutes (one-tenth of an hour), s/he shall deduct the portion of the hour missed.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-630 Reporting Continuing Professional Education and Keeping Records

(a) Report format.

(1) At the completion of each reporting period a licensee shall file with the Board a sworn, signed statement, as follows:

> "Declaration: I swear under the penalties of perjury that I have for the indicated reporting years completed the continuing education activities, for the hours of study/attendance, stated. I am keeping the proof of attendance and the content for five years."

(2) The report shall list the year and at least the following information for each activity:

(i) number of credits;

(ii) date earned;

(iii) title;

(iv) summary of subject; location; and

(v) a short indication of whether the activity was approved by a national professional organization or another state board.

(b) The indicated supporting materials may be kept in either hard copy or electronic format. The Board prefers electronic means, including scans into pdf format, in order to make easier the review of the materials during an audit.

(c) Proof of compliance is the licensee's responsibility. The licensee shall be responsible for keeping track of his/her continuing education credits and retaining materials that would demonstrate compliance. The licensee should retain such documentation for a period of five years following completion of each compliance year.

(d) A licensee may "double count" continuing education credits to meet CNMI continuing education requirements and requirements for other jurisdictions.

(e) The Board will randomly audit some licensees for each reporting period. In a case in which the Board determines that the compliance requirement is not met, the Board may grant an additional period of time in which the deficiency can be cured. Fraudulent reporting may be a basis for disciplinary action.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission struck the figure "5" from subsection (c) pursuant to 1 CMC § 3806(g).

§ 185-10-635 Exceptions

(a) The Board may make an exception to the continuing education requirements of these Regulations for a licensee who is retired or who does not perform or offer to perform for the public services involving the use of the licensee's skills. Typically, however, such person would have

opted for inactive status.

(b) The Board may in particular cases make exceptions to the continuing education requirements for good cause, including:
(1) individual hardship;
(2) health problem;
(3) military service; or
(4) foreign residence.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 700 - Practice by Firms, Generally

§ 185-10-701 Applications

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-705 Notification of Changes by Firms

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-710 Renewals

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 800 - Interstate or International Reciprocity Practice and Endorsements

§ 185-10-801 Interstate Practice

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-805 International Reciprocity

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 900 - Disciplinary Actions

§ 185-10-901 Grounds for Enforcement Actions Against Licensees and Others

(a) The grounds for disciplinary action against licensees, and other persons over whom the Board has jurisdiction, are set out in §§ 2224-26 of the Act in both specific and general terms.

(b) [Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 1000 - Investigation, Disciplinary, and Enforcement Procedures

§ 185-10-1001 Roles of Board Staff

(a) The Administrator shall designate a person to serve in:
(1) an investigatory role; and/or
(2) a prosecutory role for the hearing.

(b) The Board's Staff shall ordinarily serve in the role of prosecutor. In such a role the Staff may secure the services of an assistant attorney general.

(c) The same attorney or staff member who prosecutes a disciplinary action before the Board shall not advise the Board ex parte regarding the case.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1005 Settlement and Informal Conference

(a) In addition to the due process which the Act specifically requires, the Board shall provide the licensee or other person who is subject to a disciplinary investigation or hearing the opportunity to participate in an informal settlement conference with the Board's staff and/or one or more Board members.

(b) A participating Board member shall not participate in both the settlement process and the Board's formal adjudication unless the licensee, or other person, subject to the matter waives the prohibition in advance in writing.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1010 Review of Professional Work Product

(a) The Board may solicit and receive the following without regard to whether an application for a license, or renewal of the particular licensee is then pending, or whether there is a formal complaint or suspicion of impropriety regarding a particular licensee or an individual with privileges granted pursuant to the Act:
(1) publicly available reports of licensees and other persons subject to the Board's jurisdiction;
(2) the contents of court files related to the licensee or other person subject to the Board's jurisdiction; and
(3) material provided by recognized national reporting data banks.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1015 Reporting Convictions, Judgments, and Administrative Proceedings

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 1100 - Formal Adjudications

§ 185-10-1101 Complaints and Notices of Hearing

(a) A complaint for a matter before the Board shall include
(1) A plain statement of matters asserted or charged; and
(2) Reference to sections of the Act or of the Regulations related to the alleged unlawful conduct.

(b) The Board shall make available a copy of the Act and the Board's Regulations;

(c) The Board shall make available a brief statement calling attention to the procedural rights of the respondent to examine reports and evidence in advance of the hearing, to appear by counsel at the hearing, to present evidence and argument, and to appeal an adverse decision.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1105 Examination and Copying of Documents

(a) A respondent shall have the right in advance of the hearing to examine and copy a report of investigation and documentary or testimonial evidence and summaries of evidence in the Board's possession relating to the subject matter of the complaint. If Staff objects to the provision of material, the matter shall be decided by the Board or a presiding officer.

(b) The right of examination may be exercised by the respondent or the respondent's attorney or agent at the Board's office where the records in question are kept, during regular business hours,

on three days' advance notice in writing. Copies shall be promptly furnished of any documents or other materials designated for copying, but the Board may charge a fee for such copying.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission struck the figure "3" from subsection (b) pursuant to 1 CMC § 3806(e).

§ 185-10-1110 Representation by Counsel

(a) A person who is the subject of a hearing may represent him/herself or may be represented by counsel.

(b) A non-individual may be represented by an officer of the firm or organization or by counsel.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1115 Conduct of Hearing

(a) A hearing shall be conducted by:
(1) The Board; or
(2) A presiding officer appointed by the Board, who shall be known as an administrative law judge.

(b) The presiding officer shall be an attorney. S/he shall be empowered, among other things, to take evidence under oath and to swear witnesses.

(c) The hearing shall comply with the requirements of the Administrative Procedure Act and due process. Rebuttal and surrebuttal evidence shall be allowed.

(d) The parties shall be entitled to file memoranda of law and/or briefs. The parties may be given an opportunity to present oral argument, subject to the presiding officer's or the Board's decisions.

(e) The evidence and argument shall, to the maximum practicable extent, be provided by, or reduced to, a form reproducible by and searchable by, electronic means.

(f) The hearing shall be recorded, either by audio means or by audio/video means. A party shall be given a copy upon request and payment of the fee for such recording.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1120 Evidentiary Rules

(a) The Board shall not be bound by the technical rules of evidence, and in its discretion may consider evidence of a kind commonly relied upon by reasonably prudent persons in the conduct of their affairs.

(b) Evidence need not be admitted if it is irrelevant, immaterial or unduly repetitious, or if it is scurrilous or malicious.

(c) Rulings on evidence which have been reserved shall be disposed of before closing statements or the commencement of the period for filing briefs or other written argument.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1125 Decisions

(a) If the evidence is heard by the presiding officer, but not by the Board, the presiding officer shall present the Board with a proposal for decision ("PFD"). The parties shall have a right to file memoranda in support of or in opposition to the PFD.

(b) A PFD shall not be required if:
(1) the Board reads, or listens to or watches, the entire record; or
(2) all parties waive the issuance of a PFD.

(c) The Board's decision shall be by written vote of a majority of a quorum of the Board.

(d) The Board's post-hearing decision shall, if it sustains a charge, be made public. A decision that does not sustain a charge may be made public at the Board's discretion.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 1200 - Discipline and Relief from Discipline

§ 185-10-1201 Discipline

(a) A licensee whose license, certificate, or permit issued by the Board is subsequently suspended or revoked shall promptly return same to the Board.

(b) Grounds for discipline are stated in the Act.

(c) The Board may deny licensure to an applicant or licensee who:
(1) has provided false or misleading information to the Board;
(2) repeatedly committed malpractice;
(3) has been denied a license in another jurisdiction; or
(4) has had a license revoked in another jurisdiction.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency

30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted a comma after the word "certificate" in subsection (a) pursuant to 1 CMC § 3806(g).

§ 185-10-1205 Applications for Reconsideration or Rehearing

(a) An application for reconsideration or rehearing may be filed for the same reasons as such a request would be submitted to a court.

(b) No such application shall be required as a prerequisite to a court appeal.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1210 Action by the Board

(a) The Board may make its decision based on the submissions, or upon a hearing record.

(b) The Board may impose reasonable terms and conditions for reinstatement.

(c) The Board's decision may consider:
(1) the offense for which the applicant was disciplined;
(2) the applicant's activities during the time the license, certificate, privileges, or permit was in good standing;
(3) all activities of the applicant since the disciplinary penalty from which relief is sought was imposed;
(4) the applicant's rehabilitative efforts;
(5) restitution to damaged parties in the matter for which the penalty was imposed; and
(6) the applicant's reputation for truth and professional probity.

(d) No application for reinstatement shall be considered while the applicant is under sentence for a criminal offense, including a period during which the applicant is on probation or parole.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted a comma after the word "privileges" in subsection (c)(2) pursuant to 1 CMC § 3806(g).

§ 185-10-1215 Applications for Relief from Disciplinary Penalties

(a) An application may be filed with the Board for modification of a suspension, limitation, revocation, or probation:
(1) by a person,
(2) after completion of all requirements contained in the Board's disciplinary order.

(b) The application shall demonstrate the good cause for the relief sought, and shall be

accompanied by at least two supporting recommendations, under oath, from licensees who have personal knowledge of the activities of the applicant since the discipline was imposed.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted a comma after the word "revocation" pursuant to 1 CMC § 3806(g).

Part 1300 - Unlawful Acts

§ 185-10-1301 Misleading Firm Names

A person shall not use the title of a regulated professional in a misleading way. The title is misleading if, among other things:

(a) The firm name implies the existence of a corporation when the firm is not a corporation;

(b) The firm name implies existence of a partnership when there is not a partnership (as in "Smith & Jones, Medical Associates");

(c) The firm name includes the name of a person who is neither a present nor a past partner, member or shareholder of the firm; or

(d) The firm name includes the name of a person who is not a licensee.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1305 Fictitious Firm Names

(a) A fictitious firm name is one consisting in part of the names or initials of someone other than present or former: partners; members; or shareholders.

(b) A fictitious firm name may not be used by a firm of licensees. Exception: It may be used if such name has been registered with and approved by the Board as not being false or misleading.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 1400 - [Reserved]

Part 1500 - Other Licensee Obligations

§ 185-10-1501 Notify of Changes

Each licensee shall notify the Board in writing within 28 days (4 weeks) of a change of name, address and/or, in the case of individual licensees, change of employment. A copy of the legal

document supporting a name change, e.g. court order or marriage license, shall be provided. Notification can be by electronic means.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1505 Timely Respond

A licensee shall respond in writing to any communication from the Board requesting a response within 28 days (4 weeks) of the mailing of such communication.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1510 Pay Fees

(a) A licensee shall timely pay all fees which the Board requires.

(b) Failure to pay a few* timely may result in the cancellation of the item for which payment was due. In particular, the Board may withdraw a licensing approval for failure to pay the applicable feels within 63 days (9 weeks) of notification.

* So in original.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1515 Internet Practice

A firm offering or rendering professional services via an internet web site shall provide in the web site's homepage, a name, an address, an email address, a telephone number, and principal state of licensure as a means for regulators and the public to contact a responsible licensee in charge at the firm regarding complaints, questions, and/or regulatory compliance.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 1600 - Fees

§ 185-10-1601 Board Schedule for Fees

The Board has adopted a schedule of fees for the following services. Fees charged by the Board shall be as further established from time to time by resolution or regulation.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1605 Fees, Initially

The fees shall be in effect initially as follows: The following fees must be paid for the following services.

(a)		Initial Application Fees	$100.00
(b)		Initial License Fees: Physicians, Dentists, Pharmacists, Optometrists, Psychologists	$200.00
(c)		License Fees: all other Health Care Professionals	$100.00
(d)		Temporary License	$200.00
(e)		Renewal License for Physicians, Dentists, Pharmacists, Optometrists, Psychologists	$200.00
(f)		Renewal License: all other Health Care Professionals	$100.00
(g)		Delinquent (each month)	$25.00
(h)		Replacement/Duplication of License	$75.00
(i)		Replacement/Duplication of wallet-size card	$25.00
(j)		Application for Permit to Operate Clinical Laboratory	$200.00
(k)		Permit to Operate Clinical laboratory	$300.00
(l)		Application for Permit to Operate Pharmacy	$200.00
(m)		Permit to Operate Pharmacy	$300.00
(n)		Renewal Permit for Clinical Laboratory or Pharmacy	$300.00
(o)		Fees for documents shall be as follows:	
	(1)	Photocopies	Less than 10 copies – no charge; 11 or more copies - $0.50 per page
	(2)	Electronic files on CD	$10.00 for each CD
	(3)	Electronic files on DVD	$20.00 for each DVD
	(4)	Copies of meeting minutes on cassette tape	$15.00 per tape
	(5)	If complying with a request for information takes longer than one hour	Labor shall be charged at the rate of $20.00 per hour
(p)		Annual reports of the Board	Ten dollars/hard copy
(q)		Such other charges and fees may be charged as shall be required for special licensee-related services, as may be performed in-house or through a contract.	
(r)		Other fees and charges to be published by the Board:	
	(1)	In forma pauperis waiver	
	(2)	Verification of license fee	
	(3)	Certified copies	
	(4)	Research of licensure status	
	(5)	Hearing transcripts	
	(6)	Preparation of record on appeal	

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: This section is similar to the fee schedule adopted at section 140-50.1-116 in October 2012.

The Commission struck the figure "$10" from subsection (p) pursuant to 1 CMC § 3806(e).

Part 1700 - Reports

§ 185-10-1701 Annual Reports

The Board shall, from time to time, prepare and distribute electronically to all licensees, a report of the activities of the Board, including amendments to this chapter and regulations adopted by the Board, and may likewise distribute reports of other matters of interest to the public and to practitioners.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1705 Other Reports

The Board shall compile and maintain, or may have compiled and maintained on its behalf, a register of licensees that contains information that the Board determines is necessary for the purposes for which the Board was established. The Board shall make the register available to a licensee and to the public.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 1800 - Papers; Retention

§ 185-10-1801 Documentation and Retention

With respect to documents and retention, licensees shall comply with all professional standards.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1805 Retention Period for Documentation

If documentation is required to be kept for longer than seven years because of a pending Board investigation or disciplinary action, the documentation shall not be destroyed until the licensee has been notified in writing by the Board of the closure of a Board investigation or disciplinary proceeding.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission struck the figure "7" pursuant to 1 CMC § 3806(e).

Part 1900 Temporary Practice in or Contact with the CNMI

§ 185-10-1901 Notification

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-1905 Non-Jurisdictional Activities

A non-resident person shall not be deemed to have practiced their profession in the CNMI if the person's contact with the CNMI is limited to:

(a) teaching a college or continuing professional education course;

(b) delivering a lecture;

(c) moderating a panel discussion; and/or

(d) rendering professional services to a member of the person's family or household.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The original regulation included the opening paragraph as part of the section title. The Commission separated it from the section title pursuant to 1 CMC § 3806(a).

§ 185-10-1910 Minimum Reportable Information

A person notifying the Board pursuant to this Part shall present a current address, telephone, fax and email address for the public to contact the person regarding complaints, questions, service of legal papers, and regulatory compliance. An individual shall further present the principal state of licensure and license number.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 2000 - Particular Professions – General Provisions

§ 185-10-2001 Introduction

(a) The following additional general provisions shall apply to each Part for each specific practice area, Parts 2100-9000, unless in conflict with the specific provision of one of those Parts. When there is a conflict, the specific provision controls over the general provisions of these Regulations.

(b) While the following sub-parts are intended as a template for the organization of each of the

practice area Parts, there may be some variation among the Parts.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission created the section title and designated the paragraphs as (a) and (b) pursuant to 1 CMC § 3806(a).

§ 185-10-2005 Additional Definitions

(a) "Candidate" means an applicant who has completed a filing but has not been licensed.

(b) [Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-2010 Authorized Activities and Any Limitations

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-2015 Requirements for Licensure

(a) General

(b) Education

(c) Practice

(d) Other

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-2020 Applications

(a) Applications for licensure must be made on a form provided by the Board and filed with the Board by a due date specified by the Board.

(b) The application for license form shall include an affidavit which is clear and says in relevant part: "I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act(s) shall constitute cause for the denial, suspension, or revocation of my license to practice in the Commonwealth of the Northern Mariana Islands."

(c) Each application shall include:
(1) name;
(2) age;
(3) birth date;
(4) Social Security number, or equivalent if from a non-US jurisdiction;
(5) documentary proof of identity, preferably a passport, but the Board may also accept:
(6) driver's license, or other picture identity card;
(7) photograph;
(8) current residence;
(9) current mailing address;
(10) current employer;
(11) telephone and fax, if applicant has same;
(12) email address, if applicant has same;
(13) copy of license or certificate from each other jurisdiction in which licensed;
(14) report of character and fitness, or equivalent, from the national database applicable to the applicant's profession, if any;
(15) proof of applicable education or training;
(16) short description of prior professional discipline;
(17) listing and short description of prior and current malpractice actions;
(18) short description of prior convictions for misdemeanors or crimes of moral turpitude.

(d) An application shall not be considered filed until the application fee and other fees required by these Regulations and all required supporting documents have been received.

(e) An applicant who fails to complete the application shall forfeit all fees.

Modified, 1 CMC § 3806(f), (g).

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission corrected the capitalization of the words "Social Security" in subsection (c)(4) for the purpose of conformity. The Commission changed "whch" to "which" in subsection (c)(12) to correct a manifest error.

§ 185-10-2025 Licensing

(a) Examination

(b) Endorsement - US

(c) Foreign trained or licensed

(d) Issuance of licenses
(1) The Board shall issue to the successful candidate a hard copy license, signed by the Chair or his/her designee.
(2) The Board may also issue an electronic version of such license.

(e) Special provisions

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-2030 Renewals

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-2035 Time Periods

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-2040 Practice – Independent Practice, Affiliated Practice, or Supervision

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission inserted a comma after the word “Practice” in the section title pursuant to 1 CMC § 3806(g).

§ 185-10-2045 Rules of Conduct

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-2050 Discipline and Penalties

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-2055 Other

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency

30 Com. Reg. 27987 (Jan. 22, 2008).

Part 2100 - Acupuncture

§ 185-10-2101 Definitions

(a) "ACAOM" is the Accreditation Commission for Acupuncture and Oriental Medicine and is the commission in charge of accrediting U.S. schools or programs of acupuncture or oriental medicine.

(b) "AACRAO" is the American Association of Collegiate Registrars and Admissions Officers. AACRAO International Education Services (IES) provides evaluations of academic credentials from all countries of the world.

(c) "AACRAO Evaluated Schools" are schools outside the U.S. that have been evaluated by the AACRAO IES and are (1) recognized by the Ministry of Education, or an equivalent governmental body in the country in which it is located, and (2) the program of education completed at that school is substantially equivalent to a program at a school accredited by ACAOM.

(d) "Acupuncture Practice" means a comprehensive system of health care using oriental medical theory and its unique methods of diagnosis and treatment. Its treatment techniques include the insertion of acupuncture needles through the skin and the use of other biophysical methods of acupuncture point stimulation, including the use of heat, oriental massage techniques, electrical stimulation, herbal supplemental therapies, dietary guidelines, breathing techniques, and exercise based on oriental medical principles.

(e) "Diplomate in Acupuncture" means a person who is certified by the NCCAOM as having met standards of competence established by the NCCAOM, who subscribes to the NCCAOM code of ethics, and who has a current and active NCCAOM certificate. Current and active NCCAOM certification indicates successful completion of continued professional development and previous satisfaction of NCCAOM requirements.

(f) "NCCAOM" is the National Certification Commission for Acupuncture and Oriental Medicine and administers the acupuncture examinations.

(g) "NCCAOM Certification" means a certification granted by the NCCAOM to a person who has met the standards of competence established for either NCCAOM certification in acupuncture or in oriental medicine.

(h) "Oriental Medicine" means a system of healing arts that perceives the circulation and balance of energy in the body as being fundamental to the well-being of the individual. It implements the theory through specialized methods of analyzing the energy status of the body and treating the body with acupuncture and other related modalities for the purpose of strengthening the body, improving energy balance, maintaining or restoring health, improving physiological function, and reducing pain.

Modified, 1 CMC § 3806(a).

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

Commission Comment: The Commission renumbered sections and parts of sections throughout part 2100, to conform to the scheme of the code.

§ 185-10-2105 Exemption

Pursuant to the requirements of § 185-10-2115, any acupuncturist validly licensed prior to the adoption of these regulations shall be deemed as licensed under the provisions of these amended regulations. The acupuncturists licensed under this section shall only perform the practice of acupuncture that is in accordance with his/her education, training, and/or experience.

Modified, 1 CMC § 3806(c).

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

Commission Comment: The Commission changed the reference number "§ 140-50.3-2104" (now moved to § 185-10-2104) to agree with renumbered sections.

§ 185-10-2110 [Reserved]

[Reserved]

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board reserved this section in its proposed regulations, 34 Com. Reg. 32559 (July 29, 2012).

§ 185-10-2115 Requirements for Licensure

(a) An applicant to practice acupuncture must be at least twenty-one years of age, a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and meet the following requirements:

(1) Applicant submits evidence of a valid, active license from a U.S. state or territory to practice acupuncture; or applicant is a graduate of a school of acupuncture accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or a foreign school evaluated by the American Association of Collegiate Registrars and Admissions Officers (AACRAO); and

(2) Applicant passed the NCCAOM written comprehensive examination or submits a notarized copy of a current NCCAOM certification; and

(3) Applicant shall complete clinical internship training not less than one year under the direct supervision of a licensed acupuncturist. The clinical internship training may be obtained from a licensed acupuncturist at an approved school or from another clinical setting, from a licensed acupuncturist in private practice, or from any combination thereof. The licensed acupuncturist providing direct supervision shall:

(i) Have been licensed and actively practicing for a period not less than five years prior to the

start of the applicant's clinical internship training; and
(ii) Have had a current, valid, and unencumbered license during the course of supervision.

(b) The Board may deny licensure if the applicant has been the subject of an adverse action in which his or her license was suspended, revoked, placed on probation, conditioned, or renewal was denied in any U.S. or foreign jurisdiction.

Modified, 1 CMC § 3806(e).

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

Commission Comment: The Commission struck the figure "(21)" from subsection (a), and struck the figures "(1)" and "(5)" from subsection (a)(3)(i) respectively, as mere repetitions of written words.

§ 185-10-2120 Applications

(a) An application for a license to practice acupuncture shall be made under oath on a form to be provided by the Board and shall be signed and sworn to under penalty of perjury by the applicant accompanied with the following information and documents as are necessary to establish that the applicant possesses the qualifications, as required in these regulations:
(1) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and social security number;
(2) Applicant's 2x2 photograph taken within six months from date of application;
(3) Applicant must pay the appropriate fees, including the application fee, which shall not be refunded;
(4) Applicant is to provide originals of all documents and credentials, or notarized or certified copies acceptable to the Board of such documents and credentials, including, but not limited to:

(i) Documents showing proof that applicant is licensed to practice as a acupuncturist in another U.S. jurisdiction; or a diploma or certificate showing a degree of acupuncture or certification of completion of a program of acupuncture accredited by ACAOM or evaluated by AACRAO;
(ii) Document showing proof that applicant passed the NCCAOM written comprehensive examination or submit a notarized copy of a current NCCAOM certification; and
(iii) Document showing proof that applicant has taken and completed at least one year of clinical internship training under the supervision of a licensed acupuncturist.

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

Commission Comment: The Commission struck the figures "(6)" and "(1)" in subsections (a)(2) and (a)(4)(iii) respectively as mere repetitions of written words.

§ 185-10-2125 Continuing Education

(a) All acupuncturists licensed to practice in the CNMI are required to complete thirty CE hours during the twenty-four months prior to the expiration of their license as a prerequisite to the renewal of their biennial license.

(b) One hour of credit will be allowed for each clock hour of CE participation.

(c) The content of all courses of continuing education submitted for board approval shall be relevant to the practice of acupuncture and Asian medicine and shall fall within the following categories:
(1) Acupuncture and Asian medicine;
(2) Western biomedicine and biological sciences;
(3) Scientific or clinical content with a direct bearing on the quality of patient care, community or public health, or preventive medicine; or
(4) Courses concerning law and ethics and health facility standards.

(d) The Board shall award hours in an approved continuing education as follows:
(1) Seminar or workshop;
(2) Course at an accredited educational institution; or
(3) Self-study, online, or correspondence course.

(e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing education and of the number of credits earned.

(f) If a licensee fails to meet the CE requirements for renewal of license because of illness, military service, or other extenuating circumstances, the Board, upon appropriate written explanation, may grant an extension of time to complete same, on an individual basis.

(g) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CE requirements or who falsely certifies attendance at and/or completion of the CE.

Modified, 1 CMC § 3806(e), (f).

History: Amdts Adopted 36 Com. Reg. 34708 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34388 (Oct. 10, 2013); Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board reserved this section in its proposed regulations, 34 Com. Reg. 32559 (July 29, 2012). The Board later added this section and the following section in its 2014 amendments.

The Commission struck the figures "(30)" and "(24)" from subsection (a) as mere repetitions of written words. The Commission decapitalized the word "medicine" in subsection (c)(1) for the purpose of conformity.

§ 185-10-2127 Renewal

(a) All licenses issued by the Board expire every two years following issuance or renewal and become invalid after that date.

(b) Each licensee shall be responsible for submitting a completed renewal application at least sixty days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder, giving the date of expiration and the fee and any additional

requirements for the renewal thereof.

(c) All licensees must submit satisfactory evidence of completion of CE requirements, as required under section 185-10-2101.

(d) A late fee of $25.00 will be charged every 1st of the month after the expiration date.

(e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.

(f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice acupuncture in the CNMI. This will not, however, prevent the Board from considering a new application.

Modified, 1 CMC § 3806(b), (d).

History: Amdts Adopted 36 Com. Reg. 34708 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34388 (Oct. 10, 2013); Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

Commission Comment: The Commission arranged this section to fit harmoniously in the code. The Commission struck the figure "(60)" from subsection (b) as a mere repetition of a written word.

§ 185-10-2130 Clinic, Treatment Procedures

(a) Condition of Clinic.
(1) Every acupuncture clinic or office shall be maintained in a clean and sanitary condition at all times and shall have a bathroom facility.
(2) In all clinics or offices where non-disposable needles are used, there shall be functioning sterilization equipment.

(b) Treatment Procedures.
In treating a patient, an acupuncturist shall adhere to the following procedures:
(1) The acupuncturist's hands shall be brush-scrubbed with soap and warm water immediately before examining patients or handling acupuncture needles and other instruments, and between patients.
(2) All acupuncture needles and other instruments shall be sterilized before and between uses in a manner which will destroy all microorganisms. All needle trays, which contain sterile needles, shall also be sterile. Each time needles or other instruments are sterilized, the acupuncturist shall use a tape or strip indicator, which shows that sterilization is complete.
(3) Acupuncture points, where needles are to be inserted, shall be cleaned with an appropriate antiseptic before insertion of the needle.

(4) In the event an acupuncture needle inserted in a patient breaks subcutaneously, the treating acupuncturist shall immediately consult a physician. An acupuncturist shall not sever or penetrate the tissues in order to excise such a needle.
(5) Any complication, including, but not limited to, hematoma, peritonitis, or pneumothorax arising out of acupuncture treatment shall be referred immediately to a physician, dentist, or podiatrist, if appropriate, if immediate medical treatment is required.
(6) Acupuncture shall not be performed using hypodermic needles.
(7) All acupuncture needles and instruments to be discarded shall be safely disposed of. Needles shall be discarded in one of the following ways:
(i) They shall be sterilized and discarded in a sealed container, or
(ii) They shall be placed in a sealed, unbreakable container marked "Hazardous Waste" and disposed.

(8) Any acupuncturist who provides acupuncture treatment outside the clinic or office shall carry the required sterile needles and other instruments in a sterile, airtight container.

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

§ 185-10-2135 Practice Standards

(a) Before treatment of a patient, the acupuncturist shall ask whether the patient has been examined by a licensed physician or other health professional, with regard to the patient's illness or injury, and shall review the diagnosis as reported.

(b) The acupuncturist shall obtain informed consent from the patient, after advising the patient of the following information, which must be supplied to the patient in writing before or at the time of the initial visit:
(1) The acupuncturist's qualifications including:
(i) Education;
(ii) License information; and
(2) Side effects, which may include the following:
(i) Some pain in the treatment area;
(ii) Minor bruising;
(iii) Infection;
(iv) Needle sickness; or
(v) Broken needles.

(c) The acupuncturist shall obtain acknowledgement by the patient in writing that the patient has been advised to consult with the patient's primary care physician about the acupuncture treatment if the patient circumstances warrant or the patient chooses to do so.

(d) The acupuncturist shall inquire whether the patient has a pacemaker or bleeding disorder.

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

§ 185-10-2140 Patient Records

An acupuncturist shall maintain a patient record for each patient treated, including:

(a) A copy of the informed consent;

(b) Evidence of a patient interview concerning the patient's medical history and current physical condition;

(c) Evidence of a traditional acupuncture examination and diagnosis;

(d) Record of the treatment including points treated; and

(e) Evidence of evaluation and instructions given to the patient.

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

§ 185-10-2145 Referral to Other Health Care Practitioners

(a) Referral to other health care practitioners is required when an acupuncturist sees patients with potentially serious disorders including, but not limited to:
(1) Cardiac conditions including uncontrolled hypertensions;
(2) Acute, severe abdominal pain;
(3) Acute, undiagnosed neurological changes;
(4) Unexplained weight loss or gain in excess of 15 percent of the body weight in less than a three-month period;
(5) Suspected fracture or dislocation;
(6) Suspected systemic infections;
(7) Any serious undiagnosed hemorrhagic disorder; and
(8) Acute respiratory distress without previous history.

(b) The acupuncturist shall request a consultation or written diagnosis from a licensed physician for patients with potentially serious disorders.

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

§ 185-10-2150 [Reserved]

[Reserved]

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board reserved this section in its proposed regulations, 34 Com. Reg. 32559 (July 29, 2012).

§ 185-10-2155 Code of Ethics

The Board recognizes NCCAOM's Code of Ethics as its professional standards model. The

cornerstone of the NCCAOM's commitment to ethical business practices and professional conduct is its Code of Ethics. Every CNMI-licensed acupuncturist shall abide by the NCCAOM's Code of Ethics standards and procedures as a condition to the maintenance of his or her license.

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

§ 185-10-2160 Disciplinary Action

The Board shall have the power to impose administrative penalty and/or reprimand; revoke or suspend; refuse to issue, restore or renew, the license of any person who is found guilty of one or more of the violations as prescribed in § 2224 of P.L. 15-105, §§ 185-10-901 to -1300 of the regulations, or NCCAOM's Code of Ethics.

History: Adopted 34 Com. Reg. 32806 (Sept. 29, 2012); Proposed 34 Com. Reg. 32559 (July 29, 2012).

Part 2200 - Chiropractor

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 2300 - Licensed Baccalaureate Social Worker, Licensed Master's Social Worker and the Licensed Clinical Social Worker

§ 185-10-2301 Definitions

(a) "ACSW" is the Academy of Certified Social Workers.

(b) "ASWB" is the Association of Social Work Boards.

(c) "CASSW" is the Canadian Association of Schools of Social Work, which is the council that accredits the schools of social work in Canada.

(d) "CSWE" is the Council on Social Work Education, which is the council that accredits baccalaureate and master's degree programs in social work in the U.S.

(e) "L.B.S.W." means a "licensed baccalaureate social worker" who has been issued a license by this board to practice within their scope of practice and whose license is in good standing.

(f) "L.M.S.W." means a "licensed master's social worker" who has been issued a license by this board to practice within their scope of practice and whose license is in good standing.

(g) "L.C.S.W." means a "licensed clinical social worker" who has been issued a license by this board to practice within their scope of practice and whose license is in good standing.

(h) "NASW" is the National Association of Social Workers.

(i) "Practice of Baccalaureate Social Work" is applying social work theory, knowledge, methods, ethics and the professional use of self to restore or enhance social, psychosocial, or bio-psychosocial functioning of individuals, couples, families, groups, organizations, and communities. Baccalaureate Social Work is generalist practice and may include interviewing, assessment, planning, intervention, evaluation, case management, mediation, counseling, supportive counseling, direct practice, information and referral, problem solving, supervision, consultation, education, advocacy, community organization, and policy and program development, implementation, and administration.

(j) "Practice of Clinical Social Work" is the practice of social work that requires applying social work theory, knowledge, methods, ethics, and the professional use of self to restore or enhance social, psychosocial, or bio-psychosocial functioning of individuals, couples, families, groups, and/or persons who are adversely affected by social or psychosocial stress or health impairment. The practice of clinical social work requires applying specialized clinical knowledge and advanced clinical skills in assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions and addictions, including severe mental illness and serious emotional disturbances in adults, adolescents, and children. The clinical social worker may engage in Baccalaureate Social Work practice and Master's Social Work practice. Clinical treatment methods may include but are not limited to providing individual, marital, couple, family, and group therapy, mediation, counseling, supportive counseling, direct practice, and psychotherapy. Clinical social workers are qualified and authorized to use the Diagnostic and Statistical Manual of Mental Disorders (DSM), the International Classification of Diseases (ICD), Current Procedural Terminology (CPT) Codes, and other diagnostic classification systems in assessment, diagnosis, treatment, and other practice activities. An LCSW may provide any clinical or non-clinical social work service or supervision in either an employment or independent practice setting. An LCSW may work under contract, bill directly for services, and bill third parties for service reimbursements.

(k) "Practice of Master's Social Work" is applying social work theory, knowledge, methods and ethics and the professional use of self to restore or enhance social, psychosocial, or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. An LMSW may practice clinical social work in an agency employment setting under clinical supervision or under contract with an agency when under a clinical supervision plan. Master's Social Work practice may include applying specialized knowledge and advanced practice skills in assessment, treatment, planning, implementation and evaluation, case management, mediation, counseling, supportive counseling, direct practice, information and referral, supervision, consultation, education, research, advocacy, community organization, and developing, implementing, and administering policies, programs, and activities. An LMSW may engage in Baccalaureate Social Work practice.

(l) "Private Practice of Social Work" means that independent practice of a social worker on a self-employed basis.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission inserted commas after the words "organizations" in subsections (i) and (k),

"treatment" in subsection (j), and "implementing" and "programs" in subsection (k) pursuant to 1 CMC § 3806(g).

§ 185-10-2305 Exemptions

Licensure shall not be required of:

(a) Any licensed person doing work within the scope of practice or duties of the person's profession that overlaps with the practice of social work; provided that the person does not hold him/herself out to be a social worker;

(b) Any student enrolled in an educational institution in a recognized program of study leading toward attainment of a degree in social work; provided that the student's activities and services are part of a prescribed course of study supervised by the educational institution, and the student is identified by an appropriate title such as "social work student", or any other title which clearly indicates the student's training status;

(c) Any person in the practice of a religious ministry; provided that the person functions only within the person's capacities as a member of a religious ministry; and provided further that the person does not hold him/herself out to be a social worker; or

(d) Any person who is obtaining supervised clinical experience for licensure as a psychologist, marriage and family therapist, or as another licensed professional; provided that the person does not hold him/herself out to be a social worker.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

§ 185-10-2310 Application for License by Examination

(a) No applicant may sit for the examination until the Board has determined that the applicant has met all the requirements for licensure except passage of the examination.

(b) The Board utilizes the national uniform examinations of the Association of Social Work Boards (ASWB) and candidates shall be required to successfully pass the following examinations:
(1) Bachelors level candidates shall be required to successfully pass the Bachelors Examination;
(2) Masters level candidates shall be required to successfully pass the Masters Examination; and
(3) Clinical social workers level shall be required to successfully pass the Clinical Examination.

(c) An applicant for examination shall submit an application as required on § 185-10-2330 accompanied with all the required information and documentation necessary to establish that the applicant possesses the qualifications for licensure other than the passage of the appropriate examination.

(d) After the applicant received notification from the Board that he/she may take the

examination, he/she must register with ASWB at www.aswb.org and pay the required exam fee. All candidates should download a copy of the ASWB Candidate Handbook which will guide them through the registration process. ASWB has practice tests or detailed study guides that the candidate can use for a fee. Examinations are administered by appointment at Pearson Professional Center on Saipan and registered candidates can schedule a time to take the test at the center.

(e) For disability accommodations, the candidate can download the application from the ASWB website and submit the completed form to ASWB. ASWB will then review the application and forward it to the Board for consideration. After the Board reviews the application and responds to ASWB with their decision, ASWB will notify the candidate of the Board's decision and any approved accommodations. Disability accommodation must be approved before the candidate registers for the examination.

(f) For candidates with English as a second language, you may request for the English as a Second Language (ESL) Special Arrangements form from the Baord. The candidate will fill out the form and submit it to the Board for approval and the Board will then forward the form to ASWB to make arrangements for the candidate (see ASWB Policy Manual Seciton 2.8 on the ASWB website).

(g) Once an application for examination is approved by the Board, the candidate must sit for the examination within one year from the date of board approval. For good cause shown, the Baord will, in its discretion, grant one written request from the candidate for an extension of time to sit for the examination.

(h) The candidate has one year to obtain a passing score on the examination. In the event of failure to pass the examination, the candidate may retake the examination every ninety days during the year. If the candidate did not pass the examination within the year, he/she must reapply, including approval of the Board, application and applicable fee, prior to retaking the examination.

Modified, 1 CMC § 3806(d), (e), (g).

History: Amdts Adopted 37 Com. Reg. 36018 (Feb. 28, 2015); Amdts Proposed 36 Com. Reg. 35947 (Dec. 28, 2014).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission struck the figures "1" from subsection (g) and "90" from subsection (h) pursuant to 1 CMC § 3806(e). The Commission corrected the designation of subsections (g) and (h) and corrected the spelling of the word "documentation" in subsection (c) pursuant to 1 CMC § 3806(g).

§ 185-10-2315 Requirements for Licensure

(a) An applicant to practice as a social worker must be at least twenty-one years of age, be a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and meets the following requirements:

(1) Licensed Baccalaureate Social Worker (L.B.S.W.):

(i) Holds a Bachelor's degree in social work from a college or university accredited by or deemed to be equivalent to an accredited program by the Council on Social Work Education, or the Canadian Association of Schools of Social Work or from a college or university accredited by

an accrediting organization recognized by the Board, or a social work education program approved by the Board; and

(ii) Has passed the Bachelors examination administered by the Association of Social Work Boards, or an examination in social work approved by the Board.

(2) Licensed Master's Social Worker (L.M.S.W.):

(i) Holds a Master's degree in social work from a college or university accredited by or deemed to be equivalent to an accredited program by the Council on Social Work Education, or the Canadian Association of Schools of Social Work or from a college or university accredited by an accrediting organization recognized by the Board, or a social work education program approved by the Board; and

(ii) Has passed the Masters examination administered by the Association of Social Work Boards, or an examination in social work approved by the Board.

(3) Licensed Clinical Social Worker (L.C.S.W.):

(i) Holds a master's or doctoral degree in social work from a college or university accredited by or deemed to be equivalent to an accredited program by the Council on Social Work Education, or the Canadian Association of Schools of Social Work or from a college or university accredited by an accrediting organization recognized by the Board, or a social work education program approved by the Board;

(ii) Has passed the clinical examination administered by the Association of Social Work Boards, or an examination in social work approved by the Board; and

(iii) Has provided evidence of successful completion of at least two years of continuous full-time employment in postgraduate clinical social work under the supervision of a licensed clinical social worker, a licensed physician or a licensed osteopathic physician who has completed a residency in psychiatry, a licensed clinical mental health counselor, a diplomate in clinical social work, a designated member of the ACSW, a licensed psychiatrist, or a licensed psychologist.

(b) Notwithstanding the above licensure requirements, the Board may license an individual that holds at least a master's degree in social work from a school accredited by the Council of Social Work Education, and has been practicing as a professional social worker in the Commonwealth of the Northern Mariana Islands for at least two years prior to July 1, 2016.

Modified, 1 CMC § 3806(a), (f), (g).

History: Amdts Adopted 39 Com. Reg. 39587 (Apr. 28, 2017); Amdts Proposed 38 Com. Reg. 39115 (Dec. 28, 2016); Amdts Adopted 37 Com. Reg. 36787 (July 30, 2015); Amdts Proposed 37 Com. Reg. 36546 (May 28, 2015); Amdts Adopted 37 Com. Reg. 36018 (Feb. 28, 2015); Amdts Proposed 36 Com. Reg. 35947 (Dec. 28, 2014); Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission struck the figures "21" from subsection (a) and "2" from subsection (a)(3)(iii) pursuant to 1 CMC § 3806(e). The Commission corrected the spelling of the word "holds" in subsections (a)(1)(i), (a)(2)(i), and (a)(3)(i) pursuant to 1 CMC § 3806(g).

In July, 2015, the Health Care Professions Board of Licensing adopted an amendment to § 140-50.3-2304 (now moved to § 185-10-2304), 37 Com. Reg. 36787 (July 30, 2015), which added a new subsection (b) as proposed at 37 Com. Reg. 36546 (May 28, 2015). Upon original codification in 2013, § 140-50.3-2304 was re-numbered by the Commission as § 140-50.3-2315 (now moved to § 185-10-2315), pursuant to 1 CMC § 3806 (a). As such, the new subsection (b) was codified herein. The Commission added a comma after "Master's" in subsection (b) pursuant to 1 CMC § 3806(g).

§ 185-10-2320 Supervisor; Supervision Report

(a) A supervisor shall be a licensed clinical social worker, a licensed physician or a licensed osteopathic physician who has completed a residency in psychiatry, a licensed clinical mental health counselor, and a diplomate in clinical social work, a designated member of the ACSW, a licensed psychiatrist, or a licensed psychologist.

(b) Supervision shall have occurred in an agency setting that provides clinical diagnosis and psychotherapy and, supervisor and applicant shall have met at least one hour each week to discuss client cases and treatment procedures.

(c) Supervision reports shall contain sufficient detail to evaluate an applicant's supervised practice, including:
(1) The applicant's name;
(2) The supervisor's name, signature, address, license number, state where granted, date when granted, and area of specialization;
(3) The name and nature of the practice setting and a description of the client population served;
(4) Specific dates of practice covered in the report;
(5) Number of practice hours during this period (to include all duties);
(6) The applicant's specific duties;
(7) Number of one-to-one supervisory hours;
(8) Detailed assessment of the applicant's performance;
(9) The clinical skills supervised; and
(10) The ethical practices reviewed.

(d) Supervision of a LMSW pursuing licensure as an independent practitioner (non-clinical) must be provided by a licensed LMSW or LCSW approved to provide independent practice.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission corrected the spelling and capitalization of the word "reports" in subsection (c) pursuant to 1 CMC § 3806(f) and (g).

§ 185-10-2325 Licensure by Endorsement

(a) The Board may grant a license to a person to practice as a Baccalaureate, Master's or Clinical social worker without examination if:
(1) The person holds a valid, active license to practice as a Baccalaureate, Master's, or Clinical social worker in another U.S. state or territory; and
(2) The person substantially complies with the appropriate requirements for licensure in § 185-10-2315; and
(3) The requirements in the jurisdiction of licensure are at least as stringent as those under these regulations.

(b) The Board may deny a license by endorsement to a person to practice as a Baccalaureate, Master's or Clinical social worker if the person has been the subject of an adverse action in which

his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission inserted commas after the words "Master's" in subsections (a), (a)(1), and (b), and "conditioned" in subsection (b) pursuant to 1 CMC § 3806(g).

§ 185-10-2330 Application

An application for a license to practice as a Baccalaureate, Master's, or Clinical social worker shall be made on a form to be provided by the Board accompanied with the following information and documentations as are necessary to establish that the applicant possesses the qualifications as required in these regulations:

(a) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and Social Security number;

(b) Applicant's 2x2 photograph taken within six months from date of application; and

(c) Applicant must pay the appropriate fees, including the application fee which shall not be refunded;

(d) Applicant to provide originals of all documents and credentials, or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to;
(1) Diploma or certificate showing successful completion of the appropriate degree in social work from the required educational school or program;
(2) Documents showing satisfactory proof that applicant has taken and passed the appropriate required examination;
(3) For the L.C.S.W., documents showing proof that applicant has satisfactorily completed the clinical training required under § 185-10-2315(a)(3)(iii); or
(4) Documents showing proof that applicant holds a valid, active license to practice as a Baccalaureate, Master's, or Clinical social worker in another jurisdiction and substantially complies with the appropriate requirements for licensure under § 185-10-2315; and

(e) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has applied for a license to practice as a Baccalaureate, Master's, or Clinical social worker;

(f) Applicant to provide a detailed educational history, including places, institutions, dates, and program descriptions of all his or her education beginning with secondary schooling and including all college and/or training programs;

(g) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant has been denied licensure or voluntarily surrendered a license to practice as a Baccalaureate, Master's, or Clinical social worker; and

(h) Applicant to provide a list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements, or convictions against the applicant that would constitute grounds for disciplinary action under the Act or these regulations.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission inserted commas after the words "Master's" in the introductory sentence and subsections (d)(4), (e), and (g), "birth" in subsection (a), "dates" in subsection (f), and "settlements" in subsection (h) pursuant to 1 CMC § 3806(g). The Commission corrected the capitalization of the words "Social Security" in subsection (a) pursuant to 1 CMC § 3806(f). The Commission struck the figure "6" in subsection (b) pursuant to 1 CMC § 3806(e).

§ 185-10-2335 Scope of Practice

(a) Licensed Baccalaureate Social Worker (L.B.S.W.): A LBSW may:
(1) Engage in psychosocial evaluation, excluding the diagnosis and treatment of mental illness, and conduct basic data gathering or records and specific life issues of individuals, groups, and families, assess this data, and formulate and implement a plan to achieve specific goals related to specific life issues;
(2) Serve as an advocate for clients or groups of clients for the purpose of achieving specific goals relating to specific life issues;
(3) Refer clients to other professional services;
(4) Plan, manage, direct, or coordinate social services; and
(5) Participate in training and education of social work students and supervise other LBSW.

(b) A LBSW may not engage in the private practice of social work, diagnose mental illness and emotional disorders, or provide psychotherapy.

(c) Licensed Master's Social Worker (L.M.S.W.): A LMSW may:
(1) Engage in administration, research, consultation, social planning, and teaching of social work;
(2) Perform all the functions of a LBSW;
(3) Engage in a non-clinical private practice; and
(4) Engage in the consultation of a LBSW for the purpose of preparing the LBSW for eventual LMSW's status. This includes responsibility for ongoing training and evaluation. The LMSW has an obligation to assess the LBSW's competence and ethics and may share this assessment with the Board at the time the LBSW applies for the LMSW license.

(d) Licensed Clinical Social Worker (L.C.S.W.): A LCSW may:
(1) Practice social work in a clinical setting without consultation;
(2) Engage in psychosocial evaluation, including diagnosis and treatment of mental illness and emotional disorders;
(3) Engage in clinical private practice of social work;
(4) Perform all the functions of a LMSW; and
(5) Engage in the clinical consultation of a LMSW for the purpose of preparing the LMSW for eventual LCSW's status. This includes responsibility for ongoing training and evaluation. The LCSW has an obligation to assess the LMSW's competence and ethics and may share this

assessment with the Board at the time the LMSW applies for the LCSW license.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission inserted commas after the words "groups" and "data" in subsection (a)(1), "direct" in subsection (a)(4), "disorders" in subsection (b), and "planning" in subsection (c)(1) pursuant to 1 CMC § 3806(g).

§ 185-10-2340 Employment of Social Worker

A social worker employed directly by a physician, psychologist, or other social worker, or by a public or private agency, institution, hospital, nursing home, rehabilitation center, or any similar facility, is not to be considered within the definition of an independent practitioner. Furthermore, a social worker who contracts with an agency or institution that assumes full responsibility for and supervises the services provided to clients is not considered to be a private practitioner.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission inserted a comma after the word "psychologist" pursuant to 1 CMC § 3806(g).

§ 185-10-2345 [Reserved]

§ 185-10-2350 Continuing Education (CE)

(a) All L.B.S.W., L.M.S.W., or L.C.S.W. licensed to practice in the CNMI are required to complete the following CE hours as a prerequisite to the renewal of their biennial license:
(1) L.B.S.W. - 20 hours;
(2) L.M.S.W. - 25 hours;
(3) L.C.S.W. - 30 hours.

(b) One CE unit or credit equals to one clock hour.

(c) Approved continuing education activities includes but is not limited to the following:
(1) Courses, workshops, programs, or online CE approved by the National Association of Social Workers and its affiliates, the Association of Social Work Boards and its affiliates, or other programs approved by the Board;
(2) Seminars, courses, conferences, or workshops sponsored by national, regional, state, or local social work professional organizations or state boards in the related specialties of marriage, family and group counseling, psychiatry, psychology, pastoral counseling;
(3) Postgraduate training programs (e.g., intern, residency, or fellowship programs) or completion of social work related courses that are part of the curriculum of a college, university, or graduate school of social work;
(4) Teaching or presenting the activities described in subsections (c)(2) and (c)(3);
(5) Writing a published work or presenting work applicable to the profession of social work; or
(6) Providing supervision to a social worker participating in a social work education program approved by the Board.

(d) If a licensee fails to meet the CE requirements for renewal of license because of illness, military service, medical or religious activity, residence in a foreign country, or other extenuating circumstances, the Board upon appropriate written request from the applicant may grant an extension of time to complete same, on an individual basis.

(e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing education, and the number of course/credit hours.

(f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CE requirements, or who falsely certifies attendance at and/or completion of the CE as required herein.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission inserted commas after the words "programs" in subsection (c)(1) and "residency" and "university" in subsection (c)(3) pursuant to 1 CMC § 3806(g).

§ 185-10-2355 Retention of Client Records; Disposition of Client Records in Case of Death or Incapacity of Licensee

(a) In this section, "client record" means information maintained in a written or electronic form regarding treatment of* billing of a client.

(b) A social worker who serves clients outside of an agency setting shall ensure that a client record is maintained for each such client and that all client records are legible and are kept in a secure, safe, and retrievable condition.

(c) The social worker shall retain a client record for seven years from the date of the last session with the client.

(d) The social worker in private practice shall make necessary arrangements for the maintenance of and access to client records that ensure the clients' right to confidentiality in the event of the death or incapacity of the licensee.

(e) The social worker shall name a qualified person to intercede for client welfare and to make necessary referrals, when appropriate.

* So in original.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission struck the figure "7" from subsection (c) pursuant to 1 CMC § 3806(e).

§ 185-10-2360 Code of Ethics

The Board recognizes the Code of Ethics of the National Association of Social Workers (and any amendments thereof to the Code) as its model code, to the extent that it does not conflict with CNMI laws, rules, or regulations or Board Position Statements. A copy of the NASW Code of Ethics may be obtained at www.nasw.org.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission inserted a comma after the word "rules" pursuant to 1 CMC § 3806(g).

§ 185-10-2365 Standards for Clinical Social Work in Social Work Practice

The Board recognizes the National Association of Social Workers Standards for Clinical Social Work in Social Work Practice (and any amendments thereof to the standards) as its model standards, to the extent that it does not conflict with CNMI laws, rules, or regulations or Board Position Statements. A copy of the standards may be obtained at www.nasw.org.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission inserted a comma after the word "rules" pursuant to 1 CMC § 3806(g).

§ 185-10-2370 Renewal

(a) All licenses, except temporary or limited licenses issued by the Board, expire every two years following issuance or renewal and become invalid after that date.

(b) Each licensee shall be responsible for submitting a completed renewal application at least sixty days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration, the fee, and any additional requirement for the renewal thereof.

(c) All licensees must submit satisfactory evidence of completion of CE requirements, as required under § 185-10-2350.

(d) A late fee of $25.00 will be charged every 1st of the month after the expiration date.

(e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one ear by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.

(f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice as a social worker in the CNMI. This will not, however, prevent the Board from considering a new application.

Modified, 1 CMC § 3806(d), (e).

History: Adopted 37 Com. Reg. 36018 (Feb. 28, 2015); Proposed 36 Com. Reg. 35947 (Dec. 28, 2014).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission struck the figure "60" from subsection (b) pursuant to 1 CMC § 3806(e).

§ 185-10-2375 Disciplinary Action

The Board shall have the power to impose administrative penalty and/or reprimand; revoke or suspend; refuse to issue, restore or renew, the license of any person who is found guilty of one or more of the violations pursuant to 3 CMC § 2224 and parts 900 through 1300 of the regulations, including but is not limited to the following:

(a) Revealing facts, data, or information relating to a client or examinee, except as allowed by the law or rules and regulations;

(b) Making gross or deliberate misrepresentations or misleading claims as to his/her professional qualifications or of the efficacy or value of his/her treatments or remedies, or those of another practitioner;

(c) Directly or indirectly giving to or receiving from any person, firm, or corporation any fee, commission, rebate, or other form of compensation for any professional services not actually rendered. Social workers shall not participate in fee-splitting arrangements, nor shall they give or accept kickbacks for referrals;

(d) The commission of any act or sexual misconduct, sexual abuse, or sexual relations with one's client, patient, student supervisee, or with an ex-client or patient within 24 months after termination of treatment;

(e) Putting an intern or trainee under the social worker's supervision to perform, or to pretend to be competent to perform, professional services beyond the trainee's or intern's level of training;

(f) Submission of fraudulent claims for services to any person or entity including, but not limited to, health insurance companies or health service plans or third party payers; and

(g) Failing to insure that all records and written data are stored using security measures that prevent access to records by unauthorized persons. Social workers are responsible for insuring that the content and disposition of all records are in compliance with all relevant law and rules and regulations.

History: Adopted 36 Com. Reg. 34718 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34371 (Oct. 28, 2013).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission inserted commas after the words "data" in subsection (a), "firm" and "rebate" in subsection (c), and "abuse" and "supervisee" in subsection (d) pursuant to 1 CMC § 3806(g).

Part 2400 - Clinical Laboratory

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 2500 - [Reserved]

[Reserved.]

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 2600 - Dentists, Dental Assistants, Dental Hygienists and Dental Therapists

§ 185-10-2601 Definitions

(a) "ADA" is the American Dental Association.

(b) "ADHA" is the American Dental Hygiene Association.

(c) "Administer local anesthetic agents," means the administration of local anesthetic agents by injection, both infiltration and block, limited to the oral cavity, for the purpose of pain control.

(d) "Conscious sedation" is a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command and that is produced by a pharmacological or non-pharmacological method or a combination thereof.

(e) "Continuing Dental Education (CDE)" consists of dental educational activities designed to review existing concepts and techniques, to convey information beyond the basic dental education, and to update knowledge on advances in scientific, clinical, and nonclinical practice related subject matter, including evidence-based dentistry. The objective is to improve the knowledge, skills, and ability of the individual to provide the highest quality of service to the public and the profession. All continuing dental education should strengthen the habits of critical inquiry and balanced judgment that denote the truly professional and scientific person and should make it possible for new knowledge to be incorporated into the practice of dentistry as it becomes available.

(f) "CPR" means cardiopulmonary resuscitation.

(g) "DEA Registration" means the license given to qualified practitioners to prescribe order or dispense a controlled substance, by the federal Drug Enforcement Agency (DEA).

(h) "Deep sedation" is an induced state of depressed consciousness accompanied by partial

loss of protective reflexes, including the inability to continually maintain an airway independently and/or to respond purposefully to physical stimulation or verbal command, and is produced by a pharmacological or non-pharmacological method or a combination thereof.

(i) "Dental Assistant" means an auxiliary employee of a licensed dentist(s) who performs supportive chair side procedures under the direct supervision and full responsibility of that licensed dentist.

(j) "Dental Hygiene" means the delivery of preventive, educational, and clinical services supporting total health for the control of oral disease and the promotion of oral health provided by a dental hygienist within the scope of his or her education, training, and experience.

(k) "Dental Hygienist" is a mid-level dental health care provider who has been duly licensed by the Board to practice dental hygiene in the CNMI and to engage in clinical procedures primarily concerned with the performance of preventive dental services that are performed in accordance with the rules and regulations of the Board.

(l) "Dental Specialist" means a dentist who has received advanced training and certification in an ADA-recognized dental specialty and is licensed as a dental specialist by the Board.

(m) "Dental Specialty" means any of the dental specialties which are currently recognized by the American Dental Association which currently include the following: Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Periodontics, and Prosthodontics.

(n) "Dental Therapist" is a mid-level dental health care provider given advanced duties and responsibilities in patient care, having professional education and training as required by the Board, and who has been duly licensed by the Board to practice dental therapy in the CNMI, as defined by the rules and regulations thereof.

(o) "Dentist" means a person who has been duly licensed by the Board to practice dentistry in the CNMI, as hereafter defined.

(p) "Dentistry" is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one or more of the following:

(1) By written, verbal, or in any other way advertises him or herself or represents him or herself to be a dentist able to perform procedures on patients in the CNMI;

(2) Performs or offers to perform an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malposed positions thereof;

(3) In any way indicates that he will perform by himself or his agents or servants any

operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that he will construct, alter, repair, or sell any bridge, crown, denture, or other prosthetic appliance or orthodontic appliance;
(4) Makes, or offers to make, an examination of, with the intent to perform or cause to be performed any operation on the human teeth, alveolar process, gums, jaws, or associated structures.

(q) "Direct Supervision" means that the dentist is available for consultation over procedures which the dentist has authorized, and for which the dentist remains responsible. To qualify as direct supervision, the dentist must either by physically present in the dental facility, or supervise using teledentistry.

(r) "Dispense" means to give out a medication.

(s) "General anesthesia" means a controlled state of unconsciousness intentionally produced by anesthetic agents and accompanied by partial or complete loss of protective reflexes, including the inability to independently maintain an airway and respond purposely to physical stimulation or verbal command.

(t) "General Supervision" means a licensed dentist has authorized the procedures and they are being carried out in accordance with the dentist's diagnosis and treatment plan.

(u) "Indirect Supervision" means the supervision of tasks or procedures that do not require continuous supervision at the time the tasks or procedures are being performed, but require the tasks be performed with the prior knowledge and consent of the dentist.

(v) "Irreversible Tasks" are those intra-oral treatment tasks which, when performed, are irreversible, create unalterable changes within the oral cavity or the contiguous structures, or which cause an increased risk to the patient.

(w) "JCNDE" is the Joint Commission on National Dental Examinations. The JCNDE is the agency responsible for the development and administration of the National Board Dental Examination as well as the National Board Dental Hygiene Examination.

(x) "Licensee" is any person who has been lawfully issued a license to practice in the CNMI by this Board.

(y) "NBDE" is the National Board Dental Examination and is a two-part examination to assist state boards in determining qualifications of dentists who seek licensure to practice dentistry.

(z) "Nitrous oxide inhalation analgesia" is the administration by inhalation of a combination of nitrous oxide and oxygen, producing an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command.

(aa) "NPI Number" is the National Practitioner Identifier (NPI), an identification number given

to health care providers by the Centers for Medicare and Medicaid Services.

(bb) "Order," with regard to medication, means the verbal or written instruction to administer a medication to a patient.

(cc) "OSHA" means the Occupational Safety and Health Administration, the main federal agency charged with the enforcement of safety and health legislation.

(dd) "OTC medication" means over-the-counter medication or medication that can be purchased without a prescription.

(ee) "Pediatric Advanced Life Support (PALS) certification" is a certification that means a person has successfully completed a pediatric advanced life support course offered by a recognized accrediting organization.

(ff) "Prescribe" means the written or electronic instruction given to dispense a medication to a patient.

(gg) "Reversible Tasks" are those intra-oral treatment tasks which are readily reversible; do not create unalterable changes within the oral cavity or the contiguous structures; and which do not cause any increased risk to the patient.

(hh) "Teledentistry" means the delivery of dental health care and patient consultation through the use of telehealth systems and technologies, including live, two-way interactions between a patient and a dentist licensed in the CNMI using audiovisual telecommunications technology, or the secure transmission of electronic health records and medical data to a dentist licensed in the CNMI to facilitate evaluation and treatment of the patient outside of a real-time or in-person interaction. Prior to engaging the use of teledentistry, a dentist must demonstrate to the Board that (1) there is limited access to dentistry services in the intended community; and (2) must enter a written collaborative agreement with each dental therapist who will be performing services under the dentist's direct supervision using teledentistry.

(ii) "U.S. Territory" shall mean all territories, commonwealths, or possessions of the United States.

(jj) "U.S. state" shall refer to any of the fifty states or U.S. territory, unless otherwise specifically defined in these regulations.

(kk) "Written Collaborative Agreement" means a written agreement with a licensed dentist who authorizes and accepts responsibility for the services performed by a dental therapist using teledentistry. The services authorized under a collaborative agreement may further limit a dental therapist's scope of practice and limit tasks that may be performed under the written collaborative agreement and conferred direct supervision, but may not expand the dental therapist's scope beyond tasks as described in the rules and regulations of the Board. A written collaborative agreement must contain, at minimum:

(1) the tasks which may be performed by the dental therapist under direct supervision of the

dentist; and
(2) the protocol for using teledentistry consultation; and
(3) the procedures for amending the content of the agreement; and
(4) the duration of the agreement not to exceed one year; and
(5) the name of a secondary, alternative supervising dentist, if desired; and
(6) endorsement by all parties.

Modified, 1 CMC § 3806(g).

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2605 Exemptions from License Requirements

The following individuals are exempt from obtaining a CNMI license to practice as a dentist, dental hygienist, or dental therapist:

(a) A dentist, dental hygienist, or dental therapist in the U.S. Military in the discharge of official duties;

(b) A visiting dentist, dental hygienist, or dental therapist from another jurisdiction presenting information or demonstrating procedures before a dental society, dental study club, organization, or convention in the CNMI; or

(c) A physician or other medically trained and licensed individual, when emergency treatment is necessary for the relief of pain, in the absence of a licensed dentist, dental hygienist, or dental therapist.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

§ 185-10-2610 Licensure by Endorsement

(a) The Board may grant a license to a person to practice as a dentist, dental hygienist, dental therapist or specialist without examination if:
(1) The person holds a valid, active license to practice as a dentist, dental hygienist, dental therapist, or specialist in any U.S. state or Canada; and
(2) The person substantially complies with the requirements for licensure in § 185-10-2615–2620; and
(3) The requirements in the jurisdiction of licensure are at least as stringent as those under these regulations; and
(4) Applicant is not the subject of an adverse report from the National Practitioner Data Bank, the American Association of Dental Examiners Clearinghouse for Board Actions, or the licensing/regulatory entity of any jurisdiction, including foreign countries.

(b) The Board may deny a license by endorsement to a person to practice dentistry, dental

hygiene, or dental therapy if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2615 Dentist – Licensure

(a) Requirements.

An applicant to practice as a dentist must be at least twenty-one years of age; a U.S. citizen or a foreign national who is lawfully entitled to remain and work in the CNMI; and must meet the following requirements:

(1) Applicant is a graduate of a dental school accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) or the Commission on Dental Accreditation of Canada; and

(2) Applicant has taken and passed the examination administered by the Joint Commission on National Dental Examinations or the written examination and the Objective Structured Clinical Examination (OSCE) administered by the National Dental Examiner Board of Canada; or the applicant has a current and active license to practice as a dentist in any U.S. state or Canada; and

(3) Applicant is not the subject of any adverse action against their license to practice dentistry in any U.S. State or territory, or Canada and is not the subject of any pending litigation in regard to their practice of dentistry.

(b) Application.

An application for a license to practice dentistry shall be made under oath on a form provided by the Board and shall be accompanied with the following information, documentations, and fees (non-refundable) as required in these regulations:

(1) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, NPI, and social security number; and

(2) Applicant's 2x2 photograph taken within six months from date of application; and

(3) A list of all jurisdictions, U.S. or foreign, in which the applicant has ever been licensed or has applied for a license to practice dentistry, has been denied licensure, or voluntarily surrendered a license to practice dentistry; and

(4) A curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs, and description of all prior education and work experience; and

(5) A list of all sanctions, judgments, awards, settlements, or convictions against the applicant in any jurisdiction, U.S. or foreign, that may constitute grounds for disciplinary action in that jurisdiction or be of concern to the Board; and

(6) A current report from the National Practitioner Data Bank (NPDB), the American Association of Dental Examiners Clearinghouse for Board Actions, or any other entity having information pertinent to the applicant's performance; and

(7) Notarized or certified copies acceptable to the Board of the following:

(i) Diploma showing a degree of Doctor of Dental Surgery or Doctor of Dental

Medicine; and
(ii) Current and active license to practice as a dentist in any U.S. state or Canada; and
(iii) Current DEA registration certificate, if held by the applicant.

(c) Dental Specialist.
A specialist license will be issued by the Board to those applicants that have met all other requirements and have completed a specialty program accredited by the American Dental Association Commission on Dental Accreditation or the Commission on Dental Accreditation of Canada, or hold a specialty permit issued by the appropriate specialty board.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2620 Dentist – Scope of Practice

(a) A CNMI-licensed dentist engaging in the practice of dentistry may:
(1) Perform or hold out to the public as being able to perform dental operations;
(2) Use the words "doctor," "dentist," or "dental surgeon" or the letters "D.D.S." or "D.M.D." or other letter or title that represents the dentist as engaging in the practice of dentistry;
(3) Diagnose, treat, operate on, correct, attempt to correct, or prescribe for a disease, lesion, pain, injury, deficiency, deformity, or physical condition, malocclusion or malposition of the human teeth, alveolar process, gingiva, maxilla, mandible, or adjacent tissues;
(4) Perform or attempt to perform an operation incident to the replacement of teeth;
(5) Furnish, supply, construct, reproduce, or repair dentures, bridges, appliances, or other structures to be used and worn as substitutes for natural teeth;
(6) Extract or attempt to extract human teeth;
(7) Exercise control over professional dental matters or the operation of dental equipment in a facility where the acts and things described in this section are performed or done; and
(8) Evaluate, diagnose, treat, or perform preventive procedures related to diseases, disorders, or conditions of the oral cavity, maxillofacial area, or adjacent and associated structures; a dentist whose practice includes the services described in this paragraph may only perform the services if they are within the scope of the dentist's education, training, and experience and in accord with the generally recognized ethical precepts of the dental profession.

(b) Dental Specialist.
A licensed dentist may not hold out to the public as being a specialist in a branch of dentistry by verbal communication, advertising, or using such terms as "specialist" or using the name of the specialty or other verbiage in a way that would imply to the public that the dentist is so qualified, without first securing a specialist's license issued by the Board.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

§ 185-10-2625 Dentist – Continuing Dental Education (CDE)

(a) Each dentist licensed to practice dentistry in the CNMI is required to complete forty CDE hours (20 hours per year) as a prerequisite to the renewal of his/her biennial license.

(b) One CDE unit or credit equals one contact hour.

(c) Approved continuing dental education activities include, but are not limited to, courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Association (ADA), Academy of General Dentistry (AGD), or the World Dental Federation.

(d) If a licensee fails to meet the CDE requirements for renewal of license because of illness, military service, medical, or religious activity, residence in a foreign country, or other extenuating circumstances, the Board, upon appropriate written request from the applicant, may grant an extension of time to complete same, on an individual basis.

(e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing dental education, and the number of course/credit hours.

(f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CDE requirements or who falsely certifies attendance at and/or completion of the CDE as required herein.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2630 Dental Hygienist – Licensure

(a) Requirements.

An applicant applying for a license to practice dental hygiene in the CNMI must be at least twenty-one years of age, be a U.S. citizen or a foreign national lawfully entitled to remain and work in the CNMI, and must meet the following requirements:

(1) Applicant is a graduate of an accredited program for dental hygiene accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) or the Commission on Dental Accreditation of Canada; and

(2) Applicant has taken and passed the National Board Dental Hygiene Examination administered by the Joint Commission on National Dental Examinations or the Canadian National Board Dental Hygiene Examination; or the applicant has a current and active license to practice dental hygiene in any U.S. state or Canada; and

(3) Applicant who is a foreign trained dental hygienist and who graduated from a school of dentistry recognized by the department of health in that respective country and can provide evidence of:

(i) Attaining the U.S. equivalent of a Bachelor's Degree in Dental Hygiene, and

(ii) Provide evidence of 160 hours of supervised clinical practive, demonstrating

competent skills to the satisfaction of and as witnessed and certified by a Dentist licensed in the CNMI who is approved by the Board, and:
(4) Applicant has no adverse action against their license to practice dental hygiene in any U.S. State, Canada, or other foreign jurisdiction, and is not the subject of any pending litigation in regard to their practice of dental hygiene; and
(5) Applicant must specify in the application the dentist(s) by whom the applicant is to be employed.

(b) Application.
An application for a license to practice dental hygiene shall be made under oath on a form provided by the Board and shall be accompanied with the following information, documentations, and fees (non-refundable) as required in these regulations:
(1) Completed application with information that includes the applicant's full name and all aliases or other names ever used, current address, date and place of birth, and social security number; and
(2) Current 2x2 photograph of the applicant taken within six months from date of application; and
(3) A list of all jurisdictions, U.S. or foreign, in which the applicant has ever been licensed, has applied for a license to practice dental hygiene, has been denied licensure, or voluntarily surrendered a license to practice dental hygiene; and
(4) A curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs, and description of all prior education and work experience; and
(5) A list of all of all sanctions, judgments, awards, settlements, or convictions against the applicant in any jurisdiction, U.S. or foreign, that may constitute grounds for disciplinary action in that jurisdiction or be of concern to the Board; and
(6) Notarized or certified copies acceptable to the Board of the following: A diploma showing a degree of Dental Hygiene; and
(i) Document showing proof that applicant has taken and passed the National Board Dental Hygiene examination administered by the Joint Commission on National Dental Examinations or the Canadian National Board Dental Hygiene Examination; or
(ii) Current and active license to practice as a dental hygienist in any U.S. state or Canada.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2635 Dental Assistant – Scope of Practice

(a) A CNMI-licensed dental hygienist may:
(1) Educate, demonstrate, and instruct the public on achieving better oral and systemic health;
(2) Examine visually and by the use of instruments, such as an explorer and a periodontal probe or other means, the teeth and the tissues surrounding the teeth;
(3) Examine visually and by palpation the head and neck region for any lesions or

abnormalities;
(4) Remove calcareous deposits, accretions, and stains from the surfaces of the teeth with the use of hand instruments or ultrasonic instrumentation;
(5) Perform root planing and scaling and periodontal soft tissue curettage with the use of hand instruments, ultrasonic instruments, or soft tissue lasers;
(6) Expose and develop radiographs (x-rays);
(7) Administer local anesthetic agents;
(8) Remove restorative overhangs;
(9) Apply topical antimicrobials and preventive agents;
(10) Apply pit and fissure sealants;
(11) Make alginate impressions of the dentition;
(12) Deliver occlusal guards or teeth whitening trays;
(13) Research, as it relates to the field of dentistry; and
(14) Assist the dentist and dental team as needed in delivering quality dental care.

(b) A CNMI-licensed dental hygienist may not:
(1) Deliver dental hygiene services independent of a CNMI-licensed dentist, except for educational and preventative oral health services provided by dental hygienists employed by the Commonwealth Healthcare Corporation which are rendered pursuant to the Public Health's Oral Health Program for children, within the scope of these regulations;
(2) Diagnose, treatment-plan, or write prescriptions for medications, except under the direct order and supervision of a CNMI-licensed dentist;
(3) Cut or incise hard or soft tissues; and
(4) Perform other procedures that require the professional competence and skill of a dentist.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Amdts Adopted 36 Com. Reg. 34712 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34591 (Nov. 28, 2013); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2640 Dental Hygienist – Continuing Dental Education (CDE)

(a) All dental hygienists licensed to practice dental hygiene in the CNMI are required to complete twenty-four CDE hours (12 hours per year), as a prerequisite to the renewal of their biennial license.
(1) One CDE unit or credit equals one contact hour.
(2) Approved continuing dental education activities include, but are not limited to, courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienist's Association (ADHA), Academy of General Dentistry (AGD), American Dental Association (ADA), or the World Dental Federation.
(3) If a licensee fails to meet the CDE requirements for renewal of license because of illness, military service, medical, or religious activity, residence in a foreign country, or other extenuating circumstances, the Board, upon appropriate written request from the applicant, may grant an extension of time to complete same, on an individual basis.
(4) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the

Board, from the organization or institution of his or her participation in the continuing dental education, and the number of course/credit hours.
(5) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CDE requirements or who falsely certifies attendance at and/or completion of the CDE as required herein.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2645 Dental Therapist – Licensure

(a) Requirements.
An applicant applying for a license to practice as a dental therapist in the CNMI must be at least twenty-one years of age, be a U.S. citizen or a foreign national lawfully entitled to remain and work in the CNMI, and must meet the following requirements:
(1) Applicant is a graduate of an accredited dental therapy educational program in the U.S. or Canada or is a foreign trained dentist having graduated from a school of dentistry recognized by the department of health in that respective country; and
(2) Applicant can communicate proficiently in the English language. If proficiency in the English language is in question, the applicant may be required by the Board to show a passing score on the TOEFL test; and
(3) Applicant has a current and active license to practice as a dental therapist in any U.S. state or Canada, or as a dentist in any foreign country; and
(4) Applicant is not the subject of any adverse action against their license to practice as a dental therapist in any U.S. State or Canada, or as a dentist in any foreign country, and is not the subject of any pending litigation in regard to their practice as a dental therapist or dentist; and
(5) Applicant must specify in the application the dentist(s) by whom the applicant is to be employed.

(b) Application.
An application for a license to practice as a dental therapist shall be made under oath on a form provided by the Board and shall be accompanied with the following information, documentations, and fees (non-refundable) as required in these regulations:
(1) Completed application with information that includes the applicant's full name and all aliases or other names ever used, current address, date and place of birth, and social security number; and
(2) Current 2x2 photograph of the applicant taken within six months from date of application; and
(3) A list of all jurisdictions, U.S. or foreign, in which the applicant has ever been licensed or has applied for a license to practice as a dental therapist or a dentist; has been denied licensure; or voluntarily surrendered a license to practice as a dental therapist or dentist; and
(4) A curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs, and description of all prior education and work experience; and

(5) A list of all sanctions, judgments, awards, settlements, or convictions against the applicant in any jurisdiction, U.S. or foreign, that may constitute grounds for disciplinary action in that jurisdiction or be of concern to the Board; and
(6) Notarized or certified copies acceptable to the Board of the following:
(i) Diploma showing a degree of Dental Therapy or a degree of Doctor of Dental Surgery from a school of dentistry recognized by the department of health in that respective country; and
(ii) Documents showing proof that applicant is licensed to practice as a dental therapist in any U.S. state or Canada, or a foreign trained dentist graduated from a school of dentistry recognized by the department of health in that respective country;

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2650 Dental Therapist-Scope of Practice

(a) A person licensed as a dental therapist in the CNMI must adhere to the specific parameters and scope of practice and may perform the following services under the general supervision of a CNMI-licensed dentist:
(1) Oral examination and diagnosis of dental disease;
(2) Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis;
(3) Preliminary charting of the oral cavity;
(4) Taking intra-oral and extra-oral photographs;
(5) Exposing and developing radiographs;
(6) Prophylaxis or removal of stains, accretions, or deposits and polishing of the coronal portion of the teeth above the cemento enamel junction (CEJ); and
(7) Scale and root planning (removal of calculus or deposits below the cemento enamel junction (CEJ));
(8) Application of topical preventive or prophylactic agents, including fluoride varnishes and gel;
(9) Placement of pit and fissure sealants;
(10) Application of silver diamine fluoride;
(11) Pulp vitality testing;
(12) Application of desensitizing agents on primary or permanent teeth;
(13) Placement of temporary restorations on primary or permanent teeth;
(14) Fabrication and cementation of temporary crowns on permanent teeth;
(15) Placement and removal of restorative bands;
(16) Suture removal and dressing changes;
(17) Impressions for, and delivery of, occlusal guards, athletic mouth guards and whitening trays but not laser bleaching;
(18) Impressions for removable prosthesis;
(19) Tissue Conditioning and soft reline for removal prosthesis; and
(20) Minor adjustments of removable prosthesis.

(b) A licensed dental therapist may perform the following services under direct supervision of a dentist:
(1) Cavity preparation;
(2) Placement, shaping, polishing, and adjustment of restorative materials or fillings on primary or permanent teeth;
(3) Indirect and direct pulp capping on primary and permanent teeth;
(4) Placement and removal of space maintainers on primary teeth;
(5) Recommendation of permanent crowns;
(6) Try-in of removable prosthesis;
(7) Non-surgical extraction of primary teeth;
(8) Non-surgical extraction of permanent teeth with greater than grade 2 mobility;
(9) Tooth re-implantation;
(10) Stabilization of re-implanted teeth or teeth otherwise affected by trauma;
(11) Emergency palliative treatment or dental pain;
(12) Administration and monitoring of nitrous oxide (with proof of certification from a Board-approved program);
(13) Fabrication and cementation of temporary crowns on permanent teeth;
(14) Dispensing medications as ordered by the dentist;
(15) Observation and monitoring of patients under sedation; and
(16) Administration of local anesthetic.

(c) The supervising dentist is professionally and legally responsible for all care provided by the dental therapist.

(d) Limitation of Practice as a Dental Therapist.
A licensed dental therapist in the CNMI must strictly adhere to the following:
(1) Must work under the supervision of a dentist holding a current and unrestricted license to practice dentistry in the CNMI; and
(2) May not hold themselves out to the public as a dentist, dental hygienist, or refer to themselves as "doctor" or hold themselves out to the public in any written, verbal, or other form to be a Doctor of Dental Surgery or Doctor of Dental Medicine, regardless of their training or title in any foreign country; and
(3) Must not diagnose, do a treatment plan, or write prescriptions for medications, except under the direct order and supervision of a CNMI-licensed dentist; and
(4) Must not perform other procedures that require the professional competence and skill of a dentist.

Modified, 1 CMC § 3806(g).

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2655 Dental Therapist – Continuing Dental Education (CDE)

(a) All dental therapists licensed to practice in the CNMI are required to complete twenty-four

CDE hours (12 hours per year) as a prerequisite to the renewal of their biennial license.

(b) One CDE unit or credit equals one contact hour.

(c) Approved continuing dental education activities include, but are not limited to:
(1) Courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienist's Association (ADHA), Academy of General Dentistry (AGD), American Dental Association (ADA), or the World Dental Federation;
(2) Courses, workshops, or symposiums approved by the Board that are offered by dental colleges or universities, or dental organizations or associations.
(3) Self-study programs offered by a dental college or university, the AGD or the ADA, or other programs approved by the board.

(d) If a licensee fails to meet the CDE requirements for renewal of license because of illness, military service, medical, or religious activity, residence in a foreign country, or other extenuating circumstances, the Board, upon appropriate written request from the applicant, may grant an extension of time to complete same, on an individual basis.

(e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing dental education, and the number of course/credit hours.

(f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CDE requirements or who falsely certifies attendance at and/or completion of the CDE as required herein.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2660 Dental Assistant – Registration

All persons wishing to perform the duties and functions of a dental assistant must register with the Board within three months of employment or change of employment status with any dental office or clinic. An applicant to practice as a dental assistant must be a U.S. citizen or a foreign national lawfully entitled to remain and work in the CNMI. An application for registration shall be on a form provided by the Board accompanied with the following information and documentation:

(a) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and social security number; and

(b) Proof that the applicant is a U.S. citizen or a foreign national. If foreign, applicant must provide a copy of a valid immigration status allowing for legal work in the CNMI; and

(c) Name and business address of employer and the name of the supervising dentist; and

(d) A curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs and description of all prior education and work experience.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2665 Dental Assistant – Scope of Practice

(a) The supervising dentist shall be accountable and fully responsible for all dental services, procedures, and duties performed by a dental assistant under the dentist's supervision. However, a dental assistant is responsible for his or her own professional behavior and shall be held accountable for such.

(b) A dental assistant may perform the following supportive dental procedures under the direct supervision of a licensed dentist:
(1) Retract a patient's cheek, tongue, lips, or other tissues during dental procedures;
(2) Place and remove a rubber dam;
(3) Conduct a preliminary oral inspection, conduct preliminary charting of the oral cavity, and report observations to the supervising dentist;
(4) Remove debris as is normally created and accumulated during or after procedures by the dentist with the use of vacuum devices, compressed air, mouthwashes, and water;
(5) Provide assistance, including placement of material in a patient's oral cavity, in response to the specific direction of a licensed dentist who is performing a dental procedure on a patient;
(6) Removal of sutures and post-surgical dressings;
(7) Application of topical preventive or prophylactic agents, including fluoride varnishes;
(8) Placement and removal of matrix retainers for restorations;
(9) Impressions for casts or models;
(10) Removal of excess cement after a dentist has placed or removed a permanent or temporary inlay, crown, bridge, appliance, or orthodontic brackets or bands, using hand instruments and slow-speed handpiece only;
(11) Prophylaxis or removal of stains, accretions, or deposits from the teeth of children below the age of fourteen (14) only;
(12) Coronal polishing using a slow-speed handpiece with a rubber cup or brush;
(13) Placing of retractions, cord, or other material for tissue displacement for crown and bridge impressions;
(14) Fabrication and cementation of temporary crowns after the dentist has prepared the teeth for crown and bridge work;
(15) Placement and removal of orthodontic separators;
(16) Take intra-oral measurements for orthodontic procedures;
(17) Check for loose bands and brackets;
(18) Placement and removal of ligature ties;
(19) Removal of arch wires;
(20) Fitting and removal of head appliances;

(21) Placement and removal of inter-arch elastics;
(22) Preliminary selecting and sizing of bands;
(23) Patient education in oral hygiene;
(24) Take, expose, and process dental radiographs;
(25) Take intra-oral and extra-oral photographs;
(26) Take and record blood pressure and vital signs;
(27) Relate pre- and post-operative or surgical instructions to the patient or their guardian;
(28) Monitoring of nitrous oxide administration;
(29) Placement of pit and fissure sealants;
(30) Dispense medications as ordered by the dentist; and
(31) Observation and monitoring of patients under sedation.

(c) A dental assistant employed by the Commonwealth Healthcare Corporation may assist a dental hygienist, independent of a licensed dentist, for educational and preventative oral health services rendered pursuant to the Public Health's Oral Health Program for children, within the scope of these regulations.

(d) Prohibited Duties of Dental Assistants.
A dental assistant shall not perform the following functions or duties or any other activity, which represents the practice of dentistry or requires the knowledge, skill, and training of a licensed dentist, dental hygienist, or dental therapist:
(1) Diagnosis and treatment planning, independent of a CNMI-licensed dentist;
(2) Extraction of teeth and surgical or cutting procedures on hard or soft tissues;
(3) Placement, condensation, carving, finishing, or adjustment of final restorations, placement of pulp capping materials and cement bases; or any cementation procedure;
(4) Prescribing or injecting of medication;
(5) Cementation or bonding of any fixed prosthetic or orthodontic appliance;
(6) Instrumenting or final filling of root canals; and
(7) Intra-orally finishing or adjusting the occlusion of any final restoration.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Amdts Adopted 36 Com. Reg. 34712 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34591 (Nov. 28, 2013); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.] The February 2014 amendment made changes to subsection (c). The amendment purported to amend subsection (c) and re-letter the sections accordingly. As a result, former subsection (c) was retained and re-lettered to become subsection (d).

§ 185-10-2670 [Reserved]

[Reserved]

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comment removed.]

§ 185-10-2675 Schedule of Fees

The following fees shall apply, unless they conflict with NMIAC § 140-50.1-116:

(a)	Application Fee:	
(1)	Initial Application	$100.00
(2)	Dental Assistant Registration Application	$100.00
(b)	Licensure Fees:	
(1)	Dentist	$200.00
(2)	Dental Specialist	$200.00
(3)	Dental Hygienist	$100.00
(4)	Dental Therapist	$100.00
(c)	Renewal Fees:	
(1)	Dentist	$200.00
(2)	Dental Specialist	$200.00
(3)	Dental Hygienist	$100.00
(4)	Dental Therapist	$100.00
(5)	Late Fee	$25.00
(d)	Replacement/Duplication of License/Card	$25.00
(e)	Verification of License Fee	$25.00

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

§ 185-10-2680 Renewal

(a) All licenses issued by the Board expire every two years following issuance or renewal and become invalid after that date.

(b) Each licensee shall be responsible for submitting a completed renewal application at least sixty days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration and the fee and any additional requirement for the renewal thereof.

(c) All licensees must submit satisfactory evidence of completion of CDE requirements, as required under these regulations.

(d) A late fee of $25.00 will be charged every 1st of the month after the expiration date.

(e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid.

(f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. state, Canada, or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his CNMI license, shall be deemed ineligible for renewal of his or her license to practice as a physician in the CNMI.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2685 [Reserved]

[Reserved]

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2690 Infection Control

The following shall be adhered to with regard to infection control where dental services are provided:

(a) All instruments that come in contact with blood and/or saliva shall be sterilized after each use with the employment of one of the following:
(1) Steam autoclave;
(2) Dry-heat;
(3) Chemical vapor; or
(4) disinfectant/chemical sterilant approved by the U.S. Environmental Protection Agency (EPA) with the recommended dilution and specified soaking times.

(b) All dental health care workers shall take appropriate precautions, pursuant to OSHA standard 29 C.F.R. 1910.1030, "Blood borne Pathogens," or its successor, to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures. If a needle stick injury occurs, the dentist shall comply with the requirements established by OSHA. All sharp items and contaminated wastes must be packaged and disposed of according to the requirements established by any federal and local government agencies which regulate health or environmental standards.

(c) All dental health care workers who have exudative lesions or weeping dermatitis shall refrain from contact with equipment, devices, and appliances that may be used for or during patient care, where such contact holds potential for blood or body fluid contamination, and shall refrain from all patient care and contact until condition(s) resolves unless barrier techniques would prevent patient contact with the dental health care worker's blood or body fluid.

(d) All dental health care workers shall follow the guidelines for Infection Control in Dental Health-Care Settings established by the Centers for Disease Control (CDC).

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

§ 185-10-2695 Prescribing, Ordering or Dispensing of Medication

The following must be adhered to for the prescribing, ordering, or dispensing of medication:

(a) A CNMI-licensed dentist wishing to prescribe, order, or dispense any controlled substance shall hold a current DEA registration that is on file with the Board; and

(b) Any clinic or facility that holds in-stock any medication to order or dispense to patients shall register with the Board, on an application provided by the Board; shall list the dentist under whose license and DEA number the medication is being purchased; and must list the type of medications being kept in stock to order or dispense; and

(c) The ordering or dispensing of any medication, other than OTC medications, can ONLY be done under the direct command of a CNMI-licensed dentist who holds a current DEA registration, and given to a patient that has been examined by that dentist.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2700 Prohibition on Interference by a Non-Dentist

No person or entity, whether owner, manager, or other entity other than the designated Dental Director, shall:

(a) Direct or interfere with the clinical judgment and competent practice of dentistry, dental hygiene, dental therapy, or dental assisting; and

(b) Select a course of treatment for a patient, the procedures or materials to be used as part of the course of treatment, or the manner in which such course of treatment is carried out.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

§ 185-10-2701 Designation of a Dental Director

A non-dentist owned business, corporation, or entity providing dental services beyond basic educational and preventive services shall name a CNMI-licensed dentist as a dental director. The dental director shall have responsibility for the clinical practice of dentistry, which includes, but

is not limited to:

(a) Diagnosis of conditions within the human oral cavity and its adjacent tissues and structures;

(b) Prescribing, ordering, or dispensing of drugs to patients;

(c) The treatment plan of any dental patient;

(d) Overall quality of patient care that is rendered or performed in the practice of dentistry, dental hygiene, dental therapy, and dental assisting;

(e) Supervision of dental hygienists, dental therapist, dental assistants, or other personnel involved in direct patient care and the authorization for procedures performed by them in accordance with the standards of supervision established by the Board; and

(f) Other specific services within the scope of clinical dental practice.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

§ 185-10-2705 Patient Records and Their Transfer

(a) Dentists shall maintain and keep adequate records of the diagnosis made and the treatment performed for a reasonable period of time.

(b) Upon written request, original patient treatment records shall be made available for inspection by the members of the Board or its designated representative, for the ascertainment of facts. Reasons for requesting records would include investigation of patient complaints, verification of dental treatments, and any other valid reasons involving the Board's need to know.

(c) Upon written request, copies of patient records, including dental x-rays, dental models, and the treatment rendered shall be made available to another dentist for continued treatment. A dentist is entitled to charge the patient a reasonable fee for their duplication.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

§ 185-10-2710 Requirements for General Anesthesia, Parental Sedation, and Oral Sedation

(a) A facility in which there will be the administration of general anesthesia, parenteral sedation, or oral sedation for dental procedures shall contain the following properly operating equipment and supplies that are properly used:
(1) Anesthesia machine (only required for general anesthesia);
(2) Emergency medications;
(3) Electrocardiograph monitor;
(4) Pulse oximeter;

(5) Cardiac defibrillator;
(6) Positive pressure oxygen;
(7) Suction equipment;
(8) Laryngoscope and blades;
(9) Endotrachial tubes;
(10) Magill forceps;
(11) Oral airways;
(12) Stethoscope;
(13) Blood pressure monitoring device; and
(14) Precordial stethoscope.

(b) Maintain a staff of supervised personnel capable of handling procedures, complications, and emergency incidents. All personnel involved in administering and monitoring general anesthesia, parenteral sedation, or oral sedation shall hold a current certificate in basic cardiopulmonary resuscitation (CPR).

(c) A dentist wishing to administer general anesthesia may only do so if approved by the Board, having completed a recognized residency, and shall hold a current and valid general anesthesia permit issued by any U.S. State (excluding U.S. territories) or Canadian Territory.

(d) A dentist wishing to administer intra venous (I.V.) sedation shall have a current and valid I.V. sedation permit issued by any U.S. State (excluding U.S. territories) or Canadian Territory.

(e) A dentist wishing to administer pediatric oral sedation shall have completed at least twenty hours of accredited continuing education in this area and shall hold a current certificate in Pediatric Advanced Life Support (PALS).

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2715 Patient Rights

Each patient shall, at a minimum, be afforded the following rights:

(a) To be treated with respect, consideration, and dignity;

(b) To privacy in treatment;

(c) To have their records kept confidential and private;

(d) To be provided information concerning their diagnosis, evaluation, treatment options, and progress;

(e) An opportunity to participate in decisions involving their health care;

(f) To refuse any diagnostic procedure or treatment and be advised of the consequences of that refusal; and

(g) To obtain a copy or summary of their personal dental record.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

§ 185-10-2720 Impaired Dentists or Dental Hygienists

(a) The Board shall have the power to deny an application; refuse to renew or restore; suspend; revoke; place on probation; or condition the license of any dentist or dental hygienist whose mental or physical ability to practice medicine with reasonable skill and safety is impaired.

(b) By submission of an application for licensure or renewal, an applicant shall be deemed to have given his or her consent to submit to mental or physical examination and/or chemical dependency evaluation, including the taking of tissue or fluid samples, at his or her own expense, as the Board may direct, and to waive all objections as to the admissibility or disclosure of such information and related findings, reports, or recommendations in an administrative or judicial proceeding. If a licensee or applicant fails to submit to an examination or evaluation when properly directed to do so by the Board, unless failure was due to circumstances deemed beyond the licensee's control, the Board shall be permitted to enter a final order upon proper notice, hearing, and proof of refusal.

(c) If the Board finds, after examination and hearing, that the applicant or licensee is impaired, he/she shall be subject to the following:
(1) Direct the applicant or licensee to submit to care, counseling, or treatment, at his or her own expense, acceptable to the Board; and
(2) Deny the application, suspend, place on probation, or condition the license for the duration of the impairment; or
(3) Revoke the license.

(d) Any licensee or applicant who is prohibited from practicing dentistry or dental hygiene under this section shall, at reasonable intervals, be afforded an opportunity to demonstrate to the satisfaction of the Board that he or she can resume or begin to practice dentistry or dental hygiene with reasonable skill and safety. A license shall not be reinstated, however, without the payment of all applicable fees and the fulfillment of all requirements, as if the applicant had not been prohibited.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

§ 185-10-2725 Reporting Requirements

(a) Reporting to the Board.
(1) Each licensee and each person in the Commonwealth employing a dental care professional shall report to the Board:

(i) Information, which it receives relating to the professional competence and conduct of a dental care professional, regulated pursuant to the law or these regulations. In particular, it shall report negative information;
(ii) A professional review action that adversely affects the dental privileges of a dental care professional for a period of more than 30 days; and
(iii) Acceptance of the surrender of dental privileges, or any restriction of such privileges, of a dental care professional.
(2) The Board shall provide a form for such reports.
(3) The report shall be made within thirty-five days of receipt of the information by the person or by a management-level individual.

(b) Reporting to National and Interstate Data Banks.
(1) The Board shall report adverse dental care professional information to the National Practitioner Data Bank (NPDB), the American Association of Dental Examiners Clearinghouse for Board Actions, and such other interstate or national dental professional data bank within thirty-five days following such determination.
(2) The information to be reported shall include:
(i) Discipline of a dental care professional described by, or undertaken pursuant to, the law and these regulations, and without regard to whether the action of the disciplining entity has been stayed by a reviewing court;
(ii) A professional review action that adversely affects the dental privileges of a dental care professional for a period of more than thirty days; and
(iii) Acceptance of the surrender of dental privileges or any restriction of such privileges of a dental care professional.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2730 Disciplinary Action

The Board shall have the power to impose administrative penalties and/or reprimands; revoke or suspend; or refuse to issue, restore, or renew the license of any person who is found guilty of one or more of the violations pursuant to P.L. 15-105 § 2224 and §§ 185-10-901 to -1300 of the regulations, including, but not limited to the following:

(a) Exercising undue influence on the patient or client, including the promotion of the sale of services, goods, appliances, or drugs in such manner as to exploit the patient or client for the financial gain of the practitioner or a third party;

(b) Failing to make available to a patient or client, upon request, copies of documents in the possession or under the control of the licensee that have been prepared for and paid for by the patient or client;

(c) Making false or materially incorrect or inconsistent entries in any patient records or in the records of any health care facility, school, institution, or other work place location;

(d) Revealing personally identifiable facts, data, or information obtained in a professional capacity without the prior consent of the patient or client, except as authorized or required by law;

(e) Practicing or offering to practice beyond the scope permitted by law; accepting and performing professional responsibilities which the licensee knows or has reason to know that he or she is not competent to perform; or performing, without adequate supervision, professional services that the licensee is authorized to perform only under the supervision of a licensed professional, except in an emergency situation where a person's life or health is in danger;

(f) Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified, by training, by experience, or by licensure, to perform them;

(g) Performing professional services which have not been duly authorized by the patient or client or his or her legal representative;

(h) Failing to maintain an accurate and legible written evaluation and treatment history for each patient;

(i) Failing to identify to a patient, patient's guardian, or the Board the name of an employee, employer, contractor, or agent who renders dental treatment or services upon request;

(j) Failing to report suspected child abuse to the proper authorities, as required by law;

(k) Failing to respond to written communications from the Board to make available any relevant records, with respect to an inquiry or complaint, about the licensee's unprofessional conduct;

(l) Falsifying, altering, or destroying treatment records in contemplation of an investigation by the Board or a lawsuit being filed by a patient;

(m) Intentionally presenting false or misleading testimony, statements, or records to the Board or the Board's investigator or employees during the scope of any investigation or at any hearing of the Board;

(n) Committing or conspiring to commit an act which would tend to coerce, intimidate, or preclude any patient or witness from testifying against a licensee in any disciplinary hearing, or retaliating in any manner against any patient or other person who testifies or cooperates with the Board during any investigation involving the Board;

(o) Violating any lawful order of the Board previously entered in a disciplinary hearing, or failing to comply with a lawfully issued subpoena of the Board;

(p) Violating any term of probation, condition, or limitation imposed on the licensee by the Board;

(q) Practicing with an expired, suspended, or revoked license, permit, or registration;

(r) Using the title "doctor," "dentist," "dental surgeon," "dental hygienist," "dental therapist," or the letters "D.D.S." or "D.M.D." or other modifications, derivatives, or acronyms thereof, in the individual or firm name, or in any title, sign, card, ad, electronic communication, or other device to indicate that the person or firm is practicing dentistry, dental hygiene, or dental therapy;

(s) Prescribing controlled substances for a habitual drug user in the absence of substantial dental justification, if the licensee knows or has reason to know the patient is a habitual drug user;

(t) Using or removing controlled substances from any health care facility or other work place location without prior authorization;

(u) Failing to exercise reasonable diligence to prevent partners, associates, and employees from engaging in conduct which would violate any rule, regulation, or order of the Board;

(v) Failing to avoid interpersonal relationships that could impair professional judgment or risk the possibility of exploiting the confidence of a patient, including committing any act of sexual abuse, misconduct, or exploitation related to the licensee's practice of dentistry;

(w) Termination of a dentist-patient relationship by a dentist, unless reasonable notice of the termination is provided to the patient. For purposes of this provision, a "dentist patient" relationship exists where a dentist has provided dental treatment to a patient on at least one occasion within the preceding year. "Termination of a dentist-patient relationship by the dentist" means that the dentist is unavailable to provide dental treatment to a patient, under the following circumstances:
(1) The office where the patient has received dental care has been closed for a period in excess of fifty days; or
(2) The dentist discontinues treatment of a particular patient for any reason, including non-payment of fees for dental services, although the dentist continues to provide treatment to other patients at the office location.

(x) Interfering or attempting to interfere with the professional judgment of an individual who is licensed or certified by the Board. Examples include, but are not limited to, the following:
(1) Establishing professional standards, protocols, or practice guidelines which conflict with generally accepted standards within the dental profession;
(2) Entering into any agreement or arrangement for management services that interferes with a dentist's exercise of his/her independent professional judgment or encourages improper overtreatment or undertreatment by dentists;
(3) Placing limitations or conditions upon communications, clinical in nature, with the dentist's patients;
(4) Precluding or restricting an individual's ability to exercise independent professional judgment over all qualitative and quantitative aspects of the delivery of dental care; or
(5) Penalizing a dentist for reporting violations of a law regulating the practice of dentistry.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Commission Comment: [Historical comments removed.]

§ 185-10-2735 Principles of Ethics and Code of Professional Conduct

(a) For licensed dentists, the Board adopts, as if fully set out herein and to the extent that it does not conflict with CNMI laws, rules, or Board Position Statements, the American Dental Association (ADA) Principles of Ethics and Code of Professional Conduct as it may, from time to time, be amended. A copy of the ADA Principles of Ethics and Code of Professional Conduct may be obtained by contacting the American Dental Association at 211 East Chicago Avenue, Chicago, IL 60611, or by phone at (312) 440-2500, or on the Internet at http://www.ada.org.

(b) For licensed dental hygienists, the Board adopts, as if fully set out herein and to the extent that it does not conflict with CNMI laws, rules, or Board Position Statements, the American Dental Hygienists' Association (ADHA) Code of Ethics for Dental Hygienists as it may, from time to time, be amended. A copy of the ADHA Code of Ethics for Dental Hygienists may be obtained by contacting the American Dental Hygienists' Association at 444 North Michigan Avenue, Suite 3400, Chicago, IL 60611, or by phone at (312) 440-8900, or on the Internet at http://www.adha.org.

(c) For registered dental assistants, the Board adopts, as if fully set out herein and to the extent that it does not conflict with CNMI laws, rules, or Board Position Statements, the American Dental Assistants Association (ADAA) Principles of Ethics and Professional Conduct as it may, from time to time, be amended. A copy of the ADAA Principles of Ethics and Professional Conduct may be obtained by contacting the American Dental Assistants Association at 203 North LaSalle Street, Chicago, IL 60601-1225, or by phone at (312) 541- 1550, or on the Internet at http://www.dentalassistant.org.

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 34 Com. Reg. 32802 (Sept. 29, 2012); Proposed 34 Com. Reg. 32515 (July 29, 2012).

Part 2700 - [Reserved as Part of 2600]

[Reserved.]

History: Amdts Adopted 42 Com. Reg. 44390 (Oct. 28, 2020); Amdts Proposed 42 Com. Reg. 43976 (Aug. 28, 2020); Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 2800 - Embalmer

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 2900 - Emergency Medical Responders (EMR), Emergency Medical Technicians

(EMT), Advanced Emergency Medical Technicians (AEMT), and Emergency Medical Technician-Paramedics (EMT-P)

History: Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: This part was reserved in the initial 2008 regulations.

§ 185-10-2901 Definitions

(a) "ABLS" means the Advanced Burn Life Support.

(b) "ACLS" means the Advanced Cardiac Life Support.

(c) "Advanced Emergency Medical Technician (AEMT)" means a person who has additional training in limited advanced life support and is licensed by the Board as an Advanced Emergency Medical Technician.

(d) "Advanced Life Support (ALS)" means special services designed to provide definitive prehospital emergency medical care, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.

(e) "AHA" means the American Heart Association is a non-profit organization in the U.S. which offers the most widely accepted certification to health care providers to effectively respond to life-threatening cardiac events.

(f) "ARC" means the American Red Cross is a humanitarian organization that provides emergency assistance, disaster relief, and health and safety education in the U.S. and its territories. The American Red Cross provides first aid, cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), water safety and lifeguarding, babysitting, disaster preparedness, and home safety training throughout the United States.

(g) "AMLS" means the Advanced Medicine Life Support.

(h) "Approved EMS Curriculum" means the curriculum for all EMS level approved by the Board which are the following:
(1) National Standard Curriculum developed nuder the auspices of the U.S. Department of Transportation, National Highway Traffic Safety Administration for the specified level of training of EMS personnel; or
(2) EMS curriculum or training program approved by a U.S. state or territory that meets or exceeds the NSC for the licensure level developed by NHTSA, for its licensing or certification requirement and approved by the Board.

(i) "Approved EMS Curriculum Provider" means a public or private entity approved by the Board to provide the approved EMS curriculum or training program. The approved EMS curriculum provider must meet the following requirements:
(1) Instructor(s) must be currently licensed as and EMT, AEMT or EMT-P for at least two years for the level he/she is teaching; and
(2) Instructor(s) must have completed the EMT Instructor Course by the National Association of EMS Educators or an organization approved by the Board and the refresher course every two year and is current on the latest DOT curriculum; or
(3) EMS curriculum providers approved by another U.S. state or territory and approved by the Board; and
(4) The approved EMS curriculum provider must provide evidence of a valid and current certificate or letter showing that he/she is an EMS instructor; and
(5) Instructors also teaching BLS, ACLS, and other health care provider courses must provide evidence of a valid aud current card showing that he/she is an instructor for health care provider courses.

(j) "Automated external defibrillation" or "AED" means the process of applying a specialized defibrillator to a patient of cardiac arrest, allowing the defibrillator to interpret the cardiac rhythm and, if appropriate, deliver an electrical shock to the heart that will allow the heart to resume an effective electrical activity. Automated external defibrillation can include either fully-automatic or semi-automatic external defibrillation.

(k) "BTLS" means the Basic Trauma Life Support.

(l) "Basic Life Support (BLS)" means emergency first aid and cardiopulmonary resuscitation procedures which, at a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.

(m) "Board" means the Health Care Professions Licensing Board (HCPLB) established by § 2204(a) of P.L. 15-105.

(n) "Cardiopulmonary Resuscitation (CPR)" is an emergency procedure which is performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest. CPR instruction may be from the American Heart Association, the American Red Cross, the American Safety and Health Institute, or other national organizations approved by the Board.

(o) "CECBEMS" means the Continuing Education Coordinating Board for Emergency Medical Services. It is the national accrediting body for EMS continuing education courses and course providers.

(p) "CoAEMSP" means the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions. It is the education accreditation agency that is approved by the National EMS.

(q) [Repealed.]

(r) "EMS" means emergency medical services.

(s) "Emergency Medical Technician (EMT)" means a person who has been trained in all facets of basic life support and is licensed by the Board as such.

(t) "Emergency Medical Technician – Paramedic (EMT-P)" means an individual who is educated and trained in all elements of pre-hospital advanced life support and is licensed by the Board as an Emergency Medical Technician-Paramedic.

(u) "EPC" means the Emergency Pediatric Care.

(v) "ITLS" means the International Trauma Life Support.

(w) "NAEMT" means the National Association of Emergency Medical Technicians who represents and serve EMS practitioners, including paramedics, emergency medical technicians, and emergency medical responders, through advocacy, educational programs, and research.

(x) "NALS" means the Neonatal Advanced Life Support.

(y) "NEMSAC" means the National Emergency Medical Services Advisory Council. The NEMSAC was formed in April 2007 as a nationally recognized council of EMS representatives and consumers to provide advice and recommendations regarding EMS to NHTSA.

(z) "NHTSA" means the National Highway Traffic Safety Administration. The Federal government was given a leadership role in reducing the number of injuries and deaths on America's highways. As a result, the National Highway Safety Bureau (NHSB), which was the predecessor agency to NHTSA, was created.

(aa) "NREMT' means the National Registry of Emergency Medical Technicians. The NREMT offers a national certification based on the NHTSA National Standard Curriculum for the levels of First Responder, EMT-Basic, EMT-Intermediate 1985, EMT-Intermediate 1999, and EMT-Paramedic.

(bb) "NSC" means the National Standard Curriculum developed under the auspices of the U.S. Department of Transportation, National Highway Traffic Safety Administration for the specified level of training of EMS personnel. The current National Standard Curriculum (NSC) shall be used as a guideline for development of all EMS training curriculum.

(cc) "PALS" means the Pediatric Advanced Life Support.

(dd) "PEPP" means the Pediatric Education for Pre-hospital Professionals.

(ee) "PEARS" means the Pediatric Emergency Assessment Recognition and Stabilization.

(ff) "PHTLS" means the Pre-hospital Trauma Life Support.

(gg) "PPC" means the Pediatric Pre-hospital Care.

(hh) "Pre-hospital Emergency Medical Care Personnel" – For the purpose of these regulations, Pre-hospital Emergency Medical Care Personnel means the EMR, EMT, AEMT, and the EMTParamedic, as defined in these regulations.

Modified, 1 CMC § 3806(a), (e), (g).

History: Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board adopted amendments to this section in 2013, "Inserting new subsections, deleting subsection (q) and re-lettering all subsections of the Regulations."

The Commission corrected the capitalization of the words "cardiopulmonary" and "automated" in subsection (f) to correct a manifest error. The Commission struck the figure "(2)" from subsection (i) as a mere repetition of a written word. The Commission struck extraneous quotation marks from subsections (e) and (f) and inserted commas after the words "relief" in subsection (f), "AEMT" in subsection (i), "ACLS" in subsection (a)(5), and "technicians" and "research " in subsection (w) to correct manifest errors. The Commission replaced "a Emergency" with "an Emergency" in subsection (t), and "meaus" in subsection (gg) with "means" to correct manifest errors.

The Commission replaced the original subsection (r) with the amended section (r) as they both define the term "EMS." Because the Health Care Professions Licensing Board explicitly removed subsection (q), the Commission has accordingly listed it as repealed.

§ 185-10-2902 Exemptions from Regulations

Licensure requirements for EMR, EMT, AEMT and EMT-P shall not apply to:

(a) A physician in private practice, the outpatient department of the Commonwealth Health Corporation and its entities in Rota and Tinian (whether located on or off the premises of the hospital or health centers), or other entity authorized to offer medical services from advertising itself as, or otherwise holding itself out as, providing urgent, immediate, or prompt medical services, or from using in its name or advertising the words "urgent," "prompt," "immediate," any derivative thereof, or other words which suggest that it is staffed and equipped to provide urgent, prompt, or immediate medical services; and

(b) United States military personnel or state National Guard or employees of the United States government while providing services on a United States government owned or operated facility, while engaged in the performance of their official duties under federal law or while providing assistance in mass casualty or disaster type situation.

History: Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

§ 185-10-2904 Liability for Services Rendered

Liability for services rendered during the course of employment shall be consistent with the Commonwealth Good Samaritan Act, P.L. 10-52.

History: Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

§ 185-10-2905 [Reserved.]

[Reserved.]

History: Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board reserved this section in its proposed regulations, 34 Com. Reg. 32495 (July 29, 2012).

§ 185-10-2906 Requirements for Licensure—Emergency Medical Responder (EMR)

No individual shall hold himself or herself out to be an EMR unless that individual is licensed by the Board. An applicant to practice as an EMR must be at least eighteen years of age, a U.S. citizen or a national lawfully entitled to remain and work in the CNMI, and meet the following requirements:

(a) Applicant must submit evidence of one of the following:
(1) A current certification from NREMT as an NREMT-FR; or
(2) A valid, active license or certification from a U.S. state or territory to practice as an EMR; or
(3) A certificate showing successful completion of the most current First Responder National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or
(4) A certificate showing successful completion of an EMR curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current First Responder National Standard Curriculum developed by the NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure.

(b) Applicant must submit evidence of a current and valid completion of a CPR course for health care providers within the last two years prior to applying or renewing a license.

(c) If your initial EMR curriculum or training program was completed more than two years ago and you have maintained licensure at the EMR level, you must submit documentation verifying completion of an EMR refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial EMR curriculum or training program was completed more than two years ago and you never gained state licensure at the EMR level, you must complete the most current First Responder National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an EMR curriculum or training program approved by a U.S. state or territory that meets or exceeds the most

current National Standard Curriculum for FR developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.

(d) EMR's Scope of Practice - The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Responders perform basic interventions with minimal equipment.

Modified, 1 CMC § 3806(e), (g).

History: Amdts Adopted 36 Com. Reg. 34714 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34585 (Nov. 28, 2013); Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: The Commission struck the figure "(18)" from the initial paragraph as a mere repetition of a written word. The February 2014 amendments deleted former subsection (a)(5). Consequently, the Commission removed "; and" as superfluous without subsection (a)(5) and replaced it with a period at the end of subsection (a)(4) to correct a manifest error.

§ 185-10-2907 Requirements for Licensure—Emergency Medical Technician (EMT)

No individual shall hold himself or herself out to be an EMT unless that individual is licensed by the Board. An applicant to practice as an EMT must be at least eighteen years of age, a U.S. citizen or a national lawfully entitled to remain and work in the CNMI, and meet the following requirements:

(a) Applicant must submit evidence of one of the following:
(1) A current certification from NREMT as an NRAEMT; or
(2) A valid, active license or certification from a U.S. state or territory to practice as an EMT; or
(3) A certificate showing successful completion of the most current EMT – Basic National Standard Curriculum developed by the NHTSA. U.S. Department of Transportation, taught by an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or

(4) A certificate showing successful completion of an EMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT developed by NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure.

(b) Applicant must submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course for health care providers within the last two years prior to applying or

renewing a license.

(c) If your initial EMT - B curriculum or training program was completed more than two years ago and you have maintained licensure at the EMT level, you must submit documentation verifying completion of an EMT refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial EMT-B curriculum or training program was completed more than two years ago and you never gained state licensure at the EMT level, you must complete the most current EMT-Basic National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an EMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.

(d) EMT's Scope of Practice - The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

Modified, 1 CMC § 3806(e), (g).

History: Amdts Adopted 36 Com. Reg. 34714 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34585 (Nov. 28, 2013); Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: The Commission struck the figure "(18)" from the initial paragraph as a mere repetition of a written word. The February 2014 amendments deleted former subsection (a)(5). Consequently, the Commission removed "; and" as superfluous without subsection (a)(5) and replaced it with a period at the end of subsection (a)(4) to correct a manifest error.

§ 185-10-2908 Requirements for Licensure—Advanced Emergency Medical Technician (AEMT)

No individual shall hold himself or herself out to be an AEMT unless that individual is licensed by the Board. An applicant to practice as an AEMT must be at least eighteen years of age, a U.S. citizen or a national lawfully entitled to remain and work in the CNMI, and meet the following requirements:

(a) Applicant must submit evidence of one of the following:
(1) A current certification from NREMT as an NRAEMT; or
(2) A valid, active license or certification from a U.S. state or territory to practice as an AEMT; or
(3) A certificate showing successful completion of the most current AEMT National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by

an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or

(4) A certificate showing successful completion of an AEMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for AEMT developed by NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure.

(b) Applicant must submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course for health care providers within the last two years prior to applying or renewing a license.

(c) If your initial AEMT curriculum or training program was completed more than two years ago and you have maintained licensure at the AEMT level, you must submit documentation verifying completion of an AEMT refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial AEMT curriculum or training program was completed more than two years ago and you never gained state licensure at the AEMT level, you must complete the most current AEMT National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an AEMT curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for AEMT developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.

(d) AEMT's Scope of Practice - The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

Modified, 1 CMC § 3806(e), (g).

History: Amdts Adopted 36 Com. Reg. 34714 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34585 (Nov. 28, 2013); Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: The Commission struck the figure "(18)" from the initial paragraph as a mere repetition of a written word. The February 2014 amendments deleted former subsection (a)(5). Consequently, the Commission removed "; and" as superfluous without subsection (a)(5) and replaced it with a period at the end of subsection (a)(4) to correct a manifest error.

§ 185-10-2909 Requirements for Licensure—Emergency Medical Technician-Paramedic (EMT-P)

No individual shall hold himself or herself out to be an EMT-P unless that individual is licensed

by the Board. An applicant to practice as an EMT-P must be at least eighteen years of age, a U.S. citizen or a national lawfully entitled to remain and work in the CNMI, and meet the following requirements:

(a) Applicant must submit evidence of one of the following:
(1) A current certification from NREMT as an NREMT-P; or
(2) A valid, active license or certification from a U.S. state or territory to practice as an EMT-P; or
(3) A certificate showing successful completion of the most current EMT - Paramedic National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider and completed the course within the last two years prior to applying for licensure; or
(4) A certificate showing successful completion of an EMT-P curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT-P developed by NHTSA, for its licensing or certification requirement approved by the Board and completed the course within the last two years prior to applying for licensure.

(b) Applicant must submit evidence of a current and valid completion of a Basic Cardiac Life Support (CPR) course for health care providers within the last two years prior to applying or renewing a license.

(c) If your initial EMT-P curriculum or training program was completed more than two years ago and you have maintained licensure at the EMT-P level, you must submit documentation verifying completion of an EMT-P refresher program taught by an approved EMS curriculum provider within the past two years and successfully completing the cognitive and psychomotor examinations. If your initial EMT-P curriculum or training program was completed more than two years ago and you never gained state licensure at the EMT-P level, you must complete the entire most current EMT-Paramedic National Standard Curriculum developed by the NHTSA, U.S. Department of Transportation, taught by an approved EMS curriculum provider or an EMT-P curriculum or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum for EMT-P developed by NHTSA, for its licensing or certification requirement approved by the Board and complete the cognitive and psychomotor examinations.

(d) EMT-P's Scope of Practice - The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

Modified, 1 CMC § 3806(e), (g).

History: Amdts Adopted 36 Com. Reg. 34714 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34585 (Nov. 28, 2013); Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Proposed 35 Com. Reg. 33613 (June 28, 2013).

Commission Comment: This section was not originally included in part 2900 as proposed at 34 Com. Reg. 32546 (July 29, 2015). The Health Care Professionals Board of Licensing later adopted a complete section 2909 as part of an amendment to part 2900.

The Commission struck the figure "(18)" from the initial paragraph as a mere repetition of a written word. The February 2014 amendments deleted former subsection (a)(5). Consequently, the Commission removed "; and" at the end of subsection (a)(4) as superfluous without subsection (a)(5) and replaced it with a period to correct a manifest error.

§ 185-10-2910 Application

(a) An application to practice as an EMR, EMT, AEMT, or EMT-P shall be made under oath on a form to be provided by the Board and shall be signed and sworn to under penalty of perjury by the applicant, accompanied with the following information and documents, as are necessary to establish that the applicant possesses the qualifications as required in these regulations:

(1) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and social security number;

(2) The applicant's 2x2 photograph taken within six months from date of application;

(3) Applicant must pay the appropriate fees, including the application fee which shall not be refunded;

(4) Applicant to provide originals of all documents and credentials or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to:

(i) Diploma or certificate showing successful completion of high school or GED;

(ii) Documents showing proof that applicant has completed all the required courses and exams necessary for the appropriate license; or

(iii) Documents showing proof that applicant holds a current certification from NREMT, or has a valid, active license or certification from another U.S. state or territory; and

(iv) A copy of a current and valid CNMI driver's license and police clearance.

(5) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has applied for a license to practice as a EMR, EMT, AEMT, or EMT-P;

(6) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant has been denied licensure or voluntarily surrendered a license to practice as a EMR, EMT, AEMT, or EMT-P; and

(7) Applicant to provide a list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements, or convictions against the applicant that would constitute grounds for disciplinary action under the Act or these regulations.

(8) Applicant to provide relevant medical information that could affect his or her job performance.

Modified, 1 CMC § 3806(e).

History: Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: The Commission struck the figure "(6)" in subsection (a)(6) as a mere repetition of a written word.

§ 185-10-2912 Supervision and/or Responsibility of Pre-hospital Emergency Medical Care Personnel

(a) Supervision of a CNMI-licensed EMR, EMT, AEMT, or EMT-P providing emergency medical services within the CNMI may be provided by the CNMI-licensed physicians or physician assistants employed at the Emergency Room (ER) of the Commonwealth Health Corporation (CHC), the Rota Health Center, or the Tinian Health Center.

(b) ER physicians or physician assistants may communicate with EMR, EMT, AEMT, or EMT-P via radio or telephone and provide medical direction on-site and in-transit to the hospital or health center in accordance with the knowledge and skills of the EMR, EMT, AEMT, or EMTP for treatment, transfer, and triage protocols approved by the CNMI Health Care Corporation and/or the Department of Public Health.

History: Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

§ 185-10-2914 Continuing Education (CE)

(a) All EMR, EMT, AEMT, or EMT-P licensed to practice in the CNMI are required to complete the following refresher courses or CE hours as a prerequisite to the renewal of their biennial license:
(1) EMR:
(i) Completion of an approved DOT National Standard First Responder/EMR refresher or CECBEMS approved refresher course; or
(ii) 12 hours of approved continuing education hours which must include the following topics and hours listed:
(A) Preparatory - 1 hour
(B) Airway - 2 hours
(C) Patient Assessment - 2 hours
(D) Circulation - 3 hours
(E) Illness and Injury - 3 hours
(F) Childbirth and Children - 1 hour
(2) EMT:
(i) Completion of an approved 24 hour DOT National Standard EMTB/EMT refresher or CECBEMS approved refresher course; or
(ii) Completion of 48 hours of approved continuing education hours which must include the following topics and hours listed:
(A) Preparatory - 1 hour
(B) Airway - 2 hours
(C) OB, Infants, Children - 2 hours
(D) Patient Assessment - 3 hours
(E) Medical/Behavior - 4 hours
(F) Trauma - 4 hours
(G) Elective - 8 hours
(iii) A maximum of 16 hours can be applied from each of the following courses: ABLS, AMLS, BTLS, NALS, PEPP, PHTLS, and PPC;

(iv) A maximum of 12 hours can be applied from each of the following courses: Teaching CPR, Emergency Driving or Dispatch Training; and
(v) A maximum number of 24 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;
(vi) A maximum of 24 hours can be applied towards additional continuing education hours from the college level courses related to EMS. These courses include but are not limited to: Anatomy/Physiology, Pharmacology, Cellular Biology, Chemistry, Psychology, and Microbiology; and
(vii) Hours from the following courses can be applied hour for hour with no maximum: Advanced Trauma Life Support, Refresher Course Instruction and Wilderness EMS Training.
(3) AEMT:
(i) Completion of an approved 36 hour DOT National Standard AEMT refresher or CECBEMS approved refresher course; or
(ii) Completion of 36 hours of additional approved continuing education hours which must include the following topics and hours listed:
(A) Mandatory Core Content:
(I) Airway, Breathing and Cardiology - 6 hours
(II) Medical Emergencies - 2 hours
(III) Trauma - 4 hours
(IV) Obstetrics and Pediatrics - 6 hours
(B) Flexible Core Content:
(I) Airway, Breathing and Cardiology - 6 hours
(II) Medical Emergencies - 4 hours
(III) Trauma - 1 hour
(IV) Obstetrics and Pediatrics - 6 hours
(V) Operational Tasks - 1 hour
(iii) A maximum of 16 hours can be applied from each of the following courses: ABLS, ACLS, AMLS. BTLS. ITLS, NALS, PALS, PEPP, PHTLS, PPC, and teaching EMS courses;
(iv) A maximum of 12 hours can be applied from each of the following courses: Teaching CPR. Emergency Driving or Dispatch Training;
(v) A maximum number of 18 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;
(vi) A maximum of 18 hours can be applied for college courses that relate to your role as an EMS professional. These courses include but are not limited to: Anatomy, Physiology, Biology, Chemistry, Microbiology, Pharmacology, Psychology, Sociology, and Statistics;
(vii) Hours from the following courses can be applied hour for hour with no maximum: Advanced Trauma Life Support, EMS Course Instruction, and Wilderness EMS Training.
(4) EMT-P:
(i) Completion of an approved 48 hour DOT National Standard EMTP/Paramedic refresher course; or
(ii) Completion of approved continuing education hours which must include the following topics and hours listed:
(A) Mandatory Core Content:

(I) Airway, Breathing and Cardiology - 8 hours
(II) Medical Emergencies - 3 hours
(III) Trauma - 5 hours
(IV) Obstetrics and Pediatrics - 8 hours
(B) Flexible Core Content:
(I) Airway, Breathing and Cardiology - 8 hours
(II) Medical Emergencies - 5 hours
(III) Trauma - 1 hour
(IV) Obstetrics and Pediatrics - 8 hours
(V) Operational Tasks - 1 hour
(iii) A maximum of 12 hours can be applied from each of the following courses: ABLS, ACLS, AMLS, BTLS, ITLS, NALS, PALS, PEPP, PHTLS, and EPC;
(iv) A maximum of 12 hours can be applied from each of the following courses: Teaching CPR, Emergency Driving or Dispatch Training;
(v) A maximum number of 12 hours of CECBEMS approved Distributive Education can be applied to continuing education requirements;
(vi) A maximum of 18 hours can be applied for college courses that relate to your role as an EMS professional. These courses include but are not limited to: Anatomy, Physiology, Biology, Chemistry, Microbiology, Pharmacology, Psychology, Sociology, and Statistics; and
(vii) Hours from the following courses can be applied hour for hour with no maximum: Advanced Trauma Life Support, EMS Course Instruction, and Wilderness EMS Training.

(b) Approved continuing education activities include, but are not limited to, the following: the National Standard Curriculum and refresher courses developed by NHTSA for the specified level of training of EMS personnel; courses or training program approved by a U.S. state or territory that meets or exceeds the most current National Standard Curriculum developed by NHTSA; courses, workshops, seminars, training programs, or online CEs approved by the Continuing Education Coordinating Board for EMS (CECBEMS); American Health Association Basic Life Support; Advanced Cardiac Life Support and Pediatric Advanced Life Support courses; American Academy of Pediatrics Pediatric Education courses; and the American College of Surgeons Trauma Life Support courses.

(c) Courses that cannot be applied towards CE hours are: clinical rotations, CPR, home study programs, instructor courses, management/leadership courses, performance of duty, serving as a skill examination, and volunteer time with agencies.

(d) An individual who is a member of the reserves and is deployed for active duty with a branch of the Armed Forces of the United States whose CNMI license expires during the time the individual is on active duty or less than six months from the date the individual is deactivated/released from active duty, may be given an extension of the expiration date of the individual's license for up to six months from the date of the individual's deactivation/release from active duty in order to meet the renewal requirements for the individual's license upon compliance with the following:
(1) Provide documentation from the respective branch of the Armed Forces of the United States verifying the individual's dates of activation and deactivation/release from duty.

(2) If no lapse in licensure, provide documentation showing that the CE requirements submitted for the renewal period were taken not earlier than thirty calendar days prior to the effective date of the individual's license that was valid when the individual was activated for duty and not later than six months from the date of the deactivation/release from duty.

Modified, 1 CMC § 3806(a), (e).

History: Amdts Adopted 36 Com. Reg. 34714 (Feb. 28, 2014); Amdts Proposed 35 Com. Reg. 34585 (Nov. 28, 2013); Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: The Commission struck the figures "(6)" from subsection (e) and (e)(2) and "(30)" from subsection (e)(2) as mere repetitions of written words. The Commission renumbered the proposed sections to conform to the numbering scheme of the code. The February 2014 amendments made changes to subsections (a)(2)(i) and (a)(3)(i) and deleted former subsection (a)(4)(ii).

§ 185-10-2915 Renewal

(a) All licenses issued by the Board expire after two years following issuance or renewal and becomes invalid after that date.

(b) All renewal licensees must be actively practicing his/her licensure level during the last two years prior to expiration date of license.

(c) All renewal licensees must submit a current and valid re-certification from NREMT or evidence of completion of refresher courses and/or continuing education as required under § 185-10-2914.

(d) All renewal licensees must submit evidence of a current and valid completion of a CPR course or other health care provider's course required for licensure completed within the last two years prior to renewing of your license.

(e) Each licensee shall be responsible for submitting a completed renewal application at least eighty-four days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration and the fee and any additional requirement for the renewal thereof.

(f) A late fee of $25.00 will be charged every 1st of the month after the expiration date.

(g) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date but must meet all initial or refresher courses and continuing education as required under § 185-10-2914 and payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.

Modified, 1 CMC § 3806(e).

History: Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: The Commission removed the figure "(84)" in subsection (b) as a mere repetition of written words.

This section was amended in 2013, moving the language previously modified by the Commission to subsection (e).

§ 185-10-2916 [Reserved.]

[Reserved.]

History: Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board reserved this section in its proposed regulations, 34 Com. Reg. 32495 (July 29, 2012).

§ 185-10-2917 National Standard Curriculum

The board recognizes the National Standard Curriculum developed under the auspices of the U.S. Department of Transportation, National Highway Traffic Safety Administration for the specified level of training of EMS personnel. The current National Standard Curriculum (NSC) shall be used as a guideline for development of all EMS training curriculum. The Board also recognizes the National EMS Education Program Accreditation, National EMS Certification and any amendments thereto to the standards, which may be obtained at http://www.nremt.org.

History: Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: This section was previously entitled "EMS National Standards." The title was changed by the Health Care Professions Licensing Board in the August 2013 amendment.

§ 185-10-2918 Oath and Code of Ethics

The Board adopts, as if fully set out herein and to the extent that it does not conflict with CNMI laws, rules, and regulations, the National Association of Emergency Medical Technicians (NAEMT) Oath and Code of Ethics which may be obtained at http://www.naemt.org.

History: Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

§ 185-10-2920 Disciplinary Action

(a) The Board shall have the power to impose administrative penalties and/or reprimands; revoke or suspend; refuse to issue, restore or renew, the license of any person who is found guilty of one or more of the violations pursuant to § 2224 of P.L. 15-105 [3 CMC § 2224] and §§ 185-10-901 through 185-10-1301 of the regulations, including, but not limited to the following:
(1) Knowing or willful violation of patient privacy or confidentiality by releasing information to persons not directly involved in the care or treatment of the patient;

(2) Illegal drug use on or off duty;
(3) Alcohol use within eight hours of going on duty or while on duty or in an on-call status;
(4) Violation of verbal orders, either directly or by radio or telephone, from a physician who is responsible for the care of a patient;
(5) Use of invasive medical procedures in violation of generally accepted standards of the medical community;
(6) Any action that constitutes a violation of any CNMI law, municipal code, or regulations that endangers the public, other public safety officials, other EMS personnel, including improper operation of an emergency medical vehicle;
(7) Instructing, causing or contributing to another individual violating a statute or regulations, including other EMS personnel acting in a supervisory capacity;
(8) Participation in the issuance of false continuing education documents or collaboration therein, including issuing continuing education verification to one who did not legitimately attend the continuing education activity;
(9) Signing in to a continuing education activity for a person not actually present;
(10) Knowingly assisting or permitting other EMS personnel to exceed his or her lawful scope of practice;
(11) Unlawful use of emergency vehicle lights and siren;
(12) Responding to scenes in which the licensee is not properly dispatched ("calljumping"), whether in a private auto, ambulance, or other vehicle, in contravention of local protocols, procedures, or ordinances, or interfering with the safe and effective operation of an EMS system;
(13) Cheating on any examination used to measure EMS related knowledge or skills;
(14) Assisting another person in obtaining an unfair advantage on an EMS related examination;
(15) Knowingly providing emergency medical care aboard an unlicensed ambulance;
(16) Arriving for duty impaired or in a condition whereby the licensee is likely to become impaired through fatigue, illness, or any other cause, as to make it unsafe for the licensee to begin to operate an ambulance or provide patient care; and
(17) Any violation of P.L. 15-105 [3 CMC § 2201 et seq.] and the Regulations for Emergency Medical Responders, Emergency Medical Technicians, Advanced Emergency Medical Technicians and Emergency Medical Technicians-Paramedic or regulations governing ambulances or the CNMI EMS systems.

Modified, 1 CMC § 3806(c), (g).

History: Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Adopted 34 Com. Reg. 32804 (Sept. 29, 2012), 34 Com. Reg. 32546 (July 29, 2012).

Commission Comment: The Commission changed "140-50.3-00901" in subsection (a) to "140-50.3-901" (now moved to 185-10-901) to agree with the numbering scheme of the code. The Commission changed colons to semicolons at the end of subsections (a)(11) and (a)(15) to correct manifest errors.

Part 3000 - Medical or Clinical Laboratory Technologist/Technician

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency

30 Com. Reg. 27987 (Jan. 22, 2008).

Part 3100 - Midwife

§ 185-10-3101 Definitions

(a) "Approved educational program in midwifery" means an academic and practical program of midwifery approved by the ACNM.

(b) "ACNM" means the American College of Nurse-Midwives.

(c) "AMCB" means the American Midwifery Certification Board.

(d) "Midwife" means a person who practices midwifery.

(e) "Midwifery" means the independent management of cases of normal childbirth, including prenatal, intrapartum, postpartum, and normal newborn care, and well woman care, including the management of common health problems, newborn evaluation, resuscitation and referral for infants.

(f) "Nurse-midwife" means a nurse who also practices midwifery.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-3105 Authorized Activities and Any Limitations

(a) Midwifery shall be practiced in accordance with the practice protocols for obstetrics and gynecology.

(b) Midwifery shall be practiced in accordance with a written agreement between the midwife and:
(1) a licensed physician who is board certified as an obstetrician-gynecologist by a national certifying body;
(2) a licensed physician who practices obstetrics and has full surgical obstetric privileges at a general hospital; or
(3) a hospital that provides obstetrics through a licensed physician having full surgical obstetrical privileges at such institution.

(c) Midwifery need not be practiced under the direct supervision of a physician.

(d) The written agreement shall:
(1) provide for:
(i) physician consultation;
(ii) collaboration;
(iii) referral and emergency medical obstetrical coverage;
(2) include written guidelines and protocols;

(3) provide that one of the parties is responsible for securely maintaining patient records for at least six years, including the obstetrical record. And further, the retention shall be required, if the patient is a minor, until at least one year after the minor reaches the age of twenty-one years. Except that these periods shall vary if a provision of law specifically requires otherwise;
(4) provide guidelines for the identification of pregnancies that are not considered normal and address the procedures to be followed;
(5) provide a mechanism for dispute resolution; and
(6) provide that the judgment of the appropriate physician shall prevail as to whether the pregnancy, childbirth, or postpartum care is normal and whether the woman is essentially healthy in the event the practice protocols do not provide otherwise.

(e) The parties to the written agreement shall review it bi-annually, prior to license renewal, and so indicate in writing.

(f) Prescription privilege. See infra, this Part. [§ 185-10-3125]

(g) The scope of midwifery may include:
(1) periodic exams, including gynecological care, primary care, health screening and counseling with a focus on health promotion and disease prevention;
(2) history and physical exams;
(3) first exams for young women;
(4) family planning and prescribing of birth control methods;
(5) pre-conception counseling;
(6) well woman and adolescent gynecological care;
(7) perimenopausal and postmenopausal counseling and care;
(8) comprehensive maternity care including prenatal, labor, delivery, postpartum, and newborn care;
(9) hospital admission, rounds, and discharge;
(10) inducing and augmenting labor by using both pharmacologic and non-pharmacologic modalities;
(11) assisting at surgical procedures;
(12) obstetric and gynecologic screening procedures;
(13) evaluation and treatment of common health problems;
(14) public education activities;
(15) ordering diagnostic tests; and
(16) referral to specialists.

(h) Nothing in this Part shall be construed to prevent, limit, expand, or otherwise affect any duty or responsibility of:
(1) a licensed physician from practicing midwifery;
(2) a medical student or midwifery student in pursuit of an educational program from practicing midwifery:
(i) in clinical practice,
(ii) under the supervision of a licensed physician, board-certified obstetrician/gynecologist, or licensed midwife practicing pursuant to the provisions of this Part.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission struck the figures "6," "1," and "21" from subsection (d)(3) pursuant to 1 CMC § 3806(e). The Commission inserted commas after the words "postpartum" in subsection (g)(8), "rounds" in subsection (g)(9), and "expand" in subsection (h) pursuant to 1 CMC § 3806(g).

§ 185-10-3110 Requirements for Licensure

(a) General: In order to be licensed as a midwife, an applicant shall fulfill the following requirements:
(1) Application: file an application with the Board;
(2) Education: satisfactorily complete the education requirement, below;
(3) Examination: pass an examination satisfactory to the Board;
(4) Age: be at least 21 years of age;
(5) Character: be of good moral character, including not be convicted of a crime of moral turpitude or of a felony; and
(6) Fees: pay all applicable fees.

(b) Education.
(1) An applicant must demonstrate completion of an approved educational program for the practice of midwifery:
(i) Approved by the ACNM;
(ii) Approved by a state of the US; or
(iii) Approved by one of the following countries or a political subdivision thereof: Australia, Canada, Fiji, New Zealand, United Kingdom; or
(2) Submit evidence of license or certification, the educational preparation for which is determined by the Board to be equivalent to the foregoing, from a state or country.
(3) Verification shall be by certified or notarized:
(i) transcript; and
(ii) as proof of completion:
(A) certificate, degree or diploma; or
(B) statement of the director or registrar of the program or other training entity in writing, stating that the applicant has completed the requirements satisfactorily, and the date completed; or
(iii) government agency certification of completion.

(c) Experience:
(1) for US program graduates: No experience required.
(2) for non-US program graduates: Provide proof of the completion of two years of post-graduate experience.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-3115 Applications

The following information must be provided with the application:

(a) Proof of completion of an approved educational program.

(b) Proof of completion of a required written licensing examination or endorsement.

(c) Report of professional history from the appropriate health professionals database, or letter of good standing from the appropriate government agency or other licensing authority. For an applicant who has not practiced in another jurisdiction and for whom no database entry exists, a sworn declaration that the applicant has no negative professional history may be provided.

(d) A declaration that the application is true and correct.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The initial paragraph was part of the section title in the original regulation. The Commission moved it to the body of the section pursuant to 1 CMC § 3806(a).

§ 185-10-3120 Examination or Endorsement

An applicant shall provide either:

(a) Proof of passing an examination administered by the AMCB, or by a government-authorized licensing agency of one of the following countries or a political subdivision thereof: Australia, Canada, Fiji, New Zealand, United Kingdom; or

(b) A foreign endorsement of a license from one of the following countries or a political subdivision thereof: Australia, Canada, Fiji, New Zealand, United Kingdom;

(c) A foreign endorsement of a license from Fiji from the Fiji School of Medicine Midwifery Program; or

(d) A domestic endorsement of a license from a US jurisdiction.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The initial paragraph was part of the section title in the original regulation. The Commission moved it to the body of the section pursuant to 1 CMC § 3806(a).

§ 185-10-3125 Special Provision: Prescription Privilege

(a) A licensed midwife may be authorized to prescribe drugs, immunizing agents, diagnostic tests and devices, and to order laboratory tests if:
(1) has obtained training meeting professional standards to prescribe medications within the scope of the practice;
(2) there is an applicable collaborative agreement which so provides;

(3) s/he has obtained a Drug Enforcement Administration (DEA) number for controlled substances; and
(4) the Board has approved such authorization.

(b) The license shall carry a notation as to such authorization, as "Certified with prescriptive privilege."

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-3130 Special Provision – Continuation of Previous CNMI Practice

(a) A midwife who had previously been licensed in the CNMI in 2006 or 2007 as a nurse midwife shall be eligible for a license to practice midwifery, notwithstanding any other provision of these Regulations.

(b) Such license shall be eligible for annual renewal.

(c) The person seeking such licensure shall apply to the Board for a license. The Board may consider the person's first application complete without the pre-payment of any applicable fees, as long as provision is made for the payment thereof within 56 days (8 weeks) after delivery of the license.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-3135 Special Provision - Practice under the Supervision of a Licensed Midwife

(a) A candidate may practice midwifery under the supervision of a midwife who has received a non-temporary license if the candidate has met all other requirements for licensure but has not yet passed the required licensing examination.

(b) Such supervised practice shall be licensed for no more than a one year.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-3140 Renewals

(a) Continuing professional education ("CE") shall be required as a condition of renewal.

(b) The reporting period for CE shall be every two calendar years, by March 1 of the year following the reporting period.

(c) The number of CPE credits to be earned for each reporting period shall be: 30 credits, representing two (2) years.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission struck the figure "2" from subsection (c) pursuant to 1 CMC § 3806(e).

§ 185-10-3145 Time Periods

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-3150 Identification of Midwife Practice

(a) Only a person licensed under this Part shall use the title "midwife," "certified midwife," or "licensed midwife."

(b) A licensed midwife who is also a nurse may use the title "nurse-midwife," "certified nurse-midwife," or "licensed nurse-midwife."

(c) An appropriate abbreviation may be made on a birth certificate.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Commission moved punctuation inside quotation marks pursuant to 1 CMC § 3806(g).

§ 185-10-3155 Rules of Conduct

The licensee shall follow the rules of conduct specified by the ACNM.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-3160 Discipline and Penalties

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-3165 Other - Professional History

The licensee and/or applicant shall have an affirmative duty to disclose to the Board within 28 days:

(a) the occurrence of any disciplinary action in any jurisdiction;

(b) the filing of a claim of malpractice in any jurisdiction;

(c) the filing of a criminal charge in any jurisdiction and the resolution thereof.

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 3200 - Occupational Therapist

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Board reserved this part for occupational therapist regulations in 2008. The regulations for occupational therapists at part 3800 were adopted in 2014.

Part 3300 - Optometrist

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 3400 - Paramedic

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 3500 - Pharmacist, Pharmacy Intern, Certified Pharmacy Technician, Pharmacy Technician.

History: Amdts Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Amdts Proposed 39 Com. Reg. 39714 (Jun. 28, 2017); Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

§ 185-10-3500 Pharmacist, Pharmacy Intern, Certified Pharmacy Technician, Pharmacy Technician.

These regulations shall repeal the prior Pharmacy Regulations published at 21 Com. Reg. 16711 (Apr. 19, 1999), and the changes published at 29 Com. Reg. 26513 (May 16, 2007). These regulations shall be codified at Title 140, Chapter 50, Subchapter 50.3, Part 3500.

Modified, 1 CMC § 3806(f), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: In 2008 (30 Com. Reg. 28388 (Mar. 25, 2008)), The Board reserved Part 3500 for "Pharmacist", Part 3700 for "Pharmacy Intern", and Part 3800 for "Pharmacy Technician". The Board's 2017 regulations renamed Part 3500 to "Pharmacist, Pharmacy Intern, Certified Pharmacy Technician, Pharmacy Technician".

§ 185-10-3501 Definitions

(a) "Administer" means the direct application of a Drug to the body of a patient or research subject by injection, inhalation, ingestion, or any other means.

(b) "Adverse Action Report" means a report detailing adverse action, including but not limited to disciplinary action or denial of licensure in any jurisdictions, from the National Practitioner Data Bank, the American Society of Health System Pharmacists, the American Pharmacists Association or the licensing or regulatory entity of any jurisdiction, including foreign countries.

(c) "Automated Pharmacy Systems" include, but are not limited to, mechanical systems that perform operations or activities, other than Compounding or Administration, relative to the storage, packaging, Dispensing, or Distribution of medications, and which collect, control, and maintain all transaction information.

(d) "Beyond-Use Date" means a date placed on a prescription label at the time of Dispensing that is intended to indicate to the patient or caregiver a time beyond which the contents of the prescription are not recommended to be used.

(e) "Board" means the Health Care Professions Licensing Board or its successor agency empowered to regulate pharmaceutical practices including granting and disciplining licenses of individuals and companies.

(f) "Cease and Desist" is an order of the Board prohibiting a licensee or other Person or entity from continuing a particular course of conduct that violates the Health Care Professions Licensing Act of 2007, codified at 4 CMC § 2201 et seq., or its rules and regulations.

(g) "Centralized Prescription Filling" means the filling by a Pharmacy of a request from another Pharmacy to fill or refill a Prescription Drug Order.

(h) "Centralized Prescription Processing" means the processing by a Pharmacy of a request from another Pharmacy to fill or refill a Prescription Drug Order or to perform processing functions such as Dispensing, Drug Utilization Review (DUR), claims adjudication, refill authorizations, and therapeutic interventions.

(i) "Certified Pharmacy Technician" means personnel licensed by the Board who have completed a certification program approved by the Board and have successfully passed the National Pharmacy Certification Exam may, under the supervision of a Pharmacist, perform certain activities involved in the Practice of Pharmacy, such as:
(1) receiving new written or electronic Prescription Drug Orders;
(2) prescription transfer;

(3) Compounding;
(4) assisting in the Dispensing process; and
(5) performing all functions allowed to be performed by pharmacy technicians
but excluding:
(i) Drug Utilization Review (DUR);
(ii) clinical conflict resolution;
(iii) prescriber contact concerning Prescription Drug Order clarification or therapy modification;
(iv) Patient Counseling; and
(v) Dispensing process validation.

(j) "Chart Order" means a lawful order entered on the chart or a medical record of an inpatient or resident of an Institutional Facility by a Practitioner or his or her designated agent for a Drug or Device and shall be considered a Prescription Drug Order provided that it contains:
(1) the full name of the patient;
(2) date of issuance;
(3) name, strength, and dosage form of the Drug prescribed;
(4) directions for use; and
(5) if written, the prescribing Practitioner's signature or the signature of the Practitioner's agent (including the name of the prescribing Practitioner); or if electronically submitted, the prescribing Practitioner's electronic or digital signature.

(k) "Collaborative Pharmacy Practice" is that Practice of Pharmacy whereby one or more Pharmacists have jointly agreed, on a voluntary basis, to work in conjunction with one or more Practitioners under protocol and in collaboration with Practitioner(s) to provide patient care services to achieve optimal medication use and desired patient outcomes.

(l) "Collaborative Pharmacy Practice Agreement" is a written and signed agreement between one or more Pharmacists and one or more Practitioners that provides for Collaborative Pharmacy Practice.

(m) "Compounding" means the preparation of Components into a Drug product (1) as the result of a Practitioner's Prescription Drug Order or initiative based on the Practitioner/patient/Pharmacist relationship in the course of professional practice, or (2) for the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale or Dispensing. Compounding includes the preparation of Drugs or Devices in anticipation of receiving Prescription Drug Orders based on routine, regularly observed prescribing patterns.

(n) "Coordinating Pharmacy" is a Pharmacy responsible for the Practice of Telepharmacy performed at Remote Pharmacies and Remote Dispensing Sites.

(o) "Device" means an instrument, apparatus, implement, machine, contrivance, implant, or other similar or related article, including any component part or accessory, which is required under Federal law to bear the label, "Caution: Federal or State law requires Dispensing by or on the order of a physician."

(p) "Digital Signature" means an electronic signature based upon cryptographic methods of originator authentication, and computed by using a set of rules and a set of parameters so that the identity of the signer and the integrity of the data can be verified.

(q) "Dispense" or "Dispensing" means the interpretation, evaluation, and implementation of a Prescription Drug Order, including the preparation and Delivery of a Drug or Device to a patient or patient's agent in a suitable container appropriately labeled for subsequent Administration to, or use by, a patient.

(r) "Drug" means:
(1) articles recognized as Drugs in any official compendium, or supplement thereto, designated from time to time by the Board for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals;
(2) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or other animals;
(3) articles (other than food) intended to affect the structure or any function of the body of humans or other animals; and
(4) articles intended for use as a Component of any articles specified in clause (1), (2), or (3) of this definition.

(s) "Drug Utilization Review (DUR)" includes but is not limited to the following activities:
(1) Evaluation of the Prescription Drug Order(s) and patient record(s) for:
(i) known allergies;
(ii) rational therapy contraindications;
(iii) reasonable dose, duration of use, and route of Administration, considering age, gender, and other patient factors;
(iv) reasonable directions for use;
(v) potential or actual adverse Drug reactions;
(vi) Drug-Drug interactions;
(vii) Drug-food interactions;
(viii) Drug-disease contraindications;
(ix) therapeutic duplication;
(x) proper utilization (including over- or under-utilization), and optimum therapeutic outcomes; and
(xi) abuse/misuse.

(t) "Electronic Signature" means an electronic sound, symbol, or process attached to or logically associated with a record and executed or adopted by a person with the intent to sign the record.

(u) "Emergency Prescription Drug Order" means a standing Prescription Drug Order issued by the State Health Officer for Pharmacists to Dispense designated Prescription Drugs during a Public Health Emergency requiring mass Dispensing to expeditiously treat or provide prophylaxis to large numbers of Patients.

(v) "Equivalent Drug Product" means a generic version of a brand name drug approved by the

U.S. Food and Drug Administration as therapeutically equivalent on the basis of bio-equivalence, safety, and effectiveness.

(w) "Executive Director" means the Executive Director of the Health Care Professions Licensing Board.

(x) "FDA" means Food and Drug Administration, a federal agency within the United States Department of Health and Human Services, established to set safety and quality standards for Drugs, food, cosmetics, and other consumer products.

(y) "Fill date" means the actual date a new or refilled prescription is dispensed but not necessarily delivered to a patient from a pharmacy.

(z) "Immediate Supervision" means that a pharmacist is physically present in the area or location where the preparation of prescription orders is conducted.

(aa) "Institutional Pharmacy" means any pharmacy that provides pharmaceutical services to a recognized government institution.

(bb) "Institutional Facility" means any organization whose primary purpose is to provide a physical environment for patients to obtain health care services, including but not limited to a(n):
(1) hospital;
(2) Long-Term Care Facility;
(3) convalescent home;
(4) nursing home;
(5) extended care facility;
(6) mental health facility;
(7) rehabilitation center;
(8) psychiatric center;
(9) developmental disability center;
(10) Drug abuse treatment center;
(11) family planning clinic;
(12) penal institution;
(13) hospice;
(14) public health facility;
(15) athletic facility.

(cc) "Label" means a display of written, printed, or graphic matter upon the immediate container of any Drug or Device.

(dd) "Labeling" means the process of preparing and affixing a label to any Drug container exclusive, however, of the Labeling by a Manufacturer, packer, or Distributor of a Non-Prescription Drug or commercially packaged Legend Drug or Device. Any such label shall include all information required by Federal and State law or rule.

(ee) "Medical Order" means a lawful order of a Practitioner that may or may not include a

Prescription Drug Order.

(ff) "Medication Therapy Management" is a distinct service or group of services that optimize therapeutic outcomes for individual patients. Medication Therapy Management services are independent of, but can occur in conjunction with, the provision of a medication or a medical device. Medication Therapy Management encompasses a broad range of professional activities and responsibilities within the licensed Pharmacist's scope of practice. These services may include, but are not limited to, the following, according to the individual needs of the patient:
(1) performing or obtaining necessary assessments of the patient's health status;
(2) formulating a medication treatment plan;
(3) selecting, initiating, modifying, or administering medication therapy;
(4) monitoring and evaluating the patient's response to therapy, including safety and effectiveness;
(5) performing a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events;
(6) documenting the care delivered and communicating essential information to the patient's other primary care providers;
(7) providing verbal education and training designed to enhance patient understanding and appropriate use of his or her medications;
(8) providing information, support services and resources designed to enhance patient adherence with his or her therapeutic regimens;
(9) coordinating and integrating Medication Therapy Management services within the broader health care management services being provided to the patient; and
(10) such other patient care services as may be allowed by law.

(gg) "Mobile Pharmacy" means a Pharmacy that is self-propelled or movable by another vehicle that is self-propelled.

(hh) "National Association of Boards of Pharmacy" or "NABP" means the independent and impartial national association that assists member boards in developing, implementing, and enforcing standards for protection of public health.

(ii) "Non-Prescription Drug" means a Drug that may be sold without a prescription and that is labeled for use by the consumer in accordance with the requirements of the laws and rules of the Commonwealth and the Federal government.

(jj) "Non-Resident Pharmacy" means a Pharmacy located outside the Commonwealth.

(kk) "Parenteral" means by some other route than through the gastrointestinal tract such as, but not limited to, intravenous, subcutaneous, or intramuscular routes.

(ll) "Patient Counseling" means the oral communication by the Pharmacist of information to the patient or caregiver in order to ensure proper use of Drugs and Devices.

(mm) "Patient-Practitioner Relationship" means the formal or inferred relationship between a physician and a patient, which is established once the physician assumes or undertakes the medical

care or treatment of a patient.

(nn) "Pharmacist" means an individual currently licensed by the Commonwealth to engage in the Practice of Pharmacy. A Pharmacist is entitled to engage in the Practice of Pharmacy, as defined in this chapter, within or outside of a licensed Pharmacy, as defined in the Rules of the Board.

(oo) "Pharmacist-in-Charge" means a Pharmacist currently licensed in the Commonwealth who accepts responsibility for the operation of a Pharmacy in conformance with all laws and rules pertinent to the Practice of Pharmacy and the Distribution of Drugs, and who is personally in full and actual charge of such Pharmacy and personnel.

(pp) "Pharmacy" means any place within the Commonwealth where Drugs are Dispensed and Pharmacist Care is provided and any place outside of the Commonwealth where Drugs are Dispensed and Pharmacist Care is provided to residents of the Commonwealth.

(qq) "Pharmacy Intern" means an individual who is:
(1) currently licensed by the Commonwealth to engage in the Practice of Pharmacy while under the supervision of a Pharmacist and is enrolled in a professional degree program of a school or college of pharmacy that has been approved by the Board and is satisfactorily progressing toward meeting the requirements for licensure as a Pharmacist; or
(2) a graduate of an approved professional degree program of a school or college of Pharmacy or a graduate who has established educational equivalency by obtaining a Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certificate, who is currently licensed by the Board for the purpose of obtaining practical experience as a requirement for licensure as a Pharmacist; or
(3) a qualified applicant awaiting examination for licensure or meeting Board requirements for re-licensure; or
(4) an individual participating in a residency or fellowship program.

(rr) "Pharmacy Technician" means personnel who may, under the supervision of a pharmacist, assist in the pharmacy and perform such functions as:
(1) assisting in the Dispensing process;
(2) processing of medical coverage claims;
(3) stocking of medications; and
(4) cashiering but excluding:
(i) Drug Utilization Review (DUR);
(ii) clinical conflict resolution;
(iii) prescriber contact concerning Prescription Drug Order clarification or therapy modification;
(iv) Patient Counseling;
(v) Dispensing process validation;
(vi) prescription transfer; and
(vii) receipt of new oral Prescription Drug Orders.

(ss) The "Practice of Pharmacy" means the interpretation, evaluation, and implementation of

Medical Orders; the Dispensing of Prescription Drug Orders; participation in Drug and Device selection; Drug Administration; Drug Utilization Review (DUR); the Practice of Tele-pharmacy within and across state lines; the provision of Patient Counseling; the provision of those acts or services necessary to provide Pharmacist Care in all areas of patient care, including Primary Care, Medication Therapy Management, Collaborative Pharmacy Practice, the ordering, conducting, and interpretation of appropriate tests, and the recommendation and administration of immunizations; and the responsibility for Compounding and Labeling of Drugs and Devices (except Labeling by a Manufacturer, Repackager, or Distributor of Non-Prescription Drugs and commercially packaged Legend Drugs and Devices), proper and safe storage of Drugs and Devices, and maintenance of required records. The practice of pharmacy also includes continually optimizing patient safety and quality of services through effective use of emerging technologies and competency-based training.

(tt) "Practice of Telepharmacy" means the provision of Pharmacist Care by registered Pharmacies and Pharmacists located within the Commonwealth through the use of telecommunications or other technologies to patients or their agents at distances that are located within the Commonwealth.

(uu) "Practitioner" or "Licensed Practitioner" means an individual currently licensed, registered, or otherwise authorized by the appropriate jurisdiction to prescribe and Administer Drugs in the course of professional practice.

(vv) "Preceptor" means an individual who is currently licensed as a Pharmacist by the Board, meets the qualifications as a Preceptor under the Rules of the Board, and participates in the instructional training of Pharmacy Interns.

(ww) "Prescription Drug" or "Legend Drug" means a Drug that is required under Federal law to be labeled with either of the following statements prior to being Dispensed or Delivered: (1) "Rx Only"; (2) "Caution: Federal law restricts this Drug to use by, or on the order of, a licensed veterinarian"; or (3) a Drug that is required by any applicable Federal or State law or rule to be Dispensed pursuant only to a Prescription Drug Order or is restricted to use by Practitioners only.

(xx) "Prescription Drug Order" means a lawful order from a Practitioner for a Drug or Device for a specific patient, including orders derived from Collaborative Pharmacy Practice, where a valid Patient-Practitioner relationship exists, that is communicated to a Pharmacist in a licensed Pharmacy.

(yy) "Public Health Emergency" means an imminent threat or occurrence of an illness or health condition caused by terrorism, bioterrorism, epidemic or pandemic disease, novel and highly fatal infectious agent or biological toxin, or natural or man-made disaster, that poses a substantial risk of significant number of human fatalities or incidents of permanent or long-term disability that is beyond the capacity of local government or nongovernmental organizations to resolve.

(zz) "Remote Dispensing Site" is a site located within an Institutional Facility or a clinic that utilizes an Automated Pharmacy System and that is electronically linked to the Coordinating Pharmacy via a computer system and/or a video/auditory communication system.

(aaa) "Remote Pharmacy" is a Pharmacy staffed by a Pharmacist, Pharmacy Intern, or Certified Pharmacy Technician that is electronically linked to the Coordinating Pharmacy via a computer system and/or a video/auditory communication system approved by the Board.

(bbb) "Temporary Pharmacy Facility" means a facility established as a result of a Public Health Emergency or State of Emergency to temporarily provide Pharmacy services within or adjacent to Declared Disaster Areas.

(ccc) "'use by' date" means the date after which medication should not be used.

(ddd) "USP Standards" means standards published in the current official United States Pharmacopeia or National Formulary.

(eee) "Wholesale Distribution" means the Distribution of Prescription Drugs or Devices by Wholesale Distributors to Persons other than consumers or patients, and includes the transfer of Prescription Drugs by a Pharmacy to another Pharmacy if the value of the goods transferred exceeds five percent (5%) of total Prescription Drug sales revenue of either the transferor or transferee Pharmacy during any consecutive 12 month period. Wholesale Distribution does not include:

(1) the sale, purchase, or trade of a Prescription Drug or Device, an offer to sell, purchase, or trade a Prescription Drug or Device, or the Dispensing of a Prescription Drug or Device pursuant to a Prescription;

(2) the sale, purchase, or trade of a Prescription Drug or Device, or an offer to sell, purchase, or trade a Prescription Drug or Device for Emergency Medical Reasons;

(3) Intracompany Transactions, unless in violation of own use provisions;

(4) the sale, purchase, or trade of a Prescription Drug or Device, or an offer to sell, purchase, or trade a Prescription Drug or Device, among hospitals, Chain Pharmacy Warehouses, Pharmacies, or other health care entities that are under common control;

(5) the sale, purchase, or trade of a Prescription Drug or Device, or the offer to sell, purchase, or trade a Prescription Drug or Device, by a charitable organization described in 503(c)(3) of the Internal Revenue Code of 1954 to a nonprofit affiliate of the organization to the extent otherwise permitted by law;

(6) the purchase or other acquisition by a hospital, or other similar health care entity that is a member of a group purchasing organization, of a Prescription Drug or Device for its own use from the group purchasing organization, or from other hospitals or similar health care entities that are members of these organizations;

(7) the transfer of Prescription Drugs or Devices between Pharmacies pursuant to a Centralized Prescription Processing agreement;

(8) the sale, purchase, or trade of blood and blood components intended for transfusion;

(9) the return of recalled, expired, damaged, or otherwise non-salable Prescription Drugs, when conducted by a hospital, health care entity, Pharmacy, or charitable institution in accordance with the Board's regulations; or

(10) the sale, transfer, merger, or consolidation of all or part of the business of a retail Pharmacy or Pharmacies, from or with another retail Pharmacy or Pharmacies, whether accomplished as a purchase and sale of stock or business assets, in accordance with the Board's regulations.

(fff) "Wholesale Distributor" means any Person engaged in Wholesale Distribution of Prescription Drugs or Devices in or into the Commonwealth, including but not limited to Manufacturers, Repackagers, own-label distributors, private-label distributors, jobbers, brokers, warehouses, including Manufacturers' and Distributors' warehouses, Co-licensees, Exclusive Distributors, Third-Party Logistics Providers, Chain Pharmacy Warehouses, and Wholesale Drug warehouses, independent Wholesale Drug traders, and retail Pharmacies that conduct Wholesale Distributions.

Modified, 1 CMC § 3806(a), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3505 Exemptions from License Requirements.

The following individuals are exempt from obtaining a Commonwealth license to practice as a Pharmacist, Pharmacy Intern, or Certified Pharmacy Technician:

(a) A Pharmacist, Pharmacy Intern, or Certified Pharmacy Technician in the U.S. Military in the discharge of official duties;

(b) A visiting Pharmacist, Pharmacy Intern, or Certified Pharmacy Technician from another jurisdiction presenting information or demonstrating procedures or new techniques before an organization or group of individuals involved with the practice of pharmacy; or

(c) Licensed Practitioners authorized under the laws of the Commonwealth to prescribe drugs and devices requiring a prescription in the practice of their respective professions shall be allowed to dispense medications and devices, which they themselves have prescribed, as long as the same standards, record keeping requirements, and all other requirements, whether in Health Care Professions Licensing Act of 2007, codified at 4 CMC § 2201 et seq., the Pure Food, Drug and Cosmetic Device Act of 1998, 4 CMC § 2701 et seq., or the regulations of the Health Care Professions Licensing Board, § 185-10-101 et seq., for the dispensing of drugs applicable to Pharmacists are followed, and only in instances where a Licensed Pharmacist is not reasonably available to dispense.

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3510 Unlawful Practice.

(a) Except as otherwise provided in these regulations or the Health Care Professions Licensing Act of 2007, codified at 4 CMC § 2201 et seq., it shall be unlawful for any individual, whether located in or outside the Commonwealth, to engage in the Practice of Pharmacy in the Commonwealth unless currently licensed to practice under any of the provisions of these regulations.

(b) The provision of Pharmacist Care services to an individual in the Commonwealth, through the use of telecommunications, the Internet, mail order or other technologies, regardless of the

location of the pharmacist, shall constitute the Practice of Pharmacy and shall be subject to regulation.
(1) Licensed Pharmacies located outside the Commonwealth that provide Pharmacist Care services to individuals in the Commonwealth must be licensed within the Commonwealth under NMIAC § 185-10-3584.
(2) Pharmacists located outside the Commonwealth who are providing Pharmacist Care services outside of a licensed Pharmacy to individuals located in the Commonwealth must register with the Commonwealth to engage in the Practice of Pharmacy.

(c) It shall be unlawful for any individual to perform the activities of a Certified Pharmacy Technician unless currently registered to do so under the provisions of this Act.

(d) This section shall not apply to any practitioner of a health care profession from a state or foreign country when in limited consultation, including in-person, mail, telephonic, telemedicine, or other electronic consultation, with a Commonwealth-licensed health care professional, if the health care professional from the other jurisdiction is licensed to practice in another jurisdiction.

Modified, 1 CMC § 3806(c), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3515 Licensure by Endorsement.

(a) The Board may grant a license to a person to practice as a Pharmacist, Pharmacy Intern, or Certified Pharmacy Technician without examination if:
(1) The person holds a valid, active license to practice as a Pharmacist, Pharmacy Intern, or Certified Pharmacy Technician in any U.S. state or Province of Canada; and
(2) The person substantially complies with the requirements for licensure in § 185-10-3520; and
(3) The requirements in the jurisdiction of licensure are at least as stringent as those under these regulations;
(4) Applicant is not the subject of an adverse action report from the National Practitioner Data Bank, the American Society of Health System Pharmacists, the American Pharmacists Association or the licensing/regulatory entity of any jurisdiction, including foreign countries.

(b) The Board may deny a license by endorsement to a person to practice as a Pharmacist, Pharmacy Intern, or Certified Pharmacy Technician if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied.

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3520 Pharmacist Licensure.

(a) To obtain a license to engage in the Practice of Pharmacy as a Registered Pharmacist, an applicant for licensure by examination shall:
(1) have submitted a written application in the form prescribed by the Board;

(2) have attained the age of majority;
(3) be of good moral character;
(4) have graduated and received the first professional degree from a college or school of Pharmacy accredited by the American Council on Pharmaceutical Education or other institution approved by the Board; or
(5) have graduated from a foreign college of Pharmacy, completed a transcript verification program, taken and passed a college of Pharmacy equivalency examination program, and completed a process of communication-ability testing as defined under the National Association of Boards of Pharmacy (NABP) regulations so that it is ensured that the applicant meets standards necessary to protect public health and safety;
(6) have submitted a notarized copy of the Pharmacist's license to practice pharmacy in any state of the United States of America or any province in Canada;
(7) have submitted a signed statement indicating any information regarding any disciplinary proceedings pending or disciplinary actions taken by any state against the license including, but not limited to, any conviction or revocation of license related to the practice of pharmacy, drugs, drug samples, wholesale or retail drug distribution, or distribution of controlled substances;
(8) have submitted a current report from the National Practitioner Data Bank (NPDB), the American Association of Health Systems Pharmacists, or any other entity having information pertinent to the applicant's performance;
(9) have submitted proof of the applicant to be a U.S. Citizen or is lawfully entitled to remain or work in the Commonwealth;
(10) have submitted a 2" X 2" photograph of the applicant for identification purposes;
(11) have submitted any other information the Board may require to investigate the applicant's qualifications for licensure.

(b) An application for licensure for a pharmacist shall be made under oath on forms provided by the Board and shall not be considered complete unless accompanied by the required documentation and fees, which shall not be refunded.

(c) Any requirement that the Board is required to provide notice to the applicant shall be deemed met if such notice is sent to the address on file with the Board.

(d) Any change in the application or of any information filed with Board shall be reported to the Board, in writing, within 10 days of the change.

(e) Applications submitted to the Board shall remain active for period of six months from the date it is received. After this time period, incomplete applications will then automatically be denied.

Modified, 1 CMC § 3806(g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3525 Qualifications for Temporary License.

To obtain a temporary license for Pharmacist, which shall not exceed 90 days or other time period

approved by the Board, an applicant shall:

(a) have submitted an application in the form prescribed by the Board;

(b) have attained the age of majority;

(c) have good moral character;

(d) have possessed at the time of initial licensure as a Pharmacist all qualifications listed in § 185-10-3520;

(e) submit a notarized copy of a current and valid license to practice pharmacy from any state in the United States or any province in Canada;

(f) have paid the fees specified by the Board.

Modified, 1 CMC § 3806(g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3530 Pharmacy Intern Licensure.

To obtain a license to Practice as a Pharmacy Intern, an applicant shall:

(a) have submitted a written application in the form prescribed by the Board;

(b) have attained the age of majority;

(c) be of good moral character;

(d) be either
(1) enrolled in a professional degree program of a school or college of pharmacy approved by the National Association of Boards of Pharmacy and satisfactorily progressing toward meeting the requirements for licensure as a Pharmacist; or
(2) a graduate of an approved professional degree program of a school or college of Pharmacy or be graduates who have established educational equivalency by obtaining a Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certificate, for the purpose of obtaining practical experience as a requirement for licensure as a Pharmacist;

(e) have submitted a notarized copy of the Pharmacy Intern's license from any state of the United States of America;

(f) have submitted a signed statement indicating any information regarding any disciplinary proceedings pending or disciplinary actions taken by any state against the license including but not limited to, any conviction or revocation of license related to the practice of pharmacy, drugs, drug samples, wholesale or retail drug distribution, or distribution of controlled substances;

(g) have submitted a proof of the applicant to be a U.S. Citizen or is lawfully entitled to remain or work in the Commonwealth;

(h) have submitted a photograph of the applicant for identification purposes;

(i) have submitted any other information the Board may require to investigate the applicant's qualifications for licensure.

Modified, 1 CMC § 3806(g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3535 Pharmacy Intern – Scope of Practice.

Pharmacy Interns will be allowed to participate in a Pharmacy Practice Experience program for the purpose of providing the practice experience necessary for licensure as a Pharmacist under the following conditions:

(a) Every individual shall obtain a Pharmacy Intern license from the Board before beginning their Pharmacy practice experiences in the Commonwealth.

(b) A Pharmacy Intern shall be allowed to engage in the Practice of Pharmacy provided that such activities are under the direct supervision of a Pharmacist. A Pharmacist shall be in contact with, and actually giving instructions to, the Pharmacy Intern during all professional activities throughout the entire Pharmacy practice experience period. The Pharmacist is responsible for supervising all the Practice of Pharmacy activities performed by the Pharmacy Intern, including but not limited to, the accurate dispensing of the medication. Under no circumstances will the Pharmacy Intern be allowed to perform the final check in the preparation of a prescription.

(c) The Pharmacy at which a Pharmacy Intern is being trained shall provide an environment that is conducive to the learning of the Practice of Pharmacy by a Pharmacy Intern. Pharmacy practice experience sites shall meet the standards approved by the Board.

(d) The Pharmacy Intern, excluding those who are currently enrolled in a professional degree program of a school or college of pharmacy approved by the NABP and satisfactorily progressing toward meeting the requirements for licensure as a Pharmacist, shall notify the Board within two weeks of beginning practice as a Pharmacy Intern, on a form provided by the Board, of the identity of the Pharmacy practice experience site and of the Preceptor.

(e) A Preceptor may be responsible for the training of more than one Pharmacy Intern. The number of Pharmacy Interns engaged in the Practice of Pharmacy supervised by a single preceptor is limited to two at any time.

(f) A Pharmacy Intern, utilizing a Pharmacy Practice Experience program for the fulfillment of the requirements of becoming a Registered Pharmacist, will be limited to no more than one renewal of their pharmacy intern license or a total of four years' practical experience, whichever is less.

(g) The Pharmacy Intern shall be so designated in his or her professional relationships, and shall in no manner falsely assume, directly or by inference, to be a Pharmacist. The Board shall issue to the Pharmacy Intern a license for purposes of identification and verification of his or her role as a Pharmacy Intern, which license shall be surrendered to the Board upon discontinuance of Pharmacy practice experiences for any reason including licensure as a Pharmacist. No individual not properly licensed by the Board as a Pharmacy Intern shall take, use, or exhibit the title of Pharmacy Intern, or any other term of similar like or import.

Modified, 1 CMC § 3806(g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3540 Registration of Certified Pharmacy Technicians.

(a) In order to be registered as a Certified Pharmacy Technician in the Commonwealth, an applicant shall:
(1) have submitted a written application in the form prescribed by the Board;
(2) have attained the age of 18;
(3) have good moral character;
(4) have graduated from high school or obtained a Certificate of General Educational Development (GED) or equivalent;
(5) have:
(i) graduated from a competency-based pharmacy technician education and training program approved by the Board; or
(ii) been documented by the Pharmacist-in-Charge of the Pharmacy where the applicant is employed as having successfully completed a site-specific, competency-based education and training program approved by the Board;
(6) have successfully passed an examination developed by the Pharmacy Technician Certification Board (PTCB) using nationally recognized and validated psychometric and pharmacy practice standards approved by the Board;
(7) have paid the fees specified by the Board for the examination and any related materials, and have paid for the issuance of the registration.

(b) No Pharmacist whose license has been denied, Revoked, Suspended, or restricted for disciplinary purposes shall be eligible to be registered as a Certified Pharmacy Technician.

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3545 Certified Pharmacy Technician – Scope of Practice.

The duties and responsibilities of a Certified Pharmacy Technician who is licensed by the Board may under the supervision of a Pharmacist:

(a) Interpret and prepare prescription drug orders for subsequent checking by the Pharmacist.

(b) Input drug inventory orders for the purposes of ordering prescription medications or annual

or bi-annual inventories.

(c) Transfer prescriptions over the phone or via other electronic means to another Certified Pharmacist Technician or Pharmacist.

(d) Request prescription refills or new prescriptions from a Practitioner or Practitioner's authorized representative.

(e) Accept prescription refill authorizations from a physician or a physician's duly authorized representative. New prescriptions or changes in a prescription are not permitted.

(f) No individual not properly licensed by the Board as a Certified Pharmacy Technician shall take, use, or exhibit the title of Certified Pharmacy Technician, or any other term of similar like or import.

Modified, 1 CMC § 3806(g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3550 Renewal of Licenses and Registrations.

(a) Each Pharmacist, Pharmacy Intern, and Certified Pharmacy Technician, shall apply for renewal of his or her license bi-annually. A Pharmacist, Pharmacy Intern, or Certified Pharmacy Technician who desires to continue in the Practice of Pharmacy in the Commonwealth shall file with the Board an application in such form and containing such data as the Board may require for renewal of the license. If the Board finds that the applicant has been licensed, and that such license has not been Revoked or placed under Suspension, that the applicant has attested that he or she has no criminal convictions or arrests since the previous licensing period, has paid the renewal fee, has continued his or her Pharmacy education in accordance with the rules of the Board, and is entitled to continue in the Practice of Pharmacy, the Board shall issue a license to the applicant.

(b) If a Pharmacist fails to make application to the Board for renewal of his or her license within a period of three years from the expiration of his or her license, he or she must pass an examination for license renewal; except that a Person who has been licensed under the laws of the Commonwealth and after the expiration of his or her license, has continually practiced Pharmacy in another State of the United States or Province of Canada under a license issued by the authority of such State or Province, may renew his or her license upon payment of the designated fee.

(c) Each Pharmacist or Certified Pharmacy Technician will be required to complete 15 CPE hours per year which are accredited by the American Council on Pharmaceutical Education prior to renewal.

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3555 Practice of Pharmacy – Non-Institutional Facilities.

(a) To obtain a license for a Pharmacy, an applicant shall:

(1) have submitted a written application in the form prescribed by the Board;
(2) have attained the age of majority;
(3) be of good moral character; and
(4) have paid the fees specified by the Board for the issuance of the license.

(b) The facility shall have undergone an inspection by the Executive Director or his or her designee, and any other inspection of the premises as required by Commonwealth or federal law.

Modified, 1 CMC § 3806(b), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3557 Practice of Pharmacy – Non-Institutional Facilities – Minimum Requirements.

Minimum requirements for a Pharmacy:

(a) Each Pharmacy shall be of sufficient size, as determined by National Association of Boards of Pharmacy, to allow for the safe and proper storage of Prescription Drugs and for the safe and proper Compounding and/or preparation of Prescription Drug Orders.

(b) Each Pharmacy shall maintain an area designated for the provision of Patient Counseling services. This area shall be designed to provide a reasonable expectation of privacy of Protected Health Information.

(c) Each Pharmacy shall maintain on file or electronically at least one current reference in each of the following categories:
(1) State and Federal Drug laws relating to the Practice of Pharmacy and the legal Distribution of Drugs and any rules or regulations adopted pursuant thereto;
(2) pharmacology;
(3) dosage and toxicology;
(4) general.

(d) Each Pharmacy shall maintain patient-oriented reference material for guidance in proper Drug usage.

(e) All areas where Drugs and Devices are stored shall be dry, well-lighted, well-ventilated, and maintained in a clean and orderly condition. Storage areas shall be maintained at temperatures which will ensure the integrity of the Drugs prior to their Dispensing as stipulated by the United States Pharmacopeia–National Formulary (USP-NF) and/or the Manufacturer's or Distributor's Product Labeling unless otherwise indicated by the Board.

(f) Each Pharmacy shall have access to a sink with hot and cold running water that is convenient to the Compounding area for the purpose of hand scrubs prior to Compounding.

(g) Security – Facility
(1) Each Pharmacist, while on duty, shall be responsible for the security of the Pharmacy, including provisions for effective control against theft or diversion of Drugs and/or Devices.
(2) The Pharmacy shall be secured by a physical barrier with suitable locks, an electronic barrier, and/or security personnel to detect entry at a time when a Pharmacist is not present. In the event of separation of employment of an employee due to any confirmed Drug-related reason, including diversion, or other acts involving dishonesty, suitable action shall be taken to ensure the security of the pharmacy.
(3) Prescription and other patient health care information shall be maintained in a manner that protects the integrity and confidentiality of such information as provided by the rules of the Board.
(4) The Pharmacy shall implement and maintain technologies that will aid in theft prevention and suspect apprehension that may include:
(i) Video equipment positioned to identify individuals who may be involved in diversion or theft, if utilized, shall have adequate recording, storage, and retrieval capabilities; and
(ii) monitored alarm system with backup mechanism.

(h) Security – Internal Theft/Diversion. The Pharmacist-in-Charge and owner/licensee (facility permit holder) shall ensure policies and procedures are in place that address the following:
(1) inspection of shipments;
(2) receipt Verification oversight and checking in shipments;
(3) reconciliation of orders; and
(4) inventory management including:
(i) determination of Medications that need to be monitored and controlled beyond existing systems such as controlled substances and Drugs of concern; and
(ii) conducting quarterly reconciliations at a minimum, but shall be more frequent up to perpetual, depending on the potential for or incidence of diversion for a particular Drug.

(i) Equipment/Supplies. The Pharmacy shall carry and utilize the equipment and supplies necessary to conduct a Pharmacy in a manner that is in the best interest of the patients served and to comply with all Commonwealth and Federal laws.

(j) The Pharmacy shall provide a means for patients to prevent disclosure of Confidential Information or personally identifiable information that was obtained or collected by the Pharmacist or Pharmacy incidental to the Delivery of Pharmacist Care other than as authorized by law or rules of the Board.

Modified, 1 CMC § 3806(a), (b), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3560 Practice of Pharmacy – Institutional Facilities.

(a) Absence of Pharmacist.
(1) During such times as an Institutional Pharmacy may be unattended by a Pharmacist, arrangements shall be made in advance by the Pharmacist-in-Charge for provision of Drugs to the

medical staff and other authorized personnel of the Institutional Facility by use of night cabinets and, in emergency circumstances, by access to the Pharmacy. A Pharmacist must be "on call" during all absences.

(2) In the absence of a Pharmacist, Drugs shall be stored in a locked cabinet or other enclosure constructed and located outside of the Pharmacy area, to which only specifically authorized personnel may obtain access by key or combination, and which is sufficiently secure to deny access to unauthorized persons. The Pharmacist-in-Charge shall, in conjunction with the appropriate committee of the Institutional Facility, develop inventory listings of those Drugs to be included in such cabinet(s) and determine who may have access, and shall ensure that:

(i) Drugs are properly Labeled;

(ii) only prepackaged Drugs are available, in amounts sufficient for immediate therapeutic requirements;

(iii) whenever access to the pharmacy occurs, written Practitioner's orders and proofs-of-use are provided;

(iv) all Drugs in such cabinets are inventoried no less than once per month;

(v) a complete audit of all activity concerning such cabinet is conducted no less than once per year; and

(vi) written policies and procedures are established to implement the requirements of NMIAC § 185-10-3560.

(3) Whenever any Drug is not available from floor supplies or night cabinets, and such Drug is required to treat the immediate needs of a patient whose health would otherwise be jeopardized, such Drug may be obtained from the Pharmacy in accordance with the requirements of NMIAC § 185-10-3560. One supervisory nurse or designated Pharmacy Technician in any given eight-hour shift is responsible for obtaining Drugs from the Pharmacy. The responsible nurse or Pharmacy Technician shall be designated in writing by the appropriate committee of the Institutional Facility. Removal of any Drug from the Pharmacy by an authorized nurse or Pharmacy Technician must be recorded on a suitable form showing the patient name, room number, name of Drug, strength, amount, date, time, and signature of nurse. The form shall be left with the container from which the Drug was removed.

(4) Emergency kit Drugs may be provided for use by authorized personnel of the Institutional Facility provided, however, such kits meet the following requirements:

(i) Emergency kit Drugs are those Drugs which may be required to meet the immediate therapeutic needs of patients and which are not available from any other authorized source in sufficient time to prevent risk of harm to patients by delay resulting from obtaining such Drugs from such other sources.

(ii) All emergency kit Drugs shall be provided and sealed by a Pharmacist (the "Supplying Pharmacist").

(iii) The supplying Pharmacist and the medical staff of the Institutional Facility shall jointly determine the Drugs, by identity and quantity, to be included in emergency kits.

(iv) Emergency kits shall be stored in secured areas to prevent unauthorized access, and to ensure a proper environment for preservation of the Drugs within them.

(v) The exterior of each emergency kit shall be labeled so as to clearly indicate that it is an emergency Drug kit and that it is for use in emergencies only. The label shall contain a listing of the Drugs contained in the kit, including name, strength, quantity, and expiration date of the contents, and the name, address(es), and telephone number(s) of the supplying Pharmacist.

(vi) Drugs shall be removed from emergency kits only pursuant to a valid Chart Order.

(vii) Whenever an emergency kit is opened, the supplying Pharmacist shall be notified and the Pharmacist shall restock and reseal the kit within a reasonable time so as to prevent risk of harm to patients.
(viii) The expiration date of an emergency kit shall be the earliest date of expiration of any Drug supplied in the kit. Upon the occurrence of the expiration date, the supplying Pharmacist shall replace the expired Drug.

(b) Centralized Prescription Processing or Filling for Immediate Need.
(1) In accordance with the Model Rules for the Practice of Pharmacy and Centralized Prescription Processing and Filling, an Institutional Pharmacy may outsource services to another Pharmacy for the limited purpose of ensuring that Drugs or Devices are attainable to meet the immediate needs of patients and residents of the Institutional Facility or when the Institutional Pharmacy cannot provide services on an ongoing basis, provided that the Institutional Pharmacy:
(i) has obtained approval from the Institutional Facility to outsource Centralized Prescription Processing or Filling services for its inpatients and residents; and
(ii) provides a valid Chart Order to the Pharmacy it has contracted with for the Centralized Prescription Processing or Filling services.

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3565 Pharmacist in Charge.

Each Pharmacy, regardless of its physical location shall be directed by a Pharmacist, referred to as the "Pharmacist-in-Charge," who is licensed to engage in the Practice of Pharmacy in the Commonwealth.

(a) Duties and Responsibilities of the Pharmacist-in-Charge
(1) No Person shall operate a Pharmacy without a Pharmacist-in-Charge. The Pharmacist-in-Charge of a Pharmacy shall be designated in the application of the Pharmacy for license, and in each renewal thereof. A Pharmacist may not serve as Pharmacist-in-Charge unless he or she is physically present in the Pharmacy a sufficient amount of time to provide supervision and control. A Pharmacist may not serve as Pharmacist-in-Charge for more than one Pharmacy at any one time except upon obtaining written permission from the Board.
(2) The Pharmacist-in-Charge has the following responsibilities:
(i) Developing or adopting, implementing, and maintaining:
(A) quality assurance programs for Pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems;
(B) policies and procedures for the procurement, storage, security, and disposition of Drugs and Devices, particularly controlled substances and drugs of concern. Quality assurance programs shall be designed to prevent and detect Drug diversion;
(C) policies and procedures for the provision of Pharmacy services;
(D) an ongoing quality assurance program that monitors performance of the Automated Pharmacy System, which is evidenced by written policies and procedures developed by the Pharmacy;
(E) policies and procedures for preventing the illegal use or disclosure of Protected Health

Information, or verifying the existence thereof and ensuring that all employees of the Pharmacy read, sign, and comply with the established policies and procedures.

(ii) Ensuring that:

(A) the Automated Pharmacy System is in good working order and accurately Dispenses the correct strength, dosage form, and quantity of the Drug prescribed while maintaining appropriate record keeping and security safeguards; and

(B) all Pharmacists and Pharmacy Interns employed at the Pharmacy are currently licensed and that all Certified Pharmacy Technicians employed at the Pharmacy are currently licensed with the Board.

(iii) Notifying the Board immediately of any of the following changes:

(A) change of employment or responsibility as the Pharmacist-in-Charge;

(B) the separation of employment of any Pharmacist, Pharmacy Intern, Pharmacy Technician, or Certified Pharmacy Technician for any confirmed Drug-related reason, including but not limited to, Adulteration, abuse, theft, or diversion, and shall include in the notice the reason for the termination. If the employment of the Pharmacist-in-Charge is terminated, the owner and/or pharmacy permit holder shall be responsible for notifying the Board of the termination and the reason for the termination;

(C) change of ownership of the Pharmacy;

(D) change of address of the Pharmacy; or

(E) permanent closing of the Pharmacy.

(iv) Making or filing any reports required by Commonwealth or Federal laws and rules.

(v) Reporting any theft, suspected theft, diversion, or other Significant Loss of any Prescription Drug within one business day of discovery to the Board and as required by Drug Enforcement Administration (DEA) or other State or federal agencies for Prescription Drugs and controlled substances.

(vi) Responding to the Board regarding any minor violations brought to his or her attention.

(vii) Establishing policies and procedures for preventing the illegal use or disclosure of Protected Health Information, or verifying the existence thereof and ensuring that all employees of the Pharmacy read, sign, and comply with the established policies and procedures.

(viii) Providing the Board with prior written notice of the installation or removal of Automated Pharmacy Systems. Such notice must include, but is not limited to:

(A) the name and address of the Pharmacy;

(B) the location of the automated equipment; and

(C) the identification of the responsible Pharmacist.

(3) The Pharmacist-in-Charge shall be assisted by a sufficient number of Pharmacists, and Certified Pharmacy Technicians, as may be required to competently and safely provide Pharmacy services.

(i) The Pharmacist-in-Charge shall maintain and file with the Board, on a form provided by the Board, a current list of all Certified Pharmacy Technicians and Pharmacy Technicians assisting in the provision of Pharmacy services.

(ii) The Pharmacist-in-Charge shall develop and implement written policies and procedures to specify the duties to be performed by Certified Pharmacy Technicians and Pharmacy Technicians. The duties and responsibilities of these personnel shall be consistent with their training and experience and shall address the method and level of necessary supervision specific to the practice site. These policies and procedures shall, at a minimum, specify that Certified Pharmacy Technicians and Pharmacy Technicians are not assigned duties that may be performed only by a

Pharmacist. Such policies and procedures shall also specify that Pharmacy Technicians shall not be assigned duties that may be performed only by Certified Pharmacy Technicians.
(4) The Pharmacist-in-Charge shall develop and implement a procedure for proper management of Drug recalls which may include, where appropriate, contacting patients to whom the recalled Drug product(s) have been Dispensed.

(b) If any action of the Pharmacy is deemed to contribute to or cause a violation of any provision of this section, the Board may hold the owner and/or Pharmacy permit holder responsible and/or absolve the Pharmacist-in-Charge from the responsibility of that action.

Modified, 1 CMC § 3806(g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3570 Pharmacy Practice – Prescription Drug Order.

A Prescription Drug Order shall contain the following information at a minimum:

(a) full name, date of birth, and street address or P.O. Box of the patient;

(b) name, prescribing Practitioner's license designation, address, and, if required by law or rules of the Board, DEA registration number of the prescribing Practitioner;

(c) date of issuance;

(d) name, strength, dosage form, and quantity of Drug prescribed;
(1) For prescriptions in Schedule II, the quantity of drug must be clearly written either in words or numerals or both;
(2) For prescriptions in Schedule II, the strength of the medication must be clearly written whether for single entities or combination entities

(e) directions for use; "use as directed" will not be valid as directions for use;

(f) refills authorized, if any;

(g) if a written Prescription Drug Order, prescribing Practitioner's signature;

(h) if an electronically transmitted Prescription Drug Order, prescribing Practitioner's electronic or digital signature;

(i) if a hard copy Prescription Drug Order generated from electronic media, prescribing Practitioner's electronic or manual signature. For those with electronic signatures, such Prescription Drug Orders shall be applied to paper that utilizes security features that will ensure the Prescription Drug Order is not subject to any form of copying and/or alteration.

Modified, 1 CMC § 3806(a), (b).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3571 Pharmacy Practice – Manner of Issuance of a Prescription Drug Order.

A Prescription Drug Order, to be valid, must be issued for a legitimate medical purpose by a Practitioner acting within the course of legitimate professional practice.

(a) A Prescription Drug Order must be communicated to a Pharmacist, or when recorded in such a way that the Pharmacist may review the Prescription Drug Order as transmitted, to a Pharmacy Intern or a Certified Pharmacy Technician, in a licensed Pharmacy. This may be accomplished in one of the following ways:
(1) A Prescription Drug Order, including that for a controlled substance listed in Schedules II through V, may be communicated in written form.
(2) A Prescription Drug Order, including that for a controlled substance listed in Schedules III through V, and, in situations listed in 185-10-3571(d) that for a controlled substance listed in Schedule II, may be communicated orally (including telephone voice communication) or issued electronically.

(b) The Pharmacist shall not dispense a Prescription Drug if the Pharmacist knows or reasonably should know that the Prescription Drug Order was issued solely on the basis of an Internet-based questionnaire, an Internet-based consultation, or a telephonic consultation, all without a valid Patient-Practitioner relationship.

(c) If communicated orally, the Prescription Drug Order shall be immediately reduced to a form by the Pharmacist, the Pharmacy Intern, or Certified Pharmacy Technician that may be maintained for the time required by laws or rules.

(d) A Prescription Drug Order for a Schedule II controlled substance may be communicated orally only in the following situations and/or with the following restrictions. Otherwise, a Prescription Drug Order for a Schedule II controlled substance must be communicated in written form or issued electronically.
(1) A Prescription Drug Order for a Schedule II controlled substance may be communicated by the Practitioner or the Practitioner's agent by way of Electronic Transmission, provided the original written, signed Prescription Drug Order is presented to the Pharmacist for review prior to the actual Dispensing of the controlled substance, except as noted in paragraph § 185-10-3570(d)(2) or (3). The original, written Prescription Drug Order shall be maintained in accordance with Section § 185-10-3576.
(2) In the case of an Emergency Situation, a Prescription Drug Order for a Schedule II controlled substance may be communicated by the Practitioner orally, provided that:
(i) the quantity prescribed and Dispensed is limited to the amount adequate to treat the patient during the emergency period. Dispensing beyond the emergency period must be pursuant to a Prescription Drug Order either written and signed or electronically issued by the prescribing Practitioner;
(ii) the orally communicated Prescription Drug Order shall be immediately reduced to writing by the Pharmacist or Certified Pharmacy Technician, or,* if necessary, and shall contain the

information required by § 185-10-3570;
(iii) if the prescribing Practitioner is not known to the Pharmacist or Certified Pharmacy Technician, he or she must make a reasonable effort to determine that the oral authorization came from a registered Practitioner, which may include a callback to the Practitioner using the Practitioner's phone number as listed in the telephone directory and/or other good faith efforts to ensure his or her identity; and
(iv) within 72 hours after authorizing an emergency oral Prescription Drug Order, the Practitioner shall cause a written Prescription Drug Order for the emergency quantity prescribed to be delivered to the Dispensing Pharmacist. In addition to conforming to the requirements of § 185-10-3570, the Prescription Drug order shall have written on its face "Authorization for Emergency Dispensing," and the date of the orally transmitted Prescription Drug Order. The written Prescription Drug Order may be delivered to the Pharmacist in Person or by mail, but if delivered by mail, it must be postmarked within the seven day period. Upon receipt, the Dispensing Pharmacist shall attach this written Prescription Drug Order to the emergency oral Prescription Drug Order, which had earlier been reduced to writing. The Pharmacist shall notify the nearest office of the DEA if the prescribing Practitioner fails to deliver a written Prescription Drug Order.
(3) The prescribing Practitioner may authorize his or her agent to communicate a Prescription Drug Order orally or by way of Electronic Transmission via facsimile to a Pharmacist, Pharmacy Intern, or Certified Pharmacy Technician in a licensed Pharmacy, provided that the identity of the transmitting agent is included in the order. In an Institutional Facility, the prescribing Practitioner's agent must be authorized by and in accordance with written policies and procedures of the Facility and applicable Commonwealth and federal laws.

(e) All Prescription Drug Orders for a Schedule III – V controlled substance communicated by way of Electronic Transmission via facsimile shall:
(1) be transmitted to a Pharmacist, Pharmacy Intern, or Certified Pharmacy Technician in a licensed Pharmacy of the patient's choice;
(2) identify the transmitter's phone number or any other suitable means to contact the transmitter for verbal and/or written confirmation, the time and date of transmission, and the identity of the Pharmacy intended to receive the transmission, as well as any other information required by federal or Commonwealth law;
(3) be transmitted by an authorized Practitioner or his or her designated agent; and
(4) be deemed the original Prescription Drug Order, provided it meets the requirements of this subsection.

(f) All Prescription Drug Orders for a Schedule II – V controlled substance issued and processed electronically shall be in compliance with existing federal or Commonwealth laws and rules.

(g) The Pharmacist shall exercise professional judgment regarding the accuracy, validity, and authenticity of the Prescription Drug Order issued electronically or by facsimile to ensure it is consistent with existing federal or Commonwealth laws and rules.

(h) All electronic equipment for receipt of Prescription Drug Orders issued electronically or by facsimile shall be maintained so as to ensure against unauthorized access.

(i) Prescription Drug Orders for a Schedule III – V controlled substance may be filled only if prescribed by a practitioner licensed to prescribe Schedule III – V controlled substances in the Commonwealth, which includes having their residence address on their DEA registration located within the Commonwealth or a duly licensed practitioner practicing on the Territory of Guam, which includes having their residence address on their DEA registration located on Guam, and only for patients treated on Guam and who reside in the Commonwealth.

(j) Prescription Drug Orders for a Schedule II controlled substance may only be dispensed if:
(1) written by a practitioner duly licensed to prescribe Schedule II controlled substances in the Commonwealth, which includes having their residence address on their DEA registration located within the Commonwealth; or
(2) written by a visiting or specialty practitioner duly licensed in the Commonwealth to prescribe medications and has a valid DEA registration to prescribe medications in Schedule II in their primary state or territory of licensure; the patient must be treated at an established facility physically located within the Commonwealth and only within the scope of practice of the practitioner.
(3) the prescription is dispensed within 93 days in which the prescription was originally written.

* So in original.

Modified, 1 CMC § 3806(a), (b).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3572 Pharmacy Practice – Transfer of a Prescription Drug Order.

Pharmacies utilizing automated data-processing systems shall satisfy all information requirements of a manual mode for Prescription Drug Order transferal, except as noted in subsection § 185-10-3572(d). The transfer of original Prescription Drug Order information for the purpose of refill Dispensing is permissible between Pharmacies subject to the following requirements:

(a) The information is communicated directly between Pharmacists or Certified Pharmacy Technicians and the transferring Pharmacist or Certified Pharmacy Technician records the following information:
(1) write the word "VOID" on the face of the invalidated Prescription Drug Order; or deactivates the active drug order if the order is electronic;
(2) record on the reverse side of the invalidated Prescription Drug Order or electronic drug order, the name and address of the Pharmacy to which it was transferred and the name of the Pharmacist or Certified Pharmacy Technician receiving the Prescription Drug Order;
(3) record the date of the transfer and the name of the Pharmacist or Certified Pharmacy Technician transferring the information; and
(4) the computer record shall reflect the fact that the original Prescription Drug Order has been voided and shall contain all the other information required above.

(b) The Pharmacist or Certified Pharmacy Technician receiving the transferred Prescription Drug Order information shall reduce to writing the following:
(1) Write the word "TRANSFER" on the face of the transferred Prescription Drug Order or have the word "TRANSFER" on a preprinted form; or
(2) Provide all information required to be on a Prescription Drug Order pursuant to state and federal laws and rules, and include:
(i) date of issuance of original Prescription Drug Order;
(ii) original number of refills authorized on original Prescription Drug Order;
(iii) date of original Dispensing;
(iv) number of valid refills remaining and date of last refill;
(v) Pharmacy's name, address, and original prescription number from which the Prescription Drug Order information was transferred; and
(vi) name of transferring Pharmacist or Certified Pharmacy Technician.
(3) Systems providing for the electronic transfer of information shall not infringe on a patient's freedom of choice as to the provider of Pharmacist Care.

(c) Both the original and transferred Prescription Drug Order shall be maintained for a period of five years from the date of last refill.

(d) Pharmacies accessing a common electronic file or database used to maintain required Dispensing information are not required to transfer Prescription Drug Orders or information for Dispensing purposes between or among Pharmacies participating in the same common prescription file. Provided, however, that any such common file shall contain complete records of each Prescription Drug Order and refill Dispensed. Further, a hard copy record of each Prescription Drug Order transferred or accessed for purposes of refilling shall be generated and maintained at the Pharmacy refilling the Prescription Drug Order, or the Pharmacy to which the Prescription Drug Order is transferred. Pharmacies shall protect against the illegal use or disclosure of Protected Health Information.

(e) In an emergency, a Pharmacy may transfer original Prescription Drug Order information for a non-controlled substance to a second Pharmacy for the purpose of Dispensing up to a 72-hour supply without voiding the original Prescription Drug Order.

Modified, 1 CMC § 3806(a), (b), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3573 Pharmacy Practice – Drug Product Selection by the Pharmacist.

(a) A Pharmacist Dispensing a Prescription Drug Order for a Drug product prescribed by its brand name may select any Equivalent Drug Product provided that the Manufacturer or Distributor holds, if applicable, either an approved New Drug Application (NDA) or an approved Abbreviated New Drug Application (ANDA), unless other approval by law or from the Federal Food and Drug Administration is required.

(b) The Pharmacist shall not select an Equivalent Drug Product if the Practitioner instructs otherwise, either orally or in writing, on the Prescription Drug Order.

(c) The Pharmacist shall notify the patient or patient's agent if a Drug other than the brand name Drug prescribed is Dispensed.

(d) Whenever Drug product selection is performed by a Pharmacist, the Pharmacist shall Dispense the Equivalent Drug Product in a container Labeled in accordance with § 185-10-3574.

Modified, 1 CMC § 3806(a), (b).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3574 Pharmacy Practice – Labeling.

(a) All Drugs Dispensed for use by inpatients of a hospital or other health care facility, whereby the Drug is not in the possession of the ultimate user prior to Administration, shall meet the following requirements:
(1) The label of a single-unit package of an individual-dose or unit-dose system of packaging of Drugs shall include:
(i) the nonproprietary or proprietary name of the Drug;
(ii) the route of Administration, if other than oral;
(iii) the strength and volume, where appropriate, expressed in the metric system whenever possible;
(iv) the control number and expiration date;
(v) identification of the repackager by name or by license number shall be clearly distinguishable from the rest of the label; and
(vi) special storage conditions, if required.
(2) When a multiple-dose Drug Distribution system is utilized, including Dispensing of single unit packages, the Drugs shall be Dispensed in a container to which is affixed a label containing the following information:
(i) identification of the Dispensing Pharmacy;
(ii) the patient's name;
(iii) the date of Dispensing;
(iv) the nonproprietary and/or proprietary name of the Drug Dispensed; and
(v) the strength, expressed in the metric system whenever possible.

(b) All Drugs Dispensed to inpatients for self-administration shall be Labeled in accordance with § 185-10-3574(d).

(c) Whenever any Drugs are added to parenteral solutions, such admixtures shall bear a distinctive label indicating:
(1) name of solution, lot number, and volume of solution;
(2) patient's name;
(3) infusion rate;

(4) bottle sequence number or other system control number;
(5) name and quantity of each additive;
(6) date of preparation;
(7) Beyond-Use Date and time of parenteral admixture; and
(8) ancillary precaution labels.

(d) All Drugs Dispensed to ambulatory or outpatients shall contain a label affixed to the container in which such Drug is Dispensed including:
(1) Critical Information for Patients – Critical information must appear on the label with emphasis (highlighted or bolded), in a sans serif typeface (such as "Arial"), minimum 12-point size, and in "sentence case." Field size and font size may be increased in the best interest of patient care. Critical information text should never be truncated and shall include:
(i) patient name
(A) legal name of the patient; or
(B) if patient is an animal, include the last name of the owner, name of the animal, and animal species.
(ii) directions for use
(A) directions for use as indicated by the prescriber and medication purpose/indication if included on prescription drug order; and
(B) language should be simplified, avoiding unfamiliar words and medical jargon; when applicable, use numeric instead of alphabetic characters.
(iii) drug name
(A) if written for a brand name and a generic drug is dispensed, include phrase "Generic for [brand name];"and
(B) include drug name suffixes, such as CD, SR, XL, XR, etc.
(iv) drug strength
(v) "use by" date
(A) date after which medication should be used; not the expiration date of medication or expiration date of prescription; and
(B) format as: "Use by: MM/DD/YY."
(2) Important information for patients – Must appear on the label but should not supersede critical information for patients and shall include:
(i) pharmacy name;
(ii) pharmacy telephone number;
(iii) prescriber name – format as: "Prescriber: [prescriber name]."
(iv) "fill date" – format as: "Date filled: MM/DD/YY."
(v) prescription number;
(vi) drug quantity – format as: "Qty: [number]."
(vii) number of remaining refills – format as: "Refills: [number remaining]" or "No refills," using whole numbers only and managing partial fills through the pharmacy record keeping system;
(viii) written or graphic product description;
(ix) auxiliary information;
(x) any cautions and other provisions which may be required by federal or state law.
(3) The following additional information for Patients – may appear on the label:
(i) bar codes;
(ii) pharmacy address; and

(iii) store number.

Modified, 1 CMC § 3806(a), (b), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3575 Pharmacy Practice – Prepackaging.

A Pharmacy may prepackage drugs under the following circumstances:

(a) written policies and procedures have been developed that address the processes of Prepackaging within the Pharmacy;

(b) the Prepackaging processes are conducted under conditions that ensure the integrity of the Drug and under the direct supervision of a Pharmacist;

(c) the Prepackaged Drugs are labeled with the following components:
(1) Drug Name;
(2) Drug Strength;
(3) Pharmacy Control and Manufacturer lot number;
(4) Name of the Manufacturer or Distributor of the Drug; and
(5) Beyond-Use Date.

(d) Records of all Prepackaging operations are maintained and include the following:
(1) the name (nonproprietary and proprietary name), strength, dosage form, quantity per container, and quantity of containers of the Drug being Prepackaged;
(2) the name of the Manufacturer or Distributor of the Drug;
(3) Pharmacy Control and Manufacturer lot number;
(4) expiration date of the Drug according to the original Manufacturer or Distributor container and the Beyond-Use Date;
(5) the name or initials of the Certified Pharmacy Technician or Pharmacy Technician that Prepackaged the Drug and the name or initials of the Pharmacist that verified the appropriateness of the Prepackaged Drug; and
(6) the date the Drug is Prepackaged.

(e) All Drugs Prepackaged are stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the Labeling of such Drugs, or with requirements in the current edition of an official compendium.

Modified, 1 CMC § 3806(a), (b).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3576 Pharmacy Practice – Patient Records.

(a) A patient record system shall be maintained by all Pharmacies for patients for whom Prescription Drug Orders are Dispensed. The patient record system shall provide for the immediate retrieval of information necessary for the Dispensing Pharmacist to identify previously Dispensed Drugs at the time a Prescription Drug Order is presented for Dispensing, and be created and stored in a manner to protect against illegal use or disclosure of Protected Health Information. The Pharmacist shall make a reasonable effort to obtain, record, and maintain the following information:
(1) full name of the patient for whom the Drug is intended;
(2) street address and telephone number of the patient;
(3) patient's age or date of birth;
(4) patient's gender;
(5) a list of all Prescription Drug Orders obtained by the patient at the Pharmacy maintaining the patient record during the five years immediately preceding the most recent entry showing the name of the Drug, prescription number, name and strength of the Drug, the quantity and date received, and the name of the Practitioner; and
(6) Pharmacist comments relevant to the individual's Drug therapy, including any other information peculiar to the specific patient or Drug.

(b) The Pharmacist shall make a reasonable effort to obtain from the patient, or the patient's agent, and shall record any known allergies, Drug reactions, idiosyncrasies, and chronic conditions or disease states of the patient and the identity of any other Drugs, including over-the-counter Drugs or Devices currently being used by the patient which may relate to Prospective Drug Review.

(c) A patient record shall be maintained for a period of not less than five years from the date of the last entry in the profile record. This record may be a hard copy or a computerized form.

(d) Protected Health Information may be used or disclosed as allowed under Section 4* of this regulation.

* So in original.

Modified, 1 CMC § 3806(a), (b), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3577 Pharmacy Practice – Prospective Drug Utilization Review (DUR).

(a) A Pharmacist shall review the patient record and each Prescription Drug Order for:
(1) known allergies;
(2) rational therapy contraindications;
(3) reasonable dose, duration of use, and route of Administration, considering age, gender, and other patient factors;
(4) reasonable directions for use;

(5) potential or actual adverse Drug reactions;
(6) Drug-Drug interactions;
(7) Drug-food interactions;
(8) Drug-disease contraindications;
(9) therapeutic duplication;
(10) proper utilization (including over- or under-utilization), and optimum therapeutic outcomes; and
(11) abuse/misuse.

(b) Upon recognizing any of the above, the Pharmacist shall take appropriate steps to avoid or resolve the problem which shall, if necessary, include consultation with the Practitioner.

Modified, 1 CMC § 3806(a), (b).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3578 Pharmacy Practice – Patient Counseling.

(a) Upon receipt of a Prescription Drug Order and following a review of the patient's record, a Pharmacist shall personally initiate discussion of matters which will enhance or optimize Drug therapy with each patient or caregiver of such patient. Such discussion shall be in Person, whenever practicable, or by telephone and shall include appropriate elements of Patient Counseling. Such elements may include the following:
(1) the name and description of the Drug;
(2) the dosage form, dose, route of Administration, and duration of Drug therapy;
(3) intended use of the Drug and expected action;
(4) special directions and precautions for preparation, Administration, and use by the patient;
(5) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur;
(6) techniques for self-monitoring Drug therapy;
(7) proper storage and appropriate disposal method(s) of unwanted or unused medication;
(8) prescription refill information;
(9) action to be taken in the event of a missed dose; and
(10) Pharmacist comments relevant to the individual's Drug therapy, including any other information peculiar to the specific patient or Drug.

(b) Alternative forms of patient information shall be used to supplement Patient Counseling when appropriate. Examples include written information leaflets, pictogram labels, video programs, etc.

(c) A Pharmacist providing Telepharmacy services across state lines shall:
(1) identify himself or herself to patients as a "licensed Pharmacist"; and
(2) notify patients of the State in which he or she is currently licensed to Practice Pharmacy and registered to Practice Telepharmacy across state lines.

(d) Patient Counseling, as described above and defined in this part, shall not be required for inpatients of a hospital or institution where other licensed health care professionals are authorized to Administer the Drug(s).

(e) A Pharmacist shall not be required to counsel a patient or caregiver when the patient or caregiver refuses such consultation.

Modified, 1 CMC § 3806(a), (b), (d).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3579 Pharmacy Practice – Collaborative Pharmacy Practice.

(a) Collaborative Pharmacy Practice Agreement. A Pharmacist planning to engage in Collaborative Pharmacy Practice shall have on file at his or her place of practice the written Collaborative Pharmacy Practice Agreement. The initial existence and subsequent termination of any such agreement and any additional information the Board may require concerning the Collaborative Pharmacy Practice Agreement, including the agreement itself, shall be approved by the Board prior to initiation. The Agreement may allow the Pharmacist, within the Pharmacist's Scope of Practice Pursuant to the Collaborative Pharmacy Practice Agreement, to conduct activities approved by the Practitioner, and as defined by law and by the Rules of the Board. The collaboration that the Practitioner agrees to conduct with the Pharmacist must be within the scope of the Practitioner's current practice. Patients or caregivers shall be advised of such agreement.

(b) Contents The Collaborative Pharmacy Practice Agreement shall include:
(1) identification of the Practitioner(s) and Pharmacist(s) who are parties to the Agreement;
(2) the types of decisions that the Pharmacist is allowed to make may include:
(i) a detailed description of the types of diseases, Drugs, or Drug categories involved, and the activities allowed in each case;
(ii) a detailed description of the methods, procedures, decision Criteria, and plan the Pharmacist is to follow when conducting allowed activities; and
(iii) a detailed description of the activities the Pharmacist is to follow, including documentation of decisions made and a plan or appropriate mechanism for communication, feedback, and reporting to the Practitioner concerning specific decisions made. In addition to the Agreement, documentation shall occur on the prescription record, patient profile, a separate log book, or in some other appropriate system.
(3) a method for the Practitioner to monitor compliance with the Agreement and clinical outcomes and to intercede where necessary;
(4) a description of the Continuous Quality Improvement Program used to evaluate effectiveness of patient care and ensure positive patient outcomes;
(5) a provision that allows the Practitioner to override a Collaborative Practice decision made by the Pharmacist whenever he or she deems it necessary or appropriate;
(6) a provision that allows either party to cancel the Agreement by written notification;
(7) proof of Professional Liability insurance for both parties where the address listed on the Declarations page is located within the Commonwealth for those names which are attached to the

agreement and/or a memorandum of understanding between the parties for the provision of damages and/or rewards to a patient should damages be warranted or awarded by a Court of Law located within or outside the Commonwealth, or agreed to as part of a settlement agreement for a patient where damages are acknowledged;
(8) an effective date; and
(9) signatures of all collaborating Pharmacists and Practitioners who are party to the agreement, as well as dates of signing. Amendments to a Collaborative Pharmacy Practice Agreement must be documented, signed, dated and submitted to the Board for approval.

(c) Initiation of the Collaborative Pharmacy Practice Agreement. The Collaborative Pharmacy Practice Agreement must be coupled with a medical order from the Practitioner to initiate allowed activities for any particular patient.

(d) Documentation of Pharmacist activities. Documentation of allowed activities must be kept as part of the patient's permanent record and be readily available to other health care professionals providing care to that patient and who are authorized to receive it. Documentation of allowed activities shall be considered Protected Health Information.

(e) Review. At a minimum, the written agreement shall be reviewed and renewed and, if necessary, revised every year.

Modified, 1 CMC § 3806(a), (b), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3580 Pharmacy Practice – Adverse Drug Reactions.

Significant Adverse Drug Reactions shall be reported to the Practitioner and, in writing, to the Board immediately upon discovery. Appropriate entry on the patient's record shall also be made.

Modified, 1 CMC § 3806(a), (b).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3581 Pharmacy Practice – Records of Dispensing/Delivery.

(a) Records of receipt, Dispensing, Delivery, Distribution, or other disposition of all Drugs or Devices are to be made and kept by Pharmacies for five years and shall include, but not be limited to:
(1) quantity Dispensed for original and refills, if different from original;
(2) date of receipt, Dispensing, Delivery, Distribution, or other disposition;
(3) serial number (or equivalent if an institution);
(4) the identification of the Pharmacist responsible for Dispensing;
(5) name and Manufacturer of Drug Dispensed if Drug product selection occurs; and

(6) records of refills to date.

(b) Pharmacies that ship medications by mail, common carrier, or other type of Delivery service shall implement a mechanism to verify that a patient or caregiver has actually received the Delivered medication.

Modified, 1 CMC § 3806(a), (b).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3582 Pharmacy Practice – Computer Records.

(a) Systems Manuals: An up-to-date policy and procedure manual shall be developed by the Pharmacist-in-Charge that explains the operational aspects of the automated system and shall:
(1) include examples of all required output documentation provided by the automated system;
(2) outline steps to be followed when the automated system is not operational due to scheduled or unscheduled system interruption;
(3) outline regular and routine backup file procedure and file maintenance;
(4) outline audit procedures, personnel code assignments, and personnel responsibilities; and
(5) provide a quality assurance mechanism for data entry validation.

(b) Automated Data Processing System
(1) Data storage and retrieval. The system shall have the capability of producing sight-readable information on all original and refill Prescription Drug Orders. The term "sight-readable" means that an authorized individual shall be able to examine the record and read the information from the cathode ray tube (CRT), microfiche, microfilm, printout, or other method acceptable to the Board.
(2) The system shall provide online retrieval (via CRT display or hard copy printout) of original Prescription Drug Order information. Such information shall include, but not be limited to, the Prescription Drug Order requirements and records of Dispensing as indicated in Section 3 of this Rule*.
(3) The computerized system shall have the capability of producing a printout of any Prescription Drug Order data. The system shall provide a refill-by-refill audit trail for any specified strength and dosage form of any Drug. Such an audit trail shall be by printout, and include the name of the prescribing Practitioner, name and location of the patient, quantity Dispensed on each refill, date of Dispensing of each refill, name or identification code of the Dispensing Pharmacist, and unique identifier of the Prescription Drug Order.
(4) Any facility maintaining centralized prescription records shall be capable of sending a requested printout to the Pharmacy within 72 hours.

(c) Security: To maintain the confidentiality of patient records, the system shall have adequate security and systems safeguards designed to prevent and detect unauthorized access, modification, or manipulation of patient records. Once the Drug has been Dispensed, any alterations in Prescription Drug Order data shall be documented, including the identification of the Pharmacist responsible for the alteration.

(d) System Backup (Auxiliary Records Maintenance)
(1) In the event of an unscheduled system interruption, sufficient patient data and Prescription Drug Order data should be available to permit reconstruction of such data within a two-hour time period for the Pharmacist to Dispense Drugs with sound professional judgment.
(2) An auxiliary system shall be established for the documentation of refills if the automated data processing system is inoperative for any reason and to ensure that all refills are authorized by the original Prescription Drug Order and that the maximum number of refills is not exceeded.
(3) The auxiliary system shall be in place to provide for the maintenance of all necessary patient Drug information (as outlined in this rule*) until the automated system becomes operational. However, nothing in this subsection (§ 185-10-3582(d)(3)) shall preclude the Pharmacist from using professional judgment for the benefit of a patient's health and safety.
(4) When the automated system is restored to operation, the information regarding Prescription Drug Orders Dispensed and refilled during the inoperative period shall be entered into the automated system within 96 hours.
(5) Routine backup systems and procedures (hard copy, copy, disk, etc) shall be in place and operational to ensure against loss of patient data.
(6) In the event that permanent Dispensing information is lost due to unscheduled system interruption, the Board shall be notified within 24 hours.

* So in original.

Modified, 1 CMC § 3806(a), (b), (f).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3583 Pharmacy Practice – Remote Pharmacy Services.

(a) General Requirements
(1) The Pharmacist-in-Charge of the Coordinating Pharmacy shall apply to the Board for a permit prior to engaging in the Practice of Telepharmacy via the Remote Pharmacies and Remote Dispensing Sites.
(2) A Coordinating Pharmacy shall demonstrate to the Board that there is limited access to pharmacy services in the community prior to engaging in the Practice of Telepharmacy via the Remote Pharmacies and Remote Dispensing Sites.
(3) One Pharmacist shall not operate more than three simultaneously open Remote Pharmacies or Remote Dispensing Sites. An exception to this limit may be granted by the Board in situations where the Coordinating Pharmacy has documented a need to supervise additional Remote Pharmacies or Remote Dispensing Sites and has demonstrated that appropriate safeguards are in place to ensure proper supervision of each.
(4) Remote Pharmacies that are principally staffed by Certified Pharmacy Technicians or Pharmacy Interns shall be under the continuous supervision of a Pharmacist at the Coordinating Pharmacy at all times that it is open to provide pharmacy services. To qualify as continuous supervision, the Pharmacist is not required to be physically present at the Remote Pharmacy, but shall supervise operations electronically through the use of a video/auditory communication system.

(5) A Coordinating Pharmacy shall comply with appropriate federal and state controlled substance registrations for each Remote Pharmacy or Remote Dispensing Site if controlled substances are maintained.
(6) A Coordinating Pharmacy shall notify the Board in writing within 10 days of a change of location, discontinuance of service, or closure of a Remote Pharmacy or Remote Dispensing Site operated by the Coordinating Pharmacy.

(b) Remote Pharmacy: A Remote Pharmacy may have a limited Drug inventory consisting of suitable unit-of-use containers Prepackaged by the Coordinating Pharmacy or a registered Repackager or as provided in the original Manufacturer's container. A Remote Pharmacy may utilize an Automated Pharmacy System.

(c) Remote Dispensing Site. A Remote Dispensing Site shall utilize an Automated Pharmacy System located in an area accessible only to authorized personnel or shall be staffed by authorized personnel under the direct supervision, via Skype or other telemetric means for the supervising Pharmacist.

(d) Personnel.
(1) The Pharmacist-in-Charge of the Coordinating Pharmacy:
(i) is responsible for the Practice of Telepharmacy performed at Remote Pharmacies and Remote Dispensing Sites, including the supervision of any Automated Pharmacy System and compliance with these Rules;
(ii) is responsible for ensuring that the Coordinating Pharmacy and the Remote Pharmacy and Remote Dispensing Site have entered into a written agreement that outlines the services to be provided and the responsibilities and accountability of each party in fulfilling the terms of the agreement in compliance with federal and state laws and regulations. Such contract or agreement is not required if the Remote Pharmacy or Remote Dispensing Site are under common control or ownership of the Coordinating Pharmacy;
(iii) shall ensure the Coordinating Pharmacy has sufficient Pharmacists on duty for the safe operation and supervision of all Remote Pharmacies and Remote Dispensing Sites; and
(iv) shall ensure that the Automated Pharmacy System is in good working order and accurately Dispenses the correct strength, dosage form, and quantity of the Drug prescribed while maintaining appropriate record keeping and security safeguards.
(2) Pharmacists, Pharmacy Interns, and Certified Pharmacy Technicians at Remote Pharmacies shall be registered with the Board and be trained in the operation of the video/auditory communication system used for Dispensing and Patient Counseling.

(e) Operations
(1) Remote Pharmacies:
(i) that are principally staffed by Certified Pharmacy Technicians or Pharmacy Interns shall be under the continuous supervision of a Pharmacist;
(ii) may receive Prescription Drug Orders or refill requests by the patient or the patient's agent in accordance with the policies and procedures designated by the Pharmacist-in-Charge. The Certified Pharmacy Technician or Pharmacy Intern shall either transmit the Prescription Drug Order or refill request to the Coordinating Pharmacy or process the Prescription Drug Order or refill request so that the Pharmacist at the Coordinating Pharmacy may perform a Prospective Drug

Utilization Review prior to Dispensing;
(iii) shall contain an appropriate area for Patient Counseling by the Pharmacist, if required;
(iv) may employ Certified Pharmacy Technicians or Pharmacy Interns, who shall be under the continuous supervision of a Pharmacist at the Coordinating Pharmacy, to assist in the Dispensing process and maintain appropriate video/auditory communication with the Coordinating Pharmacy; and
(v) may contain an Automated Pharmacy System or a limited Drug inventory for the purposes of preparing medications for Dispensing. The Pharmacist at the Coordinating Pharmacy shall have access to the Remote Pharmacy's automated data processing system to perform a Prospective Drug Utilization Review (DUR) prior to Dispensing. The Pharmacist shall ensure, through the use of the video/auditory communication system, that the Certified Pharmacy Technician or Pharmacy Intern has accurately and correctly prepared the Drug for Dispensing according to the Prescription Drug Order.
(2) Remote Dispensing Sites:
(i) that are located within an Institutional Facility shall utilize an Automated Pharmacy System or direct visual inspection via Skype or other means for the purposes of Dispensing. The Pharmacist at the Coordinating Pharmacy shall have the necessary patient information to perform a Prospective Drug Utilization Review (DUR) prior to Dispensing; and
(ii) that are located in clinics shall utilize an Automated Pharmacy System or direct visual inspection via Skype or telemetric means. Such remote dispensing sites shall be located in an area that will provide for Patient Counseling and must be installed within the same area utilized by the dispenser. The coordinating pharmacy must have available direct contact, either through Skype or other electronic means, access to the Pharmacist for consultation purposes.

(f) Security
(1) Drugs shall be stored in compliance with Commonwealth and federal laws and in accordance with these Rules, including those addressing temperature, proper containers, and the handling of outdated drugs.
(2) Drugs stored at Remote Dispensing Sites shall be stored in an area that is:
(i) separate from any other Drugs used by the health care facility; and
(ii) locked by key or combination, so as to prevent access by unauthorized personnel.
(3) Access to the area where Drugs are stored at the Remote Pharmacy or Remote Dispensing Site must be limited to:
(i) Pharmacists, Certified Pharmacy Technicians, or Pharmacy Interns who are employed by the Coordinating Pharmacy; or
(ii) Personnel employed at the Institutional Facility or clinic where the Remote Dispensing Site is located who:
(A) are licensed health care providers;
(B) are designated in writing by the Pharmacist-in-Charge or the Person responsible for the supervision and on-site operation of the facility where the remote dispensing site is located; and
(C) have completed documented training concerning their duties associated with the remote site.
(4) Remote Pharmacies and Remote Dispensing Sites shall have adequate security to:
(i) comply with federal and Commonwealth laws and regulations; and
(ii) maintain patient confidentiality.
(5) The Coordinating Pharmacy shall have procedures that specify that Drugs may only be

Delivered to the Remote Pharmacy or Remote Dispensing Site in accordance with the policies and procedures of the Coordinating Pharmacy.

(g) Policies and Procedures

(1) The Coordinating Pharmacy, Remote Pharmacy, and Remote Dispensing Site shall operate in compliance with written policies and procedures that are established by the Coordinating Pharmacy. The policy and procedure manual shall include, but not be limited to, the following:

(i) a current list containing the name and business address of the Pharmacist-in-Charge and personnel designated by the Pharmacist-in-Charge to have access to the area where Drugs are stored at the Remote Pharmacy or Remote Dispensing Site;

(ii) duties that may only be performed by a Pharmacist;

(iii) a copy of the written agreement between the Coordinating Pharmacy and the Remote Pharmacy or between the Coordinating Pharmacy and the Institutional Facility or clinic where the Remote Dispensing Site is located. Such contract or agreement is not required if the Remote Pharmacy or Remote Dispensing Site are under common control or ownership of the Coordinating Pharmacy;

(iv) date of last review and revision of policy and procedure manual; and

(v) policies and procedures for:

(A) operation of the video/auditory communication system;

(B) security;

(C) sanitation;

(D) storage of Drugs;

(E) Dispensing;

(F) supervision;

(G) Drug procurement, receipt of Drugs, and Delivery of Drugs. Drugs may only be Delivered to the Remote Pharmacy or Remote Dispensing Site in a sealed container with a list of Drugs Delivered. Drugs Delivered to the Remote Pharmacy or Remote Dispensing Site must be checked by personnel designated by the Pharmacist-in-Charge to verify that the Drugs sent were actually received. The designated Person who checks the order shall document the verification by signing and dating the list of Drugs Delivered;

(H) Record keeping.

(2) Coordinating Pharmacy providing pharmacy services at a Remote Pharmacy or Remote Dispensing Site shall, at least annually, review and revise as necessary its written policies and procedures, and document such review.

(3) A Coordinating Pharmacy providing pharmacy services at a Remote Pharmacy or Remote Dispensing Site shall maintain a written plan for recovery from an event that interrupts the ability of a Pharmacist to electronically supervise the Dispensing of Drugs at the Remote Pharmacy or Remote Dispensing Site. The written plan for recovery shall include:

(i) a statement that Drugs shall not be Dispensed at the Remote Pharmacy or Remote Dispensing Site if a Pharmacist is not able to electronically supervise such Dispensing;

(ii) procedures for response when the video/auditory communication system is experiencing downtime; and

(iii) procedures for the maintenance and testing of the written plan for recovery.

(4) All policies and procedures must be maintained and made available for inspection by the Board in the Coordinating Pharmacy responsible for the Automated Pharmacy System and at the Remote Pharmacy or Remote Dispensing Site where the Automated Pharmacy System is being

used.

(h) Quality Assurance. A Coordinating Pharmacy that provides pharmacy services via a Remote Pharmacy or Remote Dispensing Site shall operate according to a written program for quality assurance that:
(1) requires continuous supervision of the Remote Pharmacy at all times the site is open to provide pharmacy services;
(2) requires a Pharmacist of the Coordinating Pharmacy to be accessible to respond to inquiries or requests pertaining to Drugs Dispensed from the Remote Pharmacy or from the Automated Pharmacy System located at the Remote Dispensing Site; and
(3) establishes procedures to test the operation of all Automated Pharmacy Systems and all video/auditory communication systems at a minimum of every six months and whenever any upgrade or change is made to the system and document the testing of each such system.

(i) Record Keeping
(1) Required Records
(i) A Coordinating Pharmacy shall keep a record of all Drugs received, Dispensed, and Distributed from the Coordinating Pharmacy.
(ii) A Coordinating Pharmacy shall keep a record of all Drugs received, Dispensed, and Distributed from each Remote Pharmacy or Remote Dispensing Site.
(iii) All records of receipt, Dispensing, and Distribution shall be kept at the Coordinating Pharmacy. Coordinating Pharmacy, Remote Pharmacy, and Remote Dispensing Site records must be kept separate from each other.
(2) Inventory
(i) A Coordinating Pharmacy shall keep a perpetual inventory of controlled substances, and other Drugs required to be inventoried according to Commonwealth and federal law, that are held in the Coordinating Pharmacy, each Remote Pharmacy, and each Remote Dispensing Site.
(ii) A Coordinating Pharmacy shall conduct an annual non-controlled substance Drug inventory at the Coordinating Pharmacy and at each Remote Pharmacy or Remote Dispensing Site.
(3) All inventory records shall be kept at the Coordinating Pharmacy. The Coordinating Pharmacy, Remote Pharmacy, and Remote Dispensing Site inventory records must be kept separate from each other.

Modified, 1 CMC § 3806(a), (b), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3584 Pharmacy Practice – Licensing.

(a) The following Persons located within the Commonwealth, and the following Persons located outside the Commonwealth that provide services to patients within the Commonwealth, shall be licensed by the Board and shall Bi-annually renew their license with the Board:
(1) persons engaged in the Practice of Pharmacy;
(2) persons engaged in the Manufacture, production, sale, or Distribution or Wholesale Distribution of Drugs or Devices;

(3) pharmacies where Drugs or Devices are Dispensed, or Pharmacist Care is provided; and
(4) pharmacies that provide medications through the mail or other courier.

(b) Where operations are conducted at more than one location, each such location shall be licensed by the Board.

(c) Each Pharmacy shall have a Pharmacist-in-Charge. Whenever an applicable rule requires or prohibits action by a Pharmacy, responsibility shall be that of the owner and/or pharmacy permit holder and the Pharmacist-in-Charge of the Pharmacy, whether the owner and/or pharmacy permit holder is a sole proprietor, partnership, association, corporation, or otherwise.

(d) Each licensed Person located outside of the Commonwealth who ships, mails, Distributes, Wholesale Distributes, or Delivers Drugs or Devices in the Commonwealth, or Pharmacy located outside of the Commonwealth who ships, mails, Distributes, or Delivers Drugs or Devices in the Commonwealth, shall designate a registered agent in the Commonwealth for service of process. Any such licensed Person or Pharmacy who does not so designate a registered agent shall be deemed to have violated these rules and will be issued a cease and desist order until a registered agent has been designated.

(e) The Board may enter into agreements with other states or with third parties for the purpose of exchanging information concerning the licensure and inspection of entities located in this jurisdiction and those located outside the Commonwealth.

(f) The Board may deny or refuse to renew a license if it determines that the granting or renewing of such license would not be in the public interest.

(g) The Board shall establish the standards that a Person must meet for initial and continued licensure under Article V and shall require initial inspections and periodic inspections thereafter for purposes of licensure or licensure renewal.

(h) The Board may enter into an agreement with a third party to undertake inspections of facilities of a Person seeking initial or continued licensure where such third party maintains a program which has standards acceptable to the Board that must be met for any such Person to be accredited or certified by such third party. The Board may rely on such accreditation or certification in determining eligibility for initial licensure or licensure renewal.

Modified, 1 CMC § 3806(a), (b).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3585 Pharmacy Practice – Notifications.

All licensed Persons shall report to the Board the occurrence of any of the following:

(a) permanent closing;

(b) change of ownership, management, location, or Pharmacist-in-Charge of a Pharmacy;

(c) any theft or loss of Drugs or Devices;

(d) any conviction of any employee of any State or Federal Drug laws;

(e) any criminal conviction or pleas of guilty or nolo contendere of all licensed or registered personnel;

(f) disasters, accidents, or any theft, destruction, or loss of records required to be maintained by the Commonwealth or Federal law;

(g) occurrences of Significant Adverse Drug Reactions as defined by Rules of the Board;

(h) illegal use or disclosure of Protected Health Information; or

(i) any and all other matters and occurrences as the Board may require by rule.

Modified, 1 CMC § 3806(a), (b).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3586 Pharmacy Practice – Grounds, Penalties, and Reinstatement.

The Board may refuse to issue or renew, or may Revoke, Summarily Suspend, Suspend, place on Probation, Censure, Reprimand, issue a Warning against, or issue a Cease and Desist order against, the licenses or the registration of, or assess a Fine/Civil Penalty or Costs/Administrative Costs against any Person pursuant to the procedures set forth in NMIAC §§ 185-10-901 to 185-10-1215, upon one or more of the following grounds:

(a) engaging in conduct that is cause for discipline under 4 CMC § 2224;

(b) incapacity that prevents a licensee from engaging in the Practice of Pharmacy or a registrant from assisting in the Practice of Pharmacy, with reasonable skill, competence, and safety to the public;

(c) being guilty of one or more of the following:
(1) a felony;
(2) any act involving moral turpitude or gross immorality; or
(3) violations of the pharmacy or drug laws of the Commonwealth or rules and regulations pertaining thereto; or of laws, rules, and regulations of any other State or territory; or of the Federal government;

(d) disciplinary action taken by another state or jurisdiction against a license or other

authorization to Practice Pharmacy based upon conduct by the licensee similar to conduct that would constitute grounds for action as defined in this section;

(e) failure to report to the Board any adverse action taken by another licensing jurisdiction (United States or foreign), government agency, law enforcement agency, or court for conduct that would constitute grounds for action as defined in this section;

(f) failure to report to the Board one's surrender of a license or authorization to Practice Pharmacy in another state or jurisdiction while under disciplinary investigation by any of those authorities or bodies for conduct that would constitute grounds for action as defined in this section;

(g) failure to report to the Board any adverse judgment, settlement, or award arising from a malpractice claim arising related to conduct that would constitute grounds for action as defined in this section;

(h) knowing or suspecting that a Pharmacist or Pharmacy Intern is incapable of engaging in the Practice of Pharmacy or that a Pharmacy Technician is incapable of assisting in the Practice of Pharmacy, with reasonable skill, competence, and safety to the public, and failing to report any relevant information to the Board;

(i) misrepresentation of a material fact by a licensee in securing the issuance or renewal of a license or registration;

(j) fraud by a licensee in connection with the Practice of Pharmacy;

(k) engaging, or aiding and abetting an individual to engage in the Practice of Pharmacy without a license; assisting in the Practice of Pharmacy or aiding and abetting an individual to assist in the Practice of Pharmacy without having registered with the Board; or falsely using the title of Pharmacist, Pharmacy Intern, Certified Pharmacy Technician, or Pharmacy Technician;

(l) making false or misleading statements against another licensee or health care provider for the purpose of self-enrichment, patient coercion, or intentional defamation;

(m) engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of any licensing examination;

(n) being found by the Board to be in violation of any of the provisions of the Health Care Professions Licensing Act of 2007, codified at 4 CMC § 2201 et seq., or the rules adopted pursuant to the Act;

(o) illegal use or disclosure of Protected Health Information; or

(p) failure to furnish to the Board, its investigators, or representatives any information legally requested by the Board.

Modified, 1 CMC § 3806(a), (b), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Commission Comment: The Commission rearranged parts of this section pursuant to 1 CMC § 3806(b).

§ 185-10-3590 Unprofessional Conduct.

Unprofessional conduct shall include, but is not limited to, the following acts of a Pharmacist or Pharmacy:

(a) the publication or circulation of false, misleading, or otherwise deceptive statements concerning the Practice of Pharmacy;

(b) unreasonably refusing to Compound or Dispense Prescription Drug Orders that may be expected to be Compounded or Dispensed in Pharmacies by Pharmacists;

(c) attempting to circumvent the Patient Counseling requirements, or discouraging the patient from receiving Patient Counseling concerning their Prescription Drug Orders;

(d) the illegal use or disclosure of Protected Health Information;

(e) failure to maintain adequate records, systems, and security to protect against the illegal use or disclosure of Protected Health Information;

(f) failure to maintain adequate records to account for disclosures of Protected Health Information;

(g) selling, giving away, or otherwise disposing of accessories, chemicals, or Drugs or Devices found in illegal Drug traffic when the Pharmacist knows or should have known of their intended use in illegal activities;

(h) engaging in conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient, or engaging in conduct which substantially departs from the standards of care ordinarily exercised by a Pharmacist, with proof of actual injury not having to be established;

(i) selling a Drug for which a Prescription Drug Order from a Practitioner is required, without having received a Prescription Drug Order for the Drug;

(j) willfully and knowingly failing to maintain complete and accurate records of all Drugs received, Dispensed, or disposed of in compliance with the Federal laws and regulations and State laws and rules;

(k) obtaining any remuneration by fraud, misrepresentation, or deception, including, but not limited to, receiving remuneration for amending or modifying, or attempting to amend or modify, a patient's Pharmacist Care Services, absent a clear benefit to the patient, solely in response to promotion or marketing activities.

Modified, 1 CMC § 3806(a).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Part 3600 - Pharmacy.

§ 185-10-3601 Licensing.

(a) The following Persons located within the Commonwealth, and the following Persons located outside the Commonwealth that provide services to patients within the Commonwealth, shall be licensed by the Board and shall bi-annually renew their license with the Board:
(1) persons engaged in the Practice of Pharmacy;
(2) persons engaged in the Manufacture, production, sale, or Distribution or Wholesale Distribution of Drugs or Devices;
(3) pharmacies where Drugs or Devices are Dispensed, or Pharmacist Care is provided; and
(4) pharmacy Benefits Managers.

(b) Where operations are conducted at more than one location, each such location shall be licensed by the Board.

(c) Each Pharmacy shall have a Pharmacist-in-Charge. Whenever an applicable rule requires or prohibits action by a Pharmacy, responsibility shall be that of the owner and/or pharmacy permit holder and the Pharmacist-in-Charge of the Pharmacy, whether the owner and/or pharmacy permit holder is a sole proprietor, partnership, association, corporation, or otherwise.

(d) Each Pharmacy located outside of the Commonwealth that ships, mails, Distributes, or Delivers Drugs or Devices in the Commonwealth, shall designate a registered agent in the Commonwealth for service of process. A copy of any such service of process shall be mailed to such Agent by the Board by certified mail, return receipt requested, postage prepaid, at the address such Agent has been designated on its application for licensure in the Commonwealth.

(e) The Board may enter into agreements with other states, territories, or with third parties for the purpose of exchanging information concerning the licensure and inspection of entities located in this jurisdiction and those located outside of the Commonwealth.

(f) The Board may deny or refuse to renew a license if it determines that the granting or renewing of such license would not be in the public interest.

(g) The Board shall establish the standards that a Person or Entity must meet for initial and continued licensure under this act and may require periodic inspections for purposes of licensure or licensure renewal of the Pharmacy.

(h) The Board may enter into an agreement with a third party to undertake inspections of facilities of a Person seeking initial or continued licensure where such third party maintains a program which has standards acceptable to the Board that must be met for any such Person to be

accredited or certified by such third party. The Board may rely on such accreditation or certification in determining eligibility for initial licensure or licensure renewal.

Modified, 1 CMC § 3806(a).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3605 Application.

(a) The Board shall specify by rule the licensure procedures to be followed, including but not limited to, specification of forms for use in applying for such licensure and times, places, and applicable fees. Applicants shall fill out the forms provided by the Board.

(b) Applicants for licensure to Distribute, Wholesale Distribute, Manufacture, sell, purchase, and/or produce Drugs or Devices, and applicants for licensure as a Pharmacy Benefits Manager, shall file with the Board of Pharmacy a verified application containing such information as the Board requires of the applicant relative to the qualifications for a license.

(c) Licenses issued by the Board pursuant to this Part shall not be transferable or assignable.

(d) Licensed practitioners allowed to prescribe medications are not allowed to be an owner, officer, director or shareholder of a corporation may not be considered as an applicant;*

(e) The Board shall specify by rule minimum standards for responsibility of any Person, Pharmacy, or Pharmacy Benefits Manager that has employees or personnel engaged in the Practice of Pharmacy, or Manufacture, Distribution, Wholesale Distribution, production, sale, or use of Drugs or Devices in the conduct of their business. If the licensed Person is a Pharmacy located in the Commonwealth, that portion of the facility to which such license applies shall be operated only under the direct supervision of a Pharmacist licensed to practice in the Commonwealth.

(f) Applicants must provide and certify the following:
(1) The name, address, and contact information of the individual requesting the license;
(2) The name(s) under which the applicant does business;
(3) The name of the Pharmacist-in-Charge of the facility to be licensed;
(4) A copy of the Commonwealth license for the applicants Pharmacist in Charge;
(5) The names and contact information of all of the individual owners and/or corporate officers;
(6) If the applicant is a corporation, a copy of the corporation's articles of incorporation and a letter of good standing from the jurisdiction of incorporation;
(7) A copy of the applicants Commonwealth business license;
(8) A statement by all of the owners, corporate officers, pharmacists, technical staff, and any other individual with decision making responsibilities, stating whether:
(i) they have been arrested or involved in litigation and/or arbitration;
(ii) have ever had their professional license disciplined for any reason;
(iii) ever had a denial of a personal license, permit, certificate, or registration for a privileged, occupational, or professional activity;

(iv) denials of a business or industry license or related finding of suitability, or participation in a group that has been denied a business or industry license or related finding of suitability;
(v) Administrative actions or proceedings related to the pharmaceutical industry or participation in a group that has been the subject of such administrative actions or proceedings;
(vi) guilty findings or pleadings or pleas of nolo contendere to any offense, federal or state, related to prescription Drugs and/or controlled substances or participation in a group that has been found or pled guilty or that has pled nolo contendere to any such offense;
(vii) surrender, voluntary or otherwise, of licensure, permit, or certificate of registration relating to the pharmaceutical industry, or participation in a group that has surrendered, voluntary or otherwise, any such licensure, permit, or certificate of registration.
(9) A map showing the physical location of the pharmacy;
(10) A floor plan of the pharmacy showing the essential areas for appropriately securing pharmaceutical products, securing controlled substances, compounding area, private patient counseling area, and prescription preparation area.

* So in original.

Modified, 1 CMC § 3806(a), (g).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

§ 185-10-3610 Notifications.

All licensed Persons shall report to the Board the occurrence of any of the following:

(a) permanent closing;

(b) change of ownership, management, location, or Pharmacist-in-Charge of a Pharmacy;

(c) any theft or loss of Drugs or Devices;

(d) any conviction of any employee of any State or Federal Drug laws;

(e) any criminal conviction or pleas of guilty or nolo contendere of all licensed or registered personnel;

(f) disasters, accidents, or any theft, destruction, or loss of records required to be maintained by State or Federal law;

(g) occurrences of Significant Adverse Drug Reactions as defined by Rules of the Board;

(h) illegal use or disclosure of Protected Health Information; or

(i) any and all other matters and occurrences as the Board may require by rule.

Modified, 1 CMC § 3806(a).

History: Adopted 39 Com. Reg. 40370 (Nov. 28, 2017); Proposed 39 Com. Reg. 39714 (Jun. 28, 2017).

Part 3700 - Pharmacy Intern

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 3800 - Physical Therapist, Physical Therapy Assistant, Occupational Therapist, and Occupational Therapy Assistant

Commission Comment: The Board reserved this part for pharmacy technician regulations in 2008. The Board's 2014 regulations indicated that regulations for physical therapists, physical therapy assistants, occupational therapists, and occupational therapy assistants should be codified at part 3800.

§ 185-10-3801 Definitions

(a) Physical Therapy Definitions.
(1) "APTA" is the American Physical Therapy Association, which is the primary, voluntary, national professional organization of physical therapists and physical therapy assistants.
(2) "Accredited physical therapist or physical therapy assistant program" means a post-secondary physical therapist program that is accredited by the Commission on Accreditation in Physical Therapy Education, its predecessor organization, or its successor organization.
(3) "CAPTE" means the Commission on Accreditation in Physical Therapy Education, an independent accrediting body that is recognized by the U.S. Department of Education and by the Commission on Recognition of Postsecondary Accreditation or their successor organizations as the entity in the U.S. that is responsible for accrediting education programs for the preparation of physical therapists and physical therapy assistants.
(4) "CPA" is the Canadian Physiotherapy Association.
(5) "FSBPT" is the Federation of State Boards of Physical Therapy, which is the organization that develops and administers the National Physical Therapy Examination and also works towards reasonable uniformity in regulation and standards through ongoing communications between it and the state boards who are authorized by law to license and regulate physical therapists and physical therapy assistants.
(6) "PCE" is the Physiotherapy Competency Examination administered in Canada.
(7) "Physical therapy" means the examination, evaluation diagnosis, prognosis and intervention provided by physical therapists. Physical therapy includes without limitation the diagnosis and management of movement dysfunction and enhancement of physical and functional abilities; restoration, maintenance, and promotion of optimal physical function, optimal fitness and wellness, and optimal quality of life as it relates to movement and health; and prevention of the onset, symptoms and progression of impairments, functional limitations, and disabilities that may result from diseases, disorders, conditions, or injuries. The term "physiotherapy" shall be synonymous with "physical therapy" pursuant to these regulations.
(8) "Physical therapist" ("PT") means a person who is a graduate of an accredited physical therapist education program and is licensed to practice physical therapist education program and is licensed to practice physical therapy as defined in these regulations and whose license is in good

standing. The term "physiotherapist" shall be synonymous with "physical therapist" pursuant to these regulations.

(9) "Physical therapist aide" means an unlicensed person who may be utilized by a physical therapist in his or her practice by performing non-patient related tasks, or by performing patient related tasks under the direct personal supervision of a licensed physical therapist.

(10) "Physical therapy assistant" ("PTA") means a technically educated health care provider who assists the physical therapist in the provision of selected physical therapy interventions. The physical therapist assistant is the only individual who provides selected physical therapy interventions under the direction and supervision of the physical therapist. The physical therapist assistant is a graduate of an accredited physical therapist associate degree program and is licensed pursuant to these regulations to assist in the practice of physical therapy or portions of it as initiated and supervised by a licensed physical therapist.

(11) "Practice of physical therapy" means:

(i) Examining, evaluating, testing, and treatment of individuals with mechanical, physiological or developmental impairments, functional limitations, disabilities, or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention;

(ii) Alleviating impairments, functional limitations, and disabilities by designing, implementing, and modifying treatment interventions that may include, but are not limited to therapeutic exercise, functional training in self-care and in home, community or work integration or reintegration, manual therapy including soft tissue and joint mobilization/manipulation, therapeutic massage, prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment, airway clearance techniques, integumentary protection and repair techniques, debridement and wound care, physical agents, modalities, and medications, mechanical and electrotherapeutic modalities, and patient-related instruction;

(iii) Reducing the risk of injury, impairment, functional limitation, and disability, including the promotion and maintenance of fitness, health, and wellness in population of all ages;

(iv) Engaging in administration, consultation, education, and research;

(v) Promoting health and wellness; and

(vi) Such other related activities that are within the scope of physical therapy practice defined elsewhere in these regulations, or otherwise customarily practiced by physical therapists and not proscribed hereby.

(12) "Supervision"

(i) "General supervision": The physical therapist is not required to be on site for direction and supervision, but must be available at least by telecommunications.

(ii) "Direct supervision": The physical therapist is physically present and immediately available for direction and supervision. The physical therapist will have direct contact with the patient/client during each visit that is defined in the APTA Guide to Physical Therapist Practice as all encounters with a patient/client in a 24-hour period. Telecommunications does not meet the requirement of direct supervision.

(iii) "Direct personal supervision": The physical therapist is physically present and immediately available to direct and supervise tasks that are related to patient/client management. The direction and supervision is continuous throughout the time these tasks are performed. Telecommunications does not meet the requirement of direct personal supervision.

(b) Occupational Therapy Definitions

(1) "AOTA" means the national professional association representing the interests and concerns of occupational therapy practitioners and students and improve the quality of occupational therapy services.

(2) "CAOT" means the Canadian Association of Occupational Therapists who accredits university occupational therapy programs in Canada and also administers the National Occupational Therapy Certification Examination (NOTCE).

(3) "NBCOT" means that National Board for Certification in Occupational Therapy, Inc., is a not-for-profit credentialing agency that provides certification for the occupational therapy profession. NBCOT serves the public interest by developing, administering, and continually reviewing a certification process that reflects current standards of competent practice on occupational therapy.

(4) "NOTCE" means the National Occupational Thearpy Certification Examination administered by the Canadian Association of Occupational Therapists.

(5) "Occupational Therapist" ("OT") means a person who is licensed to practice occupational therapy as defined in these regulations and whose license is in good standing.

(6) "Occupational therapy" means the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for the purpose of promoting and health and wellness and to those who have or are at risk for developing an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction. Occupational therapy addresses the physical, cognitive, psychosocial, sensory, and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being, and quality of life.

(7) "Occupational therapy assistant" ("OTA") means a person who is licensed pursuant to these regulations who assists in the practice of occupational therapy under the supervision of a licensed occupational therapist.

(8) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) which engage the individual's body and mind in meaningful, organized, and self-directed actions that maximize independence, prevent or minimize disability, and maintain health. Occupational therapy services encompass occupational therapy assessment, treatment, education of, and consultation with, individuals who have been referred for occupational therapy services subsequent to diagnosis of disease or disorder (or who are receiving occupational therapy services as a part of an Individual Education Plan (IEP) pursuant to the federal Individuals with Disabilities Education Act (IDEA)). Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensation for and preventing dysfunction, or minimizing disability. Occupational therapy techniques that are used for assessment involve teaching activities of daily living (excluding speech-language skills), designing or fabricating selective temporary orthotic devices, and applying or training in the use of assistive techonology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or through social groups.

(c) General Definitions
(1) "Professional development activity" means an activity (except normal and routine employment responsibilities) engaged in subsequent to professional education, primarily concerned with maintaining and increasing the therapy practitioner's knowledge, skill, and ability.
(2) "Professional development unit" ("PDU") is an assigned unit of measure for each professional development activity.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission corrected the capitalization of the words "scope of physical therapy practice" in subsection (a)(12), "supervision" in subsections (a)(12)(i) and (a)(12)(ii), "personal supervision" in subsection (a)(12)(iii), and "university occupational therapy programs" in subsection (b)(2) pursuant to 1 CMC § 3806(f). The Commission removed extraneous commas after the words "program" in subsection (a)(2) and "means" in subsection (b)(6) pursuant to 1 CMC § 3806(g). The Commission inserted commas after the words "maintenance" and "conditions" in subsection (a)(7), "designing" in subsection (a)(11)(i), "limitations" and "implementing" in subsection (a)(11)(ii), "limitation" and "health" in subsection (a)(11)(iii), "education" in subsection (a)(11)(iv), and "skill" in subsection (c)(1) pursuant to 1 CMC § 3806(g). The Commission corrected the placement of quotation marks around acronyms in subsections (a)(8), (a)(10), (b)(5), (b)(7), and (c)(2) pursuant to 1 CMC § 3806(g). The Commission inserted quotation marks around terms defined in subsection (a)(12) pursuant to 1 CMC § 3806(g). The Commission inserted a period at the end of subsection (a)(12)(iii) pursuant to 1 CMC § 3806(g). The Commission removed an extraneous quotation mark from the end of subsection (b)(6) pursuant to 1 CMC § 3806(g). The Commission converted a semicolon in subsection (b)(8) to a comma pursuant to 1 CMC § 3806(g).

§ 185-10-3805 Exemptions from License Requirements

These regulations shall apply to all persons practicing physical or occupational therapy and those who assist them, in the CNMI except:

(a) Any person pursuing a course of study leading to a degree as a physical or occupational therapist or physical or occupational therapy assistant while under the direct personal supervision of a licensed physical or occupational therapist who shall be legally and professionally responsible for the person's performance;

(b) Physical and occupational therapists or physical or occupational therapy assistants practicing in the U.S. Armed Services, U.S. Department of Health and Human Services, or the U.S. Department of Veterans Affairs pursuant to federal regulations for state licensure of health care providers; and

(c) A physical therapist traveling with and providing physical therapy to persons who are affiliated with or employed by established athletic teams or athletic organizations from other jurisdictions that are temporarily practicing, competing, or performing in the CNMI for not more than thirty days in a calendar year. Such physical therapist(s) shall be actively licensed and in good standing with the regulatory body having jurisdiction over them in the jurisdiction in which such athletic team or organization is based.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission struck the figure "30" from subsection (c) pursuant to 1 CMC § 3806(e). The Commission inserted a comma after the word "competing" in subsection (c) pursuant to 1 CMC § 3806(g).

§ 185-10-3810 Requirements for Licensure

An applicant to practice as a physical therapist, occupational therapist, physical therapy or occupational therapy assistant must be at least twenty-one years of age, and be a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and must meet the following requirements:

(a) US or Canadian Trained Physical Therapist (PT). All US or Canadian applicants for licensure as physical therapists in the Commonwealth shall have:
(1) received an earned degree in physical therapy from a physical therapy education program that is accredited by the CAPTE of the American Physical Therapy Association, or an accredited physiotherapy college in Canada; and
(2) successfully passed the National Physical Therapy Examination administered by FSBPT in the U.S. or the Physiotherapy Competency Examination (PCE) in Canada.

(b) US or Canadian Trained Physical Therapy Assistant (PTA). All US or Canadian trained applicants for licensure as a Physical Therapy Assistant in the Commonwealth shall have:
(1) received an earned associates (or higher) degree from a physical therapy assistant education program that is accredited by the CAPTE of the American Physical Therapy Association, or an accredited physiotherapy college in Canada, or a school or program; and
(2) successfully passed the National Physical Therapy Assistant Examination administered by FSBPT for physical therapy assistants or the Physiotherapy Competency Examination (PCE) in Canada; or*

(c) Non US or Canadian Trained Physical Therapists and Physical Therapy Assistants. All foreign educated physical therapists or physical therapy assistants shall conform to the following:
(1) An applicant who is a graduate of a foreign school or who completed a physical therapy or physical therapist assistant program outside of the U.S. or Canada must provide a certified credentials evaluation indicating successful completion of a program, including education and training, equivalent to accredited programs in the U.S. or Canada. The evaluation shall be prepared within one year from the date of the applicant's submission and shall be certified by the Foreign Credentialing Commission in the form of a Type 1 Verification Certificate;
(2) Applicant shall have successfully passed the National Physical Therapy Examination administered by FSBPT in the U.S., or the Physiotherapy Competency Examination (PCE) in Canada; and
(3) The applicant must be able to speak, read, write, and understand the English language as a requirement for licensing. Competency in the English language shall be demonstrated by a passing TOEFL score. The minimum passing score for the TOEFL is defined as 89 for the Internet-based test, and 26 for the speaking portion of the test.

(d) US or Canadian Trained Occupational Therapist or Occupational Therapy Assistant. All US or Canadian trained applicants for licensure as occupational therapists or occupational therapy assistants in the Commonwealth shall have:
(1) received an earned degree in occupational therapy from a school of occupational therapy as an occupational therapist or an occupational therapy assistant, from a school accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy

Education (ACOTE), or accredited or approved by the American Occupational Therapy Association's (AOTA) predecessor organization, or approved by AOTA's Career Mobility Program, or an accredited school of occupational therapy in Canada; and

(2) successfully passed the examination for occupational therapist or occupational therapy assistant administered by the National Board for Certification in Occupational Therapy, Inc., of the American Occupational Therapy Certification Board, or the National Occupational Therapy Certification Examination (NOTCE) administered by the Canadian Association of Occupational Therapists (CAOT). The certification examination for the occupational therapy assistant may be waived for any person who was certified as an occupational therapy assistant by the American Occupational Therapy Association prior to June 1977.

(e) Foreign-Educated or Trained OT or OTA Applicants.

(1) An applicant who is a graduate of a foreign school or completed an occupational therapy program outside of the U.S. or Canada must provide certified credentials evaluation indicating successful completion of a program, including education and training, equivalent to accredited programs in the U.S. or Canada. The evaluation shall be prepared within one year from the date of the application's submission and shall be in the form of a NBCOT's Occupational Therapist Eligibility Determination (OTED);

(2) Applicant must have successfully passed the national examination for occupational therapist or occupational therapy assistant administered by the National Board for Certification in Occupational Therapy, Inc., of the American Occupational Therapy Certification Board, or the National Occupational Therapy Certification Examination (NOTCE) administered by the Canadian Association of Occupational Therapists (CAOT); and

(3) The applicant must be able to speak, read, write, and understand the English language as a requirement for licensing. Competency in the English language shall be demonstrated by a passing TOEFL score. The minimum passing score for the TOEFL is defined as 89 for the Internet-based test, and 26 for the speaking portion of the test.

(f) No person who does not hold a current license shall practice or offer to practice occupational or physical therapy, or use in connection with the person's name, or otherwise assume, use, or advertise, any title, initials, or description tending to convey the impression that the person is an occupational or physical therapist or an occupational or physical therapy assistant. No partnership, association, or corporation shall advertise or otherwise offer to provide or convey the impression that it is providing occupational or physical therapy unless an individual holding a current license is or will at the appropriate time be rendering the occupational or physical therapy services to which reference is made.

* So in original.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission struck the figures "21" from the initial paragraph and "1" from subsection (c)(1) and (e)(1) pursuant to 1 CMC § 3806(e). The Commission inserted commas after the word "write" in subsections (c)(3) and (e)(3) pursuant to 1 CMC § 3806(g). The Commission corrected the capitalization of the words "based," "test," and "speaking" in subsections (c)(3) and (e)(3), "occupational therapist" and "occupational therapy assistant" in subsection (d), "occupational therapy" in subsection (d)(1), "Educated" in subsection (e), and "national" in subsection (e)(2) pursuant to 1 CMC § 3806(f). The Commission corrected the pluralization of the words "therapists" and "assistants" in subsection (d) pursuant to 1 CMC § 3806(g).

§ 185-10-3815 Licensure by Endorsement

(a) The Board may grant a license to a person to practice physical therapy or occupational therapy without additional examination if:
(1) The person holds a valid, active license to practice as a physical or occupational therapist or a physical or occupational therapy assistant in another jurisdiction;
(2) The person fully complies with the requirements for licensure in § 185-10-3810; and
(3) The requirements in the jurisdiction of licensure are at least as stringent as those under these regulations.

(b) The Board may deny a license by endorsement to a person to practice physical therapy or occupational therapy, if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission inserted a comma after the word "conditioned" in subsection (b) pursuant to 1 CMC § 3806(g). The Commission substituted section numbers pursuant to 1 CMC § 3806(d).

§ 185-10-3820 Applications

An application for a license to practice as a physical or occupational therapist or physical or occupational therapy assistant shall be made under oath on a form to be provided by the Board accompanied with the following information and documentations as are necessary to establish that the applicant possesses the qualifications as required in these regulations:

(a) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and Social Security number; and

(b) Applicant's 2x2 photograph taken within six months; and

(c) The appropriate fees, including the application fee which shall not be refunded; and

(d) Originals of all documents and credentials, or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to:
(1) Diploma, certificate, or official transcript showing successful completion of a physical or occupational therapy educational school or program together with any required credentials evaluation;
(2) Documents showing satisfactory proof that applicant has taken and passed the required examination; and
(3) Documents showing proof that applicant is licensed to practice as a physical or occupational therapist or physical or occupational therapy assistant in another jurisdiction (if applicable); and

(e) A list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has applied for a license to practice as a physical or occupational therapist or physical or occupational therapy assistant; and

(f) A detailed educational history, including places, institutions, dates, and program

descriptions of all his or her education beginning with secondary schooling and including all college and/or training programs; and

(g) A list of all jurisdictions, U.S. or foreign, in which the applicant has been denied licensure or voluntarily surrendered a license to practice as a physical or occupational therapist or physical or occupational therapy assistant; and

(h) A list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements or* against the applicant that would constitute grounds for disciplinary action under the Act or these regulations.

* So in original.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission struck the figure "6" from subsection (b) pursuant to 1 CMC § 3806(e). The Commission corrected the capitalization of the words "Social Security" in subsection (a) pursuant to 1 CMC § 3806(f). The Commission inserted commas after the words "birth" in subsection (a) and "dates" in subsection (f) pursuant to 1 CMC § 3806(g).

§ 185-10-3825 Continuing Education (CE)

(a) All physical therapists and physical therapy assistants licensed to practice in the CNMI are required to complete at least twenty hours of continuing education or ten PDUs and ten hours of continuing education relevant to the practice of physical therapy as a prerequisite to the biennial renewal of their license.

(b) All occupational therapists and occupational therapy assistants licensed to practice in the CNMI are required to complete at least twenty hours of continuing education or ten PDUs and ten hours of continuing education relevant to the practice of occupational therapy as a prerequisite to the biennial renewal of their license.

(c) One CE unit or credit equals to one contact hour. One hour of participation in a professional development activity qualifies for one PDU.

(d) Approved continuing education activities for physical or occupational therapy includes but is not limited to the following:
(1) Courses or workshops approved by the American Physical Therapy Association, the Canadian Physiotherapy Association, the Federation of State Boards of Physical Therapy, the American Medical Association, any other state board of professional licensing or other regulatory body having jurisdiction over the practice of physical and/or occupational therapy in that state or territory, as well as all other programs approved by the Board.
(2) Programs or activities sponsored by the American Occupational Therapy Association (AOTA) or the Occupational Therapy Association, post-professional coursework completed through any approved or accredited educational institution, or other programs approved by the Board.

(e) If a licensee fails to meet the CE or PDU requirements for renewal of license because of

illness, military service, medical or religious activity, residence in a foreign country, or other extenuating circumstances, the Board upon appropriate written request from the applicant may grant an extension of time to complete same, on an individual basis.

(f) It shall be the responsibility of the licensee to obtain documentation, reasonably satisfactory to the Board, from the organization or institution of his or her participation in the continuing education, and the number of course/credit hours.

(g) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CE or PDU requirements, or who falsely certifies attendance at and/or completion of the CE or PDU as required herein.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission struck the figures "20" and "10" from subsections (a) and (b) and "1" from subsection (c) pursuant to 1 CMC § 3806(e). The Commission corrected a semicolon in subsection (d)(2) to a comma pursuant to 1 CMC § 3806(g).

§ 185-10-3830 Referrals

(a) Except as set forth in subsection (e) below, treatment of a person by a licensed physical therapist is prohibited unless the person has been referred to the therapist by a U.S. or CNMI licensed physician, nurse practitioner, dentist, or physician assistant.

(b) Nonwithstanding the restrictions set forth in subsection (a) above, a licensed physical therapist may perform an initial evaluation of any person without a referral. A physical therapist may then treat the patient at that initial evaluation unless the physical therapist has reasonable cause to believe that the patient has a symptom or condition that is either beyond the physical therapist's scope of practice, or for which physical therapy is contraindicated, in which case the physical therapist shall refer that patient to an appropriate healthcare provider.

(c) A licensed occupational therapist or licensed occupational therapy assistant may consult with, educate, evaluate, and monitor services for clients concerning non-medical occupational therapy needs. Implementation of direct occupational therapy to individuals for their specific health care conditions shall be based upon a referral from a U.S. or CNMI licensed physician, dentist, nurse practitioner, or physician assistant who has a collaborative agreement with a collaborating physician to provide or accept referrals from licensed occupational therapists, or a physician assistant who has been delegated authority to provide or accept referrals from licensed occupational therapists.

(d) An occupational therapist shall refer to a licensed physician, dentist, optometrist, advanced practice nurse, or physician assistant, any patient whose medical condition should, at the time of evaluation or treatment, be determined to be beyond the scope of practice of the occupational therapist.

(e) Requirements for direct access certification: A physical therapist holding an active license to practice physical therapy in the Commonwealth, meeting one or more of the requirements set

forth below, may apply to be certified as a "Highly Qualified Physical Therapist" and upon submission of documentary evidence thereof, shall be so certified. Upon receipt of such certification a Highly Qualified Physical Therapist shall be entitled to provide physical therapy services to patients without a referral or prescription as would otherwise be required pursuant to subsections (a) and (b). To be certified as a Highly Qualified Physical Therapist, a licensed physical therapist shall provide documentary evidence of the following:

(1) Completion of a doctor of physical therapy or post-professional transitional doctor of physical therapy program; or

(2) Completion of a master's degree in physical therapy and at least 5 years of post-licensure active practice, with evidence of successfully achieving at least 60 contact hours of study at the graduate or post-graduate level (4 Carnegie Units) in medical screening, clinical decision making, or differential diagnosis.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission inserted commas after the words "dentist" in subsection (a) and "practitioner" in subsection (c) pursuant to 1 CMC § 3806(g). The Commission substituted section numbers pursuant to 1 CMC § 3806(d).

§ 185-10-3835 Scope of Practice – Physical Therapist

(a) Responsibilities of the licensed physical therapist:

(1) A physical therapist shall be responsible for managing all aspects of the physical therapy care of each patient. A physical therapist shall provide:

(i) An interpretation of referrals when available;

(ii) An initial physical therapy examination, evaluation, diagnosis, and prognosis of the patient;

(iii) The development or implementation of a plan or care based on the initial physical therapy examination and which includes the physical therapy goals and anticipated outcomes;

(iv) A determination of the components and the intervention that shall be provided by a physical therapist and the components that may be delegated to the physical therapy assistant or aide;

(v) Direct one-on-one re-examination of the patient and revision of the plan of care when indicated;

(vi) The establishment of the discharge plan and documentation of the patient's discharge status; and

(vii) Oversight of all services rendered to each patient, including the applicable documentation in accordance with APTA guidelines.

(2) Regardless of the setting in which physical therapy services are provided, the following responsibilities must be performed solely by a licensed physical therapist:

(i) Only a licensed physical therapist shall interpret a patient referral from a medical provider.

(ii) The physical therapist shall initiate, perform, and complete the initial physical therapy examination, provide problem identification and physical therapy related diagnosis; develop treatment and discharge, planning, implementation, and supervision of the therapeutic program; reevaluate and change the program based upon individual patient needs and as the needs relate to insurance, the required guidelines; and maintain adequate records of the case, including written evaluations, daily notes, progress reports, and discharge summary in accordance with generally accepted practices.

(iii) When the physical therapist assesses that a patient will no longer benefit from physical

therapy services, he/she shall so inform the patient and the referring medical provider. A physical therapist shall avoid over-utilization of physical therapy services.
(iv) The physical therapist shall not initiate or continue services that will not result in beneficial outcomes or that are contraindicated.
(v) Regardless of practice setting, the physical therapist shall maintain the ability to make independent professional judgments.
(vi) The physical therapist shall be responsible for the establishment of discharge plans and documentation of discharge summary or status.
(vii) The physical therapist shall adhere to the recognized standards of ethics of the physical therapy profession.
(viii) Only a licensed physical therapist may supervise a physical therapy assistant or physical therapy aide. A physical therapist shall not supervise an occupation therapy assistant; a speech therapy assistant; or any other personnel of another therapy based or allied health profession. Notwithstanding the foregoing this provision shall not include the general oversight over such personnel by a director of rehabilitation services or similar department or division head provided that a licensed physical therapist is directly responsible for supervision and oversight of patient related activities.

(b) Supervision of assistive personnel:
(1) The physical therapist shall assure the competence of all assistive personnel to perform assigned tasks.
(2) The physical therapist shall not delegate to a less qualified person any activity that requires the unique skill, knowledge, and judgment of a physical therapist.
(3) In establishing a treatment protocol for the physical therapist assistant, the physical therapist shall identify and document precautions; special problems; contraindications; goals; anticipated progress; plans for reassessment; plans for reevaluation; and home programs including but not limited to home exercise programs, patient education, and family/caregiver education.
(4) If the treatment of a patient is delegated to a physical therapist assistant, the physical therapist shall provide direct supervision and shall reevaluate and provide treatment to the patient at least every 5^{th} visit, or, if the treatment is performed more than once a day, reevaluation must be performed at least once per week.
(5) The physical therapist shall designate or establish channels of written and oral communication with the physical therapist assistant.
(6) The physical therapist shall determine and differentiate which tasks in the plan of care for a patient requires the expertise and decision making capacity of the physical therapist and which can be delegated to assistive personnel.
(7) The physical therapist shall be responsible for the delegation and instruction of the services to be rendered by the physical therapist assistant, including, but not limited to: specific treatment programs, precautions, special problems, and contraindicated procedures.
(8) The physical therapist is responsible for ensuring that all assistive personnel under supervision are knowledgeable of the CNMI physical therapy regulations and follow them.

(c) Requirements for Use of Aides.
(1) A physical therapy aide is an unlicensed person who may be utilized by a physical therapist in his or her practice by performing non-patient related tasks, or by performing patient related tasks.

(2) Prior to the aide providing patient related care, a physical therapist shall evaluate and document the aide's competency level for performing the patient related task that the aide will provide in that setting. The record of competencies shall be made available to the board or any physical therapist utilizing that aide upon request.
(3) As used in these regulations:
(i) A "patient related task" means a physical therapy service rendered directly to the patient by an aide, excluding non-patient related tasks as defined below.
(ii) A "non-patient related task" means a task related to observation of the patient, transport of patients, physical support only during gait or transfer, housekeeping duties, clerical duties, and similar functions.
(iii) "Under the order, direction, and immediate supervision" means:
(A) Prior to the initiation of care, the physical therapist shall evaluate every patient prior to the performance of any patient related tasks by the aide.
(B) The physical therapist shall formulate and record in the patient's record a treatment program based upon the evaluation and any other information available to the physical therapist, and shall determine those patient related tasks which may be assigned to an aide.
(4) The physical therapist shall assign only those patient related tasks that can be safely and effectively performed by the aide. The physical therapist shall be responsible at all times for the conduct of the aide while the aide is performing "patient related tasks" and "non-patient related tasks" as defined in this section.
(5) The physical therapist shall provide direct personal supervision of the aide. The physical therapist shall be in the same facility as the aide and in immediate proximity to the location where the aide is performing patient related tasks. The physical therapist shall be readily available at all times to provide immediate advice, instruction, or intervention in the care of the patient. When patient related tasks are provided to a patient by an aide the physical therapist shall at some point during the treatment day provide direct service to the patient as treatment for the patient's condition or to further evaluate and monitor the patient's progress.
(6) The physical therapist shall perform periodic reevaluation of the patient as necessary and make adjustments in the patient's treatment program. The re-evaluation shall be documented in the patient's record.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission inserted commas after the words "diagnosis" in subsection (a)(1)(ii), "perform" and "implementation" in subsection (a)(2)(ii), "duties" in subsection (c)(3)(ii), "direction" in subsection (c)(3)(iii), and "instruction" in subsection (c)(5) pursuant to 1 CMC § 3806(g). The Commission corrected punctuation in subsection (b)(3) pursuant to 1 CMC § 3806(g). The Commission struck an extraneous comma from subsection (c)(2) pursuant to 1 CMC § 3806(g).

§ 185-10-3840 Scope of Practice – Physical Therapy Assistant

(a) A physical therapy assistant shall only work under the direct supervision of a licensed physical therapist. The physical therapist shall at all times be professionally and legally responsible for patient care by the physical therapy assistant. The physical therapy assistant may provide physical therapy services pursuant to the following guidelines:
(1) The physical therapy assistant shall have in possession written treatment plans formulated by the supervising physical therapist for each patient under the care of the physical therapy

assistant. Treatment plans must be revised following periodic evaluations by the supervising physical therapist.
(2) The physical therapy assistant may not initiate or alter a treatment program without prior evaluation by and approval from the supervising physical therapist.
(3) The physical therapy assistant may, with prior approval by the supervising physical therapist, adjust a specific treatment procedure in accordance with changes in patient status.
(4) The physical therapy assistant may not interpret data beyond the scope of his/her education as a physical therapy assistant.
(5) The physical therapy assistant shall refer inquiries regarding patient prognosis to a supervising physical therapist.
(6) The physical therapy assistant shall report all adverse patient responses to any part of the physical therapy program to the supervising physical therapist.
(7) The physical therapy assistant shall not hold himself or herself out as a physical therapist.

(b) Only a physical therapist may supervise a physical therapy assistant. No physical therapist may supervise more than two physical therapy assistants.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The paragraphs in the original regulation were undesignated. The Commission designated the paragraphs as subsections (a) and (b) pursuant to 1 CMC § 3806(a). The Commission struck the figure "2" from subsection (b) pursuant to 1 CMC § 3806(e).

§ 185-10-3845 Scope of Practice – Occupational Therapist

(a) The scope of practice of a licensed occupational therapist is defined to include the provision of direct, indirect, or consultative services to a client, the administration of standardized and non-standardized assessments, the interpretation of such assessments to determine the need for an appropriate intervention plan for the client, the development and utilization of activities for the client, the design and fabrication of adaptive equipment, prosthetics and/or orthotic devices, consultation concerning adaptation of physical environments, as well as the utilization of physical modalities. It also includes, but is not limited to, intervention directed toward:
(1) Assessment and evaluation, including the use of skilled observation or the administration and interpretation of standardized or non-standardized tests and measurements, to identify areas for occupational therapy services;
(2) Providing for the development of sensory integrative, neuromuscular, or motor components of performance;
(3) Providing for the development of emotional, motivational, cognitive, or psychosocial components of performance;
(4) Developing daily living skills;
(5) Developing feeding and swallowing skills;
(6) Developing play skills and leisure capacities;
(7) Enhancing educational performance skills;
(8) Enhancing functional performance and work readiness through exercise, range of motion, and use of ergonomic principles;
(9) Designing, fabricating, or applying rehabilitative technology, such as selected orthotic and prosthetic devices, and providing training in the functional use of these devices;

(10) Designing, fabricating, or adapting assistive technology and providing training in the functional use of assistive devices;
(11) Adapting environments using assistive technology such as environmental controls, wheelchair modifications, and positioning;
(12) Employing physical agent modalities, in preparation for or as an adjunct to purposeful activity, within the same treatment session or to meet established functional occupational therapy goals, consistent with the requirements; and
(13) Promoting health and wellness.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission inserted commas after the words "indirect" in subsection (a) and "motion" in subsection (a)(8) pursuant to 1 CMC § 3806(g).

§ 185-10-3850 Scope of Practice – Occupational Therapy Assistant

(a) An occupational therapy assistant shall work under the supervision of a licensed occupational therapist. The occupational therapist shall at all times be professionally and legally responsible for patient care by the occupational therapy assistant and performs client related activities assigned by the supervising occupational therapist. As used in this section, client related activities shall mean:
(1) Contributing to the evaluation of a client by gathering data, reporting observations, and implementing assessments delegated by the supervising occupational therapist or licensed physician;
(2) Consulting with the supervising occupational therapist or licensed physician in order to assist him or her in making determinations related to the treatment plan, modification of client programs, or termination of a client's treatment;
(3) The utilization of a program of purposeful activities, a treatment program, and/or consultation with the client, family, caregiver, or other health care or education providers, in keeping with the treatment plan and under the direction of the supervising occupational therapist or licensed physician;
(4) The use of treatment modalities and techniques that are based on approaches taught in an occupational therapy assistant educational program and that the occupational therapy assistant has demonstrated to the occupational therapist or licensed physician that he or she is competent to use; or
(5) The immediate suspension of any treatment intervention that appears harmful to the client and immediate notification of the supervising occupational therapist.

(b) The supervising occupational therapist shall determine the occupational therapy treatments the occupational therapy assistant may perform. In making this determination, the supervising occupational therapist shall consider the following:
(1) The clinical complexity of the patient/client;
(2) The skill level of the occupational therapy assistant in the treatment technique; and
(3) Whether continual reassessment of the patient/client status is needed during treatment.

(c) The supervising occupational therapist shall assume responsibility for the following activities regardless of the setting in which the services are provided:

(1) Interpretation of referrals or prescriptions for occupational therapy services;
(2) Interpretation and analysis for evaluation purposes.

(d) The occupational therapy assistant may contribute to the evaluation process by gathering data, administering standardized tests, and reporting observations. The occupational therapy assistant may not evaluate independently or initiate treatment before the supervising occupational therapist performs an assessment/evaluation.

(e) Development, interpretation, implementation, and modifications of the treatment plan and the discharge plan:
(1) The supervising occupational therapist shall be responsible for delegating the appropriate interventions to the occupational therapy assistant;
(2) The occupational therapy assistant may contribute to the preparation, implementation, and documentation of the treatment and discharge summary.

(f) The responsible occupational therapist shall at all times be responsible for all occupational therapy services provided to the client. The occupational therapist that is responsible for appropriate supervision shall formulate and document in each client's record, with his or her signature, the goals and plan for that client, and shall make sure that the occupational therapy assistant assigned to that client functions under appropriate supervision. As part of the responsible occupational therapist's appropriate supervision, he or she shall conduct at least weekly review and inspection of all aspects of occupational therapy services by the occupational therapy assistant.

(g) The supervising occupational therapist has the continuing responsibility to follow the progress of each patient, provide direct care to the patient, and to assure that the occupational therapy assistant does not function autonomously.

(h) It is the responsibility of the occupational therapy assistant to maintain on file at the job site signed documentation reflecting supervision activities. This supervision documentation shall contain the following: date of supervision, means of communication, information discussed, and the outcomes of the interaction. Both the supervising occupational therapist and the occupational therapy assistant must sign each entry.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission inserted a period after the word "therapist" in subsection (a) pursuant to 1 CMC § 3806(g). The Commission inserted commas after the words "observations" in subsection (a)(1), "programs" in subsection (a)(2), "tests" in subsection (d), "implementation" in subsection (e)(2), and "discussed" in subsection (h) pursuant to 1 CMC § 3806(g). The Commission corrected the capitalization of the word "plan" in subsection (e) pursuant to 1 CMC § 3806(f). The Commission corrected the spelling of the word "therapist's" in subsection (f) pursuant to 1 CMC § 3806(g).

§ 185-10-3855 Delivery of Occupational Therapy Services

(a) The following are general statements regarding roles and responsibilities during the delivery of occupational therapy services:
(1) The occupational therapist is responsible for the overall delivery of occupational therapy services and is accountable for the safety and effectiveness of the occupational therapy service

delivery process.
(2) The occupational therapy assistant delivers occupational therapy services under the supervision of the occupational therapist.
(3) It is the responsibility of the occupational therapist to be directly involved in the delivery of services during the initial evaluation and regularly throughout the course of intervention.
(4) Services delivered by the occupational therapy assistant are specifically selected and delegated by the occupational therapist. When delegating to the occupational therapy assistant, the occupational therapist considers the following factors:
(i) the complexity of the client's condition and needs;
(ii) the knowledge, skill, and competence of the occupational therapy assistant;
(iii) the nature and complexity of the intervention.
(5) Prior to delegation of any aspect of the service delivery process to the occupational therapy assistant, service competency must be demonstrated and documented between the occupational therapist and occupational therapy assistant. Service competency is demonstrated and documented for clinical reasoning and judgment required during the service delivery process as well as for the performance of specific techniques, assessments, and intervention methods used. Service competency must be monitored and reassessed regularly.
(6) The role delineation and responsibilities of the occupational therapist and the occupational therapy assistant remain unchanged regardless of the setting in which occupational therapy services are delivered (i.e., traditional, non-traditional, or newly emerging practice settings).
(7) An occupational therapist shall document his or her evaluation, goals, treatment plan, and summary of treatment in the patient record. An occupational therapy assistant shall document the services provided in the patient record. Occupational therapists and occupational therapy assistants shall document and sign the patient record legibly.
(8) Patient records shall be maintained for a period of no less than seven years following the discharge of the patient, except that the records of un-emancipated minors shall be maintained at least one year after the minor has reached the age of 18 years and not in any case less than seven years.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

§ 185-10-3860 Use of Topical Medications

(a) As used in this section, "topical medications" means medications applied locally to the skin or underlying tissue where such medications require a prescription or order under federal or state law. The following medications are applicable to the practice of physical and occupational therapy and may be used by a physical therapist or occupational therapist:
(1) Bactericidal agents;
(2) Debriding agents;
(3) Topical anesthetic agents;
(4) Anti-inflammatory agents;
(5) Antispasmodic agents; and
(6) Adrenocortico-steroids.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission inserted a semicolon at the end of subsection (a)(2) pursuant to 1 CMC

§ 3806(g).

§ 185-10-3865 Swallowing Assessment, Evaluation, or Intervention

(a) The role of an occupational therapist in instrumental evaluations is to observe structure and function of the swallowing mechanism in order to assess swallowing capability and determine swallowing interventions. The occupational therapist may not perform the physically invasive components of the instrumental evaluation.

(b) Swallowing assessment, evaluation, or intervention may be performed only when an occupational therapist has demonstrated to the Board that he or she has met the post professional education and training requirements established in this section as follows:
(1) Education: Completion of 45 contact hours in the following subjects:
(i) Anatomy, physiology, and neurophysiology of the head and neck with focus on the structure and function of the aero digestive tract;
(ii) The effect of pathology on the structures and functions of the aero digestive tract; including medical interventions and nutritional intake methods used with patients with swallowing problems;
(iii) Interventions used to improve pharyngeal swallowing function.
(2) Training: Completion of 240 hours of supervised on-the-job training, clinical internship, or affiliation, which may be paid or voluntary, pertaining to swallowing assessment, evaluation, or intervention. An occupational therapist in the process of completing the training requirements of this section may practice swallowing assessment, evaluation, or intervention under the supervision of an occupational therapist that has been approved under this article, a speech language pathologist with expertise in this area, or a physician and surgeon.

(c) An occupational therapist may provide only those swallowing assessment, evaluation, or intervention services he or she is competent to perform.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission inserted commas after the words “evaluation” in subsections (b), (b)(2), and (c), “physiology” in subsection (b)(1)(i), and “internship” in subsection (b)(2) pursuant to 1 CMC § 3806(g).

§ 185-10-3870 Use of Titles; Restrictions

(a) It shall be unlawful for any person or business entity, its employees, agents, or representatives to use in connection with his/her name or business activity the words “physical therapy,” “physical therapist,” “physiotherapy,” “physiotherapist,” “physical therapy assistant,” “PT,” “LPT,” “PTA,”; or “occupational therapy,” “occupational therapist,” “occupational therapy assistant,” “OT,” “OTA,” or any other words, abbreviations, or insignia indicating or implying directly or indirectly that physical or occupational therapy is provide or supplied, including billing of services labeled as physical or occupational therapy, unless such services are provided by or under the direction of a CNMI licensed physical or occupational therapist.

(b) A physical or occupational therapy assistant may not advertise or hold him/herself out in any manner, which implies that he/she is either a licensed physical or occupational therapist or an independent practitioner.

(c) No person shall use the title "physical or occupational therapy assistant," or any combination of words to imply directly or indirectly that he/she is a physical or occupational therapy assistant unless he/she is licensed in the CNMI.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission inserted a comma after the word "agents" in subsection (a) pursuant to 1 CMC § 3806(g). The Commission inserted the word "the" before the word "title" in subsection (c) pursuant to 1 CMC § 3806(g).

§ 185-10-3875 Professional Standards

The Board recognizes the Code of Ethics, the Guide for Professional Conduct, and the Standards of Ethical Conduct for the Physical Therapy Assistant, as amended, by the American Physical Therapy Association, as its professional standards model, and the American Occupational Therapy Association (AOTA) Occupational Therapy Code of Ethics and Ethics Standards, as amended.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

§ 185-10-3880 Disciplinary Action

The Board shall have the power to impose administrative penalties and/or reprimands; revoke or suspend; or refuse to issue, restore, or renew the license of any person who is found guilty of one or more of the violations pursuant to 3 CMC § 2224 and §§ 185-10-3800 of the regulations, including, but not limited to the following:

(a) Administering treatments or evaluation in a negligent manner;

(b) Falsifying or otherwise altering patient records;

(c) Accepting fees for services not provided;

(d) Improper delegation or supervision of assistive personnel;

(e) Practicing physical or occupational therapy outside the scope of practice;

(f) Failing to immediately refer any patient to an appropriate healthcare provider if there is reasonable cause to believe that the patient's condition is beyond the physical or occupational therapist's scope of practice or is a condition for which physical or occupational therapy is contraindicated.

History: Adopted 36 Com. Reg. 34905 (Apr. 28, 2014); Proposed 36 Com. Reg. 34806 (Feb. 28, 2014).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission corrected the spelling of the word "therapist's" in subsection (f) pursuant to 1 CMC § 3806(g).

§ 185-10-3885 Renewal

(a) All licenses, except temporary or limited licenses issued by the Board, expire every two years following issuance or renewal and become invalid after that date.

(b) Each licensee shall be responsible for submitting a completed renewal application at least sixty days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration, the fee, and any additional requirement for the renewal thereof.

(c) All licensees must submit satisfactory evidence of completion of CE requirements, as required under § 185-10-3825.

(d) A late fee of $25.00 will be charged every 1st of the month after the expiration date.

(e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.

(f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice physical or occupational therapy in the CNMI. This will not, however, prevent the Board from considering a new application.

History: Adopted 37 Com. Reg. 36016 (Feb. 28, 2015); Proposed 36 Com. Reg. 35956 (Dec. 28, 2014).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission struck the figure “60” from subsection (b) pursuant to 1 CMC § 3806(e). The 2014 proposed regulations numbered this section as part of Part 3900. As the other physical therapy regulations are codified in Part 3800, the Commission placed this section in this part.

Part 3900 - Physical Therapist

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Board reserved this part for physical therapist regulations in 2008. The regulations for physical therapists at part 3800 were adopted in 2014.

Part 4000 - Physical Therapist Assistant

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Commission Comment: The Board reserved this part for physical therapist assistant regulations in 2008. The regulations for physical therapist assistants at part 3800 were adopted in 2014.

Part 4100 - Physician's Assistant

§ 185-10-4101 Definitions

(a) "Administer" means the direct application of a drug, whole blood, blood components, diagnostic procedure or device, whether by injection, inhalation, ingestion, skin application or other means, into the body of a patient.

(b) "ARC-PA" means the Accreditation Review Commission for the Education of Physician Assistants, or its successor.

(c) "Contact" for the supervision of a physician assistant means communication in person, or by electronic means, including radio, telephone, fax, computer, or other telecommunication device.

(d) "Continuing Education (CE)" shall mean educational activities, which serve to maintain, develop, or increase the knowledge, skills, and professional performance, and relationships that a physician assistant uses to provide services for patients, the public, or the profession. The content of CE is that body of knowledge and skills generally recognized and accepted by the medical profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

(e) "Controlled Substance" means a substance, typically a drug or its chemical precursor, described or authorized for classification in the U.S. Controlled Substance Act, 21 U.S.C. § 812, et seq., and periodically classified under one of Schedules II, III, IV, or V by the U.S. Drug Enforcement Administration (DEA), as presently codified in 21 C.F.R. § 1308.

(f) "Doctor," including "Dr.," "D.O.," and/or "M.D." shall mean a physician.

(g) "Dispense" means to deliver a device or a medication in a suitable, labeled container to or for an ultimate user.

(h) "FCVS" mean the Federation Credentials Verification Services established by the FSMB in September 1996 to provide a centralized, uniform process for state medical boards to obtain a verified, primary-source record of a physician's core medical credentials. FCVS obtains primary-source verification of medical education, postgraduate training, examination history, board action history, board certification and identity. This repository of information allows a physician and/or physician assistant to establish a confidential, lifetime professional portfolio with FCVS which can be forwarded, at the applicant's request, to any state medical and osteopathic board, hospital, health care or other entity.

(i) "Impairment" means the inability of an applicant and/or license to practice medicine with reasonable skill and safety by reason of:
(1) Mental illness;
(2) Physical illness or condition, including, but not limited to, those illnesses or conditions that would adversely affect cognitive, motor, or perceptive skills; or
(3) Habitual or excessive use or abuse of drugs defined by law as controlled substances, or alcohol or of other substances that impair ability.

(j) "Medex" means a person who gained medical experience during military service and is currently licensed by this Board as a physician assistant based on the grandfather clause in P.L. 3-30 § 3(f) [3 CMC § 2212] (as amended).

(k) "NCCPA" means the National Commission on Certification of Physician Assistants, an independent organization that was established to assure the competency of Physician Assistants and which administers the PANCE to graduates of accredited PA programs.

(l) "PA-C or PA-certified" is the title given to physician assistants who have taken and passed the PANCE and who maintain certification.

(m) "PANCE" means the Physician Assistant National Certifying Examination administered by the NCCPA.

(n) "Patient Encounter" is a record of an interaction between a patient and a healthcare provider.

(o) "Person" means a person real or legal, including a human being, and an artificial person, including government entity, non-governmental organization, association, corporation, Limited Liability Company, limited liability partnership, partnership, or sole proprietorship.

(p) "Physician Assistant" or "Physician's Assistant" or "Physician Associate" or "PA" means a health care professional trained in intensive physician assistant/associate education programs and who has been certified by the NCCPA to practice medicine with physician supervision.

(q) "Practice of Medicine" means:
(1) Using the title "Doctor," "Doctor of Medicine," "Doctor of Osteopathy," "Physician," "Surgeon," "Dr.," "M.D.," "D.O.," "PA," "Physician Assistant," "Physician Associate," or any word or abbreviation to indicate or induce others to believe that one is engaged in the practice of medicine as defined hereon; and
(i) Holding out one's self to the public within the CNMI as being able to diagnose, treat, prescribe for, palliate, or prevent any human disease, ailment, injury, deformity, or physical or mental condition, whether by the use of drugs, surgery, manipulation, electricity, or any physical, mechanical, or other means whatsoever; or
(ii) Suggesting, recommending, prescribing, or administering any form of treatment, operation, or healing for the intended palliation, relief, or cure or any physical or mental disease, ailment, injury, condition, or defect of any person with the intention of receiving, either directly or indirectly, any fee, gift, or compensation whatsoever.

(r) "Prescription" shall mean a written, facsimile, electronic, or telephone order or formula issued by a practitioner for a medication to be compounded and dispensed by a pharmacy to a patient.

(s) "Prescription Drug Order" or "Order" shall mean a prescription documented in a hospital or other institutional facility's chart/medical record for a medication to be compounded and dispensed by an inpatient pharmacy and then administered to a patient by a nurse or other medical professional with drug administration privileges.

(t) "Remote Area," for purposes of these regulations, is defined as those islands within the CNMI other than Saipan.

(u) "Remote Practice Location" means a location in a remote area where a PA practices that is not his or her supervising physician's primary practice location.

(v) "State" includes a United States of America state, territory, tribal land, commonwealth, the District of Columbia, and any other U.S. jurisdiction other than the U.S. federal government.

(w) "Supervising Physician" means the licensed physician who supervises a physician assistant.

(x) "Supervision" of a physician assistant means overseeing the activities of and accepting responsibility for the medical services rendered by a physician assistant.

History: Amdts Adopted 35 Com. Reg. 34580 (Nov. 28, 2013); Amdts Proposed 35 Com. Reg. 34277 (Sept. 28, 2013); Adopted 34 Com. Reg. 32493 (July 29, 2012); Proposed 34 Com. Reg. 32440 (May 29, 2012).

Commission Comment: The 2012 amendments superseded the former physician assistant regulations, which were located at Part 1200 of subchapter 140-50.1. The 2013 amendments added subsection (h) and re-designated the remaining subsections.

The Commission inserted commas after the words "motor" in subsection (i)(2), "partnership" in subsection (o), and "electronic" in subsection (r), and inserted a quotation mark before "D.O." in subsection (f) pursuant to 1 CMC § 3806(g).

§ 185-10-4105 Requirements for Licensure

(a) An applicant for licensure as a physician assistant must be at least twenty-one years of age, is a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and meets the following requirements:

(1) Applicant has at least a Bachelor's Degree as a Physician Assistant or Physician Associate from a program accredited by the Accreditation Review Commission for the Education of Physician Assistants (ARC-PA), or prior to 2001, either by the Committee on Allied Health Education and Accreditation of the American Medical Association or the Commission on Accreditation of Allied Health Education Programs; and

(2) Applicant passed the Physician Assistant National Certifying Examination (PANCE) administered by NCCPA, or other future national examinations; and

(3) Applicant provides evidence of current NCCPA certification; or applicant possesses an active unrestricted license to practice as a physician assistant in another U.S. state or territory; and
(4) The applicant shall be of good moral character and shall not have been convicted of a crime of moral turpitude or a crime related to his or her practice as a physician assistant in any jurisdiction, U.S. or foreign.

(b) In addition to the foregoing requirements, the Board may add the following requirements, in its discretion, and for good cause:
(1) Require additional proof that the person is competent to practice professionally;
(2) Require further examination;
(3) Require additional proof that the person is of an acceptable moral character; and/or
(4) Require that the person not be impaired by reason of substance abuse or debilitating physical or mental/emotional condition.

(c) A physician assistant license will be issued by the Board when the applicant meets the requirements set forth above. However, a physician assistant may not practice until a Practice Agreement has been filed and approved by the Board.

(d) Exemption.
(1) An individual who is currently licensed as a physician assistant and who was grandfathered in under the exemption for Medex in P.L. 3-30 § 3(f) [3 CMC § 2212] (as amended) shall be exempt from satisfying all licensure requirements in this section but will have an additional requirement for supervision. These individuals shall be required to have 75% on-site physician supervision.
(2) No new licenses will be issued under this exemption for Medex in P.L. 3-30 § 3(f) [3 CMC § 2212] (as amended by P.L. 7-48).

(e) The Board may deny a license to a person to practice as a physician assistant if the person has been the subject of an adverse action in which his or her license was suspended, revoked, placed on probation, condition or renewal denied.

History: Amdts Adopted 35 Com. Reg. 33296 (Feb. 28, 2013); Amdts Proposed 34 Com. Reg. 33120 (Dec. 28, 2012); Adopted 34 Com. Reg. 32493 (July 29, 2012); Proposed 34 Com. Reg. 32440 (May 29, 2012).

Commission Comment: The 2013 amendments amended subsection (a).

The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission struck the figure "21" from subsection (a) pursuant to 1 CMC § 3806(e). The Commission inserted periods into the abbreviation "U.S." in subsection (a)(4) pursuant to 1 CMC § 3806(g).

§ 185-10-4110 Licensure by Endorsement

[Reserved.]

History: Adopted 34 Com. Reg. 32493 (July 29, 2012); Proposed 34 Com. Reg. 32440 (May 29, 2012).

§ 185-10-4115 Scope of Practice

(a) The physician assistant may only provide those medical services which:
(1) He/she is competent to perform as determined by the supervising physician;
(2) Are consistent with his or her education, training, and experience; and
(3) Are delegated in writing by the supervising physician responsible for the patients cared for by the physician assistant.

(b) A supervising physician shall delegate to a physician assistant only those tasks or procedures consistent with the supervising physician's specialty or usual and customary practice.

History: Adopted 34 Com. Reg. 32493 (July 29, 2012); Proposed 34 Com. Reg. 32440 (May 29, 2012).

Commission Comment: The Commission inserted a comma after the word "training" in subsection (a)(2) pursuant to 1 CMC § 3806(g).

§ 185-10-4120 Practice Agreement

(a) Licensee shall submit a Practice Agreement between himself or herself and the supervising physician(s), in a format provided by the Board, describing the manner and extent to which the physician assistant will practice and be supervised. The Board may approve, modify, or reject the Practice Agreement as originally submitted. No licensed physician assistant may practice without a valid Practice Agreement on file with the Board. Practicing without an approved practice agreement shall be grounds for disciplinary action. The Practice Agreement, at a minimum, shall:
(1) Provide for:
(i) Physician consultation;
(ii) Collaboration;
(iii) Adequate means for immediate communication between the parties; and
(iv) Referral and emergency coverage;
(2) Describe the physician assistant's scope of practice;
(3) List the settings where the physician assistant will be utilized, for example, a clinic, hospital, ambulatory center, patient home, emergency vehicle and/or other institutional setting. The supervising physician and the PA are each responsible for ensuring that both parties have the proper credentials and experience to practice in the capacity listed;
(4) If applicable, list specific prescriptive privileges and/or restrictions to the physician assistant's prescriptive privilege, as described in section 185-10-4130;
(5) Provide for the supervising physician's review and signature of records, as follows:
(i) A minimum of 5% of all patient encounters by the physician assistant that do not involve a controlled substance will be reviewed and signed within thirty calendar days;
(ii) A minimum of 10% of all patient encounters by the physician assistant that involve a prescription drug order, prescribing, dispensing or administering of Schedule III-V controlled substances must be reviewed and signed within thirty calendar days;
(iii) A minimum of 15% of all patient encounters by the physician assistant that involve a Schedule II controlled substance must be reviewed and signed within seven days; and
(iv) The Board may require that up to 100% of all patient encounters by a physician assistant be reviewed and signed by a supervising physician.
(6) Describe the method by which a supervising physician will comply with the chart review requirements. The Board, may, at any time, request proof of compliance with this chart review requirement. Non-compliance may result in termination by the Board of a practice agreement;

(7) Identify the supervising physician's designated alternate supervising physician in his or her absence; and
(8) Contain a statement substantially as follows: "The physician will direct and exercise supervision over the physician assistant in accordance with the CNMI HCPLB's regulations and recognizes that he or she retains full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the patient."

(b) If a practice agreement allows for the ordering, prescribing, dispensing, and/or administering of controlled substances, a copy of that Practice Agreement will be filed by the Board with all CNMI outpatient pharmacies and any applicable inpatient pharmacies.

(c) The supervising physician and the physician assistant shall notify the Board in writing within seven days of any change or the termination of the Practice Agreement.

(d) Any change to the approved Practice Agreement must be reviewed and approved by the Board prior to any change taking effect.

(e) At a minimum, a Practice Agreement shall be renewed every 2 years or at the time of license renewal, whichever is sooner if there is no change to the agreement within the two year period.

History: Amdts Adopted 35 Com. Reg. 34580 (Nov. 28, 2013); Adopted 34 Com. Reg. 32493 (July 29, 2012); Proposed 34 Com. Reg. 32440 (May 29, 2012).

Commission Comment: The Commission inserted commas after the words "modify" in subsection (a), "vehicle" in subsection (a)(3), and "dispensing" in subsection (b) pursuant to 1 CMC § 3806(g). The Commission struck the figures "30" from subsections (a)(5)(i) and (a)(5)(ii) and "7" from subsections (a)(5)(iii) and (c) pursuant to 1 CMC § 3806(e).

The 2013 amendments appeared only in the Notice of Adoption, and amended subsections (c) and (e).

§ 185-10-4125 Supervising Physician

(a) The supervising physician must comply with the following requirements in order to supervise a physician assistant:
(1) The supervising physician shall possess a current unrestricted license to practice medicine in the CNMI that is in good standing with the Board and a valid individual DEA registration;
(2) The supervising physician's primary place of practice is within the CNMI. At least 50% of his or her practice must be clinical. A supervising physician shall delegate to a physician assistant only those tasks or procedures consistent with the supervising physician's specialty or usual and customary practice;
(3) The supervising physician will direct and exercise supervision over the physician assistant in accordance with these regulations and recognizes that he or she retains full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the patient;
(4) The supervising physician shall provide adequate means for direct communication at all times between the physician assistant and him or her; this direct communication may occur through the use of technology which may include, but is not limited to, two-way radio, telephone, fax machine, internet, or other telecommunication device;

(5) The supervising physician will personally review and sign the records of patients seen by the physician assistant as described in section 185-10-4120;
(6) The supervising physician shall designate an alternate supervising physician in his or her absence. That alternate physician must satisfy all requirements of a primary supervising physician; and
(7) A supervising physician shall petition the Board if he or she wishes to supervise more than two full-time physician assistants or the equivalent of two full-time physician assistants.

(b) If a supervising physician does not comply with the regulations in this section or if he or she allows a physician assistant to practice without a valid practice agreement, he or she will be subject to discipline.

History: Adopted 34 Com. Reg. 32493 (July 29, 2012); Proposed 34 Com. Reg. 32440 (May 29, 2012).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d).

§ 185-10-4130 Special Provision: Prescription Privilege

(a) The supervising physician may allow the physician assistant to make prescription drug orders, prescribe, dispense, and/or administer medications and medical devices to the extent described in the written practice agreement and subject to the following requirements:
(1) Physician assistants must be currently certified by the NCCPA in order to be automatically eligible for prescriptive privileges. Certification by NCCPA is independent from any decision of this Board;
(2) A physician assistant can only make prescription drug orders, prescribe, dispense, and/or administer controlled substances if he or she holds a current DEA certificate that allows for those privileges. A copy of that certificate must be submitted to the Board before a PA can order, prescribe, dispense, and/or administer any controlled substance;
(3) A physician assistant can only make prescription drug orders, prescribe, dispense and/or administer medications, including controlled substances, if authorized to do so by the supervising physician;
(4) In general, a supervising physician may authorize the prescription drug ordering, prescribing, dispensing, and/or administration of Schedule III-V controlled substances.
(5) A supervising physician must request, with the consent of the physician assistant, authorization from the Board to allow the physician assistant to make prescription drug orders, prescribe, dispense, and/or administer Schedule II controlled substances. Unless granted by the Board in an approved practice agreement, a physician assistant shall not order, prescribe, dispense, and/or administer Schedule II controlled substances;
(6) A prescription for a controlled substance written by a physician assistant must have his or her DEA number clearly written on the prescription form;
(7) A physician assistant may prescribe no more than a 30-day supply of Schedule III-V medications. A physician assistant can only prescribe prescription refills if the prescription is co-signed by a supervising physician whose DEA number is clearly written on the prescription form;
(8) When applicable, a physician assistant may prescribe no more than a 30-day supply of Schedule II non-narcotic controlled substance medications. A physician assistant can only prescribe prescription refills if the prescription is co-signed by a supervising physician whose DEA number is clearly written on the prescription form;

(9) For physician assistants working in a remote practice location, the Board may limit the quantity of Schedule II and Schedule III-V medications prescribed to less than 7 days and 30 days, respectively. Also, the Board may impose additional supervision requirements such as maintaining an updated database of patients requiring daily and long-term scheduled medications. Such a database must be reviewed by a supervising physician at least monthly.
(10) A prescription for a controlled substance written by a physician assistant must be documented in that patient's chart and must include the name of the drug, dose, and route of administration, frequency, duration and quantity prescribed;
(11) Patient encounters by a physician assistant where a controlled substance was ordered, dispensed, and/or administered must be reviewed and signed by a supervising physician, as described in "Practice Agreement";
(12) A practice agreement allowing a physician assistant to make prescription drug orders, prescribe, dispense, and/or administer any controlled substance will be filed with all local outpatient pharmacies and with any applicable inpatient pharmacies; and
(13) The physician assistant shall comply with:
(i) All appropriate federal and CNMI laws and regulations; and
(ii) The Regulations Governing the Importation, Storage, Sales, and Distribution of Drug and Pharmaceutical Products [NMIAC, title 140, subchapter 50.2].

History: Amdts Adopted 40 Com. Reg. 40978 (Oct. 28, 2018); Amdts Proposed 40 Com. Reg. 40915 (Aug. 28, 2018); Adopted 34 Com. Reg. 32493 (July 29, 2012); Proposed 34 Com. Reg. 32440 (May 29, 2012).

Commission Comment: The Commission inserted commas after the words "dispense" in subsections (a)(2), (a)(3), (a)(5), and (a)(12), and "dispensing" in subsection (a)(4) pursuant to 1 CMC § 3806(g).

§ 185-10-4135 Remote Practice Location

(a) To be eligible to practice in a remote practice location, as defined in section 185-10-4101(t), a physician assistant must:
(1) Have a minimum of one year of full-time clinical experience; or
(2) Alternately, a PA without that experience will become eligible to practice in a remote practice location after he or she completes 160 hours of patient care in the CNMI under the direct and immediate supervision of a CNMI licensed physician.

(b) A physician assistant may practice through remote supervision if:
(1) There is no other CNMI-licensed physician concurrently working at the same physical location as the physician assistant; and
(2) The practice agreement and visitation requirements of this section are met; and
(3) The physician assistant maintains contact with the remote supervising physician, such as by telephone, radio, or email.

(c) In addition to the practice agreement requirements described in section 185-10-4120, the Practice Agreement shall include:
(1) The supervising physician(s) will provide adequate means for immediate and direct communication at all times between themselves and the physician assistant;
(2) Chart notes and prescriptions will be sent to the supervising physician for review and signature, as applicable, to maintain compliance with the chart review and signature requirements

described in the "Practice Agreement."

(d) If authorized in an approved Practice Agreement, the physician assistant may make prescription drug orders, prescribe, dispense and/or administer scheduled medications subject to the requirements described in section 185-10-4130.

(e) The supervising physician must visit the remote practice location at least monthly for a minimum of four hours to directly supervise the physician assistant and to review and co-sign the medical records of the physician assistant.

(f) The Board may redefine the term "remote area" and/or "remote practice location" through the use of an emergency order.

History: Amdts Adopted 34 Com. Reg. 33031 (Oct. 29, 2012); Amdts Proposed 34 Com. Reg. 32742 (Aug. 29, 2012); Amdts Adopted 21 Com. Reg. 17019 (Dec. 15, 1999); Amdts Proposed 21 Com. Reg. 16838 (July 23, 1999).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission struck the figures "1" from subsection (a)(1) and "4" from subsection (e) pursuant to 1 CMC § 3806(g).

§ 185-10-4140 Application

(a) An application for a license to practice as a physician assistant shall be made under oath on a form to be provided by the Board and shall be signed and sworn to under penalty of perjury, by the applicant. This application shall be accompanied with the following information and documentation as is necessary to establish that the applicant possesses the qualifications as required in these regulations:

(1) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and Social Security number;

(2) Applicant's 2x2 photograph taken within six months from date of application; and

(3) Applicant must pay the appropriate fees, including the application fee, which shall not be refunded;

(4) Applicant is to provide originals of all documents and credentials, or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to:

(i) Diploma showing a degree of Physician Assistant or Physician Associate;

(ii) Documents showing satisfactory proof that applicant has taken and passed the PANCE;

(iii) Current NCCPA certification;

(iv) Documents showing proof that applicant is licensed to practice as a physician assistant in another U.S. jurisdiction;

(v) The FCVS's profile of the applicant submitted to the Board by the FSMB shall be accepted in lieu of the documents required in subsections (i), (ii), (V)*, and (iv) above; and

(vi) Document showing proof of a current and valid DEA registration certificate, if required.

(5) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has ever applied for a license to practice as a physician assistant;

(6) Applicant to provide a detailed educational history, including places, institutions, dates and program descriptions of all his or her education beginning with secondary schooling and including all college, preprofessional, professional, and professional postgraduate training;

(7) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant has

been denied licensure or voluntarily surrendered a license to practice as a physician assistant;
(8) Applicant to provide a list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements, or convictions against the applicant that would constitute grounds for disciplinary action under 3 CMC § 2201, et seq. or these regulations; and
(9) Applicant to provide a report from the National Practitioner Data Bank (NPDB) within sixty days from the signature date of the application.

* So in original. See Commission Comment.

(b) The burden of proof shall be upon the applicant to provide and verify the required information to the Board's satisfaction. The applicant shall be responsible for the cost of obtaining such information from recognized information and data services.

History: Amdts Adopted 35 Com. Reg. 34580 (Nov. 28, 2013); Amdts Proposed 35 Com. Reg. 34277 (Sept. 28, 2013); Adopted 34 Com. Reg. 32493 (July 29, 2012); Proposed 34 Com. Reg. 32440 (May 29, 2012).

Commission Comment: The 2013 amendments added subsection (a)(4)(v). The Commission inserted commas after the words "birth" in subsection (a)(1) and "settlements" in subsection (a)(8) pursuant to 1 CMC § 3806(g). The Commission corrected the capitalization of the words "Social Security" in subsection (a)(1) pursuant to 1 CMC § 3806(f). The Commission struck the figures "6" from subsection (a)(2) and "60" from subsection (a)(9) pursuant to 1 CMC § 3806(e).

Subsection (V), referenced in subsection (a)(4)(v), does not exist in the original regulation.

§ 185-10-4145 Continuing Education

(a) All physician assistants licensed to practice in the CNMI are required to complete fifty CE hours during the twenty-four months prior to the expiration of their license as a prerequisite to the renewal of their biennial license.

(b) One hour of credit will be allowed for each clock hour of CE participation.

(c) Approved continuing education activities includes but are not limited to the following:
(1) Activities designated as Category 1 by an organization accredited by the Accreditation Council on Continuing Medical Education (ACCME), the American Academy of Physician Assistants, the American Medical Association, or the Academy of Family Physicians; or
(2) CEs certified by the Maintenance of Proficiency (Mainpro), which is a program of the College of Family Physicians of Canada; or
(3) Commonwealth Health Corporation CEs; or
(4) CEs as part of NCCPA certification.

(d) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing education and of the number of credits earned.

(e) If a licensee fails to meet the CE requirements for renewal of license because of illness, military service, or other extenuating circumstances, the Board, upon appropriate written explanation, may grant an extension of time to complete same, on an individual basis.

(f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CE requirements or who falsely certifies attendance at and/or completion of the CE.

History: Adopted 34 Com. Reg. 32493 (July 29, 2012); Proposed 34 Com. Reg. 32440 (May 29, 2012).

Commission Comment: The Commission struck the figures "50" and "24" from subsection (a) pursuant to 1 CMC § 3806(e).

§ 185-10-4150 Renewal

(a) All licenses issued by the Board expire every two years following issuance or renewal and become invalid after that date.

(b) Each licensee shall be responsible for submitting a completed renewal application at least sixty days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder, giving the date of expiration and the fee and any additional requirements for the renewal thereof.

(c) All licensees must submit satisfactory evidence of completion of CE requirements, as required under section 185-10-4145 and provide a copy of a current and valid DEA registration certificate, if required.

(d) Physician Assistants shall maintain a current national certification with NCCPA and provide a valid copy of the certificate in order to renew their CNMI license.

(e) A late fee of $25.00 will be charged every 1st of the month after the expiration date.

(f) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.

(g) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice as a physician assistant in the CNMI. This will not, however, prevent the Board from considering a new application.

History: Adopted 34 Com. Reg. 32493 (July 29, 2012); Proposed 34 Com. Reg. 32440 (May 29, 2012).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission struck the figure "60" from subsection (b) pursuant to 1 CMC § 3806(e).

§ 185-10-4155 Special Provision – Advertising and Identification to the Public

(a) APA shall at all times when on duty wear an ID badge stating his or her name and title of "Physician Assistant" or "PA."

History: Adopted 34 Com. Reg. 32493 (July 29, 2012); Proposed 34 Com. Reg. 32440 (May 29, 2012).

Part 4200 - Physician – Doctor of Osteopathy

Commission Comment: Part 4200 was reserved in the original 2008 regulations. Sections 4211–21 were proposed with section numbers that included leading zeros inconsistent with the numbering scheme of the code. The Commission renumbered those sections under 1 CMC § 3806(a).

§ 185-10-4201 Definitions

(a) "ACCME" is the Accreditation Council on Continuing Medical Education.

(b) "ACGME" is the Accreditation Council for Graduate Medical Education of the American Medical Association and is the council in charge of accrediting internship, residency, or fellowship training programs in the United States.

(c) "AMA" is the American Medical Association and is the medical association in America which helps doctors help patients by uniting physicians nationwide to work on vital professional and public health issues.

(d) "AOA" is the American Osteopathic Association, which serves as the professional family for all DOs and osteopathic medical students. In addition to serving as the primary certifying body for DOs, the AOA is the accrediting agency for all osteopathic medical schools and has federal authority to accredit hospitals and other health care facilities.

(e) "COMLEX-USA" is the Comprehensive Osteopathic Medical Licensing Examination of the United States and is a series of three osteopathic medical licensing examinations administered by the NBOME.

(f) "Continuing Medical Education (CME)" shall mean educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance, and relationships that a physician uses to provide services for patients, the public, or the profession.

(g) "Doctor" including "Dr.," "D.O.," or "MD," in these regulations means a physician.

(h) "Doctor of Osteopathy (DO)" is a physician licensed to practice osteopathic medicine.

(i) "ECFMG" is the Educational Commission for Foreign Medical Graduates. Its certification program assesses the readiness of foreign/international medical graduates to enter into U.S. residency or fellowship programs that are accredited by the ACGME.

ECFMG certification assures directors of ACGME-accredited residency and fellowship programs

and the people of the United States that foreign/international medical graduates have met minimum standards of eligibility to enter such programs. ECFMG certification does not, however, guarantee that these graduates will be accepted into programs, since the number of applicants frequently exceeds the number of available positions.

ECFMG certification is also one of the eligibility requirements for foreign/international medical graduates to take Step 3 of the three-step USMLE. Medical licensing authorities in the United States and its territories require ECFMG certification, among other requirements, to obtain an unrestricted license to practice medicine.

(j) "Emergency lifesaving service" means medical assistance given to a person whose physical condition, in the opinion of a reasonably prudent person, is such that the person's life is endangered.

(k) "Endorsement" means a process whereby a jurisdiction issues an unrestricted license to practice medicine to an individual who holds a valid and unrestricted license in another jurisdiction.

(l) "FAIMER" is the Foundation for Advancement of International Medical Education and Research. It is a non-profit foundation committed to improving world health through education. It was established by the ECFMG to promote excellence in international health professions education through programmatic and research activities.

(m) "FCVS" mean the Federation Credentials Verification Services established by the FSMB in September 1996 to provide a centralized, uniform process for state medical boards to obtain a verified, primary-source record of a physician's core medical credentials. FCVS obtains primary-source verification of medical education, postgraduate training, examination history, board action history, board certification and identity. This repository of information allows a physician and/or physician assistant to establish a confidential, lifetime professional portfolio with FCVS which can be forwarded, at the applicant's request, to any state medical and osteopathic board, hospital, health care or other entity.

(n) "Fifth Pathway Program" is an academic year of supervised clinical education provided by an LCME-accredited medical school, a prerequisite for licensure by examination, and is available to a person who has completed all of the formal requirements for graduation from a foreign medical school recognized by the World Health Organization, except for any postgraduate training.

(o) "FLEX" is the Federation Licensing Examination prepared and issued by the FSMB. The FLEX includes three parts: The basic science, the clinical science, and the clinical competency average.

(p) "Foreign or International Medical Graduate (IMG)" means a graduate of a medical school located outside of any U.S. state or territories, or Canada and recognized and officially listed by the World Health Organization.

(q) "Foreign-licensed physician" is a physician who received his/her medical education

outside of the U.S. or Canada and who is ineligible for licensure in the U.S. or has no active and unrestricted U.S. license, but holds an active and unrestricted license from a medical licensing authority of a foreign country.

(r) "FSMB" is the Federation of State Medical Boards. It is a national non-profit organization representing the medical and osteopathic boards of the United States and its territories.

(s) "FSMB BADB" is the FSMB's board action data bank. It is the FSMB's data bank of board action and licensure data on U.S. physicians that contains disciplinary actions against physicians dating to the 1960's.

(t) "Healthcare Integrity and Protection Data Bank (HIPDB)" is a national health care fraud and abuse data collection program for the reporting and disclosing of certain final adverse actions taken against health care providers, suppliers, or practitioners implemented by the U.S. Secretary of Health and Human Services.

(u) "IMED" is the International Medical Education Directory. It provides an accurate and up-to-date resource of information about international medical schools that are recognized by the appropriate government agency in the countries where the medical schools are located. The agency responsible for this recognition in most countries is the Ministry of Health. Medical schools that are recognized by the appropriate agencies in their respective countries are listed in this directory.

A medical school is listed in IMED after FAIMER receives confirmation from the Ministry of Health or other appropriate agency that the Ministry or other agency recognizes the medical school. FAIMER also updates IMED as information about medical schools is received from Ministries of Health or other appropriate agencies.

(v) "Impairment" means the inability of a licensee to practice mediciue with reasonable skill and safety by reason of:
(1) Mental illness;
(2) Physical illness or condition, including, but not limited to, those illnesses or conditions that would adversely affect cognitive, motor, or perceptive skills; or
(3) Habitual or excessive use or abuse of drugs, defined by law as controlled substances, or alcohol or of other substances that impair ability.

(w) "LCME" is the Liaison Committee on Medical Education and is the committee in charge of accrediting medical colleges or universities in the United States.

(x) "LMCC (Le Conseil medical du Canada)" is the Licentiate Medical Council of Canada, which is the agency that offers and administers the Qualifying Examinations (national medical exams) in Canada.

(y) "NBME" is the National Board of Medical Examiners. It is an independent, non-profit organization that serves the public by providing examinations for the health professions.

(z) "NBOME" is the National Board of Osteopathic Medical Examiners, a non-profit

corporation dedicated to serving the public and state licensing agencies by administering examinations that test the medical knowledge of those who seek to serve the public as osteopathic physicians.

(aa) "NPDB" is the National Practitioner Data Bank. It is a confidential information clearinghouse created by Congress to improve health care quality, protect the public, and reduce health care fraud and abuse in the United States. It includes the Healthcare Integrity and Protection Data Bank (HIPDB).

(bb) "Osteopathic medicine" is practiced by Doctors of Osteopathy with a philosophy of treating and healing the patient as a whole, rather than focusing on one system or body part.

(cc) "Person" means a person real or legal, including a human being and an artificial person, including a government entity, non-governmental organization, association, corporation, Limited Liability Company, limited liability partnership, partnership, or sole proprietorship.

(dd) "Practice of Medicine" means:
(1) Holding out one's self to the public as being able to diagnose, treat, prescribe for, palliate, or prevent any human disease, ailment, injury, deformity, or physical or mental condition, whether by the use of drugs, surgery, manipulation, electricity, or any physical, mechanical, or other means whatsoever;
(2) 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 of any person with the intention of receiving, either directly or indirectly, any fee, gift, or compensation whatsoever;
(3) The maintenance of an office or other place to meet persons for the purpose of examining or treating persons afflicted with disease, injury, or clinical defect of body or mind;
(4) Using the title "Doctor," "Doctor of Medicine," "Doctor of Osteopathy," "Physician," "Surgeon," "Dr.," "M.D.," "D.O.," or any word or abbreviation to indicate or induce others to believe that one is engaged in the practice of medicine as defined herein;
(5) Performing any kind of surgical operation upon a human being.

(ee) "Postgraduate Training" means training after earning a medical degree at an accredited program, including internship, residency, and fellowship.

(ff) "State" includes a United States of America state, territory, tribal land, commonwealth, the District of Columbia, and any other U.S. jurisdiction other than the U.S. federal government.

(gg) "Supervision" of a foreign-licensed physician means overseeing the activities of, and accepting responsibility for, the medical services rendered by the foreign-licensed physician.

(hh) "Test of English as a Foreign Language (TOEFL)" is a test administered by the Educational Testing Service (ETS) that evaluates the ability of an individual to use and understand English in an academic setting.

(ii) "USMLE" mean the United States Medical Licensing Examination. It is a 3-step exam

required for medical licensure in the U.S. and is sponsored by the FSMB and the NBME.

Modified 1 CMC § 3806(a), (e), (g).

History: Amdts Adopted 35 Com. Reg. 34560 (Nov. 28, 2013); Amdts Proposed 35 Com. Reg. 34270 (Sept. 28, 2013); Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Commission struck out the numeral "(3)" in subsection (o) as a mere repetition of written words. The Commission removed an additional set of quotation marks following the first sentence of subsection (u) to correct a manifest error.

The 2013 amendment added subsection (m) defining "FCVS." The Commission to renumber the remaining subsections accordingly.

§ 185-10-4202 [Reserved]

[Reserved]

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board reserved this section in its proposed regulations, Com. Reg. 32495 (July 29, 2012).

§ 185-10-4203 Exemptions from Licensure

Nothing in these regulations shall apply to:

(a) The exercise of the traditional Micronesian art of healing or a person practicing a recognized religion or local faith that includes in its tenets the ministering to the sick or suffering, provided that:
(1) No such person shall be exempt from the public health laws of the Commonwealth; and
(2) No such person shall employ the title "doctor" or "Dr."

(b) Doctors who are engaged in postgraduate training under the supervision of licensed physician at a hospital or other health care facility approved by the Board for such training. However, such persons must hold a temporary/limited license issued by this Board;

(c) A person from administering a lawful domestic or family remedy to a member of his or her own family;

(d) A person providing emergency lifesaving service where no fee or other consideration is contemplated, charged, or received;

(e) Any commissioned medical officers of the U.S. armed forces and medical officers of the U.S. Public Health Service or the U.S. Veterans Administration in the discharge of their official duties or within federally controlled facilities;

(f) Those fully licensed to practice medicine in another U.S. state who briefly render

emergency medical treatment or briefly provide critical medical service at the specific lawful direction of a medical institution or federal agency that assumes full responsibility for that treatment of service and is approved by the Board;

(g) A physician from another jurisdiction, when in limited consultation, including in-person, mail, email, telephonic, tele-medicine, or other electronic consultation, with a licensed CNMI physician, if the physician from the other jurisdiction is licensed to practice in his/her jurisdiction.

Modified, 1 CMC § 3806(g).

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Commission changed the final semi-colon in subsection (g) to a period to correct a manifest error.

§ 185-10-4204 [Reserved]

[Reserved]

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board reserved this section in its proposed regulations, 34 Com. Reg. 32495 (July 29, 2012).

§ 185-10-4205 Requirements for Licensure for U.S. or Canadian Medical Graduates

(a) An applicant for licensure as a physician must be at least twenty-one years of age, a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and meet the following requirements:

(1) Applicant possesses an active unrestricted license to practice medicine in another U.S. state or Canada; or Applicant is a graduate of a medical school accredited by the Liaison Committee on Medical Education, by the American Osteopathic Association's Commission on Osteopathic College Accreditation, or by the Committee on Accreditation for Canadian Medical Schools of the Canadian Medical Association of Canadian Medical Colleges; and

(2) Applicant shall have satisfactorily completed at least twelve months of postgraduate training, internship, residency, accredited by the Accreditation Council for Graduate Medical Education of the American Medical Association, or the Accreditation Committee of the Federation of the Medical Licensing Authority of Canada, or by the Royal College of Physician and Surgeons of Canada, or by a training program approved by the Board, after earning a medical degree; and

(3) Applicant successfully passed all parts of the FLEX, NBME, USMLE, or a Board-approved combination of these examinations, all three levels of the COMLEX-USA, or the Qualifying Examinations administered by the Licentiate Medical Council of Canada, or other Board-approved future national examinations; and

(4) The applicant shall be of good moral character and shall not have been convicted of a crime of moral turpitude or a crime related to his or her practice as a physician any jurisdiction, U.S. or foreign.

Modified, 1 CMC § 3806(e).

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Commission struck the numerals "(21)" and "(12)" from subsections (a) and (a)(2) respectively as mere repetitions of written words.

§ 185-10-4206 Requirements for Licensing for Foreign or International Medical Graduates

(a) A foreign or international medical graduate applying to practice as a physician must be at least twenty-one years of age, lawfully entitled to remain and work in the Commonwealth, and meet the following requirements:
(1) Applicant is a graduate of a foreign medical school listed in the IMED and have graduated in a calendar year when the medical school was listed in the IMED; and
(2) Applicant holds a valid ECFMG certificate; and
(3) Applicant shall have satisfactorily completed at least three (3) years of postgraduate training, internship, residency in a training program accredited by ACGME or the Accreditation Committee of the Federation of the Medical Licensing Authority of Canada, or the Royal College of Physicians and Surgeons of Canada, after earning a medical degree; and
(4) Applicant successfully passed all parts of the FLEX, NBME, or USMLE or a Board-approved combination of these examinations or the Qualifying Examinations administered by the Licentiate Medical Council of Canada, or other Board approved future national examinations; and
(5) The applicant shall be of good moral character and shall not have been convicted of a crime of moral turpitude or a crime related to his or her practice as a physician in any jurisdiction, U.S. or foreign.

Modified, 1 CMC § 3806(e).

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Commission struck the numerals "(21)" and "(3)" from subsections (a) and (a)(3) respectively as a mere repetitions of written words.

§ 185-10-4207 Foreign and International Medical Graduates without U.S. Training or License

This section of the regulations is pursuant to Part 200, Subpart A of P.L. 17-56:

(a) Category I: Temporary, Limited Licensure with Supervision Requirements for Foreign Physicians without U.S. Training and U.S. Licensure.
(1) An applicant to practice as a physician under this Category must:
(i) Be at least twenty-one years of age and lawfully entitled to enter, work, and remain in the Commonwealth; and
(ii) Be a graduate of a medical school listed in the IMED and have graduated in a calendar year when the medical school was recognized by the government agency in the country where the school is located; and

(iii) Have satisfactorily completed a 3-year postgraduate training program (residency and fellowship, if applicable), after earning a medical degree, in the field applicant is applying for; and

(iv) Provide proof of ECFMG certification and have taken and passed all parts of the Step I and Step 2 examinations of the USMLE or the equivalent of those exams in former tests such as the FLEX and NBME; and

(v) Have taken and passed the national specialty examination of his/her field of medicine (if applicable) in the country where he or she currently practices medicine; and

(vi) Demonstrate a command of the English language by taking and passing the TOEFL test. A score of at least 550 on the paper-based test or a score of at least 79 on the Internet-based test will be considered an acceptable passing score. The test must have been taken and passed within the two year time period preceding the date of application to practice in the CNMI. Test scores must be submitted directly to the HCPLB from the Educational Testing Service (ETS); and

(vii) Hold an unrestricted, active license to practice medicine in the country where he or she is currently practicing and must have held that license and have been practicing independently in that country for at least two years preceding the date of application to practice in the CNMI; and

(viii) Provide a Letter of Good Standing from the licensing and/or regulatory agency from the country where he or she is currently practicing medicine, satisfactory to the Board, that no disciplinary action has been taken against his/her license by any medical profession licensing authority and has not been the subject of any adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied. This Letter of Good Standing must be issued and dated within six months preceding the date of application to practice in the CNMI; and

(ix) Provide an original or certified copy of a police clearance where he or she currently practices medicine issued and dated thirty days preceding the date of application to practice in the CNMI; and

(x) Provide proof of completion of a minimum of 50 U.S. Category 1 Continuing Medical Education credits in his or her field of medicine within the two-year period preceding the date of application to practice in the CNMI.

(2) The limited license shall be for a period of not more than two years and shall not be renewed or granted an extension.

(3) A U.S. Social Security number and a National Provider Identification (NPI) number must be provided upon request by the Board during the period of time that the limited license is valid.

(4) Scope of Practice; Practice Agreement.

(i) The foreign-licensed physician shall practice in accordance with his/her training and experience; and

(ii) The foreign-licensed physician shall not practice unless an active written practice agreement has been filed with and approved by the Board. A practice agreement is not active if the supervising physician has communicated in writing his/her termination of supervision, has been rendered legally incompetent to continue supervising, or has moved from the CNMI; and

(iii) The foreign-licensed physician shall be employed only by the CNMI Government and shall practice only within the Commonwealth Healthcare Corporation.

(5) Supervising Physician. The supervising physician must comply with the following

requirements in order to supervise foreign-licensed physicians:
(i) The supervising physician shall possess a current unrestricted CNMI license to practice medicine that is in good standing with the Board; and
(ii) The supervising physician must be currently practicing in the CNMI and be a full-time employee of the CNMI government; and
(iii) The supervising physician must have a similar specialty to that of the supervised foreign-licensed physician; and
(iv) The supervising physician shall supervise no more than two foreign-licensed physicians concurrently; and
(v) The supervising physician must include in the Practice Agreement a statement that he or she will direct and exercise supervision over the foreign-licensed physicians in accordance with these regulations, and recognizes that he or she retains full professional and legal responsibility for the performance of the foreign-licensed physician and for the care and treatment of the patient; and
(vi) The supervising physician will provide adequate means for direct communication between the foreign-licensed physician and him or her; provided that where the physical presence of the supervising physician is not required, the direct communication may occur through the use of technology which may include but is not limited to two-way radio, telephone, fax machine, modem, or other telecommunication device; and
(vii) The supervising physician will perform a monthly random chart review of at least 10% of all the foreign-licensed physician's patient encounters; and
(viii) The supervising physician shall designate an alternate supervising physician in his or her absence. The alternate supervising physician must meet all of the above requirements as a supervising physician.

(b) Category II: Conditional License for Foreign Physicians with U.S. Training and Expired U.S. Licensure.
(1) An applicant to practice as a physician under this category must:
(i) Be at least twenty-one years of age and lawfully entitled to enter, work, and remain in the Commonwealth; and
(ii) Provide proof of ECFMG certification and have taken and passed all parts of the FLEX, NBME, or USMLE; and
(iii) Have previously held an unrestricted license to practice medicine in a U.S. state or jurisdiction; and
(iv) Demonstrate a command of the English language by taking and passing the TOEFL test. A score of at least 550 on the paper-based test or a score of at least 79 on the Internet-based test will be considered an acceptable passing score. The test must have been taken and passed within the two-year time period preceding the date of application to practice in the CNMI. Test scores must be submitted directly to the HCPLB from the Educational Testing Service (ETS); and
(v) Hold an unrestricted, active license to practice medicine in the country where he or she is currently practicing, and must have held that license and have been practicing independently in that country for at least two years preceding the date of application to practice in the CNMI; and
(vi) Provide a Letter of Good Standing, satisfactory to the Board, from the licensing and/or regulatory agency of the country where he or she is currently practicing medicine, which states

that no disciplinary action has been taken against his or her license by any medical profession licensing authority and has not been the subject of any adverse action in which his or her license was suspended, revoked, placed on probation, conditioned, or denied renewal. This Letter of Good Standing must be issued and dated within six months preceding the date of application to practice in the CNMI; and

(vii) Provide an original or certified copy of a police clearance where he or she currently practices medicine issued and dated thirty days preceding the date of application to practice in the CNMI; and

(viii) Provide proof of completion of a minimum of fifty U.S. Category 1 Continuing Medical Education credits in his or her field of medicine within the two year period preceding the date of application to practice in the CNMI.

(2) The conditional license shall be for a period of two years. After the two year period, if the applicant has satisfied the conditions of the license, slhe may apply for a two-year unrestricted license.

(3) A U.S. Social Security number and a National Provider Identification (NPI) number must be provided upon request by the Board during the period of time that the limited license is valid.

(4) Scope of Practice; Evaluation Report.

(i) The foreign-licensed physician shall practice in accordance with his/her training and experience; and

(ii) The foreign-licensed physician shall be employed only by the CNMI Government and shall practice only within the Commonwealth Health Care Corporation.

(iii) A quarterly evaluation must be performed by a full-time physician who holds an active, unconditioned license in the CNMI and who has the same or similar specialty employed at DPH, to assess the foreign licensed physician's performance and competence in hislher practice of medicine. The evaluation report must be submitted to the Board within a week of the evaluation.

(c) Pursuant to Part 100, Subpart A of P.L. 17-56, nothing in these regulations shall:

(1) Prohibit the Board from disapproving any foreign medical school or postgraduate training program or from denying an application if, in the opinion of the Board, the professional instruction provided by the medical school or the post graduate training program or the instruction received by the applicant is not equivalent to that required of U.S.-trained physicians.

(2) Prohibit the Board from suspending, revoking, placing on probation or conditioning the license, on any grounds that by law or regulations would be grounds to suspend, revoke, place on probation, or condition the license to practice medicine in the CNMI, or for such periods of time when the foreign-licensed physician is not under the supervision of a CNMI licensed health care professional.

(3) Prohibit the Board from revoking a previously issued license if the licensee has not entered the CNMI and begun work for the Commonwealth Healthcare Corporation within ninety days from the date of licensure.

Modified 1 CMC § 3806(a), (c), (e).

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Commission renumbered the subsections in accordance with the overall scheme of the code. The Commission changed the reference to "Subpart 1" at the beginning of this section to "Subpart A" to

correspond to the correct portion of PL 17-56. The Commision struck out parenthesized numerals throughout this section as mere repetitions of written words.

§ 185-10-4208 [Reserved]

[Reserved]

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board reserved this section in its proposed regulations, 34 Com. Reg. 32495 (July 29, 2012).

§ 185-10-4209 Additional Requirements

In addition to the foregoing requirements, the Board may add the following requirements, in its discretion, and for good cause:

(a) Require additional proof that the person is competent to practice professionally;

(b) Require further examination;

(c) Require additional proof that the person is of an acceptable moral character; and/or

(d) Require that the person not be impaired by reason of substance abuse or debilitating physical or mental/emotional condition.

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

§ 185-10-4210 Licensure by Endorsement

(a) The Board may grant a license to a person to practice as a physician by endorsement if:
(1) The person holds a full, unrestricted, active license to practice as a physician in another U.S. state or territory, or Canada; and
(2) The person substantially complies with the requirements for licensure in §§ 4205 or 4206.

(b) The Board may deny a license by endorsement to a person to practice as a physician if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned or renewal denied.

Modified, 1 CMC § 3806(g).

History: Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: This section as originally adopted included two subsections, (a) and (b). 34 Com. Reg. 32510 (July 29, 2012). The Health Care Professions Licensing Board amended this section by altering portions of subsections (a)(1) and (a)(2). Because subsection (b) was not enumerated at 35 Com. Reg. 34134 (Aug. 28, 2013), it remained unaltered by that amendment. The Commission replaced "§" in subsection (a)(2) with "§§" to correct a manifest error.

§ 185-10-4211 Requirements for Temporary/Limited License

(a) The board may issue a temporary or limited license for three months to an applicant to practice as a physician if:
(1) The applicant meets all the requirements set forth in § 4205, but due to administrative error or time constraints, not the fault of the applicant, the Board's ability to issue the license in the ordinary course of its affairs has been impaired;
(2) A public emergency occurred, such as a declared disaster of such destructive magnitude force which damaged or destroyed homes, and injured or killed people, and produces a range of immediate suffering and basic human needs that cannot be promptly or adequately addressed by the affected people, and there is a shortage of physicians;
(3) Applicant is to engage in post graduate training under the supervision of a licensed physician at a hospital or other health care facility approved by the Board for such training; or
(4) There is an absence or a shortage of licensed physicians or osteopathic physicians in the CNMI and that the applicant has been duly licensed as a physician or osteopathic physician under the laws of another U.S. state or territory. For this purpose, the board may consider to have an absence or shortage of physicians or osteopathic physicians if the absence or shortage results from the temporary loss of a physician or osteopathic physician. An application for a temporary license due to absence or shortage of physicians shall require the applicant to provide a request from the Medical Affairs Director or the director of the CNMI Department of Public Health as to the absence or shortage of physicians in the CNMI.

(b) Applicants for temporary or limited license shall submit an application form provided by the Board and submit all required documents required under § 185-10-4213. Make sure all documents are originals or a certified or notarized true copy of original documents.

(c) Because of time constraint and the urgency of the situation, the temporary or limited license may be issued to an applicant at the discretion and approval of the Chairperson of the Board or his designee, if the applicant meets the licensing requirements of this section, before the application and required documents are submitted to the Baord. Application, required documents, and fees shall be submitted within 5 business days after the license is issued.

(d) The Board may deny an application for a temporary or limited license if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied.

Modified, 1 CMC § 3806(e), (g).

History: Amdts Adopted 35 Com. Reg. 34130 (Aug. 28, 2013); Amdts Proposed 35 Com. Reg. 33613 (June 28, 2013); Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Commission struck the numeral "(3)" from subsection (a) as a mere repetition of written words. The Commission inserted a comma after the word "documents" in subsection (c) as a manifest error.

This section was enacted after the Department of Public Health was converted to the Commonwealth Healthcare Corporation. The reference to the Department of Public Health in subsection (a)(4) was in the original.

§ 185-10-4213 Applications

(a) An application for a license to practice as a physician shall be made under oath on a form to be provided by the Board and shall be signed and sworn to under penalty of perjury by the applicant.

(b) Applicant must also provide:
(1) The applicant's full name and all aliases or other names ever used, current address, date and place of birth and social security number; and
(2) Applicant's 2x2 photograph taken within six months from date of application; and
(3) The appropriate fees, including the application fee which shall not be refunded; and
(4) Originals of all documents and credentials, or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to:
(i) Diploma showing a degree of Doctor of Medicine or Doctor of Osteopathy; or a document showing proof that applicant holds a valid ECFMG certificate; and
(ii) Documents showing proof that applicant has taken and passed the required examinations; and
(iii) Documents showing proof that applicant has satisfactorily completed the required postgraduate training; and
(iv) Documents showing proof that applicant is licensed to practice as a physician in another jurisdiction, when applicable; and
(v) The FCVS's profile of the applicant submitted to the Board by the FSMB shall be accepted in lieu of the documents required in subsections (i), (ii), (iii), and (iv) above.
(5) A detailed educational history, including places, institutions, dates and program descriptions of all his or her education beginning with secondary schooling and including all college, pre-professional, professional, and professional postgraduate training; and
(6) A list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has ever applied for a license to practice as a physician; and
(7) A list of all jurisdictions, U.S. or foreign, in which the applicant has been denied licensure or voluntarily surrendered a license to practice as a physician; and
(8) A list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements or convictions against the applicant that would constitute grounds for disciplinary action under under 3 CMC § 2201, et seq. or these regulations; and
(9) An NPDB or FSMB's BADB report within sixty days from the signature date of the application. Additionally, when applicable, an applicant must provide a certificate or Letter of Good Standing from the appropriate government health agency having jurisdiction over a foreign-licensed physician, or from any other entity, satisfactory to the Board, having information pertinent to the applicant's professional standing.

(c) All documents submitted in a foreign language shall be accompanied by a certified and accurate translation in English.

Modified, 1 CMC § 3806(e).

History: Amdts Adopted 35 Com. Reg. 34560 (Nov. 28, 2013); Amdts Proposed 35 Com. Reg. 34270 (Sept. 28, 2013); Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Commission struck the numerals "(6)" and "(60)" from subsections (b)(2) and (b)(9)

respectively as mere repetitions of written words. The 2013 amendments added subsection (b)(4)(v).

§ 185-10-4214 [Reserved]

[Reserved]

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board reserved this section in its proposed regulations, 34 Com. Reg. 32495 (July 29, 2012).

§ 185-10-4215 Continuing Medical Education (CME)

(a) Each physician licensed to practice in the CNMI is required to complete fifty Category 1 CME hours during the 24 months prior to the expiration of his or her license as a prerequisite to the renewal of his or her biennial license.

(b) One hour of credit will be allowed for each clock hour of CME participation.

(c) Approved continuing medical education activities include, but are not limited to, CMEs certified by the Commonwealth Healthcare Corporation, activities designated as Category 1 by an organization accredited by the Accreditation Council on Continuing Medical Education (ACCME), the American Medical Association, the Academy of Family Physicians, the American Osteopathic Association, or the Maintenance of Proficiency (MainPro), which is a program of the College of Family Physicians of Canada, which establishes CME requirements for its members.

(d) If a licensee fails to meet the CME requirements for renewal of license because of illness, military service, or other extenuating circumstances, the Board, upon appropriate written explanation, may grant an extension of time to complete same, on an individual basis.

(e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing medical education, and the number of credits earned.

(f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CME requirements or who falsely certifies attendance at or completion of the CME as required herein.

Modified, 1 CMC § 3806(e).

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Commission struck the numerals "(50)" from subsection (a) as a mere repetition of written words.

§ 185-10-4216 Renewal

(a) All licenses, except temporary or limited licenses issued by the Board, expire every two

years following issuance or renewal and become invalid after that date.

(b) Each licensee shall be responsible for submitting a completed renewal application at least sixty days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration, the fee, and any additional requirement for the renewal thereof.

(c) All licensees must submit satisfactory evidence of completion of CME requirements, as required under § 4212 of these regulations.

(d) A late fee of $25.00 will be charged every 1st of the month after the expiration date.

(e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.

(f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice as a physician in the CNMI. This will not, however, prevent the Board from considering a new application.

Modified, 1 CMC § 3806(e).

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Commission struck the numerals "(60)" from subsection (b) as a mere repetition of written words.

§ 185-10-4217 [Reserved]

[Reserved]

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board reserved this section in its proposed regulations, 34 Com. Reg. 32495 (July 29, 2012).

§ 185-10-4218 Reporting Requirements

(a) Reporting to the Board.
(1) Each licensee and each person in the Commonwealth employing a licensee, including the Commonwealth Health Center and its successors and assigns, shall report to the Board the following:
(i) Information it receives relating to the professional competence and conduct of a

physician, regulated pursuant to the Act or these regulations. In particular, it shall report negative information;
(ii) A professional review action that adversely affects the clinical privileges of a physician for a period of more than 30 days;
(iii) A physician's acceptance of the surrender of clinical privileges or any restriction of such privileges.
(2) The Board shall provide a form for such reports.
(3) The report shall be made within thirty-five days of the employer or supervisor's receipt of the information.

(b) Reporting to National and Interstate Data Banks.
The Board shall report adverse information of a physician to the National Practitioner Data Bank ("NPDB"), the FSMB's Federation Physician Data Center (FPDC), to the appropriate government health agency having jurisdiction over a foreign-licensed physician, and such other interstate or national health professional data banks within thirty-five days following its receipt of the information. The Board shall, if financially feasible, maintain its membership in these two and other such organizations in order to retain the benefits of access to the data. The information to be reported shall include:
(1) Discipline of a physician described by, or undertaken pursuant to, the Act and these regulations, and without regard to whether the action of the disciplining entity has been stayed by a reviewing court;
(2) A professional review action that adversely affects the clinical privileges of a physician for a period of more than 30 days; and
(3) Acceptance of the surrender of clinical privileges or any restriction of such privileges of a physician.

(c) Securing Information.
(1) The Board shall secure, for each person, reportable information at the following times:
(i) When a physician applies for a license;
(ii) Every two years, typically in advance of license renewal; and
(iii) Whenever the Board determines such information would be reasonably required.
(2) The applicant or the licensee shall be responsible for the cost of obtaining such information.
(3) The Board must comply with the terms and conditions for confidentiality of the NPDB, FSMB BABD, or other such entity.

Modified, 1 CMC § 3806(e).

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Commission struck the numerals "(35)" from subsection (a)(3) and (b), and "(2)" from subsection (c)(2) as a mere repetitions of written words.

§ 185-10-4219 Impaired Physicians

(a) The Board shall have the power to deny an application, refuse to renew or restore, suspend, revoke, place on probation or condition the license of any physician whose mental or physical

ability to practice medicine with reasonable skill and safety is impaired.

(b) By submission of an application for licensure, or renewal, an applicant shall be deemed to have given his or her consent to submit to mental or physical examination and/or chemical dependency evaluation. This includes taking tissue or fluid samples, at the physician's own expense, as the Board may direct, and waiving all objections as to the admissibility or disclosure of such information and related findings, reports, or recommendations in an administrative or judicial proceeding. If a licensee or applicant fails to submit to an examination or evaluation when properly directed to do so by the Board, unless failure was due to circumstances deemed beyond the licensee's control, the Board shall be permitted to enter a final order upon proper notice, hearing, and proof of refusal.

(c) If the Board finds, after examination and hearing, that the applicant or licensee is impaired, the Board shall:
(1) Direct the applicant or licensee to submit to care, counseling, or treatment, acceptable to the Board, at his or her own expense; and
(2) Deny the application, suspend, place on probation or condition the license for the duration of the impairment; or
(3) Revoke the license.

(d) Any licensee or applicant who is prohibited from practicing as a physician under this section shall, at reasonable intervals, be afforded an opportunity to demonstrate to the satisfaction of the Board that he or she can resume or begin to practice medicine and surgery with reasonable skill and safety. A license shall not be reinstated, however, without the payment of all applicable fees and the fulfillment of all requirements, as if the applicant had not been prohibited.

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

§ 185-10-4220 [Reserved]

[Reserved]

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Health Care Professions Licensing Board reserved this section in its proposed regulations, 34 Com. Reg. 32495 (July 29, 2012).

§ 185-10-4221 Code of Medical Ethics

The Board recognizes the AMA's Code of Medical Ethics as its professional standards model. The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self.

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

§ 185-10-4222 Disciplinary Action

The Board shall have the power to impose administrative penalties and/or reprimands; revoke or suspend; refuse to issue, restore or renew, the license of any person who is found guilty of one or more of the violations enumerated in § 2224 of P.L. 15-105 and §§ 185-10-901 to -1300 of these regulations or for a violation of the AMA's Code of Medical Ethics.

Modified, 1 CMC § 3806(a).

History: Amdts Adopted 34 Com. Reg. 32808 (Sep. 9, 2012); Amdts Proposed 34 Com. Reg. 32495 (July 29, 2012).

Commission Comment: The Health Care Professionals Licensing Board proposed this section as "§ 140-50.3-0042189." The Commission renumbered this section to conform to the numbering scheme of the code (now moved from 140-50.3 to 185-10).

Part 4300 - Physician – Medical Doctor

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 4400 - Physician – Medical Officer

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 4500 - Podiatrist

§ 185-10-4501 Definitions

(a) "ABPS" means the American Board of Podiatric Surgery which is recognized by the Joint Committee on the Recognition of Specialty Boards of the Council on Podiatric Medical Education under the authority of the American Podiatric Medical Association as the specialty board to conduct a certification process in podiatric surgery.

(b) "APMA" means the American Podiatric Medical Association headquartered in Bethesda, MD, and is the leading resource for foot and ankle health information. Currently, the organization represents a vast majority of the estimated 15,000 podiatrists in the country.

(c) "APMLE" means the American Examinations (APLME Parts I, II, National Board of Podiatric Medical Podiatric Medical Licensing and III) provided by the Examiners.

(d) "CPME" means The Council on Podiatric Medical Education of the American Podiatric Medical Association and is an autonomous accrediting agency for podiatric medical education. The council has final authority for the accreditation of colleges of podiatric medicine, the approval of fellowships and residency programs, and sponsors of continuing education, as well as the

recognition of specialty certifying boards for podiatric medical practice.

(e) "FPMB" means the Federation of Podiatric Medical Boards. The FPMB provides states with score results on the national licensing PM Lexis/Part III exam and is a clearinghouse for providing disciplinary action data to state boards and designated entities.

(f) "Human foot" means the ankle and soft tissue which insert into the foot as well as the foot.

(g) "NBPME" means the National Board of Podiatric Medical Examiners, a nonprofit corporation established in 1956. The mission of the corporation is to develop and administer examinations of such high quality that the various legal agencies governing the practice of podiatric medicine may choose to license those who have successfully completed such examinations for practice in their jurisdictions without further examination.

(h) "Podiatric medicine" or "podiatry" is the practice of medicine and surgery on the lower extremity including the diagnosis and treatment of conditions affecting the human foot, ankle, and leg by all appropriate systems and means and adjunctive procedures thereto including the prescribing and administering of drugs and medicines.

(i) "Podiatrist" is a doctor of podiatric medicine (DPM), also known as a podiatric physician or surgeon. Podiatrists diagnose and treat conditions of the foot, ankle, and tendons directly related to and governing the function of the foot and ankle. Podiatrists can specialize in many fields, including surgery, sports medicine, wound care, pediatrics, and diabetic care. A podiatric physician may assist a licensed physician and surgeon holding a medical doctor or osteopathic medical doctor degree in non-podiatric procedures. Podiatric physicians and surgeons may issue prescriptions valid at any pharmacy for any drug, including narcotics, necessary in the practice of podiatry. Podiatrists shall not:
(1) Amputate the foot;
(2) Administer spinal anesthetic or any anesthetic that renders the patient unconscious; or
(3) Treat systemic conditions.

History: Adopted 35 Com. Reg. 34364 (Oct. 28, 2013); Proposed 35 Com. Reg. 34147 (Aug. 28, 2013).

Commission Comment: The Commission inserted commas after the words "ankle" in subsection (h) and "pediatrics" in subsection (i) pursuant to 1 CMC § 3806(g).

§ 185-10-4505 Exemptions from License Requirements

These regulations shall apply to all licensed podiatrists in the CNMI except:

(a) A regularly matriculated student undertaking a course of professional instruction in a school of podiatric medicine from participating in medical training whenever and wherever prescribed as part of his or her course of study. Such training beyond the scope of podiatric medicine shall be under the supervision of a physician and surgeon holding the degree of medical doctor or doctor of osteopathic medicine; or

(b) The practice of podiatry in the CNMI by any commissioned podiatric officer serving in the

Armed Forces of the United States or Public Health Service, or any medical or podiatric officer on duty with the United States Department of Veterans Affairs, while any such podiatric officer is engaged in the performance of the actual duties prescribed by the laws and regulations of the United States.

History: Adopted 35 Com. Reg. 34364 (Oct. 28, 2013); Proposed 35 Com. Reg. 34147 (Aug. 28, 2013).

§ 185-10-4510 [Reserved]

[Reserved]

History: Adopted 35 Com. Reg. 34364 (Oct. 28, 2013); Proposed 35 Com. Reg. 34147 (Aug. 28, 2013).

§ 185-10-4515 Requirements for Licensure

(a) An applicant to practice as a podiatrist must be at least twenty-one years of age, is a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and meets the following requirements:
(1) Applicant is a graduate of a school or college of podiatric medicine accredited by the Council on Podiatric Medical Education of the American Podiatric Medical Association or a school or college approved by the Board;
(2) Applicant have successfully passed the Part I, II, and III of the National Board of Podiatric Medical Examiners (now known as the APMLE) examinations or a written examination that is recognized by the board to be the equivalent in content to the exams administered by the NBPME. The Part III examination may be waived if the applicant is:
(i) certified by the American Board of Podiatric Orthopedics and Primary Podiatric Medicine or the American Board of Podiatric Surgery; or
(ii) licensed as a podiatrist in another U.S. state or territory; and
(3) The applicant has satisfactorily completed one year of post-graduate training approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association. Clinical performance shall be deemed satisfactory to fulfill the purposes of this requirement. This post-graduate training shall be considered to include, but not be limited to, rotating podiatric residency, podiatric orthopedic residency, and podiatric surgical residency.

(b) Any person who uses in any sign or in any advertisement or otherwise, the word or words "doctor of podiatric medicine," "DPM," "podiatric physician and surgeon," "podiatrist," "foot specialist," or any other term or terms or any letters indicating or implying that he or she is a doctor of podiatric medicine, or that he or she practices podiatric medicine, or holds himself or herself out as practicing podiatric medicine, without having at the time of so doing a valid, unrevoked, and unsuspended license to practice podiatric medicine is guilty of a misdemeanor.

History: Adopted 35 Com. Reg. 34364 (Oct. 28, 2013); Proposed 35 Com. Reg. 34147 (Aug. 28, 2013).

Commission Comment: The Commission struck the figure "21" from subsection (a) pursuant to 1 CMC § 3806(e).

§ 185-10-4520 Licensure by Endorsement

(a) The Board may grant a license to a person to practice podiatry without examination if:
(1) The person holds a valid, active license to practice as a podiatrist in another jurisdiction;
(2) The person substantially complies with the requirements for licensure in section 185-10-4515; and
(3) The requirements in the jurisdiction of licensure are at least as stringent as those under these regulations.

(b) The Board may deny a license by endorsement to a person to practice podiatry, if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied.

History: Adopted 35 Com. Reg. 34364 (Oct. 28, 2013); Proposed 35 Com. Reg. 34147 (Aug. 28, 2013).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission inserted a comma after the word "conditioned" in subsection (b) pursuant to 1 CMC § 3806(g).

§ 185-10-4525 Applications

An application for a license to practice as a podiatrist shall be made on a form to be provided by the Board accompanied with the following information and documentations as are necessary to establish that the applicant possesses the qualifications as required in these regulations:

(a) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and Social Security number;

(b) Applicant's 2x2 photograph taken within six months;

(c) Applicant must pay the appropriate fees, including the application fee which shall not be refunded;

(d) Applicant to provide originals of all documents and credentials, or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to:
(1) Diploma or certificate showing successful completion of an approved school or program in podiatry;
(2) Documents showing satisfactory proof that applicant has taken and passed the required examinations; or
(3) Documents showing proof that applicant is licensed to practice as a podiatrist in another jurisdiction and complies with the requirements for licensure in section 185-10-4515; and

(e) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has applied for a license to practice podiatry;

(f) Applicant to provide a detailed educational history, including places, institutions, dates and program descriptions of all his or her education beginning with secondary schooling and including all college and/or training programs;

(g) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant has

been denied licensure or voluntarily surrendered a license to practice as a podiatrist;

(h) Applicant to provide a list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, or settlements or convictions against the applicant that would constitute grounds for disciplinary action under the Act or these regulations; and

(i) An NPDB or FPMB's data bank report within sixty days from the signature date of the application. Additionally, when applicable, an applicant must provide a certificate or Letter of Good Standing from the appropriate government health agency having jurisdiction over a foreign-licensed podiatrist, or from any other entity, satisfactory to the Board, having information pertinent to the applicant's professional standing.

History: Adopted 35 Com. Reg. 34364 (Oct. 28, 2013); Proposed 35 Com. Reg. 34147 (Aug. 28, 2013).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission struck the figures "6" from subsection (b),and "60" from subsection (i) pursuant to 1 CMC § 3806(e). The Commission inserted a comma after the word "birth" in subsection (a) pursuant to 1 CMC § 3806(g). The Commission corrected the capitalization of the words "Social Security" in subsection (a) pursuant to 1 CMC § 3806(f).

§ 185-10-4530 Renewal

(a) All licensed, except temporary or limited licenses issued by the Board, expire every two years following issuance or renewal and become invalid after that date.

(b) Each licensee shall be responsible for submitting a completed renewal application at least sixty days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration, the fee, and any additional requirement for the renewal thereof.

(c) All licensees must submit satisfactory evidence of completion of CE requirements, as required under § 185-10-4535.

(d) A late fee of $25.00 will be charged every 1st of the month after the expiration date.

(e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.

(f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice as a podiatrist in the CNMI. This will not, however, prevent the Board from considering a new application.

Modified, 1 CMC § 3806(d), (e), (f).

History: Amdts Adopted 37 Com. Reg. 36014 (Feb. 28, 2015); Amdts Proposed 36 Com. Reg. 35963 (Dec. 28, 2014); Adopted 35 Com. Reg. 34364 (Oct. 28, 2013); Proposed 35 Com. Reg. 34147 (Aug. 28, 2013).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission struck the figure "60" from subsection (b) pursuant to 1 CMC § 3806(e). The Commission corrected the capitalization of the word "podiatrist" in subsection (f) pursuant to 1 CMC § 3806(f).

§ 185-10-4535 Continuing Education (CE)

(a) All podiatrists licensed to practice in the CNMI are required to complete at least fifty CE hours relevant to the practice of podiatry as a prerequisite to the renewal of their biennial license.

(b) One CE unit or credit equals to one contact hour.

(c) Approved continuing education activities for podiatry includes but is not limited to the following:
(1) Programs approved by the American Podiatric Medical Association and their affiliated organizations, programs approved for Category 1 credit of the American Medical Association, or their affiliated organizations, and programs approved by the American Osteopathic Association or their affiliated organizations; or
(2) Programs offered by approved colleges or schools of podiatric medicine, medicine and osteopathic medicine or other programs approved by the Board. Completion of a podiatric residency program or clinical fellowship in a hospital shall be credited for 50 hours of approved continuing education.

(d) If a licensee fails to meet the CE requirements for renewal of license because of illness, military service, medical or religious activity, residence in a foreign country, or other extenuating circumstances, the Board upon appropriate written request from the applicant may grant an extension of time to complete same, on an individual basis.

(e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing education, and the number of course/credit hours.

(f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CE requirements, or who falsely certifies attendance at and/or completion of the CE as required herein.

History: Adopted 35 Com. Reg. 34364 (Oct. 28, 2013); Proposed 35 Com. Reg. 34147 (Aug. 28, 2013).

Commission Comment: The Commission struck the figure "50" from subsection (a) pursuant to 1 CMC § 3806(e).

§ 185-10-4540 Code of Ethics

The Board recognizes the APMA's Code of Ethics and all podiatrists have the responsibility of aspiring to the highest possible standards of conduct and ethical behavior, assuring that the best

care is provided for the individuals and groups whom they serve.

History: Adopted 35 Com. Reg. 34364 (Oct. 28, 2013); Proposed 35 Com. Reg. 34147 (Aug. 28, 2013).

§ 185-10-4545 Disciplinary Action

The Board shall have the power to impose administrative penal ties and/or reprimands; revoke or suspend; or refuse to issue, restore, or renew the license of any person who is found guilty of one or more of the violations pursuant to P.L. 15-105 § 2224 and §§ 185-10-3800* of the regulations.

* So in original, before renumbering to 185-10. See Commission Comment.

History: Adopted 35 Com. Reg. 34364 (Oct. 28, 2013); Proposed 35 Com. Reg. 34147 (Aug. 28, 2013).

Commission Comment: At the time this regulation was enacted, section 140-50.3-3800 was reserved for pharmacy tech regulations.

Part 4600 - Licensed Professional Counselors, Licensed Mental Health Counselors, and Licensed Mental Health Counselor Associates

§ 185-10-4601 Definitions

(a) "AMHCA" is the American Mental Health Counselors Association.

(b) "AASCB" is the American Association of State Counseling Boards, the organization of state boards that regulate the practice of counseling. Founded in 1985, AASCB is an association of bodies which are legally responsible for the registration, certification, or licensing of counselors within their jurisdictions in the United States of America.

(c) "CACREP" is the Council for Accreditation of Counseling and Related Educational Programs. CACREP is an independent agency recognized by the Council for Higher Education Accreditation to accredit master's degree programs in: addiction counseling, career counseling, clinical mental health counseling, marriage, couple and family counseling, school counseling and student affairs, and college counseling. CACREP also accredits doctoral programs in Counselor Education and Supervision.

(d) "CCPA" is the Canadian Counseling and Psychotherapy Association, a·national bilingual association providing professional counselors and psychotherapists with access to exclusive educational programs, certification, professional development, and direct contact with professional peers and specialty groups.

(e) "CEU" is the continuing education unit. CE and CEU is not the same. One hour of credit will be allowed for each clock or contact hour of CE participation. One CEU equals to 10 clock, credit, or contact CE hours.

(f) "CRCE" is the Certified Rehabilitation Counselor Exam developed and offered by CRCC.

(g) "CRCC" is the Commission on Rehabilitation Counselor Certification which is an independent, not-for-profit organization that sets the standard for quality rehabilitation counseling services through its internationally recognized certification program. Individuals passing the voluntary certification examination become qualified as Certified Rehabilitation Counselors, or CRCs. The CRC Certification Program is accredited by the National Commission for Certifying Agencies (NCCA).

(h) "Licensed Mental Health Counselor (LMHC)" means a person who is licensed to practice as a mental health counselor as defined in these regulations and whose license is in good standing.

(i) "Licensed Mental Health Counselor Associate" means a person who is licensed to practice mental health counseling as an associate, as defined in these regulations, and is gaining the supervised experience necessary to become a licensed mental health counselor. A licensed associate counselor of mental health may not provide independent mental health counseling for a fee, monetary or other wise, and must work under the supervision of a licensed mental health counselor.

(j) "Licensed Professional Counselor (LPC)" means a person who is licensed to practice as a professional counselor as defined in these regulations and whose license is in good standing.

(k) "Mental health counseling" means the rendering of professional services to individuals, families, or groups for compensation, monetary or otherwise. These professional services include: applying the principles, methods, and theories of counseling, human development, learning theory, group and family dynamics, the etiology of mental illness and dysfunctional behavior and psychotherapeutic techniques to define goals and develop a treatment plan of action aimed toward the prevention, treatment, and resolution of mental and emotional dysfunction and intra or interpersonal disorders to all persons irrespective of diagnosis. The practice of mental health counseling includes, but is not limited to, assessment, diagnosis and treatment, counseling and psychotherapy, of a nonmedical nature of mental and emotional disorders, psycho-educational techniques aimed at prevention of such disorders, and consultation to individuals, couples, families, groups, organizations, and communities.

(l) "NBCC" is the National Board for Certified Counselors and Affiliates, an independent not-for-profit credentialing body for counselors, was incorporated in 1982 to establish and monitor a national certification system, to identify those counselors who have voluntarily sought and obtained certification, and to maintain a register of those counselors.

(m) "NCC" is the National Certified Counselor with NBCC. The NCC is one of two NBCC certifications that are accredited by the National Commission for Certifying Agencies (NCCA). The NCC is the prerequisite for all specialty certifications with NBCC.

(n) "NCE" is the National Counselor Examination for licensure and certification with NBCC. NBCC's certification program recognizes counselors who have met predetermined standards in their training, experience, and performance on the National Counselor Examination for Licensure and Certification, the most portable credentialing examination in counseling. The NCE is used for two purposes: national counselor certification and state counselor licensure.

(o) "NCMHCE" is the National Clinical Mental Health Counseling Examination administered by NBCC.

History: Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Proposed 35 Com. Reg. 34159 (Aug. 28, 2013).

Commission Comment: The Notice of Adoption added subsection (e) and re-designated the remaining subsections. The Commission inserted commas after the words "affairs" in subsection (c), "development" in subsection (d), "credit" in subsection (e), "wise" in subsection (i), "families," "treatment," and "organizations" in subsection (k), and "experience" in subsection (n) pursuant to 1 CMC § 3806(g). The Commission removed an extraneous period and comma from subsection (l) pursuant to 1 CMC § 3806(g).

§ 185-10-4605 Exemptions from License Requirements

These regulations shall apply to all licensed mental health and professional counselors or associates in the CNMI except:

(a) Students whose activities are conducted within a course of professional education in professional or mental health counseling;

(b) Any person who is a duly recognized member of the clergy; provided that the person functions only within the person's capacity as a member of the clergy; and provided further that the person does not represent himself/herself to be a licensed mental health or professional counselor or mental health counselor associate;

(c) Any person who is obtaining supervised clinical experience for licensure as a mental health or professional counselor or associate, psychologist or social worker; provided that the person does not represent himself/herself to be a licensed mental health or professional counselor or associate;

(d) Any qualified members of other professions, including but not limited to nurses, psychologists, social workers, physicians, physician assistants, or attorneys at law, from providing the services of mental health or professional counseling nature consistent with the accepted standards of their respective professions; and provided further that the person does not represent himself/herself to be a licensed mental health or professional counselor or associate; and

(e) The provision of mental health services through the department of human services* or juvenile court; provided that the person does not represent him/herself to be a licensed mental health or professional counselor or associate.

* So in original. See the Commission Comment.

History: Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Proposed 35 Com. Reg. 34159 (Aug. 28, 2013).

Commission Comment: The Commission inserted a comma after the word "assistants" in subsection (d) pursuant to 1 CMC § 3806(g). The "department of human services," referenced in subsection (e), did not exist in the Commonwealth government at the time this regulation was enacted.

§ 185-10-4610 [Reserved]

[Reserved]

History: Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Proposed 35 Com. Reg. 34159 (Aug. 28, 2013).

§ 185-10-4615 Requirements for Licensure

An applicant to practice as a professional or mental health counselor or associate must be at least twenty-one years of age is a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and meets the following requirements:

(a) Licensed Professional Counselor (LPC):
(1) An applicant who holds a current, unencumbered certification from NBCC as a national certified counselor, a national clinical mental health counselor, or a national certified rehabilitation counselor who has taken and passed the National Counseling Examination, the National Clinical Mental Health Counselor Examination, or the Rehabilitation Certification Examination; or
(2) Applicant has a master's or doctoral degree in counseling from a counseling program accredited by the CACREP or from a college or university accredited by an agency recognized by the U.S. Department of Education in counseling, that includes or is supplemented by 48 semester hours of graduate-level credit with 2 semester hours or greater in 8 content areas listed below and at least 6 semester hours of field experience:
(i) Human Growth and Development Theories in Counseling
(ii) Social and Cultural Foundations in Counseling
(iii) Helping Relationships in Counseling
(iv) Group Counseling Theories and Processes
(v) Career Counseling and Lifestyle Development
(vi) Assessment in Counseling
(vii) Research and Program Evaluation
(viii) Professional Orientation to Counseling
(ix) Counseling Field Experience
(3) Applicant must complete the supervised counseling work experience required under (f) of this section;
(4) Applicant who has completed the CACREP accredited tracks is considered to have met the supervised, professional work experience required under (f) of this section; and
(5) Applicant successfully passed the NBCC's National Counselor Examination (NCE), the National Clinical Mental Health Counselor Examination (NCMHCE), or the Counselor Rehabilitation Certification Examination (CRC). The Board shall accept examinations administered by other state counselor licensing boards and professional counselor credentialing associations if the Board determines that such examinations are equivalent to the NCE, NCMHCE, or CRC relative to content and minimum satisfactory performance levels for counselors.

(b) Licensed Mental Health Counselor (LMHC):
(1) An applicant who holds a current, unencumbered certification from NBCC as a national certified counselor, a national clinical mental health counselor, or a national certified rehabilitation counselor who has taken and passed the National Counseling Examination, the National Clinical Mental Health Counselor Examination, or the Rehabilitation Certification Examination; or
(2) Applicant has a master's or doctoral degree in counseling with emphasis in mental health

counseling from a mental health counseling program accredited by the CACREP or from a college or university accredited by an agency recognized by the U.S. Department of Education in counseling with emphasis in mental health counseling;

(3) Applicant completed at least two academic terms of supervised mental health practicum intern experience for graduate credit of at least three semester hours or five quarter hours per academic term in a mental health counseling setting with 300 hours of supervised client contact; the practicum experience shall be completed under the clinical supervision of a person who is a licensed mental health counselor, psychologist, clinical social worker, marriage and family therapist, or physician with a specialty in psychiatry;

(4) Applicant must complete the supervised clinical and counseling work experience required under (f) of this section;

(5) An applicant who has obtained Certified Clinical Mental Health Counselor status with the NBCC is considered to have met the clinical and counseling work experience required under (f) of this section; and

(6) Applicant successfully passes the NBCC's National Counselor Examination or the National Clinical Mental Health Counselor Examination, or the CRCC's Certified Rehabilitation Counselor Examination.

(c) Licensed Mental Health Counselor Associate (LMHCA).

(1) An applicant who holds a current, unencumbered certification from NBCC as a national certified counselor, a national clinical mental health counselor, or a national certified rehabilitation counselor who has taken and passed the National Counseling Examination, the National Clinical Mental Health Counselor Examination, or the Rehabilitation Certification Examination; or

(2) Applicant completed sixty semester hours of graduate course work in counseling that must include either a master's degree that required not less than forty-eight semester hours or a doctor's degree in counseling. The graduate course work must include the following content areas:

(i) Human growth and development

(ii) Social and cultural foundations of counseling

(iii) Helping relationship, including counseling theory and practice

(iv) Group dynamics, processes, counseling, and consultation

(v) Lifestyle and career development

(vi) Assessment and appraisal of individuals

(vii) Research and program evaluation

(viii) Professional orientation and ethics

(ix) Foundations of mental health counseling

(x) Contextual dimensions of mental health counseling

(xi) Knowledge and skills for the practice of mental health counseling and psychotherapy

(3) Applicant must complete not less than one supervised clinical practicum, internship, or field experience in a counseling setting, which must include a minimum of one thousand clock hours consisting of one practicum of one hundred hours, one internship of six hundred hours, and one advanced internship of three hundred hours with at least one hundred hours of face to face supervision; and

(4) Applicant successfully passes the NBCC's National Counselor Examination or the National Clinical Mental Health Counselor Examination, or the CRCC's Certified Rehabilitation Counselor Examination.

(5) Associates may not provide independent mental health counseling, for a fee, monetary or

otherwise. Associates must work under the supervision of an approved supervisor.

(d) Applicants for professional counselor or mental health counselor must complete the following supervised, clinical or counseling work experience which shall:
(1) Be a minimum of 2 years or the equivalent of fulltime, postgraduate supervised clinical or counseling work experience in professional/mental health counseling;
(2) Be completed following the practicum, internship, and all graduate coursework, with the exception of the thesis;
(3) For Professional or Mental Health Counselor, shall complete not less than 3000 hours of post-graduate experience in the practice of professional or mental health counseling with 100 hours of face-to-face clinical supervision that shall be completed in no less than 2 years and in no more than 4 years, under the clinical supervision of a person who is a licensed professional or mental health counselor, psychologist, clinical social worker, marriage and family therapist, or physician with a specialty in psychiatry;
(4) Include at least 50 percent of the total hours of clinical supervision as individual supervision;
(5) Have 50 percent of the total hours of the clinical supervision conducted in person; and
(6) Have only supervised clinical contact credited for this requirement.
(7) To meet the requirements of the supervised clinical and/or counseling experience, the supervisee must:
(i) meet with the supervisor for a minimum of 4 hours per month;
(ii) offer documentation of supervised hours signed by the supervisor;
(iii) compute part-time employment on a prorated basis for the supervised work experience; and
(iv) have the background, training, and experience that is appropriate to the functions performed.
(8) The supervisor shall:
(i) Be a supervisor approved by the AASCB on Supervision; or
(ii) Be a licensed professional/mental health counselor in any U.S. state or territory, with a minimum of 3 to 5 years of professional work experience following licensure; or
(iii) Be a CNMI licensed professional/mental health counselor with a minimum of 3 to 5 years of professional work experience following licensure.

(g) No person who does not hold a current license shall practice or offer to professional or mental health counseling or use in connection with the person's name, or otherwise assume, use, or advertise, any title, initials, or description tending to convey the impression that the person is a professional counselor, mental health counselor, or mental health counselor associate. No partnership, association, or corporation shall advertise or otherwise offer to provide or convey the impression that it is providing professional or mental health counseling unless an individual holding a current license is or will at the appropriate time be rendering professional or mental health counseling to which reference is made.

History: Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Proposed 35 Com. Reg. 34159 (Aug. 28, 2013).

Commission Comment: The Commission struck the figures "21" from the introductory paragraph, "60" and "48" from subsection (c)(2), and "1", "1,000", "100", "600", and "300" from subsection (c)(3) pursuant to 1 CMC § 3806(e).

§ 185-10-4620 Licensure by Endorsement

(a) The Board may grant a license to a person to practice professional or mental health counseling without examination if:
(1) The person holds a valid, active license to practice as a professional or mental health counselor or mental health counselor associate in another jurisdiction; and
(2) The person substantially complies with the requirements for licensure in section 185-10-4615; and
(3) The requirements in the jurisdiction of licensure are at least as stringent as those under these regulations.

(b) The Board may deny a license by endorsement to a person to practice as a professional or mental health counselor or mental health counselor associate, if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied.

History: Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Proposed 35 Com. Reg. 34159 (Aug. 28, 2013).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission inserted a comma after the word "conditioned" in subsection (b) pursuant to 1 CMC § 3806(g).

§ 185-10-4625 Applications

(a) An application for a license to practice as a professional or mental health counselor or mental counselor associate shall be made on a form to be provided by the Board accompanied with the following information and documentations as are necessary to establish that the applicant possesses the qualifications as required in these regulations.

(b) Applicant must also provide:
(1) The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and Social Security number; and
(2) Applicant's 2x2 photograph taken within six months from date of application; and
(3) The appropriate fees, including the application fee which shall not be refunded; and
(4) Originals of all documents and credentials, or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to:
(i) Diploma or certificate showing successful completion of the appropriate degree in professional counseling or mental health counseling from the required educational school or program;
(ii) Documents showing proof that applicant has satisfactorily completed all the appropriate required training under § 185-10-4615;
(iii) Documents showing proof that applicant has taken and passed the appropriate required examination; or
(iv) Documents showing proof that applicant is licensed to practice as a professional or mental health counselor or mental health counselor associate in another jurisdiction and meets the licensing requirements in § 185-10-4615, when applicable; and
(5) A detailed educational history, including places, institutions, dates, and program descriptions of all his or her education beginning with secondary schooling and including all

college, pre-professional, professional, and professional postgraduate training;
(6) A list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has ever applied for a license to practice as a professional or mental health counselor or mental health counselor associate;
(7) A list of all jurisdictions, U.S. or foreign, in which the applicant has been denied licensure or voluntarily surrendered a license to practice as a professional or mental health counselor or mental health counselor associate;
(8) A list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements, or convictions against the applicant that would constitute grounds for disciplinary action under the Act or these regulations.

(c) All documents submitted in a foreign language shall be accompanied by a certified and accurate translation in English.

History: Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Proposed 35 Com. Reg. 34159 (Aug. 28, 2013).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission corrected a colon at the end of subsection (a) to a period pursuant to 1 CMC § 3806(g). The Commission inserted commas after the words "birth" in subsection (b)(1), "dates" in subsection (b)(5), and "settlements" in subsection (b)(8) pursuant to 1 CMC § 3806(g). The Commission corrected the capitalization of the words "Social Security" in subsection (b)(1) pursuant to 1 CMC § 3806(f). The Commission struck the figure "6" from subsection (b)(2) pursuant to 1 CMC § 3806(e).

§ 185-10-4630 Continuing Education (CE)

(a) Each professional or mental health counselor licensed to practice in the CNMI is required to complete forty CE hours or four CEU and each licensed mental health counselor associate is required to complete twenty CE hours or two CEU, during the 24 months prior to the expiration of his or her license as a prerequisite to the renewal of his or her biennial license.

(b) One hour of credit will be allowed for each clock or contact hour of CE participation. One CEU equals to 10 clock, credit, or contact CE hours. One academic semester hour equals to 15 CE credit or contact hours. One academic quarter hour equals to 10 CE credit or contact hours.

(c) Approved continuing education activities include, but are not limited to the American Mental Health Counselors Association, the American Association of State Counseling Boards, the Canadian Counseling and Psychotherapy Association, and the National Board for Certified Counselors.
(1) A Licensed Professional Counselor shall take CE/CEU including, but not limited from the following content areas:
(i) Counseling Theory/Practice and the Helping Relationship;
(ii) Human Growth and Development;
(iii) Social and Cultural Foundations;
(iv) Group Dynamics, Processing and Counseling;
(v) Career Development and Counseling;
(vi) Research and Program Evaluation;
(vii) Counselor Professional Identity and Practice Issues;

(viii) Ethics; and
(ix) Multiple Sessions/Conferences.
(2) A Licensed Mental Health Counselor shall take at least 50 percent of the CE/CEU required, including but not limited, from the following content areas:
(i) Counseling and Psychotherapy Theory and Practice;
(ii) Abnormal Psychology and Psychotherapy;
(iii) Testing and Appraisal; and*
(iv) Group Counseling and Psychotherapy; and
(v) Ethics.

* So in original.

(d) If a licensee fails to meet the CE requirements for renewal of license because of illness, military service, or other extenuating circumstances, the Board, upon appropriate written explanation, may grant an extension of time to complete same, on an individual basis.

(e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing education, and the number of credits earned.

(f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CE requirements or who falsely certifies attendance at or completion of the CE as required herein.

History: Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Proposed 35 Com. Reg. 34159 (Aug. 28, 2013).

Commission Comment: This section was amended in the 2013 Notice of Adoption.

The Commission struck the figures "40" and "20" from subsection (a) pursuant to 1 CMC § 3806(e). The Commission inserted a comma after the word "credit" in subsection (b) pursuant to 1 CMC § 3806(g). The Commission inserted correct punctuation at the ends of subsections (c)(1)(i) through (c)(1)(ix) and (c)(2)(i) through (c)(2)(v) pursuant to 1 CMC § 3806(g).

§ 185-10-4635 Renewal

(a) All licenses, except temporary or limited licenses issued by the Board, expire every two years following issuance or renewal and become invalid after that date.

(b) Each licensee shall be responsible for submitting a completed renewal application at least sixty days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder giving the date of expiration, the fee, and any additional requirement for the renewal thereof.

(c) All licensees must submit satisfactory evidence of completion of CE/CEU requirements, as required under section 185-10-4630.

(d) A late fee of $25.00 will be charged every 1st of the month after the expiration date.

(e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.

(f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice as a professional or mental health counselor or mental health counselor associate in the CNMI. This will not, however, prevent the Board from considering a new application.

History: Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Proposed 35 Com. Reg. 34159 (Aug. 28, 2013).

Commission Comment: The 2013 Notice of Adoption amended subsection (c). The Commission substituted section numbers pursuant to 1 CMC § 3806(d). The Commission struck the figure "60" from subsection (b) pursuant to 1 CMC § 3806(e).

§ 185-10-4640 [Reserved]

[Reserved]

History: Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Proposed 35 Com. Reg. 34159 (Aug. 28, 2013).

§ 185-10-4645 Code of Ethics

The Board recognizes the NBCC's Code of Ethics and licensed counselors are responsible for ensuring that their behavior adheres to the standards identified in the Code of Ethics.

History: Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Proposed 35 Com. Reg. 34159 (Aug. 28, 2013).

§ 185-10-4650 Disciplinary Action

The Board shall have the power to impose administrative penalties and/or reprimands; revoke or suspend; refuse to issue, restore or renew, the license of any person who is found guilty of one or more of the violations enumerated in § 2224 of P. L. 15-105 and sections 185-10-901 through 185-10-1301.

History: Adopted 35 Com. Reg. 34368 (Oct. 28, 2013); Proposed 35 Com. Reg. 34159 (Aug. 28, 2013).

Commission Comment: The Commission substituted section numbers pursuant to 1 CMC § 3806(d).

Part 4700 - Psychologist [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 4800 - Radiologic Technologist [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 4900 - Respiratory Therapist [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 5000 - Speech and Language Pathologist [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 5100 - A Person Providing One of the Above-Listed Services Under a Different Name [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 5200 - A Student Under the Direct Supervision of a Licensee [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 5300 - [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 5400 - [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 5500 - [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 5600 - [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 6000 - [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 7000 - [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 8000 - [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).

Part 9000 - [Reserved]

[Reserved.]

History: Adopted 30 Com. Reg. 28388 (Mar. 25, 2008); Proposed 30 Com. Reg. 27975 (Jan. 22, 2008); Emergency 30 Com. Reg. 27987 (Jan. 22, 2008).