



Notice of Intent to Adopt Rules

A copy of the proposed rules may be obtained at <https://rules.wyo.gov>

Revised June 2020

<u>1. General Information</u>			
a. Agency/Board Name*			
b. Agency/Board Address		c. City	d. Zip Code
e. Name of Agency Liaison		f. Agency Liaison Telephone Number	
g. Agency Liaison Email Address			
h. Date of Public Notice		i. Comment Period End Date	
j. Public Comment URL or Email Address:			
k. Program			
Amended Program Name (if applicable):			
* <input type="checkbox"/> By checking this box, the agency is indicating it is exempt from certain sections of the Administrative Procedure Act including public comment period requirements. Please contact the agency for details regarding these rules.			
<u>2. Legislative Enactment</u> For purposes of this Section 2, "new" only applies to regular non-emergency rules promulgated in response to a Wyoming legislative enactment not previously addressed in whole or in part by prior rulemaking and does not include rules adopted in response to a federal mandate.			
a. Are these non-emergency regular rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?			
<input type="checkbox"/> No. <input type="checkbox"/> Yes. If the rules are new, please provide the Legislative Chapter Numbers and Years Enacted (e.g. 2015 Session Laws Chapter 154):			
<u>3. Rule Type and Information</u> For purposes of this Section 3, "New" means an emergency or regular rule that has never been previously created.			
a. Provide the Chapter Number, Title and Proposed Action for Each Chapter. Please use the "Additional Rule Information" form to identify additional rule chapters.			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed	
Amended Chapter Name (if applicable):			

4. Public Comments and Hearing Information

a. A public hearing on the proposed rules has been scheduled. No. Yes. Please complete the boxes below.

Date:	Time:	City:	Location:
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b. What is the manner in which interested persons may present their views on the rulemaking action?
 By submitting written comments to the Agency at the physical and/or email address listed in Section 1 above.
 At the following URL: _____

A public hearing will be held if requested by 25 persons, a government subdivision, or by an association having not less than 25 members. Requests for a public hearing may be submitted:
 To the Agency at the physical and/or email address listed in Section 1 above.
 At the following URL: _____

c. Any person may urge the Agency not to adopt the rules and request the Agency to state its reasons for overruling the consideration urged against adoption. Requests for an agency response must be made prior to, or within thirty (30) days after adoption, of the rule, addressed to the Agency and Agency Liaison listed in Section 1 above.

5. Federal Law Requirements

a. These rules are created/amended/repealed to comply with federal law or regulatory requirements. No. Yes. Please complete the boxes below.

Applicable Federal Law or Regulation Citation:

Indicate one (1):
 The proposed rules meet, but do not exceed, minimum federal requirements.
 The proposed rules exceed minimum federal requirements.

Any person wishing to object to the accuracy of any information provided by the Agency under this item should submit their objections prior to final adoption to:
 To the Agency at the physical and/or email address listed in Section 1 above.
 At the following URL: _____

6. State Statutory Requirements

a. Indicate one (1):
 The proposed rule change *MEETS* minimum substantive statutory requirements.
 The proposed rule change *EXCEEDS* minimum substantive statutory requirements. Please attach a statement explaining the reason that the rules exceed the requirements.

b. The Agency has completed a takings assessment as required by W.S. 9-5-304. A copy of the assessment used to evaluate the proposed rules may be obtained:
 By contacting the Agency at the physical and/or email address listed in Section 1 above.
 At the following URL: _____

7. Additional APA Provisions

a. Complete all that apply in regards to uniform rules:

These rules are not impacted by the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j).

The following chapters do not differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j):

_____ (Provide chapter numbers)

These chapters differ from the uniform rules identified in the Administrative Procedure Act, W.S. 16-3-103(j) (see Statement of Principal Reasons).

_____ (Provide chapter numbers)

b. Checklist

The Statement of Principal Reasons is attached to this Notice and, in compliance with *Tri-State Generation and Transmission Association, Inc. v. Environmental Quality Council*, 590 P.2d 1324 (Wyo. 1979), includes a brief statement of the substance or terms of the rule and the basis and purpose of the rule.

If applicable: In consultation with the Attorney General's Office, the Agency's Attorney General representative concurs that strike and underscore is not required as the proposed amendments are pervasive (Chapter 3, *Types of Rules Filings*, Section 1, Proposed Rules, of the Rules on Rules).

8. Authorization

a. I certify that the foregoing information is correct.

<i>Printed Name of Authorized Individual</i>	
<i>Title of Authorized Individual</i>	
<i>Date of Authorization</i>	

Wyoming Board of Medicine

Serving the public and practitioners since 1905

130 Hobbs Avenue, Suite A • Cheyenne, WY 82002

Phone: 307-778-7053 • Fax: 307-778-2069 • Toll free within Wyoming: 800-438-5784

Email: wyoimedboard@wyo.gov • Website: <http://wyomedboard.state.wy.us>



Mark Gordon
Governor

WYOMING BOARD OF MEDICINE RULES AND REGULATIONS STATEMENT OF PRINCIPAL REASONS

September 2020

The proposed rules addresses several circumstances that can arise during public health emergencies declared by the Governor, and also create an incentive for physicians and physician assistants using a licensure exemption to practice in Wyoming during an emergency to apply for full licensure in the state. They also simplify license applications and renewals, set a reduced fee for verification of large groups of Wyoming physician licenses for Wyoming hospitals, and clarify that respondents in disciplinary matters may be represented by legal counsel authorized to practice in Wyoming. The proposed rules:

- (a) Provide a process for physicians and physician assistants not licensed in Wyoming to practice in the state under the consultation exemption [Wyo. Stat. Ann. § 33-26-103(a)(iv)] during a declared public health emergency. This includes a “tail period” for the exemption to last 45 days after termination of the public health emergency to ensure continuity of care.
- (b) Provide an expedited process for physicians and physician assistants to temporarily reactivate lapsed or inactive licenses during a declared public health emergency. This includes a “tail period” for the reactivation to last 45 days after termination of the public health emergency to ensure continuity of care.
- (c) Extend the annual physician license renewal deadline from June 30, 2020, to September 30, 2020. The rule keeps the grace period for late renewals in place through December 31, 2020.
- (d) Lift the current limit of three (3) physician assistants on duty and under the supervision of a single physician at any given time. The extension adds a “tail period” for the expanded supervision limit to last 45 days after termination of the public health emergency to ensure continuity of care.
- (e) Eliminate the requirement for applicants for a T-2 training license to submit a Federation Credentials Verification Service (“FCVS”) packet.
- (f) Change the requirements for filing an affidavit to support application for, or renewal of, inactive or emeritus licenses to submitting a verification on a form approved by the Board.
- (g) Establish a reduced fee of \$165 for physicians approved for licensure exemption during a public health emergency to apply for full licensure in Wyoming.

- (h) Establish a fee of \$15.00 per license to verify for a Wyoming hospital the status of a physician or physician assistant holding privileges at the hospital. *See, Ch. 1, § 8 (pg. 19).*
- (i) Establish a reduced fee of \$100 for physician assistants approved for licensure exemption during a public health emergency to apply for full licensure in Wyoming.
- (j) Provide that respondents in disciplinary matters may be represented by an attorney, and clarifying that the attorney must be admitted to practice in Wyoming, or be admitted in another U.S. jurisdiction and associated with a Wyoming-licensed attorney.

Principal Reasons for Adoption:

Events regarding COVID-19 caused the Board of Medicine to review its processes and procedures regarding physician and physician assistant licensing during a declared public health emergency.

The proposed rules make permanent the emergency rules permitting physicians and physicians not licensed in Wyoming to practice in the state “in consultation” with the State Health Officer. It is intended to ensure a physician or physician assistant has current licensure in another jurisdiction, and the Board will query national databases to determine if there are any immediate safety concerns with the practitioner. The consultation continues until the earlier of when the public health emergency ends, or the State Health Officer notifies the Board that the provider’s consultation has ended. In addition, by working “in consultation” with the State Health Officer, physicians and physician assistants using the exemption may prescribe controlled substances based on their home-state DEA authorization, and do not need to obtain additional authorization from DEA or the Wyoming Board of Pharmacy.

The proposed rules also extend emergency rules permitting a physician or physician assistant whose Wyoming license has lapsed or is on inactive status to quickly reactivate the license for the duration of a declared public health emergency.

The proposed rules establish a reduced fee of \$165 for physicians approved for licensure exemption during a public health emergency to apply for full licensure in Wyoming. They also establish a reduced fee of \$100 for physician assistants approved for licensure exemption during a public health emergency to apply for full licensure in Wyoming.

The rules extend the June 30th deadline for physician license renewal for three months to September 30, 2020, to eliminate license renewal as a concern for physicians during the current public health emergency. Making this rule permanent keeps in place the extended late renewal grace period which runs through December 31, 2020.

The proposed rules also make permanent an emergency rule lifting, during a public health emergency, the existing limit of three (3) physician assistants who may be on duty and supervised at any given time by one physician. This is intended to provide maximum

flexibility for physician assistants to respond where needed during a public health emergency. This provision works in conjunction with an existing rule which allows a physician assistant to work under the supervision of a physician not previously approved by the Board as their supervisor during a declared public health emergency.

The proposed rules repeal the requirement that medical residents applying for a T-2 (second year) training license need not submit a Federation Credentials Verification Service (FCVS) packet. Because residents are very early in their careers, no meaningful information is gathered from an FCVS packet at this time, and requiring it constitutes an additional and unnecessary cost to the applicant or the residency program.

The Board of Medicine currently charges \$35.00 to verify a physician or physician assistant license to another state medical board, hospital, or other organization seeking to officially and formally confirm the status of a license issued by the Board. The verification is provided on a traditional certificate with seal, as is required by the party requesting the verification.

Wyoming hospitals have asked for a less formal, but still official, process to verify licenses held by physicians and physician assistants practicing in their facilities. The traditional certificate with seal is not needed or desired, and hospitals verifying all of their physicians and physician assistants can request dozens, if not hundreds, of verifications at one time. Setting the fee for these bulk verifications requested by hospitals at \$15.00 recognizes that the Board is not required to produce the formal, traditional certificate with seal for each license verified, thereby reducing the staff time required to respond to the requests.

In disciplinary matters, licensees may be represented by counsel. The proposed rule clarifies the counsel shall be an attorney admitted to practice in Wyoming, or one admitted in another U.S. jurisdiction who is associated with a Wyoming-licensed attorney.

The Board of Medicine does not expect there will be any opposition or objection to any of the proposed rules.

As required by WYO. STAT. ANN. § 16-3-103(a)(i)(G), these proposed rules meet minimum substantive state statutory requirements.

CHAPTER 1

LICENSE ELIGIBILITY, APPLICATION AND INTERVIEWS

Section 1. Authority. These rules are promulgated pursuant to authority granted by the Act and the APA.

Section 2. Purpose. The rules in this chapter are adopted to establish definitions to be used in the Board's rules, establish procedures to determine eligibility for licensure as a physician, set requirements for physician license applications, establish procedures and requirements for temporary, training and inactive physician licensure and license renewal and establish procedures and criteria for interviews of physician license applicants.

Section 3. Definitions. The definitions contained in the Act and the APA are incorporated herein by this reference. In addition, the following definitions of terms used in all chapters of the rules promulgated under the Act shall apply :

- (a) "A.B.M.S." means the American Board of Medical Specialties.
- (b) "Active practice of medicine" means the practice of medicine and provision of clinical or population-based care for an average of not less than twenty (20) hours per week in any consecutive twelve (12) month period.
- (c) "Advisory council" means the advisory committee to the board of medicine on matters related to physician assistants created pursuant to W.S. 33-26-503(b)(v).
- (d) "Affidavit" means a written, notarized statement of facts made voluntarily under oath.
- (e) "A.M.A." means the American Medical Association.
- (f) "A.P.A." means the Wyoming Administrative Procedure Act, W.S. 16-3-101, *et seq.*
- (g) "Applicant" means any person who has applied to the board for issuance, renewal, or reactivation of a license.
- (h) "Application" means a written submission to the board on a form approved by the board, and any accompanying documents.
- (i) "Attending Physician" means a physician licensed by the Board who has established a physician/patient relationship;
- (j) "B.O.S.B.O.C." means the Bureau of Osteopathic Specialists and Boards of Certification.
- (k) "Clean application" means that the physician applicant has none of the following:
 - (i) Professional liability insurance settlement(s) or payment(s) in excess of

\$50,000 individually or \$100,000 in the aggregate;

- (ii) Criminal record;
- (iii) Medical condition(s) which could affect the physician's ability to practice safely;
- (iv) Licensing or regulatory board complaint(s), investigation(s), or action(s) (including withdrawal of a licensure application);
- (v) Adverse action taken by a health care entity;
- (vi) Investigation(s) or action(s) taken by a federal agency, the United States military, medical society or association; or,
- (vii) Suspension or expulsion from, or disciplinary action in, any academic program, including medical school, residency program or fellowship program.

(l) "CLIA waived tests" means those medical tests that are exempt from federal Clinical Laboratory Improvement Amendments requirements.

(m) "C.M.E." means continuing medical education.

(n) "Complainant" means any identified person, persons, association or entity, including the board or an individual member of the board, or the board staff, who communicates to the board alleging facts, which may constitute a violation of the Act by a licensee.

(o) "Complaint" means a communication received by the board which alleges sufficient to determine the identity of the licensee who allegedly engaged in the conduct, whether the alleged conduct falls within the board's jurisdiction, and whether the alleged conduct may constitute a violation of the Act.

(p) "Complaint file" means a confidential record of an initial complaint and information received or produced in the screening and investigation of a complaint.

(q) "Consults" means participates in an ongoing, documented consultative relationship including at least one Wyoming licensed, attending physician.

(r) "Core application documents" means the following:

- (i) The required application form(s) and appropriate fee(s);
- (ii) Form and supporting document(s) demonstrating proof of legal presence in the U.S. pursuant to 8 U.S.C. § 1601, *et seq.*;
- (iii) an FSMB Board Action Databank report; and,
- (iv) an NPDB report.

(s) “Costs” means those expenses incurred in a hearing to deny, refuse to renew, reactivate, reinstate, revoke, restrict, place conditions upon, or suspend a license pursuant to W.S. 33-26-405(a)(viii) and includes, but is not limited to, reasonable attorneys’ fees incurred by the board, hearing officer fees, service fees, subpoena fees, reporter fees, lay and expert witness and consultant fees, travel and per diem expenses, deposition costs and other costs and expenses incurred in the investigation, discovery, preparation and hearing of any disciplinary matter.

(t) “Delegate” means transfer authority for the performance of a medical task.

(u) “Delegating physician” means a Wyoming-licensed physician who delegates duties to provide health care services to a medical assistant.

(v) “Docket file” means a confidential record of each board proceeding pertaining to a petition filed before the board or a denial of an application, and the reasons and grounds for each and every step in the disciplinary or appeal process, commencing with the first notice of complaint by any complainant or final order in a denial action. The docket file shall reflect every action in the proceeding.

(w) “Executive director” means a non-board member hired by the board pursuant to W.S. 33-26-203(a) and authorized to coordinate and direct board functions.

(x) “FSMB” means the Federation of State Medical Boards of the United States, Inc.

(y) “He,” “his” and all other male pronouns shall be construed as including the corresponding female pronoun.

(z) “Hearing officer” means an attorney experienced in administrative law appointed by the board to perform those functions set forth in W.S. 16-3-112(b) and these rules in a contested case.

(aa) “Hearing panel” means the members of the board who hear and render a decision in a disciplinary case.

(bb) “HIPAA” means the Health Insurance Portability and Accountability Act of 1996.

(cc) “HIPAA privacy rule” means the federal regulations related to the privacy of protected health information at 45 C.F.R. 160 and 164.

(dd) In addition to the definition set forth in the Act, “impaired” means a person who is unable to practice medicine with reasonable skill and safety to patients by reason of professional incompetence.

(ee) “Indeterminate scores” means passing level examination scores that cannot be certified as representing a valid measure of an examinee’s competence in the domains assessed by the test. Indeterminate scores may result from irregular behavior, or they may be due to other factors such as examinee illness during part of an examination. Inconsistency of performance within the examination, between administrations with the same step examination, or other aberrations not reasonably and/or satisfactorily explained may result in passing scores being

classified as indeterminate. If irregular behavior is determined to affect score validity, resultant passing scores are considered indeterminate.

(ff) “Informal interview” means a confidential meeting with a licensee and interviewers in which the specification of charges, defenses and responses are discussed after initial screening of the complaint and prior to a contested case hearing.

(gg) “Interviewers” are members of the board, and a member of the advisory council if the licensee is a physician assistant, appointed by the board president, or in his or her absence, the vice president, to investigate a complaint against a licensee, conduct an informal interview with the licensee, and make recommendations to the board officers for further board action.

(hh) “Interview date” means the day designated by the board for the licensure interview.

(ii) “Irregular behavior” means all actions on the part of applicants and/or examinees that subvert or attempt to subvert the examination process. Specific examples of irregular behavior include seeking and/or obtaining access to examination materials prior to the examination, falsification of information on application or registration forms, impersonation of an examinee or engaging a proxy to take the examination, copying answers from another examinee, etc. Irregular behavior is generally identified and subsequently reported by proctors or other individuals involved in examination registration or administration or is reported by examinees or others who believe inappropriate behavior has occurred.

(jj) “Ledger” means a continual, permanent, record of all complaints received by the board. A ledger entry shall commence with the initial complaint or final order in a denial action and shall contain the date of the action or complaint, the section(s) of the Act or the board’s rules relied upon by the board as a basis for its action, the disposition of the matter, the disciplinary action taken, if any, and the date of final disposition. No information likely to disclose the identity of the complainant, applicant or respondent shall be included in the ledger.

(kk) “Legal custodian” means the executive director.

(ll) “Licensure interview” means an interview before a panel of not fewer than three (3) members of the board with an applicant who meets one or more of the criteria set forth in Chapter 1, Section 5(b)(iv) of these Rules.

(mm) “LMCC” means the Licentiate Medical Council of Canada.

(nn) “Medical assistant” means a person who does not hold a license to provide health care services issued under title 33 of the Wyoming Statutes, and is authorized and supervised by a Wyoming-licensed physician to provide health care services under limited delegation by the physician.

(oo) “Medical specialty consultant” means a person who consults with board staff, board prosecutor and interviewers or petitioners in a disciplinary action and provides specialized expertise on medical issues.

(pp) “National Boards” means the examination administered by the National Board of Medical Examiners.

(qq) “National certification” means certification of a physician assistant through the NCCPA or such other certification examination recognized by the board through examination and continuing medical education hours.

(rr) “N.B.M.E.” means the National Board of Medical Examiners.

(ss) “NBOME” means the National Board of Osteopathic Medical Examiners or the examination of graduates of the colleges of osteopathic medicine also known as the NBOME and/or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX).

(tt) “N.P.D.B” means the National Practitioner Data Bank.

(uu) “Officers” means the president, vice president and secretary of the board.

(vv) “Petition” means a formal disciplinary action filed with the Board by the Board Prosecutor against one or more licensees on behalf of one or more petitioners.

(ww) “Petitioner” means a board or advisory council member who is appointed by the officers to act as a prosecuting party in a formal disciplinary action against one or more licensees.

(xx) “Physical address” the address of a licensee’s practice or office location, or the licensee’s home.

(yy) “Physician/patient relationship” means a relationship between a licensee and any person to whom the licensee provides any services or exhibits any conduct that constitutes practicing medicine.

(zz) In addition to the definition in the act, “practicing medicine” means any person who in any manner operates or delegates the responsibility to operate a medical device classified as a Class II or Class III medical device by the U.S. Food and Drug Administration unless operation or authorization for operation occurs in a site under the direct supervision of a person licensed under this chapter.

(aaa) “Practicing medicine” does not apply to or include:

(i) Licensed health care providers rendering medical assistance without compensation during an emergency, including, but not limited to, physician assistants who may render aid at the scene of an emergency without physician supervision;

(ii) Medical students trained in an L.C.M.E. or A.O.A. accredited or board approved school of medicine, or who are E.C.F.M.G. certified, serving as clinical clerks, residents, fellows or interns under the supervision of a physician licensed in this state;

(iii) Commissioned medical officers of the United States armed services and

medical officers of the United States public health services or the veterans' administration of the United States in the discharge of their official duties or within federally controlled facilities or enclaves, provided that such persons who are licensees of the board shall be subject to the provisions of the act and further provided that all such persons shall be the holder of a full and unrestricted license to practice medicine in one or more jurisdictions in the United States;

(iv) Any individual residing in and licensed to practice medicine in another state or country called into this state for consultation by a physician licensed to practice medicine in this state;

(v) Any individual licensed to practice medicine in another state that comes to this state to remove human organs from brain dead persons;

(vi) The treatment of disease, injury, deformity or ailments by prayer or spiritual means provided that federal and state health and sanitation laws, rules and regulations are not violated;

(vii) The gratuitous domestic administration of family remedies;

(viii) A health care provider licensed under any other chapter of this title engaged in the practice of the profession for which he is licensed;

(bbb) "Reactivation" means the procedures set forth in these Rules to restore an emeritus, inactive or lapsed license to active status;

(ccc) "Respondent" means a licensee named in a petition.

(ddd) "Screening" means a review by the officers of complaints received by the board.

(eee) Repealed.

(fff) "SPEX" means the special purpose examination of current medical knowledge administered by the FSMB.

(ggg) "These rules" means all rules in all chapters properly adopted by the Board and currently in effect.

(hhh) In addition to the definition set forth in the Act, "unprofessional conduct" means:

(i) Improperly terminating a physician-patient relationship.

(ii) Interfering or attempting to interfere with a board investigation, whether of the licensee or another person. This includes, but is not limited to, attempting to intimidate or otherwise influence a complainant or witness to give less than full cooperation and truthful statements to the board in the course of an investigation.

(iii) Practicing as a physician assistant outside the scope of an approved physician assistant supervisory relationship.

(iii) “Application review committee” means one or more board members, including at least one (1) physician member of the Board, and one (1) member of the physician assistant advisory council (for review of physician assistant license applications only), appointed by the President to review license applications.

(jjj) “FBI” means the Federal Bureau of Investigation.

(kkk) “Act” and “the Act” mean the Wyoming Medical Practice Act, W.S. 33-26-101, *et seq.*

Section 4. Eligibility for licensure.

(a) General requirements.

(i) To be eligible for consideration for licensure, an applicant shall submit an application on the form or forms supplied or approved in advance by the board.

(ii) Any application, to be eligible for consideration, shall be accompanied by the required fee in immediately negotiable funds.

(iii) For an application to be considered complete, all documents, reports and related materials must be received in the board’s office and meet all requirements set forth in the Act and the rules adopted by the board.

(iv) References shall be submitted on a form approved, and contain information as specified, by the board.

(A) Three (3) original references from physicians are required including at least two (2) from physicians with whom the applicant has practiced medicine within the past three (3) years. In exceptional circumstances the board may waive one (1) or more of the required reference letters. References from physicians with whom the applicant has a current or prospective financial, business or family relationship are not acceptable.

(B) All references shall be on a form prescribed by the board, dated within six (6) months of the application date and signed by the referring physician.

(C) If a submitted reference is incomplete or otherwise fails to provide sufficient information about the applicant, an applicant may be required to submit one or more references in addition to those required in subparagraph (A).

(v) An application, to be considered, shall be complete in all respects no later than fifteen (15) business days prior to the licensure interview date, should a licensure interview be required by these rules.

(vi) The board shall issue a written notice of ineligibility to any applicant who does not meet the eligibility requirements, or has otherwise failed to submit an application which meets the requirements, of the act or these rules.

(vii) Applications shall remain on active status for six (6) calendar months from the date the application document is received in the board office. The applicant is eligible for a licensure interview with the board, if one is required by these rules, at any time within the six (6) month period following the date the application is complete pursuant to Ch. 1, Section 4(a)(iii) of these rules.

(viii) Pursuant to 8 U.S.C. 1621, any applicant for licensure shall verify his or her lawful presence in the United States on a form approved or prescribed by the board.

(ix) Any applicant for licensure or renewal of licensure shall, pursuant to W.S. 33-1-114, provide his or her Social Security number as part of any application for licensure.

(b) To be eligible for consideration for licensure, an applicant shall demonstrate in his or her application that he or she meets each and all of the requirements of the act including, but not limited to, those requirements set forth in W.S. 33-26-303, and these rules.

(c) All applicants for physician licensure shall apply only through the F.C.V.S. and supply additional information as requested by the Board.

(d) Repealed.

(e) Any physician rendering medical diagnosis and/or treatment to a person physically present in this state must have a license issued by the board when such diagnosis/treatment is rendered, regardless of the physician's location and regardless of the means by which such diagnosis/treatment is rendered. This requirement shall not apply to an out-of-state physician who consults by telephone, electronic or any other means with an attending physician licensed by this board or to an out-of-state physician who is specifically exempt from licensure pursuant to W.S. 33-26-103.

(f) Repealed.

(g) Repealed.

(h) All applicants for physician licensure shall have completed all three parts of the examination in a period of not more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program), and shall have taken the three parts of the examination a total of not more than seven times. Persons who have taken the three parts of the examination more than a total of seven times or who have taken more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program) to pass all three parts of the examination shall not be eligible for licensure unless and until they successfully complete either one (1) year of post graduate training in addition to that required in W.S. 33-26-303(a)(iv), or one (1) or more other comprehensive and suitably-rigorous assessment, training and evaluation programs after passage of all parts of the examination.

(i) Reserved.

(j) All applicants for licensure other than a training license must demonstrate one (1) or more of the following:

(i) Successful completion of not less than two (2) years of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program; or,

(ii) Successful completion of not less than one (1) year of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program and:

(A) Current certification by a medical specialty board that is a member of the A.B.M.S. or the B.O.S.B.O.C.; or

(B) Continuous full and unrestricted medical licensure in good standing in one or more states and/or the District of Columbia for the preceding five (5) years.

Section 5. Licensure.

(a) Pursuant to the Act, the board may issue the following licenses to practice medicine:

(i) A license to practice medicine, subject to annual renewal.

(ii) A temporary license to practice medicine pursuant to W.S. 33-26-304(a).

(iii) A restricted or conditional license to practice medicine.

(iv) An inactive license. Inactive licenses are available for physicians currently licensed in Wyoming who do not intend to practice medicine, write prescriptions or engage in clinical activity. The Board may grant an inactive license to practice medicine if, in addition to meeting all eligibility requirements of W.S. 33-26-303, the applicant submits, on a form approved by the board, a statement affirming that: (1) he shall not see patients or perform procedures in a clinical or office setting for any type of remuneration, (2) he shall not in any way hold himself out as actively engaged in the active practice of medicine, and (3) he shall submit written confirmation to the board on an annual basis confirming that such inactive status is ongoing. An inactive license exempts the licensee from continuing medical education requirements described in Chapter 3, Sec. 7 of these rules. A holder of an inactive license may not prescribe medications. Licensees claiming inactive status who receive remuneration for providing clinical services, or who prescribe any medication, may be subject to discipline pursuant to W.S. 33-26-402(a)(xxvii).

(v) An emeritus license. Emeritus licenses are available for retired physicians who hold a current Wyoming license to practice medicine and wish to provide clinical care in Wyoming without remuneration or for nominal remuneration in a non-profit facility. Such license may issue to an applicant who provides proof that he is retired from the active practice of medicine, provides proof that he has maintained a license in good standing in Wyoming or another jurisdiction of the United States or Canada for a period of not less than ten (10) years prior to applying for the emeritus license, and submits a statement, on a form approved by the board, affirming that he will not accept any form of remuneration for medical services rendered in Wyoming while in the possession of an emeritus license, or that he is receiving only nominal remunerations for providing medical care in a non-profit facility. As part of the application process, an applicant for an emeritus medical license who does not hold a current Wyoming

license shall complete all requirements for issuance of a Wyoming medical license set forth in W.S. 33-26-303. If a licensure interview is required pursuant to subsection (b) of this rule, such interview may be conducted by one (1) board member and, if deemed appropriate by the board officers, may be conducted by telephonic means.

(A) Physicians possessing an emeritus medical license shall:

(I) Annually acknowledge, on a form approved by the board, that their medical practice continues to be without remuneration or is for nominal remuneration in a non-profit facility; and

(II) Even though physicians holding an emeritus license are not engaged in active clinical practice, the Board expects that they will engage in life-long learning activities to maintain a base of medical knowledge and skills. Therefore, the requirements for continuing medical education noted in Ch. 3, sec. 7 of these rules apply to emeritus licenses. Continuing medical education may also be satisfied by documented emeritus clinical service in a non-profit health care facility, such clinical service to be credited at one (1) hour of continuing medical education credit for every five (5) hours of clinical service, up to a maximum of ten (10) hours of continuing medical education credit per calendar year.

(B) The board shall require no fees for the application for, or renewal of, an emeritus medical license.

(vi) Training license. A medical training license issued pursuant to W.S. 33-26-304(c) to an applicant who meets all of the requirements of such statute and these rules.

(A) First-year training license (“T-1”). An applicant who is in the first year of enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state may be issued a first-year training license (“T-1” license). The holder of a T-1 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e. “moonlight”). The holder of a T-1 license may not independently prescribe any legend drugs or medications, and may only prescribe legend drugs or medications with the co-signature of a physician holding an active license in good standing in this state. The prohibition on prescribing does not apply to orders written under the supervision of a licensed attending physician for patients receiving inpatient care. The T-1 license expires on June 30th of each year, and may not be renewed.

(B) Second-year training license (“T-2”). An applicant who has successfully completed not less than one (1) year in an A.C.G.M.E. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident may be issued a second-year training license (“T-2” license). The holder of a T-2 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e., “moonlight”) except as specified in paragraph (H) below. The holder of a T-2 license may independently prescribe legend drugs and medications, subject to all applicable laws and regulations. The T-2 license expires on June 30th of each year, and may be renewed only one (1) time upon applicant’s successful completion of the second year of the residency program. If the applicant meets all

requirements for issuance of a regular medical license under W.S. 33-26-301(b)(i) and W.S. 33-26-303, the T-2 license may not be renewed.

(C) To qualify for a training license (T-1 or T-2), an applicant must submit the following:

(I) Evidence that the applicant has graduated from a school of medicine accredited by the L.C.M.E., a school of osteopathy accredited by the A.O.A., or a Canadian-accredited school of medicine, or that the applicant has been certified by the E.C.F.M.G.;

(II) Evidence that the applicant has passed steps one (1) and two (2) of the U.S.M.L.E. or the COMLEX with a two-digit score of not less than 75 on each part;

(III) A copy of the applicant's signed contract then in force with an A.C.G.M.E., or A.O.A. accredited residency program located in this state (copy of the contract must be submitted with the application);

(IV) A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

(V) A completed application on a form provided or approved by the Board; and,

(VI) The requisite fee(s) in accordance with this chapter.

(D) Applicants for a second-year (T-2) training license shall be subject to these additional requirements:

(I) Repealed.

(II) The board shall query the N.P.D.B. and F.S.M.B.'s board action data bank regarding the applicant; and,

(III) The applicant will submit documentation that he or she has successfully completed not less than one (1) year in an A.C.G.M.E. or A.O.A. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident.

(E) When the application for a training license is complete, the Board's executive director shall review the application, and may take the following action:

(I) Issue the training license; or

(II) Refer the application to the application review committee for review. The application review committee may issue the training license, issue the training

license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for the training license. If the application review committee denies the training license, the applicant may appeal that decision to the full board, which shall review the application de novo, and which may require the applicant and/or the director of the residency program to appear for an interview. The board may issue the training license, issue the training license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for a training license. If the board denies the application, it shall issue an order to that effect, which shall be appealable to the district court pursuant to the Act and these Rules.

(F) Renewal of T-2 license. To renew a T-2 license, the applicant must provide documentation of the following:

(I) Successful completion of the second year of an A.C.G.M.E. or A.O.A. accredited residency program;

(II) A copy of the applicant's signed contract then in force with an A.C.G.M.E. or A.O.A. accredited residency program located in this state (copy of the contract must be submitted with the renewal application);

(III) A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

(IV) A completed renewal application on a form provided or approved by the Board; and,

(V) The requisite fee(s) in accordance with this chapter.

(G) Automatic termination of training license. Issuance of a training license is subject to the applicant's current enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state. If for any reason the holder of a training license resigns or is dismissed from, or otherwise is no longer currently enrolled in, an A.C.G.M.E. or A.O.A. accredited residency program located in this state, the training license shall immediately expire and be deemed automatically terminated without additional action by the Board.

(H) A holder of a T-2 license may practice medicine outside of the duties assigned as part of the residency program in which he or she is enrolled (i.e., "moonlight") only if these following conditions are met:

(I) The holder of the T-2 license has passed Step 3 of the USMLE or COMLEX with a two-digit score of not less than 75;

(II) The holder of the T-2 license receives advance written approval from the residency program director for his or her proposed "moonlighting"; and,

(III) The residency program director notifies the Board in advance and in writing of the approved "moonlighting" arrangement.

(vii) Volunteer license. The board may issue a license to a physician who is in good standing in at least one (1) jurisdiction other than the state of Wyoming for the purpose of providing medical treatment as a volunteer, without compensation. An applicant for a volunteer license must complete and submit a form and documentation prescribed by the board, meet the requirements of W.S. 33-26-303, agree to comply with the Act and these rules, agree to be subject to the jurisdiction of the board, provide proof of licensure in good standing in at least one (1) jurisdiction other than the state of Wyoming, and pay the fee set by the board. A licensure interview is not required for issuance of a volunteer license. A volunteer license shall be valid for not more than twenty-one (21) consecutive days in any calendar year, and may not be renewed.

(viii) Administrative medicine license. The board may issue an administrative medicine license to a physician who meets all qualifications for licensure in the state, including payment of a fee set by the board, but who does not intend to provide medical or clinical services to or for patients while in possession of an administrative medicine license. An administrative medicine license is subject to annual renewal.

(b) Licensure Application Processing, Review and Interviews.

(i) When an applicant's core application documents have been received by the Board and are deemed to be satisfactory, the executive director or his designee will review the application and supporting materials to determine whether a licensure interview of the applicant will be required pursuant to this rule. If the executive director or his designee determines that the applicant has been continually licensed in good standing (not including training licenses) for the preceding three (3) years in one or more states and/or the District of Columbia; and the applicant has a clean application as defined in this chapter, the executive director may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules, including the requirement for a complete application set forth therein. In no event shall a temporary license issued under this paragraph be valid for more than 180 days from the original date of issuance.

(ii) If an applicant is not issued a temporary license pursuant to paragraph (b)(i) of this rule, when the application is deemed complete pursuant to Section 4 of this chapter, the executive director or his designee shall review the application and supporting materials and may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules. If the executive director or his designee declines to issue a temporary license to the applicant, the applicant's file shall be presented to the application review committee for review. The application review committee may:

(A) Issue a temporary license to the applicant, pursuant to Chapter 1, Section 6 of these rules;

(B) Defer action on the application until the applicant appears for a licensure interview

(C) Advise the applicant in writing that the application review committee will bring proceedings to deny the application for licensure, following the procedure set forth in Chapter 7 of these Rules; or

(D) If an applicant is applying for his first medical license in the United States, issue a temporary license subject to the requirement that the applicant appear for a licensure interview.

(iii) A summary of each applicant's licensure file and application will be sent to all members of the Board prior to the next regularly-scheduled board meeting, and any board member may request that the applicant appear for a licensure interview.

(iv) Licensure interviews. If an application or any information received by the Board demonstrates that an applicant is of a status or possesses one or more of the following characteristics, or if any Board member believes a licensure interview is necessary given the information contained on the application, the applicant may be required to submit to a licensure interview before a panel of not less than three (3) board members:

(A) Is seventy (70) years old or older;

(B) Has been licensed as a physician for more than thirty-five (35) years;

(C) Repealed.

(D) Has answered "Yes" to one or more questions on the application form regarding physical or mental impairment, substance or alcohol abuse, criminal convictions, liability claims, prior disciplinary actions, restrictions or conditions on medical licensure, including relinquishment or surrender of a medical license, or restriction, suspension, or resignation while under investigation, of hospital privileges;

(E) Information acquired or received by the board indicates the applicant may not possess sufficient medical training, skill or experience appropriate for the applicant's intended practice in this state;

(F) The applicant's education and/or training verification documents indicate an unexplained delay in completion of his medical education or postgraduate training;

(G) The applicant's verification documents indicate more than one attempt at passage of any examination necessary to obtain initial licensure or to maintain ongoing licensure;

(H) The applicant's verification documents indicate failure to pass board specialty recertification examinations;

(I) One or more board member(s) determine that there are issues raised by the application and/or any supporting or verification documents that should be addressed and ruled on by a panel of board members;

(J) Whose temporary license was deferred by the application review committee;

(K) The applicant has not previously engaged in the active practice of medicine for a period of at least twelve (12) continuous months;

(L) The applicant has been convicted of or pled guilty or nolo contendere to a charge of driving while under the influence of an intoxicant within five (5) years of the date of his/her application;

(M) The applicant has not been engaged in the active practice of medicine in the immediately-preceding two (2) year period;

(N) Failure to fully and completely answer one or more questions on the application form or failing to answer one or more questions truthfully; or,

(O) The applicant's post graduate work and/or employment history indicate an unexplained gap.

(v) Licensure interviews shall be conducted in person (unless otherwise specifically permitted by these rules) and shall consist of oral questions by the panel of board members and oral responses by the applicant. By his or her responses to questions posed in the licensure interview, the applicant must demonstrate to the satisfaction of a majority of the board that he or she is qualified to practice medicine in this state, that (1) he or she possesses a minimum fund of general and identified scope of practice medical knowledge appropriate for the applicant's intended practice in this state, (2) he or she possesses sufficient medical training and medical experience appropriate for the applicant's intended practice in this state, (3) he or she possesses personal and professional character and integrity befitting the practice of medicine, and (4) that there are no other factors contained in the application or disclosed in the licensure interview that would demonstrate that the applicant would be unable to practice medicine in a safe and competent manner.

(vi) Following a licensure interview, the board, shall, by a recorded vote of the board members present:

(A) Grant a license;

(B) Refer the application to the application review committee to bring proceedings to deny the application upon stated reasons, following the procedure set forth in Chapter 7 of these Rules;

(C) Allow the applicant to withdraw the application;

(D) Agree in writing signed by the applicant, to the issuance of a license subject to restrictions and/or conditions; or

(E) Defer action pending successful completion by the applicant of a medical competence examination such as the special purpose examination (SPEX) and/or such other examination, review, evaluation or course of study designated by the board and/or the board's receipt, review and approval of other information requested during the interview.

(vii) If an applicant does not have a licensure interview, a full unrestricted license may be issued to the applicant only upon a majority vote of the board. The board may conduct this vote by voice vote, and may do so using a consent list showing applicants for approval.

(viii) Failure to appear for a licensure interview, regardless of whether a temporary license was issued to the applicant, may result in denial by the board of the application for licensure pursuant to W.S. 33-26-202(b)(i). If an applicant fails to appear for a licensure interview, the Board shall refer the application to the application review committee to bring proceedings to deny the application upon stated reasons following the procedure set forth in Chapter 7 of these Rules.

Section 6. Temporary license.

(a) Temporary license to practice medicine means a license to practice medicine for a limited duration issued pursuant to these rules. A temporary license is effective from the date of issuance until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on the first day of the next regularly-scheduled board meeting. Except as otherwise provided in this chapter, temporary licenses issued less than fifteen (15) business days prior to the next regularly-scheduled board meeting will be valid until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the second regularly-scheduled board meeting after issuance.

(b) Upon written request received from the holder of a temporary license not less than seven (7) days before expiration of the temporary license the executive director may extend a temporary license for an additional term no longer than the later of a vote of board members on the application pursuant to these rules, or the date of the next regularly-scheduled board meeting after extension of the temporary license. The holder of a temporary license may request no more than one (1) extension of the temporary license under this subsection.

(c) If, upon review of the application of a person who is granted a temporary license, one or more board members request that the holder of the temporary license appear for a licensure interview, the executive director may extend the temporary license held by that person until 8:00 a.m. on the first day of the second regularly-scheduled board meeting after issuance of the temporary license. In no event, however, shall a temporary license issued under Section 5(b)(i) of this chapter be valid more than 180 days from the original date of issuance.

(d) All applicants who are granted a temporary license under Section 5(b)(i) of this chapter are required to submit all documentation and materials necessary to ensure that their license application is complete in accordance with Section 4 of this chapter. Failure to have a complete license application within 180 days of issuance of a temporary license shall result in referral of the application to the application review committee to bring proceedings to deny the application upon stated reasons pursuant to W.S. 33-26-202(b)(i) following the procedure set forth in Chapter 7 of these Rules.

Section 7. Exemption from licensure.

(a) Consultants. Physicians residing in and currently licensed in good standing to

practice medicine in another state or country brought into this state for consultation by a physician licensed to practice medicine in this state may practice medicine without first obtaining a Wyoming license for a total of not more than twelve (12) days in any fifty-two (52) week period and, therefore, are exempt from the licensure requirements of these rules and W.S. 33-26-103(a)(iv). Consults of longer duration or greater frequency require written advance approval of a majority of the Board officers. For purposes of this subsection, the term “brought into this state” means establishing a physician-patient relationship, either by the physician’s physical presence with the patient or through telemedicine. To qualify a consulting physician for exemption from licensure, the following is required:

(i) The physician licensed to practice medicine in this state shall provide written notification of the consultation to the Board, including:

(A) The full name of the consulting physician;

(B) The date(s) on which the consultation will occur;

(C) The state or country where the consulting physician is currently licensed in good standing to practice medicine, and the consulting physician’s license number in that jurisdiction; and,

(D) A brief description of consultation.

(ii) Except in an emergency, the written notification shall be given to the Board no less than one business day before the first day of the consultation.

(iii) In an emergency, the written notification shall be given to the Board within three business days after the first day of the consultation. The notification will include an explanation of the emergency which prevented notification from being sent to the Board before the first day of the consultation.

(b) Physicians in training. The term “medical students” in W.S. 33-26-103 (a)(ii) includes physicians trained in an LCME or AOA accredited or board approved school of medicine, or certified by the E.C.F.M.G., who are participating or serving in a program of clinical clerkship, internship, externship, residency or fellowship training under the supervision of a physician licensed by the Board. “Medical students” are exempt from the licensure requirements listed herein. Notwithstanding the foregoing, a medical student who applies for and receives a license issued by the Board shall be subject to the act and the Board’s rules and jurisdiction.

(c) Physician assistants. The term “persons” in W.S. 33-26-103(a)(i) specifically includes currently licensed physician assistants who may render aid at the scene of an emergency without physician supervision, such physician assistants are exempt from the licensure requirements listed herein when they are acting under such statutory authorization.

(d) Emergencies. Physicians and physician assistants residing in and who hold full and unrestricted licenses to practice medicine or to practice as a physician assistant in another state or country who come into this state to provide medical care during an emergency or

pandemic declared as such by Order of the Governor of this state and/or pursuant to any State Emergency Plan and who comply with all requirements of the board for verification of licensure and identity, may practice medicine or practice as a physician assistant without first obtaining a Wyoming license for the period during which any such emergency or pandemic Declaration or Order remains in effect.

(i) Physicians and physician assistants not otherwise licensed in this state may practice in Wyoming under the consultation exemption during a public health emergency declared by the Governor. For purposes of this paragraph, a physician or physician assistant brought into this state is deemed to be consulting with the state health officer.

(A) For a physician or physician assistant not licensed in this state to practice in Wyoming during a public health emergency, the state health officer shall cause the following to be submitted to the board:

(I) The full name, date of birth and social security number of the consulting physician or physician assistant;

(II) The date(s) on which the consultation will occur;

(III) The state or country where the consulting physician or physician assistant is currently licensed in good standing to practice medicine, and the consulting physician's license number in that jurisdiction; and

(IV) A brief description of the consultation, including the declaration of a public health emergency by the governor.

(B) A physician's or physician assistant's consultation begins upon the submission of that person's information to the board, and shall terminate on the earlier of forty-five (45) days after the date the governor declares the public emergency has ended, or the state health officer notifies the board that the physician's or physician assistant's consultation has ended.

(C) Upon the board's receipt of a physician's or physician assistant's information to consult with the state health officer under this subsection, the board shall query the National Practitioner Data Bank and the Federation of State Medical Boards' Physician Data Center regarding the physician or physician assistant. The board shall immediately notify the state health officer of any adverse information received as a result of those queries.

(D) A physician or physician assistant who is approved to practice in Wyoming under this exemption may apply for a full, unrestricted license to practice in Wyoming at a reduced fee. The application must be received in the Board office while the public health emergency is in effect. The applicant must follow the normal licensing procedure set for in the Act and these rules.

Section 8. Fees.

(a) All fees are non-refundable.

(b) Requested paperwork shall not be processed until appropriate fees are received by the board.

(c) Application fees shall be paid to the board in the form of cashier's check or money order. All other fees shall be paid to the board in the form of a check, cashier's check or money order; however, on-line applications for licensure or renewal of licenses may be paid by credit card.

Application and initial license fee [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted)]\$600.00
(\$500.00 for persons holding a current T-2 license)

Application to convert from public health emergency licensure exemption to full, unrestricted physician licensure (pursuant to Ch. 1, Sec. 7(d)(i)(D) of these Rules) and initial license fee [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted)].....\$165.00

Paper form license application processing fee\$50.00

Annual renewal of license (including administrative license).....\$240.00

Paper form renewal application-processing fee\$25.00

License renewal grace period surcharge:100.00

Reactivation of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and license (if granted) through-June 30th]\$400.00

Reinstatement of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and license (if reinstatement is granted)] [Costs may also be imposed in addition to the reinstatement fee.].....\$400.00

Inactive license, conversion to (one-time fee).....\$50.00

Inactive license renewal..... No charge

First-year residency training license ("T-1" license)\$25.00

Second-year residency training license ("T-2" license).....\$100.00

Residency training license ("T-2" license) renewal\$100.00

Volunteer license\$75.00

Verification of license.....\$35.00

Wyoming hospital privileging verification of license (Requires submission of a spreadsheet

listing all physicians and/or physician assistants for whom verifications are requested.
 Response will be provided on the spreadsheet verifying licensee name, license number, license expiration date, whether the licensee has been disciplined, and whether there are any restrictions on the license.) \$15.00 per license

Replacement of lost license – pocket size (No charge if the licensee uses the Board’s on-line system to print the replacement license.)\$25.00

License – wall size\$50.00

Physician directory to non-licensees – per copy.....\$45.00

Physician mailing list.....\$500.00

Physician assistant mailing list\$100.00

Physician and physician assistant mailing lists.....\$550.00

Certified copiesFirst page: \$10.00
 Additional pages: \$.50

Photocopies (except certified copies), including cost of duplication of transcript(s) and administrative record in appeals from contested case hearings [Ch. 7 § 14(b)]First page: \$2.00
 Additional pages: \$.10

Section 9. Repealed.

Section 10. License Renewal.

(a) Physician licenses originally issued between July 1st and February 28th (29th in leap years) shall be due for first-time renewal no later than the immediately following June 30th. Physician licenses originally issued between March 1st and June 30th shall be valid through, and due for first-time renewal no later than, June 30th of the following calendar year. Regardless of original issue date, after first-time renewal, all physician licenses shall be renewed no later than June 30th of each calendar year. Physician licenses set to expire on June 30, 2020, are extended to, and shall be renewed by, September 30, 2020.

(b) Licensees who fail to submit their application for renewal by June 30th may submit their application, the requisite renewal fee, and the license renewal grace period surcharge no later than September 30th. Physician licenses set to expire on September 30, 2020, may be renewed during the grace period no later than December 31, 2020, subject to submission of the renewal application, the requisite renewal fee, and the license renewal grace period surcharge.

(c) Licensees shall submit an application for renewal each year in a format or form provided by the board. The board may utilize paper or electronic forms, or a combination of both.

Section 11. Reactivation of emeritus and inactive licenses.

(a) A licensee holding an emeritus or inactive license may apply to reactivate it by submitting the following:

- (i) An application on a form prescribed by the board;
- (ii) Payment of the applicable fees established by the Board by rule; and,
- (iii) Two (2) references as described in section 4(a)(iv) of this Chapter.

(b) The holder of an inactive license must also submit proof of completion of not less than twenty (20) hours of qualified continuing medical education, as defined in chapter 3, section 7(a) of these rules, within the preceding twelve (12) months. This subsection shall not apply to the holder of an inactive license who is otherwise exempt from the continuing medical education requirement pursuant to chapter 3, section 7(b) of these rules.

(c) Applicants who do not meet the requirements of W.S. 33-26-303 shall not be eligible to reactivate an emeritus or inactive license.

(d) Upon review of the application by the board officers and the approval of a majority thereof, the applicant’s emeritus or inactive license shall be returned to active status.

(e) If the applicant possesses one or more of the characteristics enumerated in section 5(b)(iv) of this chapter, the board officers may require the applicant to appear for a licensure interview conducted pursuant to section 5(b) of this chapter. Upon completion of the licensure interview, the board shall act upon the application for reactivation of the emeritus or inactive license pursuant to section 5(b)(vi) of this chapter. If after a licensure interview the board denies reactivation of an emeritus or inactive license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

(f) If a majority of the board officers does not approve the reactivation of an emeritus or inactive license, the applicant may file a petition with the board for review of the application in a contested case hearing conducted pursuant to the A.P.A.

(g) Notwithstanding the foregoing, in a public health emergency declared by the Governor, an emeritus or inactive license may be emergently reactivated. The physician shall submit an application on a form provided or approved by the board. The application shall be reviewed by the executive director or his designee, who shall have sole discretion whether to approve the application; if the application is denied, it will be deemed converted to an application for regular reactivation under subsections (a) through (f) of this section. There is no fee for this application or license, and the emergently reactivated license shall automatically expire forty-five (45) days after the termination of the public health emergency. A physician wishing to practice after the end of the emergency reactivation granted under this subsection shall follow the reactivation process set forth in subsections (a) through (f) of this section before doing so. The following eligibility criteria must be met for approval of emergency reactivation of a license under this subsection:

(i) The physician must submit an application on a form provided, or approved, by the board;

(ii) The physician must have held a full, unrestricted license to practice medicine in Wyoming no less recently than June 30, 2017, or have held a full, unrestricted license to practice medicine in Wyoming no less recently than June 30, 2015 and been engaged in the active practice of medicine in another jurisdiction no later than June 30, 2017; and,

(iii) Queries regarding the physician to the National Practitioner Data Bank and the FSMB's Physician Data Center do not reveal revocation, surrender, relinquishment, suspension or other termination of the physician's license or privileges to practice in any state, hospital, or health care facility.

Section 12. Reactivation of lapsed licenses.

(a) A licensee holding a lapsed license may apply to reactivate it by submitting the following:

(i) An application on a form prescribed by the board;

(ii) Payment of the applicable fees established by the Board by rule; and,

(iii) Two (2) references as described in section 4(a)(iv) of this Chapter.

(b) The holder of a lapsed license must also submit proof of completion of not less than sixty (60) hours of qualified continuing medical education, as defined in chapter 3, section 7(a) of these rules, within the preceding three (3) years. This subsection shall not apply to the holder of an inactive license who is otherwise exempt from the continuing medical education requirement pursuant to chapter 3, section 7(b) of these rules.

(c) Applicants who do not meet the requirements of W.S. 33-26-303 shall not be eligible to reactivate a lapsed license.

(d) Upon review of the application by the board officers and the approval of a majority thereof, the applicant's lapsed license shall be returned to active status.

(e) If the applicant possesses one or more of the characteristics enumerated in section 5(b)(iv) of this chapter, the board officers may require the applicant to appear for a licensure interview conducted pursuant to section 5(b) of this chapter. Upon completion of the licensure interview, the board shall act upon the application for reactivation of the lapsed license pursuant to section 5(b)(vi) of this chapter. If after a licensure interview the board denies reactivation of a lapsed license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

(f) If a majority of the board officers does not approve the reactivation of a lapsed license, the applicant may file a petition with the board for review of the application in a contested case hearing conducted pursuant to the A.P.A.

(g) Notwithstanding the foregoing, in a public health emergency declared by the Governor, a license which lapsed due to non-renewal may be emergently reactivated. The physician shall submit an application on a form provided or approved by the board. The application shall be reviewed by the executive director or his designee, who shall have sole discretion whether to approve the application; if the application is denied, it will be deemed converted to an application for regular reactivation under subsections (a) through (f) of this section. There is no fee for this application or license, and the emergently reactivated license shall automatically expire forty-five (45) days after the termination of the public health emergency. A physician wishing to practice after the end of the emergency reactivation granted under this subsection shall follow the reactivation process set forth in subsections (a) through (f) of this section before doing so. The following eligibility criteria must be met for approval of emergency reactivation of a license under this subsection:

(i) The physician must submit an application on a form provided, or approved, by the board;

(ii) The physician must have held a full, unrestricted license to practice medicine in Wyoming no less recently than June 30, 2017, or have held a full, unrestricted license to practice medicine in Wyoming no less recently than June 30, 2015 and been engaged in the active practice of medicine in another jurisdiction no later than June 30, 2017; and,

(iii) Queries regarding the physician to the National Practitioner Data Bank and the FSMB's Physician Data Center do not reveal revocation, surrender, relinquishment, suspension or other termination of the physician's license or privileges to practice in any state, hospital, or health care facility.

Section 13. Applicant criminal history record check.

(a) The board may request a criminal history record report on an applicant for licensure if:

(i) The applicant answers in the affirmative to one or more questions on the licensure application related to criminal history;

(ii) Documentation submitted with or in support of an application for licensure indicates the applicant may have a criminal history; or,

(iii) Any information received by the board indicates the applicant may have a criminal history.

(b) Upon a determination by the executive director that a criminal history record check is appropriate, a written request will be sent to the applicant along with the necessary forms for fingerprinting of the applicant. No further processing of the application will occur until the completed forms are received in the board office; however, the board office will continue to accept documentation sent in support of an application pending receipt of the completed forms for the criminal history record check.

(c) An applicant may receive a copy of the results of his criminal history record

check upon written request submitted to the board. If the applicant disputes the results of the criminal history check, as permitted by federal regulations, the results received by the board will remain a part of the application or investigation file until such time as a correction or change is effected by the FBI. The applicant shall submit to the board a second set of forms with his fingerprints to be submitted to law enforcement for a new criminal history check, along with notice from the FBI that his challenge to the questioned information has been successful and the record has been changed accordingly.

Section 14. Severability. If one or more parts or sections of these rules are found to be invalid or unenforceable, the remainder shall continue in full force and effect.

Section 15. Interstate Medical Licensure Compact

(a) Letter of Qualification. In determining whether a physician licensed by the board is eligible to receive a letter of qualification from the board for licensure in other states through the Interstate Medical Licensure Compact the following criteria will be used:

(i) To determine whether the physician may use Wyoming as his state of principal license:

(A) State of principal residence. The address of the principal residence must be structure at a physical location in the state of Wyoming. Postal service and private mail boxes are not acceptable. For residences not titled in the name of the applicant, the applicant may be asked to provide a current lease or rental agreement, or utility bill for that address, with the applicant's name on it.

(B) State where at least 25% of the physician's practice of medicine occurs.

(C) State where the physician's employer is located. Location of a physician's employer may demonstrated by a copy of the physician's employment contract or agreement with the employer, or a copy of a pay stub

(D) State designated as state of residence for federal income tax purposes.

(b) Issuance of licenses as a Member Board. An applicant for a Wyoming physician license issued by the board through the Interstate Medical Licensure Compact shall, within thirty (30) days of issuance of the license, and as a condition of continuing to hold the license, complete and complete and submit to the board office an information form. The form will include, but is not limited to, licensee address and contact information. Failure to complete and return the renewal information form will constitute a violation of this provision, and may result in disciplinary action pursuant to W.S. 33-26-402(a)(x) or (xxxi), or other applicable provisions of the act.

(c) Licensees renewing a Wyoming physician license issued by the board through the Interstate Medical Licensure Compact shall, as a condition of renewing the license, complete and submit to the board office a renewal information form. The form will include, but is not limited

to, licensee address and contact information updates, and attestation questions regarding their activities since the latter of the original issuance of the license or its most recent renewal. The renewal information form shall be completed and returned to the board office within thirty (30) days of the issuance of the renewed license by the board. Failure to complete and return the renewal information form will constitute a violation of this provision, and may result in disciplinary action pursuant to W.S. 33-26-402(a)(x) or (xxxi), or other applicable provisions of the act.

CHAPTER 5

RULES OF PRACTICE AND PROCEDURE FOR THE LICENSURE OF PHYSICIAN ASSISTANTS

Section 1. Authority. These rules are promulgated pursuant to authority granted by the Act and A.P.A.

Section 2. Purpose. These rules have been adopted to set forth the procedures of the board in the licensure and regulation of the practice of physician assistants in the state of Wyoming.

Section 3. Definitions. The definitions contained in the Act, the A.P.A., and Chapter 1 of these rules are incorporated herein by this reference.

Section 4. Scope of practice.

(a) A physician assistant assists in the practice of medicine under the supervision of a licensed physician. Within the physician/physician assistant relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic, therapeutic and health promotion and disease prevention services. The physician assistant may perform those duties and responsibilities delegated to him by the supervising physician when the duties and responsibilities are provided under the supervision of a licensed physician approved by the board, are within the scope of the physician's practice and expertise and within the skills of the physician assistant.

(b) The physician assistant may work in the office of the supervising physician where primary practice is maintained and at sites outside that office as directed by the physician.

(c) The physical presence of the supervising physician is not required if the supervising physician and the physician assistant are or can easily be in contact with each other by telephone, radio, or other telecommunications. A physician assistant shall not practice in any capacity if, for any reason, there is not a supervising physician available to properly supervise the physician assistant in his or her professional duties, or is outside a reasonable geographic proximity to the physician assistant's practice location.

(d) The board does not recognize or bestow any level of competency upon a physician assistant to carry out a specific task. Such recognition of skill is the responsibility of the supervising physician. However, a physician assistant is expected to perform with similar skill and competency and to be evaluated by the same standards as the physician in the performance of assigned duties.

(e) Nothing in the act shall be construed to prohibit the employment of a physician assistant by a medical care facility, institution or corporation where such physician assistant functions under the supervision and direction of a physician or group of physicians.

(f) Neither the board nor the advisory council shall deny an application due to the number of physician assistants supervised up to three (3), except for good cause specific to the

circumstances of the individual physician supervisor. The board and the advisory council may allow a physician to supervise more than three (3) physician assistants, subject to a showing by the supervising physician that it is appropriate in the circumstances, that all physician assistants under his supervision will have adequate, documented supervision, and that patient care and safety will be protected.

Section 5. Advisory council.

(a) Pursuant to W.S. 33-26-503(b)(v), the board of medicine shall appoint an advisory council to the board. This council shall consist of at least two (2) members who shall be physician assistants holding an active license to practice in this state and two (2) members who shall be physicians holding an active license to practice in this state. Additional members may be appointed at the discretion of the board. The advisory council is responsible to and will serve at the pleasure of the board.

(i) A chairman and vice-chairman shall be elected annually by a vote of the advisory council members.

(ii) Advisory council members shall serve one four (4) year term, with the ability to request reappointment by the board, not to exceed two (2) reappointments.

(b) The advisory council shall review and make recommendations to the board on matters relating to physician assistants that come before the council, including:

(i) Applications for licensure

(ii) Physician assistant education

(iii) Requirements for licensure

(iv) Professional conduct;

(v) Scope of practice; and,

(vi) Other matters related to the licensure, practice, and discipline of physician assistants.

(c) The advisory council shall meet in conjunction with the board for the purpose of interviewing candidates for recommendation to the board for licensure and other matters as directed by the board.

(d) The advisory council may recommend conditions, denial, suspension or revocation of licensure when it finds that the medical practice act and/or these rules are not being followed.

Section 6. License required, application, and supervision agreement.

(a) No person may practice as a physician assistant or represent that he or she is a

physician assistant without a license granted by the board.

(b) An application form, provided or approved in advance by the board, must be submitted to the advisory council and board. The application form must be complete in every detail. For an application to be deemed complete and be considered, the following items must be received in the board office not less than 15 business days prior to the licensure interview date, should an interview be required of the applicant or the supervising physician:

(i) The application form, complete in every detail and properly executed by the applicant;

(ii) The required fee, as set forth in Section 12 of this chapter;

(iii) Three (3) original references, submitted on a form approved by the board. A minimum of two (2) references must be from physicians with whom the applicant has practiced; the third reference may be from a physician or PA-C with whom the applicant has practiced. References from physicians or physicians assistants with whom the applicant has a current or prospective financial, business or family relationship are not acceptable;

(iv) Proof of legal presence in the United States, pursuant to 8 U.S.C. 1621, on a form approved or prescribed by the Board;

(c) A supervising agreement form, provided by the Board, must be submitted to the advisory council and the board by the supervising physician. This form shall include, at a minimum:

(i) The supervising physician's name, degree, license number, medical specialty, and medical practice address and telephone number;

(ii) A detailed description of the medical practice and the duties of the physician assistant under the supervising physician's scope of practice, as well as the method(s) of supervision (e.g., over-the-shoulder, same office suite, radio, telephone, video, etc.) the supervising physician will utilize.

Section 7. Eligibility for Licensure. The board may grant a physician assistant license to an applicant who:

(a) Is not less than 21 years of age;

(b) Has graduated from a physician assistant training program accredited by the CAAHEP or its predecessor or successor organization;

(c) Has satisfactorily completed a certification examination administered by the NCCPA or other national certifying agency established for such purposes which has been reviewed and approved by the board and is currently certified;

(d) Physician assistants licensed by the board prior to July 1, 1995 are not required to be currently certified by the NCCPA and are not required to provide proof of current NCCPA

certification with any of the applications submitted to the board described in Section 8 below.

(e) The board may recognize specialty classifications of training of physician assistants. These classifications shall reflect the training and experience of the physician assistant.

(f) The board may grant an emeritus license to practice as a physician assistant under the supervision of a physician holding an active medical license in this state, which may be used for the provision of uncompensated physician assistant services. Such license may be issued to an applicant who provides an application by a supervising physician, proof that the applicant is currently certified by the NCCPA and has maintained a physician assistant license in good standing in another jurisdiction of the United States or Canada for a period of not less than ten (10) years prior to applying for the emeritus physician assistant license and signs a notarized statement he/she will not accept any form of remuneration for physician assistant services rendered while in the possession of an emeritus license . As part of the application process, an applicant for an emeritus physician assistant license who does not hold a current Wyoming physician assistant license shall complete to the satisfaction of a majority of the board members a personal interview consisting of inquiry and oral response to medical knowledge, personal and professional history and intentions for practicing as a physician assistant in this state. Such interview may be conducted by one (1) or more advisory council members and, if deemed appropriate by a majority of the advisory council, may be conducted by telephonic means.

(i) Physician assistants possessing an emeritus license shall:

(A) Annually sign an affidavit affirming that their physician assistant practice continues to be without remuneration; and

(B) Maintain current certification, in good standing, through the NCCPA including, but not limited to, the continuing education requirements thereof.

(ii) Repealed.

(g) The board may issue a volunteer/camp physician assistant license to a physician assistant who is in good standing in at least one (1) jurisdiction other than the state of Wyoming for the purpose of assisting in the practice of medicine as a volunteer, without compensation. An applicant for a volunteer/camp physician assistant license must complete and submit a form and documentation prescribed by the board, meet the requirements of W.S. 33-26-504, agree to comply with the Act and these rules, agree to be subject to the jurisdiction of the board, provide proof of licensure in good standing in at least one (1) jurisdiction other than the state of Wyoming, and pay the fee set by the board. A licensure interview is not required for issuance of a volunteer/camp physician assistant license. A volunteer/camp physician assistant license shall be valid for not more than twenty-one (21) consecutive days in any calendar year, and may not be renewed.

(h) A person who has pled guilty or nolo contendere to, or has been convicted of, a felony or any crime that is a felony under Wyoming law in any state or federal court or any court of similar jurisdiction in another country may apply for licensure; however, the board may deny licensure based solely upon such plea or conviction.

Section 8. Consideration of applications.

(a) The applicant for physician assistant licensure may be required to appear for a licensure interview before the advisory council. An applicant may be required to appear if one or more of the following applies:

- (i) Is seventy (70) years old or older;
- (ii) Has been licensed as a physician assistant for more than thirty-five (35) years;
- (iii) Has answered “Yes” to one or more questions on the application form regarding physical or mental impairment, substance or alcohol abuse, criminal convictions, liability claims, prior disciplinary actions, restrictions or conditions on medical licensure, including relinquishment or surrender of a physician assistant license, or restriction, suspension, or resignation while under investigation, of hospital privileges;
- (iv) Information acquired or received by the board indicates the applicant may not possess sufficient medical training, skill or experience appropriate for the applicant’s intended practice in this state;
- (v) The applicant’s education and/or training verification documents indicate an unexplained delay in completion of his education or training;
- (vi) The applicant’s verification documents indicate more than one attempt at passage of any examination necessary to obtain initial licensure or to maintain ongoing licensure;
- (vii) The applicant’s verification documents indicate failure to pass the NCCPA recertification examination;
- (viii) One or more advisory council member(s) determine that there are issues raised by the application and/or any supporting or verification documents that should be addressed in an interview with advisory council members;
- (ix) Whose temporary license was deferred by the application review committee;
- (x) The applicant has not previously engaged in active practice as a physician assistant for a period of at least twelve (12) continuous months;
- (xi) The applicant has been convicted of or pled guilty or nolo contendere to a charge of driving while under the influence of an intoxicant within five (5) years of the date of his/her application;
- (xii) The applicant has not been engaged in active practice as a physician assistant in the immediately-preceding two (2) year period;
- (xiii) Failure to fully and completely answer one or more questions on the

application form or failing to answer one or more questions truthfully; or,

(xiv) The applicant's post graduate work and/or employment history indicate an unexplained gap.

(b) The supervising physician shall complete and submit a supervision agreement form describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients, and setting forth the conditions of his supervision of the physician assistant;

(c) Physicians who have conditions or restrictions upon their license or privileges issued by the board or other state medical licensing board or health care facility may apply to supervise a physician assistant. All applications submitted by physicians with restrictions or conditions on their license or clinical privileges shall be reviewed by the board. The board may, in its discretion, require an interview with an applicant under this subsection.

(d) The advisory council may require a supervising physician to interview in person before the advisory council to determine the supervising physician's ability to properly supervise the physician assistant and his willingness to accept the responsibility of supervision of a physician assistant.

(e) If a physician assistant changes supervising physician, but remains in the same practice situation and location, the physician assistant shall submit an application on a form approved by the board explaining the change and providing proof of current NCCPA certification. The supervising physician shall also complete and submit an application describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients. Under these circumstances, an interview may be required if deemed appropriate by the advisory council or the board. If initial licensure fees have been paid, no further fees will be assessed.

(f) If a physician assistant changes job situations or locations within the state under a new supervising physician, the physician assistant shall submit an application on a form approved by the board explaining the change, provide proof of current NCCPA certification and pay a fee in the same amount as the initial application fee. The supervising physician shall also complete and submit a supervising agreement form describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients. A subsequent interview may be required by the advisory council.

(g) If a physician assistant leaves the state for employment and returns, a new supervising physician application and fees must be submitted to the advisory council and board for approval. An interview may be required.

(h) Following review of the application documents and, where appropriate an interview, the advisory council shall make its recommendations to the board regarding licensure of a physician assistant to practice in Wyoming. The final decision remains with the board.

(i) If a licensed physician requires the assistance of a licensed physician assistant in an emergency, the physician and physician assistant shall, within two (2) business days of the

emergent situation, submit to the board on form prescribed by the board a statement detailing the circumstance of the emergency and the need for the assistance of the physician assistant without the board's prior approval. If it is determined that the situation was not an emergency or if it was not appropriate to involve the physician assistant, both the physician and the physician assistant may be subject to disciplinary action.

(j) Applications submitted to the board for initial licensure as a physician assistant expire six (6) calendar months after the date the application document is received in the board office.

(k) Licensure interviews shall be conducted in person (unless otherwise specifically permitted by these rules) and shall consist of oral questions by the physician assistant advisory council and oral responses by the applicant. By his or her responses to questions posed in the licensure interview, the applicant must demonstrate to the satisfaction of a majority of the board that he or she is qualified to practice as a physician assistant in this state, that (1) he or she possesses a minimum fund of general and identified scope of practice medical knowledge appropriate for the applicant's intended practice in this state, (2) he or she possesses sufficient medical training and medical experience appropriate for the applicant's intended practice in this state, (3) he or she possesses personal and professional character and integrity befitting practice as a physician assistant, and (4) that there are no other factors contained in the application or disclosed in the licensure interview that would demonstrate that the applicant would be unable to practice as a physician assistant in a safe and competent manner.

(l) Licensure interviews may be conducted by video conference or other electronic means in the sole discretion of the advisory council.

Section 9. Temporary license, expedited temporary license, initial licensure.

(a) For purposes of this section, the following definitions apply:

(i) "Clean application" means that the physician assistant applicant has none of the following:

(A) Professional liability insurance settlement(s) or payment(s) in excess of \$50,000 individually or \$100,000 in the aggregate;

(B) Criminal record;

(C) Medical condition(s) which could affect the physician assistant's ability to practice safely;

(D) Licensing or regulatory board complaint(s), investigation(s), or action(s) (including withdrawal of a licensure application);

(E) Adverse action taken by a health care entity;

(F) Investigation(s) or action(s) taken by a federal agency, the United States military, medical society or association; or,

(G) Suspension or expulsion from, or disciplinary action in, any academic program, including physician assistant school and any post-graduate training program.

(ii) "Core application documents" means the following:

(A) The required application form(s), including the supervising agreement form and appropriate fee(s);

(B) Form and supporting document(s) demonstrating proof of legal presence in the U.S. pursuant to 8 U.S.C. § 1601, et seq.;

(C) Verification of current certification by, and good standing with, the NCCPA;

(D) FSMB Board Action Databank report; and,

(E) NPDB report.

(b) License Application Processing, Review and Interviews. When an applicant's core application documents have been received by the board and are deemed to be satisfactory, the executive director or his designee will review the application and supporting materials to determine whether a licensure interview of the applicant will be required pursuant to this rule. If the executive director or his designee determines that the applicant will not, in all likelihood, be required to have a licensure interview pursuant to this chapter, the applicant has been continually licensed in good standing (not including training licenses) for the preceding three (3) years in one or more states and/or the District of Columbia, and the applicant has a clean application, the executive director may, acting on behalf of the advisory council and the board, issue a temporary license to the applicant pursuant and subject to these rules, including the requirement for a complete application set forth therein. The temporary license shall be valid until 8:00 a.m. of the first day of the next regularly-scheduled board meeting.

(c) If an applicant is not issued a temporary license pursuant to paragraph (b) of this rule, when the application is deemed complete pursuant to Section 6(b) of this chapter, the physician assistant's application for licensure shall be sent to the advisory council for review. Upon the approval of at least three (3) members of the advisory council, the physician assistant shall be issued a temporary license to be valid until 8:00 a.m. of the first day of the next regularly-scheduled board meeting.

(d) A temporary license may be issued under paragraph (b) to a physician assistant who meets all requirements for licensure except completion of the NCCPA certification examination. A temporary license may be issued to allow the physician assistant an opportunity to sit for the next available examination, such time period not to exceed one (1) year from the date of issuance of the temporary license.

(e) A physician assistant who receives a temporary license under this section remains subject to the requirement for a personal interview with the advisory council and/or the board in this chapter.

(f) Temporary licenses issued less than fifteen (15) business days prior to the next regularly-scheduled board meeting will be valid until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the second regularly-scheduled board meeting after issuance.

(g) Upon written request received from the holder of a temporary license not less than seven (7) days before expiration of the temporary license, the executive director may extend a temporary license for an additional term no longer than the later of a vote of board members on the application pursuant to these rules, or the date of the next regularly-scheduled board meeting after extension of the temporary license. The holder of a temporary license may request no more than one (1) extension of the temporary license under this subsection.

(h) If, upon review of the application of a person who is granted a temporary license under paragraph (b) or (c) of this section, one or more advisory council or board members request that the holder of the temporary license appear for a licensure interview, the executive director may extend the temporary license held by that person until 8:00 a.m. on the first day of the second regularly-scheduled board meeting after issuance of the temporary license.

(i) If the advisory council does not meet in conjunction with a regularly- scheduled board meeting, the executive director may, in his discretion, extend temporary licenses due to expire at that board meeting until the next regularly-scheduled board meeting.

(j) All applicants who are granted a temporary license under paragraph (b) of this chapter are required to submit all documentation and materials necessary to ensure that their license application is complete in accordance with this chapter. Failure to have a complete license application within 180 days of issuance of a temporary license may result in denial by the board of the application for licensure pursuant to W.S. 33-26- 202(b)(i).

Section 10. Deleted.

Section 11. Term of license, renewal, duplicate and voluntary relinquishment.

(a) License Renewal and Deadline. Physician assistant licenses originally issued between January 1st and August 31st shall be due for first-time renewal no later than the immediately following December 31st. Physician assistant licenses originally issued between September 1st and December 31st shall be valid through, and due for first-time renewal no later than, December 31st of the following calendar year. Regardless of the original issue date, after first-time license renewal, all physician assistant licenses shall be renewed not later than December 31st of each calendar year. A physician assistant may renew his/her license by sending a signed renewal questionnaire and renewal fee to the board, or completing an on-line renewal form and submitting a renewal fee prior to expiration of current license.

(i) License Renewal Form. A physician assistant may renew a license by submitting an application for renewal each year in a format or form provided by the board. The board may utilize paper or electronic forms, or a combination of both.

(ii) License Renewal Grace Period. Licensees who fail to submit their application for renewal by December 31st may submit their application, the requisite renewal

fee, and the license renewal grace period surcharge no later than March 31st.

(b) The board may reactivate a lapsed license if the applicant pays reactivation fee and meets the requirements for granting of an initial license.

(c) A physician assistant may apply for a duplicate license if his/her license is lost, stolen, or destroyed.

(d) A physician assistant may offer to voluntarily relinquish his/her license at any time, however the board may, at its discretion, refuse to accept such offer.

(e) Notwithstanding the foregoing, in a public health emergency declared by the Governor, a physician assistant license which lapsed due to non-renewal may be emergently reactivated. The physician assistant shall submit an application on a form provided or approved by the board. The application shall be reviewed by the executive director or his designee, who shall have sole discretion whether to approve the application; if the application is denied, it will be deemed converted to an application for regular reactivation under subsection (b) of this section. There is no fee for this application or license, and the emergently reactivated license shall automatically expire upon the termination of the public health emergency. A physician assistant wishing to practice after the end of the emergency reactivation granted under this subsection shall follow the reactivation process set forth in subsection (b) of this section before doing so. The following criteria must be met for approval of emergency reactivation of a license under this subsection:

(i) The physician assistant must submit an application on a form provided, or approved, by the board;

(ii) The physician assistant must have held a full, unrestricted license to practice as a physician assistant in Wyoming no less recently than December 31, 2017, or have held a full, unrestricted license to practice as a physician assistant in Wyoming no less recently than December 31, 2015 and been engaged in active practice as a physician assistant in another jurisdiction no later than December 31, 2017; and,

(iii) Queries regarding the physician assistant to the National Practitioner Data Bank and the FSMB's Physician Data Center do not reveal revocation, surrender, relinquishment, suspension or other termination of the physician assistant's license or privileges to practice in any state, hospital, or health care facility.

Section 12. Fees.

(a) Pursuant to W.S. 33-26-507(a) the board shall collect the following fees:

Application and license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted)]\$250.00

Application to convert from public health emergency licensure exemption to full, unrestricted physician assistant licensure (pursuant to Ch. 1, Sec. 7(d)(i)(D) of these Rules) and initial

license fee [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted)]	\$100.00
Paper form license application processing fee	\$25.00
Annual renewal of license	\$90.00
Paper form license renewal processing fee	\$10.00
License renewal grace period surcharge	\$50.00
Replacement of lost license (No charge for the licensee to print the replacement license from the Board's on-line system.)	\$ 25.00
Reactivation of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and temporary license (if granted) pending completion and review of the licensure application at the next board meeting, and initial license (if granted)]	\$100.00
Reinstatement of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and license (if reinstatement is granted) through December 31st. Costs may also be imposed in addition to the reinstatement fee.]	\$200.00
Extension of temporary license	\$50.00
Volunteer license	\$50.00
Emeritus license	No charge
Certified copies First page:	\$10.00;
	Additional pages: \$50
Photocopies (except certified copies), including cost of duplication of transcript(s) and administrative record in appeals from contested case hearings [Ch. 7, § 14(b)] First page: ..	\$2.00;
	Additional pages: \$.10

(b) Application fees shall be paid to the board in the form of cashier's check or money order. All other fees shall be paid to the board in the form of a check, cashier's check or money order; however, on-line applications for licenses or renewal of licenses and license applications may be paid by credit card.

(c) Fees are not refundable.

Section 13. Denial, revocation or suspension of license.

(a) The board shall have the authority to deny an application for a license by, place restrictions or conditions on the license of, or revoke or suspend the license of, a physician assistant for, but not limited to, those grounds set forth in W.S. 33-26-508 and any of the following reasons if the physician assistant:

- (i) Has held himself or herself out, or permitted another to represent him or her, as a licensed physician; or,
- (ii) Deleted.
- (iii) Deleted.
- (iv) The supervising physician's right to employ a physician assistant has been withdrawn.
- (v) Deleted.

(b) A hearing to deny an application for licensure or for reactivation of a license, place restrictions or conditions on a license, or to revoke or suspend a license, of a physician assistant, shall be conducted following the procedure set forth in Chapter 7 of these rules. If the board denies the license application, places restrictions or conditions on a license, or revokes, suspends or takes other action against a license, it shall issue a final order reflecting such action supported by findings of fact and conclusions of law.

(c) On the date of issuance of such final order, the executive director shall send a copy of such order to the applicant by certified mail at the address shown on the application or at the most recent address provided by the licensee.

Section 14. Appeal following denial of initial license application, reinstatement or reactivation. An applicant who is denied a license, reinstatement or reactivation of a physician assistant license may appeal such final order to the district court pursuant to W.S. 16-3-114.

Section 15. Deleted.

Section 16. Repealed.

Section 17. Prescription of drugs.

(a) As the agent of the supervising physician, a physician assistant may prescribe, administer and dispense medications, including schedule II-V as defined in W.S. 35-7-1015 through 35-7-1022. Dispensing by physician assistants shall be limited to rural clinics in which pharmacy services are not physically available.

(b) A physician assistant shall not prescribe schedule I drugs as defined by W.S. 35-7-1013 through 35-7-1014.

(c) Use of pre-signed prescription pads is prohibited.

Section 18. General provisions.

(a) The supervising physician shall notify the board of any change of practice location or supervisory status of a physician assistant licensed in the state of Wyoming, and working under the physician's supervision, within thirty (30) days of the effective date of such

change.

(b) A physician assistant shall clearly identify himself or herself by a name tag or other means to differentiate himself/herself from a physician.

(c) Except as otherwise provided in these rules and regulations, a physician may be a supervising physician for three (3) physician assistants on duty at any given time. Physicians whose specific practice circumstances indicate the need to supervise more than a total of three (3) physician assistants may submit a written request for approval of the supervisory arrangement, along with supporting documentation, for review by the Board of Medicine, as provided in these rules and regulations

(d) Deleted.

(e) Medical supervision of a physician assistant by other than a licensed physician is prohibited.

(f) Notwithstanding any other provision of this chapter, during a public health emergency declared by the Governor, physicians may supervise more than three (3) physician assistants on duty at any given time. Any physician assistants not previously approved to be supervised by the physician shall be reported to the Board pursuant to the emergency supervision provision of subsection 8(i) of these rules. There shall not be a fee associated with adding physician assistants to supervision under this subsection. Any supervision arrangement initiated during a public health emergency pursuant to this subsection shall automatically terminate upon termination of the public health emergency.

Section 19. Deleted.

Section 20. Supervision and protocol requirements. All physician assistant supervision arrangements formed or submitted to the Board shall comply with the following requirements:

(a) A supervising physician and any physician assistant under his supervision shall maintain on file with the Board a current supervision plan approved pursuant to section 8(h) of this chapter.

(b) The supervision plan shall be submitted as part of any application by a supervising physician or group of supervising physicians.

(c) Before a supervising physician or physician assistant may change a supervision plan previously approved by the Board, they shall submit a revised supervision plan on an application form published by the Board. The revised supervision plan application shall be reviewed by the advisory council and the Board pursuant to section 8(h) of this chapter.

(d) Supervising physicians and physician assistants shall maintain documentation to demonstrate compliance with the elements of the supervision plan.

(e) A supervising physician or physician assistant shall, upon written request from the

Board, produce within twenty (20) days of receipt of the Board's request any documentation maintained pursuant to subsection (d).

(f) In addition to the ability to request documentation pursuant to subsection (e) the Board may, from time to time, conduct an audit of approximately ten (10) percent of then-active supervisory relationships, selected by random means, by requesting from the selected supervising physician and the physician assistant any documentation from the past three (3) years maintained pursuant to subsection (d).

CHAPTER 7

RULES OF PRACTICE AND PROCEDURE FOR THE CONDUCT OF DISCIPLINARY PROCEEDINGS AGAINST PHYSICIANS AND PHYSICIAN ASSISTANTS

Section 1. Authority. These rules are promulgated pursuant to authority granted by the Act and the A.P.A.

Section 2. Purpose. These rules set forth the procedures of the board for the filing of complaints against licensees; for the conduct of investigations of, and disciplinary proceedings against, licensees; and to describe the process for license denials and appeals therefrom.

Section 3. Preliminary Complaint Evaluation

(a) All parties have a right to represent themselves or be represented by an attorney at every stage of any investigation or disciplinary proceeding, including the informal interview. "Attorney" as used in this chapter means an attorney licensed to practice law in the State of Wyoming, or an attorney who is licensed to practice law in another state, territory or the District of Columbia and who is associated with an attorney licensed to practice law in the State of Wyoming.

(b) Proceedings under these rules shall commence when a complainant notifies the board of conduct by a licensee which falls within the board's jurisdiction and that may constitute a violation of the Act.

(c) A copy of every written complaint, and every writing in the general nature of a complaint, as well as reports of every oral communication in the nature a complaint received by the board shall be filed and maintained in the board's permanent files and entered in the ledger.

(d) Upon receipt of a complaint, the executive director of the board shall notify the complainant in writing of said receipt. The notice to the complainant required by this section shall, at a minimum, clearly state:

(i) Pursuant to W.S. 33-26-408(a)(ii), the complainant and any witnesses incur no civil liability for information provided to the board in good faith, without malice, and in reasonable belief that the information is accurate.

(ii) Any effort by the licensee named in the complaint to directly or indirectly discourage, intimidate, or otherwise impede investigation of the complaint constitutes a separate and distinct prosecutable instance of unprofessional conduct.

(iii) The complainant (or patient, if different than the complainant) and licensee shall not enter into settlement negotiations or exchange of offers of settlement or compromise of a complaint without the express written permission of the officers or, if interviewers/petitioners have been appointed, without the express written permission of the interviewers/petitioners.

(e) If cause exists to withhold the identity of the complainant from the licensee, or if

the complainant requests his identity be withheld, the staff may withhold the complainant's name from the licensee until the complaint screening. If the complainant's name has been withheld, and it is necessary to disclose the name of a particular patient in order to permit the licensee to respond to the Board's inquiry, the staff may do so with the prior approval of the officers.

(f) Board staff shall preliminarily ascertain whether the alleged conduct by a licensee may constitute a violation of the act.

(i) If the alleged conduct may constitute a violation of the act, board staff shall request a written response from the licensee. The request to the licensee shall, at a minimum, include the following:

(A) A copy of the complaint, unless the complainant's identity is being withheld pursuant to subsection (e), in which case the request shall set forth information sufficient for the licensee to understand the nature of the complaint and respond;

(B) A date by which the licensee is requested to submit a written response to the allegations in the complaint;

(C) The section(s) of the act and/or the board's rules that may have been violated by the licensee's alleged conduct;

(D) Notice that the licensee has a right to represent himself or be represented by counsel at every stage of any investigation or disciplinary proceeding, including the informal interview;

(E) Notice that any effort by the licensee named in the complaint to discourage, intimidate or otherwise impede a full and vigorous pursuit of the complaint constitutes, under board rules, a separate and reportable instance of unprofessional conduct; and

(F) Notice that the complainant will be provided a copy of the request for written response from the licensee.

(ii) If the alleged conduct is not within the Board's jurisdiction, or would not constitute a violation of the act, board staff shall provide a summary of the complaint, and the reason(s) for recommending its closure, to the officers at the next complaint screening.

(g) Upon receipt of the licensee's response to the complaint, the board staff shall review the complaint and the response. If it continues to appear that the alleged conduct may constitute a violation of the act, the board staff shall refer the complaint and the licensee's response for review at the next complaint screening.

Section 4. Commencement of Disciplinary Proceedings. At the complaint screening, officers and staff review complaints, licensee responses, and reasons for closing any complaints.

(a) If the majority of the board officers cannot determine whether the complaint alleges conduct by a licensee which falls within the board's jurisdiction and/or may constitute a

violation of the Act, the officers may direct the board's staff and agents to investigate the complaint to provide sufficient information for board officers to complete the screening process.

(b) If a majority of the officers determines that the complaint alleges conduct by a licensee which falls within the board's jurisdiction and may constitute a violation of the Act, the officers shall appoint two members of the board, and one member of the advisory council if the licensee in question is a physician assistant, as interviewers, or take other appropriate action. Nothing herein precludes the appointment of a board officer as an interviewer or petitioner in any case that they have screened.

(c) If the majority of the officers cannot determine whether the complaint alleges conduct by a licensee which falls within the board's jurisdiction and/or may constitute a violation of the Act, they may direct the board's staff and agents to investigate the complaint to provide sufficient information for them to complete the screening process. If the identity of the complainant has been withheld from the licensee, the officers shall also make a determination whether to continue to withhold the complainant's name.

(d) Within fifteen (15) business days after the appointment of interviewers, the board staff shall send a notice to the licensee and to the complainant. The notice to the licensee shall include:

(i) The nature and subject matter of the petition, when it was filed, the board's appointment of interviewers;

(ii) That counsel representing the licensee may be present at the informal interview, describe the interview process;

(iii) The range of potential sanctions that may be available to the board as a result of the interviewers' recommendations; and

(iv) That any effort by the licensee named in the complaint to directly or indirectly discourage, intimidate or otherwise impede a full and vigorous pursuit of the complaint constitutes a separate and prosecutable instance of unprofessional conduct.

Section 5. Informal interview.

(a) The interviewers shall investigate the allegations against the licensee of conduct that may violate the Act and, where circumstances warrant, conduct an informal interview.

(b) The interviewers may conduct the informal interview without assistance of the board prosecutor. If the licensee notifies the board of representation by counsel, the board prosecutor shall participate in the interview. Notice by the licensee of intent to be represented by counsel shall be sent to the board in writing.

(c) The interviewers are the agents and representatives of the board.

(d) The informal interview is to determine whether: the allegations may constitute a violation of the Act; a mental, physical, or medical skills or knowledge examination of the

licensee is warranted; further investigation is warranted; additional charges should be brought; resolution of the complaint without further proceedings is possible; and, a contested case hearing should be pursued.

(e) The informal interview may be conducted by electronic means if the interviewers determine that the purpose of the interview can be achieved in such manner.

(f) The interviewers, board prosecutor, licensee and/or licensee's counsel may discuss stipulation, dismissal, the consent decrees, restrictions or any other pertinent procedural or substantive information.

(g) An electronic or stenographic record may be made and shall, if made, become part of the confidential files of the board.

(h) An informal interview is not subject to strict legal procedural or evidentiary rules. Informal interviews are not open to the public nor is their occurrence a matter of public record.

(i) If the alleged conduct is not within the Board's jurisdiction, or would not constitute a violation of the act, interviewers shall notify the complainant in writing and close the complaint. Board staff shall provide the interviewers' reason(s) for the closure of the complaint to the officers at the next complaint screening, and the closure shall be noted on the ledger.

(j) The results of any board ordered mental, physical competency or medical competency examination shall be provided to the licensee and the interviewers prior to any further board action.

(k) Following notice by the interviewers of their intent to conduct an informal interview, the licensee may, at any time, waive the right to an informal interview. Waiver of the informal interview process must be made in writing, signed by the licensee, and his attorney if represented, and sent to the Board before the scheduled informal interview. A licensee's waiver of the informal interview process shall not, in and of itself, constitute grounds for additional charges of unprofessional conduct.

(l) Settlement or stipulation.

(i) Nothing in these rules shall preclude the licensee and interviewers or petitioners from entering into, at any time before the entry of a final order in a contested case hearing, a consent decree, nor shall these rules preclude a voluntary request by the licensee for the suspension, relinquishment or restriction of the licensee's license; provided, however, that the Board may, but is not required to, grant or reject such a request.

(ii) The reasons, grounds, conditions and other provisions of any such consent decree, voluntary relinquishment, suspension or restriction or other board action taken in lieu of a contested case hearing shall be recorded in the docket file and become a permanent part of the Board's confidential files; provided, however, that any action taken by the board constituting a final action shall be a public document as provided by the Act and the Board's rules.

(iii) Such consent decree or other action may occur at any time prior to the

announcement of a final decision after a contested case hearing.

Section 6. Contested case.

(a) Any contested case before the board shall be conducted pursuant to these rules, the Act and the A.P.A.

(b) Contested cases before the board shall be initiated by a petition.

(c) At least ten (10) days prior to filing of a petition, written communication shall be sent to the respondent requiring indication whether respondent will accept service of the petition by United States certified mail, return receipt requested, or if respondent desires personal service at a place designated by him. Failure by respondent to return written election of choice of service to the board within thirty (30) days of mailing by the board shall mandate personal service. Service of a petition shall be governed by W.R.Civ.P. 4(c)-(o) and 5, and may include service by publication, as provided therein.

(d) The respondent shall file an answer to the petition, or cause an appearance to be entered in the matter before the Board, within thirty (30) days of service of the petition. Failure to file an answer or cause an appearance to be entered shall constitute a default by the respondent.

(e) Prior to any contested case hearing, other than one pursuant to a licensee's petition for reinstatement of a license or removal of restrictions or conditions on a license, an informal interview must be offered to the licensee.

Section 7. Hearing officer.

(a) Upon the filing of a petition, the board may appoint a hearing officer to preside over the contested case. The hearing officer shall not have participated in the preliminary investigation or case preparation.

(b) The hearing officer shall withdraw from the case if he deems himself to be disqualified.

(c) A party may make a written request for the removal of a hearing officer. The request shall be made as soon as the party has reasonable grounds to believe that the hearing officer is subject to disqualification. The written request shall explain the reasons for the requested disqualification and shall be accompanied by affidavits. If the hearing officer denies the request, he shall issue a written explanation of such denial and enter the explanation into the record.

(d) The hearing officer shall have those powers set forth in the A.P.A. and all such other powers as may be necessary to conduct a fair and impartial contested case hearing, including but not limited to, the power to provide for and determine the scope of discovery and set a case schedule, and may assist the board in its deliberations and the development of findings of fact and conclusions of law.

Section 8. Discovery.

(a) Discovery in board disciplinary proceedings shall be governed by W.S. 16-3-107, the Act, and these rules.

(b) Pursuant to W.S. 16-3-107, the board or its hearing officer, at the request of a party, may subpoena the attendance of witnesses or require the production of books, papers or other evidence. A respondent may apply for a subpoena subject to W.S. 33-26-408(f).

Section 9. Deleted.

Section 10. Deleted.

Section 11. Executive Session. The hearing officer shall conduct the hearing in executive session pursuant to W.S. 16-4-405(a)(ii) and/or (a)(ix), unless the respondent, by written motion filed no later than the deadline set forth in the pre-hearing order, requests a public hearing. The hearing officer may sequester witnesses upon appropriate request by any party.

Section 12. Evidentiary Hearing to Compile a Record.

(a) A hearing panel shall not be required to personally attend any part of a hearing including, but not limited to, opening statements, presentation of evidence, and/or closing arguments.

(b) Pursuant to the Office of Administrative Hearings' Uniform Rules for Contested Case Practice and Procedure, Ch. 2, §. 8(b), the hearing officer may, upon the recommendation of the board president or the executive director, or upon his own motion, receive the evidence and compile the record in a contested case outside the presence of the hearing panel.

(c) Upon the close of evidence, all evidence received and compiled by the hearing officer, and the record of the contested case, shall be given as soon as practicable to the hearing panel for their review, deliberations and decision in accordance with this chapter.

(d) The evidentiary record provided to the hearing panel shall include the following:

(i) A transcript and video recording of the hearing, and any depositions entered as witness testimony in the proceedings; and,

(ii) An indexed copy of all exhibits admitted by the hearing officer during the course of the proceeding.

(e) As part of its deliberations on the case, one or more members of the hearing panel may request that a witness who previously testified in the proceeding be called before the panel, placed under oath, and asked one or more questions by the members of the hearing panel to clarify, correct or expand upon the witness's prior testimony. The board advisory attorney shall communicate the request to the hearing officer, in writing with copies to the parties. The hearing officer shall issue such orders and subpoenas as are necessary to secure the witness testimony requested by the hearing panel member(s). The hearing officer may, but is not required to, permit

the parties to question a recalled witness, and may restrict the scope of questions posed by the parties.

Section 13. Deliberations and Decision.

(a) Board counsel shall assist the hearing panel in its deliberations, and in drafting findings of fact, conclusions of law and an order.

(b) The hearing panel shall make its decision in public session, and shall serve a copy of the decision upon all parties. The decision shall include:

(i) A statement of the findings of fact and conclusions of law, separately stated and supported by concise and explicit statements, and

(ii) An order setting forth the action taken, including costs, if any, assessed against respondent.

Section 14. Record.

(a) The record in contested cases shall consist of those items set forth in W.S. 16-3-107(o) and the transcript of the proceedings.

(b) If the board's decision is appealed to the district court, the appealing party shall pay the costs of copying the transcripts and duplicating the record for submission to the court and the parties to the appeal.

Section 15. Reinstatement of, or Removal or Modification of Restrictions or Conditions on, a License.

(a) A former licensee whose license has been relinquished or revoked may file a petition for reinstatement of his license pursuant to the Act.

(b) A licensee whose license has restrictions or conditions on it may file a petition seeking removal or modification of one or more restrictions or conditions, pursuant to the Act.

(c) In the course of proceedings under subsections (a) and (b), the licensee will be designated "petitioner." The petitioners appointed during the proceedings that led to relinquishment, revocation, or placement of restrictions or conditions on an existing license shall be designated "respondent(s)." If none the previously appointed petitioners remain on the board or the advisory council, the officers shall appoint one (1) board member to serve as the respondent in the proceedings to reinstate or remove or modify conditions or restrictions.

(d) After a hearing before the board on a petition filed pursuant to this section, the board shall issue specific findings of fact, conclusions of law and a final order:

(i) Reinstating the license without restrictions or conditions;

(ii) Reinstating the license subject to restrictions or conditions;

- (iii) Removing or modifying the restrictions or conditions on the license;
- (iv) Denying reinstatement of the license or removal of the restrictions or conditions on the license; or,
- (v) Taking such action as the board deems appropriate and just in the circumstances.

(e) A licensee whose petition for reinstatement of or removal or modification or restrictions or conditions on, a license may appeal such final order to the district court pursuant to W.S. 16-3-114.

Section 16. Public inspection.

(a) The legal custodian shall segregate all documentation pertaining to any petition and place it into the appropriate docket file or the ledger of public information. The executive director shall provide proper identification of all the records in the docket files and ledger.

(b) The ledger shall be open for public inspection in the board offices.

(c) Docket files shall be confidential, segregated files not available for public inspection, maintained in the board offices.

(d) If the legal custodian or his designee denies a request to inspect or copy records, written reasons shall be given if requested and the requestor shall be advised of the right to appeal and state why inspection should be granted including the purpose for which the record is needed by the requestor.

(e) All ledger records shall be kept at the board office or in a governmental record storage site and shall be available for public inspection and copying during office hours when such inspection or copying does not unduly interfere with the work of board staff.

(f) Original ledger records shall be examined under the supervision of board staff and shall not be removed from the office.

(g) A request to inspect ledger records shall be deemed sufficient if it reasonably describes the requested records and contains the requestor's name and address.

Section 17. Notification. All final board orders subject to public disclosure pursuant to W.S. 33-26-408(c) shall be sent to any medical facilities where the licensee has privileges, to the appropriate state medical society and to any local county medical society to which the licensee might belong, to a wire service, to the F.S.M.B., and the N.P.D.B. and, when applicable, to the Wyoming Board of Pharmacy and the U.S. Drug Enforcement Administration, within thirty (30) days of the final disposition of the case.

Section 18. Incorporation by reference.

(a) For any rule incorporated by reference in these Board Rules:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section; and

(iii) The incorporated rule is maintained at Board Office and is available for public inspection and copying at cost at the same location.

(b) Each rule incorporated by reference is further identified as follows:

(i) Chapter 2 - Contested Case Proceedings, adopted by the Office of Administrative Hearings and effective on July 20, 2017, (found at: <https://rules.wyo.gov>, Reference Number 270.0001.2.07202017);

(ii) Rule 4(c)-(x), Wyoming Rules of Civil Procedure, adopted by the Wyoming Supreme Court and effective on March 1, 2017 (found at: <https://www.courts.state.wy.us/wp-content/uploads/2017/05/Wyoming-Rules-of-Civil-Procedure-eff.-July-2018.pdf>); and,

(iii) Rule 5, Wyoming Rules of Civil Procedure, adopted by the Wyoming Supreme Court and effective on March 1, 2017, (found at: <https://www.courts.state.wy.us/wp-content/uploads/2017/05/Wyoming-Rules-of-Civil-Procedure-eff.-July-2018.pdf>).

Section 19. Criminal History Background for Purposes of Investigations and Discipline

(a) The board may request a criminal history record report on a licensee if:

(i) A complaint against a licensee involves allegations of criminal conduct;

(ii) Any information received by the board indicates the licensee may have a criminal history that is relevant to a pending complaint, investigation or disciplinary action.

(b) Upon a determination by the executive director that a criminal history record check is appropriate, a written request shall be sent to the licensee along with the necessary forms for fingerprinting of the licensee.

(c) A licensee may receive a copy of the results of his criminal history record check upon written request submitted to the Board. If the licensee disputes the results of the criminal history check, as permitted by federal regulations, the results received by the Board shall remain a part of the application or investigation file until such time as a correction or change is effected by the FBI. The licensee shall submit to the Board a second set of forms with his fingerprints to be submitted to law enforcement for a new criminal history check, along with notice from the FBI that his challenge to the questioned information has been successful and the record has been changed accordingly.

Section 20. Proceedings to deny an application for licensure.

(a) If the application review committee recommends that an application for licensure or reactivation of a license be denied, or if after a licensure interview the Board refers an application to the application review committee for proceedings to deny an application for initial licensure or reactivation of a license, any proceedings shall be conducted pursuant to these rules.

(b) In the course of proceedings to deny an application for licensure or reactivation of a license, the applicant shall be designated "petitioner." The application review committee members shall be designated "respondents."

(c) The petitioner shall have the burden to prove, by a preponderance of evidence, that he meets all requirements for licensure or reactivation of his license, and that he can safely and skillfully practice medicine. Upon completion of the petitioner's case, the respondents shall have the burden to prove, by clear and convincing evidence, that the petitioner fails to meet all requirements for licensure or reactivation of his license, or is unable to safely and skillfully practice medicine.

(d) After a hearing before the board to deny an application for licensure or reactivation of a license, the board shall issue specific findings of fact, conclusions of law and a final order:

- (i) Granting a license without restrictions or conditions;
- (ii) Granting a license subject to restrictions or conditions;
- (iii) Denying issuance of a license; or,
- (iv) Taking such action as the board deems appropriate and just in the circumstances.

(e) An applicant whose application for licensure or for reactivation of a license is denied may appeal such final order to the district court pursuant to W.S. 16-3-114.

CHAPTER 1

LICENSE ELIGIBILITY, APPLICATION AND INTERVIEWS

Section 1. Authority. These rules are promulgated pursuant to authority granted by the Act and the APA.

Section 2. Purpose. The rules in this chapter are adopted to establish definitions to be used in the Board's rules, establish procedures to determine eligibility for licensure as a physician, set requirements for physician license applications, establish procedures and requirements for temporary, training and inactive physician licensure and license renewal and establish procedures and criteria for interviews of physician license applicants.

Section 3. Definitions. The definitions contained in the Act and the APA are incorporated herein by this reference. In addition, the following definitions of terms used in all chapters of the rules promulgated under the Act shall apply :

- (a) "A.B.M.S." means the American Board of Medical Specialties.
- (b) "Active practice of medicine" means the practice of medicine and provision of clinical or population-based care for an average of not less than twenty (20) hours per week in any consecutive twelve (12) month period.
- (c) "Advisory council" means the advisory committee to the board of medicine on matters related to physician assistants created pursuant to W.S. 33-26-503(b)(v).
- (d) "Affidavit" means a written, notarized statement of facts made voluntarily under oath.
- (e) "A.M.A." means the American Medical Association.
- (f) "A.P.A." means the Wyoming Administrative Procedure Act, W.S. 16-3-101, *et seq.*
- (g) "Applicant" means any person who has applied to the board for issuance, renewal, or reactivation of a license.
- (h) "Application" means a written submission to the board on a form approved by the board, and any accompanying documents.
- (i) "Attending Physician" means a physician licensed by the Board who has established a physician/patient relationship;
- (j) "B.O.S.B.O.C." means the Bureau of Osteopathic Specialists and Boards of Certification.
- (k) "Clean application" means that the physician applicant has none of the following:
 - (i) Professional liability insurance settlement(s) or payment(s) in excess of

\$50,000 individually or \$100,000 in the aggregate;

- (ii) Criminal record;
- (iii) Medical condition(s) which could affect the physician's ability to practice safely;
- (iv) Licensing or regulatory board complaint(s), investigation(s), or action(s) (including withdrawal of a licensure application);
- (v) Adverse action taken by a health care entity;
- (vi) Investigation(s) or action(s) taken by a federal agency, the United States military, medical society or association; or,
- (vii) Suspension or expulsion from, or disciplinary action in, any academic program, including medical school, residency program or fellowship program.

(l) "CLIA waived tests" means those medical tests that are exempt from federal Clinical Laboratory Improvement Amendments requirements.

(m) "C.M.E." means continuing medical education.

(n) "Complainant" means any identified person, persons, association or entity, including the board or an individual member of the board, or the board staff, who communicates to the board alleging facts, which may constitute a violation of the Act by a licensee.

(o) "Complaint" means a communication received by the board which alleges sufficient to determine the identity of the licensee who allegedly engaged in the conduct, whether the alleged conduct falls within the board's jurisdiction, and whether the alleged conduct may constitute a violation of the Act.

(p) "Complaint file" means a confidential record of an initial complaint and information received or produced in the screening and investigation of a complaint.

(q) "Consults" means participates in an ongoing, documented consultative relationship including at least one Wyoming licensed, attending physician.

(r) "Core application documents" means the following:

- (i) The required application form(s) and appropriate fee(s);
- (ii) Form and supporting document(s) demonstrating proof of legal presence in the U.S. pursuant to 8 U.S.C. § 1601, *et seq.*;
- (iii) an FSMB Board Action Databank report; and,
- (iv) an NPDB report.

(s) “Costs” means those expenses incurred in a hearing to deny, refuse to renew, reactivate, reinstate, revoke, restrict, place conditions upon, or suspend a license pursuant to W.S. 33-26-405(a)(viii) and includes, but is not limited to, reasonable attorneys’ fees incurred by the board, hearing officer fees, service fees, subpoena fees, reporter fees, lay and expert witness and consultant fees, travel and per diem expenses, deposition costs and other costs and expenses incurred in the investigation, discovery, preparation and hearing of any disciplinary matter.

(t) “Delegate” means transfer authority for the performance of a medical task.

(u) “Delegating physician” means a Wyoming-licensed physician who delegates duties to provide health care services to a medical assistant.

(v) “Docket file” means a confidential record of each board proceeding pertaining to a petition filed before the board or a denial of an application, and the reasons and grounds for each and every step in the disciplinary or appeal process, commencing with the first notice of complaint by any complainant or final order in a denial action. The docket file shall reflect every action in the proceeding.

(w) “Executive director” means a non-board member hired by the board pursuant to W.S. 33-26-203(a) and authorized to coordinate and direct board functions.

(x) “FSMB” means the Federation of State Medical Boards of the United States, Inc.

(y) “He,” “his” and all other male pronouns shall be construed as including the corresponding female pronoun.

(z) “Hearing officer” means an attorney experienced in administrative law appointed by the board to perform those functions set forth in W.S. 16-3-112(b) and these rules in a contested case.

(aa) “Hearing panel” means the members of the board who hear and render a decision in a disciplinary case.

(bb) “HIPAA” means the Health Insurance Portability and Accountability Act of 1996.

(cc) “HIPAA privacy rule” means the federal regulations related to the privacy of protected health information at 45 C.F.R. 160 and 164.

(dd) In addition to the definition set forth in the Act, “impaired” means a person who is unable to practice medicine with reasonable skill and safety to patients by reason of professional incompetence.

(ee) “Indeterminate scores” means passing level examination scores that cannot be certified as representing a valid measure of an examinee’s competence in the domains assessed by the test. Indeterminate scores may result from irregular behavior, or they may be due to other factors such as examinee illness during part of an examination. Inconsistency of performance within the examination, between administrations with the same step examination, or other aberrations not reasonably and/or satisfactorily explained may result in passing scores being

classified as indeterminate. If irregular behavior is determined to affect score validity, resultant passing scores are considered indeterminate.

(ff) “Informal interview” means a confidential meeting with a licensee and interviewers in which the specification of charges, defenses and responses are discussed after initial screening of the complaint and prior to a contested case hearing.

(gg) “Interviewers” are members of the board, and a member of the advisory council if the licensee is a physician assistant, appointed by the board president, or in his or her absence, the vice president, to investigate a complaint against a licensee, conduct an informal interview with the licensee, and make recommendations to the board officers for further board action.

(hh) “Interview date” means the day designated by the board for the licensure interview.

(ii) “Irregular behavior” means all actions on the part of applicants and/or examinees that subvert or attempt to subvert the examination process. Specific examples of irregular behavior include seeking and/or obtaining access to examination materials prior to the examination, falsification of information on application or registration forms, impersonation of an examinee or engaging a proxy to take the examination, copying answers from another examinee, etc. Irregular behavior is generally identified and subsequently reported by proctors or other individuals involved in examination registration or administration or is reported by examinees or others who believe inappropriate behavior has occurred.

(jj) “Ledger” means a continual, permanent, record of all complaints received by the board. A ledger entry shall commence with the initial complaint or final order in a denial action and shall contain the date of the action or complaint, the section(s) of the Act or the board’s rules relied upon by the board as a basis for its action, the disposition of the matter, the disciplinary action taken, if any, and the date of final disposition. No information likely to disclose the identity of the complainant, applicant or respondent shall be included in the ledger.

(kk) “Legal custodian” means the executive director.

(ll) “Licensure interview” means an interview before a panel of not fewer than three (3) members of the board with an applicant who meets one or more of the criteria set forth in Chapter 1, Section 5(b)(iv) of these Rules.

(mm) “LMCC” means the Licentiate Medical Council of Canada.

(nn) “Medical assistant” means a person who does not hold a license to provide health care services issued under title 33 of the Wyoming Statutes, and is authorized and supervised by a Wyoming-licensed physician to provide health care services under limited delegation by the physician.

(oo) “Medical specialty consultant” means a person who consults with board staff, board prosecutor and interviewers or petitioners in a disciplinary action and provides specialized expertise on medical issues.

(pp) “National Boards” means the examination administered by the National Board of Medical Examiners.

(qq) “National certification” means certification of a physician assistant through the NCCPA or such other certification examination recognized by the board through examination and continuing medical education hours.

(rr) “N.B.M.E.” means the National Board of Medical Examiners.

(ss) “NBOME” means the National Board of Osteopathic Medical Examiners or the examination of graduates of the colleges of osteopathic medicine also known as the NBOME and/or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX).

(tt) “N.P.D.B” means the National Practitioner Data Bank.

(uu) “Officers” means the president, vice president and secretary of the board.

(vv) “Petition” means a formal disciplinary action filed with the Board by the Board Prosecutor against one or more licensees on behalf of one or more petitioners.

(ww) “Petitioner” means a board or advisory council member who is appointed by the officers to act as a prosecuting party in a formal disciplinary action against one or more licensees.

(xx) “Physical address” the address of a licensee’s practice or office location, or the licensee’s home.

(yy) “Physician/patient relationship” means a relationship between a licensee and any person to whom the licensee provides any services or exhibits any conduct that constitutes practicing medicine.

(zz) In addition to the definition in the act, “practicing medicine” means any person who in any manner operates or delegates the responsibility to operate a medical device classified as a Class II or Class III medical device by the U.S. Food and Drug Administration unless operation or authorization for operation occurs in a site under the direct supervision of a person licensed under this chapter.

(aaa) “Practicing medicine” does not apply to or include:

(i) Licensed health care providers rendering medical assistance without compensation during an emergency, including, but not limited to, physician assistants who may render aid at the scene of an emergency without physician supervision;

(ii) Medical students trained in an L.C.M.E. or A.O.A. accredited or board approved school of medicine, or who are E.C.F.M.G. certified, serving as clinical clerks, residents, fellows or interns under the supervision of a physician licensed in this state;

(iii) Commissioned medical officers of the United States armed services and

medical officers of the United States public health services or the veterans' administration of the United States in the discharge of their official duties or within federally controlled facilities or enclaves, provided that such persons who are licensees of the board shall be subject to the provisions of the act and further provided that all such persons shall be the holder of a full and unrestricted license to practice medicine in one or more jurisdictions in the United States;

(iv) Any individual residing in and licensed to practice medicine in another state or country called into this state for consultation by a physician licensed to practice medicine in this state;

(v) Any individual licensed to practice medicine in another state that comes to this state to remove human organs from brain dead persons;

(vi) The treatment of disease, injury, deformity or ailments by prayer or spiritual means provided that federal and state health and sanitation laws, rules and regulations are not violated;

(vii) The gratuitous domestic administration of family remedies;

(viii) A health care provider licensed under any other chapter of this title engaged in the practice of the profession for which he is licensed;

(bbb) "Reactivation" means the procedures set forth in these Rules to restore an emeritus, inactive or lapsed license to active status;

(ccc) "Respondent" means a licensee named in a petition.

(ddd) "Screening" means a review by the officers of complaints received by the board.

(eee) Repealed.

(fff) "SPEX" means the special purpose examination of current medical knowledge administered by the FSMB.

(ggg) "These rules" means all rules in all chapters properly adopted by the Board and currently in effect.

(hhh) In addition to the definition set forth in the Act, "unprofessional conduct" means:

(i) Improperly terminating a physician-patient relationship.

(ii) Interfering or attempting to interfere with a board investigation, whether of the licensee or another person. This includes, but is not limited to, attempting to intimidate or otherwise influence a complainant or witness to give less than full cooperation and truthful statements to the board in the course of an investigation.

(iii) Practicing as a physician assistant outside the scope of an approved physician assistant supervisory relationship.

(iii) “Application review committee” means one or more board members, including at least one (1) physician member of the Board, and one (1) member of the physician assistant advisory council (for review of physician assistant license applications only), appointed by the President to review license applications.

(jjj) “FBI” means the Federal Bureau of Investigation.

(kkk) “Act” and “the Act” mean the Wyoming Medical Practice Act, W.S. 33-26-101, *et seq.*

Section 4. Eligibility for licensure.

(a) General requirements.

(i) To be eligible for consideration for licensure, an applicant shall submit an application on the form or forms supplied or approved in advance by the board.

(ii) Any application, to be eligible for consideration, shall be accompanied by the required fee in immediately negotiable funds.

(iii) For an application to be considered complete, all documents, reports and related materials must be received in the board’s office and meet all requirements set forth in the Act and the rules adopted by the board.

(iv) References shall be submitted on a form approved, and contain information as specified, by the board.

(A) Three (3) original references from physicians are required including at least two (2) from physicians with whom the applicant has practiced medicine within the past three (3) years. In exceptional circumstances the board may waive one (1) or more of the required reference letters. References from physicians with whom the applicant has a current or prospective financial, business or family relationship are not acceptable.

(B) All references shall be on a form prescribed by the board, dated within six (6) months of the application date and signed by the referring physician.

(C) If a submitted reference is incomplete or otherwise fails to provide sufficient information about the applicant, an applicant may be required to submit one or more references in addition to those required in subparagraph (A).

(v) An application, to be considered, shall be complete in all respects no later than fifteen (15) business days prior to the licensure interview date, should a licensure interview be required by these rules.

(vi) The board shall issue a written notice of ineligibility to any applicant who does not meet the eligibility requirements, or has otherwise failed to submit an application which meets the requirements, of the act or these rules.

(vii) Applications shall remain on active status for six (6) calendar months from the date the application document is received in the board office. The applicant is eligible for a licensure interview with the board, if one is required by these rules, at any time within the six (6) month period following the date the application is complete pursuant to Ch. 1, Section 4(a)(iii) of these rules.

(viii) Pursuant to 8 U.S.C. 1621, any applicant for licensure shall verify his or her lawful presence in the United States on a form approved or prescribed by the board.

(ix) Any applicant for licensure or renewal of licensure shall, pursuant to W.S. 33-1-114, provide his or her Social Security number as part of any application for licensure.

(b) To be eligible for consideration for licensure, an applicant shall demonstrate in his or her application that he or she meets each and all of the requirements of the act including, but not limited to, those requirements set forth in W.S. 33-26-303, and these rules.

(c) All applicants for physician licensure shall apply only through the F.C.V.S. and supply additional information as requested by the Board.

(d) Repealed.

(e) Any physician rendering medical diagnosis and/or treatment to a person physically present in this state must have a license issued by the board when such diagnosis/treatment is rendered, regardless of the physician's location and regardless of the means by which such diagnosis/treatment is rendered. This requirement shall not apply to an out-of-state physician who consults by telephone, electronic or any other means with an attending physician licensed by this board or to an out-of-state physician who is specifically exempt from licensure pursuant to W.S. 33-26-103.

(f) Repealed.

(g) Repealed.

(h) All applicants for physician licensure shall have completed all three parts of the examination in a period of not more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program), and shall have taken the three parts of the examination a total of not more than seven times. Persons who have taken the three parts of the examination more than a total of seven times or who have taken more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program) to pass all three parts of the examination shall not be eligible for licensure unless and until they successfully complete either one (1) year of post graduate training in addition to that required in W.S. 33-26-303(a)(iv), or one (1) or more other comprehensive and suitably-rigorous assessment, training and evaluation programs after passage of all parts of the examination.

(i) Reserved.

(j) All applicants for licensure other than a training license must demonstrate one (1) or more of the following:

(i) Successful completion of not less than two (2) years of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program; or,

(ii) Successful completion of not less than one (1) year of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program and:

(A) Current certification by a medical specialty board that is a member of the A.B.M.S. or the B.O.S.B.O.C.; or

(B) Continuous full and unrestricted medical licensure in good standing in one or more states and/or the District of Columbia for the preceding five (5) years.

Section 5. Licensure.

(a) Pursuant to the Act, the board may issue the following licenses to practice medicine:

(i) A license to practice medicine, subject to annual renewal.

(ii) A temporary license to practice medicine pursuant to W.S. 33-26-304(a).

(iii) A restricted or conditional license to practice medicine.

(iv) An inactive license. Inactive licenses are available for physicians currently licensed in Wyoming who do not intend to practice medicine, write prescriptions or engage in clinical activity. The Board may grant an inactive license to practice medicine if, in addition to meeting all eligibility requirements of W.S. 33-26-303, the applicant ~~files a verified affidavit with submits, on a form approved by the board, a statement affirming~~ attesting that: (1) he shall not see patients or perform procedures in a clinical or office setting for any type of remuneration, (2) he shall not in any way hold himself out as actively engaged in the active practice of medicine, and (3) he shall submit written confirmation to the board on an annual basis confirming that such inactive status is ongoing. An inactive license exempts the licensee from continuing medical education requirements described in Chapter 3, Sec. 7 of these rules. A holder of an inactive license may not prescribe medications. Licensees claiming inactive status who receive remuneration for providing clinical services, or who prescribe any medication, may be subject to discipline pursuant to W.S. 33-26-402(a)(xxvii).

(v) An emeritus license. Emeritus licenses are available for retired physicians who hold a current Wyoming license to practice medicine and wish to provide clinical care in Wyoming without remuneration or for nominal remuneration in a non-profit facility. Such license may issue to an applicant who provides proof that he is retired from the active practice of medicine, provides proof that he has maintained a license in good standing in Wyoming or another jurisdiction of the United States or Canada for a period of not less than ten (10) years prior to applying for the emeritus license, and submits signs a notarized statement, on a form approved by the board, affirming that he will not accept any form of remuneration for medical services rendered in Wyoming while in the possession of an emeritus license, or that he is receiving only nominal remunerations for providing medical care in a non-profit facility. As part of the application process, an applicant for an emeritus medical license who does not hold a

current Wyoming license shall complete all requirements for issuance of a Wyoming medical license set forth in W.S. 33-26-303. If a licensure interview is required pursuant to subsection (b) of this rule, such interview may be conducted by one (1) board member and, if deemed appropriate by the board officers, may be conducted by telephonic means.

(A) Physicians possessing an emeritus medical license shall:

(I) Annually ~~sign an affidavit~~acknowledge, on a form approved by the board, affirming that their medical practice continues to be without remuneration or is for nominal remuneration in a non-profit facility; and

(II) Even though physicians holding an emeritus license are not engaged in active clinical practice, the Board expects that they will engage in life-long learning activities to maintain a base of medical knowledge and skills. Therefore, the requirements for continuing medical education noted in Ch. 3, sec. 7 of these rules apply to emeritus licenses. Continuing medical education may also be satisfied by documented emeritus clinical service in a non-profit health care facility, such clinical service to be credited at one (1) hour of continuing medical education credit for every five (5) hours of clinical service, up to a maximum of ten (10) hours of continuing medical education credit per calendar year.

(B) The board shall require no fees for the application for, or renewal of, an emeritus medical license.

(vi) Training license. A medical training license issued pursuant to W.S. 33-26-304(c) to an applicant who meets all of the requirements of such statute and these rules.

(A) First-year training license (“T-1”). An applicant who is in the first year of enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state may be issued a first-year training license (“T-1” license). The holder of a T-1 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e. “moonlight”). The holder of a T-1 license may not independently prescribe any legend drugs or medications, and may only prescribe legend drugs or medications with the co-signature of a physician holding an active license in good standing in this state. The prohibition on prescribing does not apply to orders written under the supervision of a licensed attending physician for patients receiving inpatient care. The T-1 license expires on June 30th of each year, and may not be renewed.

(B) Second-year training license (“T-2”). An applicant who has successfully completed not less than one (1) year in an A.C.G.M.E. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident may be issued a second-year training license (“T-2” license). The holder of a T-2 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e., “moonlight”) except as specified in paragraph (H) below. The holder of a T-2 license may independently prescribe legend drugs and medications, subject to all applicable laws and regulations. The T-2 license expires on June 30th of each year, and may be renewed only one (1) time upon applicant’s successful completion of the second year of the residency program. If the applicant meets all

requirements for issuance of a regular medical license under W.S. 33-26-301(b)(i) and W.S. 33-26-303, the T-2 license may not be renewed.

(C) To qualify for a training license (T-1 or T-2), an applicant must submit the following:

(I) Evidence that the applicant has graduated from a school of medicine accredited by the L.C.M.E., a school of osteopathy accredited by the A.O.A., or a Canadian-accredited school of medicine, or that the applicant has been certified by the E.C.F.M.G.;

(II) Evidence that the applicant has passed steps one (1) and two (2) of the U.S.M.L.E. or the COMLEX with a two-digit score of not less than 75 on each part;

(III) A copy of the applicant's signed contract then in force with an A.C.G.M.E., or A.O.A. accredited residency program located in this state (copy of the contract must be submitted with the application);

(IV) A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

(V) A completed application on a form provided or approved by the Board; and,

(VI) The requisite fee(s) in accordance with this chapter.

(D) Applicants for a second-year (T-2) training license shall be subject to these additional requirements:

(I) ~~The applicant will use the Federation F.C.V.S. and have his packet submitted to the board at the applicant's expense; Repealed.~~

(II) The board shall query the N.P.D.B. and F.S.M.B.'s board action data bank regarding the applicant; and,

(III) The applicant will submit documentation that he or she has successfully completed not less than one (1) year in an A.C.G.M.E. or A.O.A. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident.

(E) When the application for a training license is complete, the Board's executive director shall review the application, and may take the following action:

(I) Issue the training license; or

(II) Refer the application to the application review committee

for review. The application review committee may issue the training license, issue the training license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for the training license. If the application review committee denies the training license, the applicant may appeal that decision to the full board, which shall review the application de novo, and which may require the applicant and/or the director of the residency program to appear for an interview. The board may issue the training license, issue the training license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for a training license. If the board denies the application, it shall issue an order to that effect, which shall be appealable to the district court pursuant to the Act and these Rules.

(F) Renewal of T-2 license. To renew a T-2 license, the applicant must provide documentation of the following:

(I) Successful completion of the second year of an A.C.G.M.E. or A.O.A. accredited residency program;

(II) A copy of the applicant's signed contract then in force with an A.C.G.M.E. or A.O.A. accredited residency program located in this state (copy of the contract must be submitted with the renewal application);

(III) A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

(IV) A completed renewal application on a form provided or approved by the Board; and,

(V) The requisite fee(s) in accordance with this chapter.

(G) Automatic termination of training license. Issuance of a training license is subject to the applicant's current enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state. If for any reason the holder of a training license resigns or is dismissed from, or otherwise is no longer currently enrolled in, an A.C.G.M.E. or A.O.A. accredited residency program located in this state, the training license shall immediately expire and be deemed automatically terminated without additional action by the Board.

(H) A holder of a T-2 license may practice medicine outside of the duties assigned as part of the residency program in which he or she is enrolled (i.e., "moonlight") only if these following conditions are met:

(I) The holder of the T-2 license has passed Step 3 of the USMLE or COMLEX with a two-digit score of not less than 75;

(II) The holder of the T-2 license receives advance written approval from the residency program director for his or her proposed "moonlighting"; and,

(III) The residency program director notifies the Board in advance and in writing of the approved "moonlighting" arrangement.

(vii) Volunteer license. The board may issue a license to a physician who is in good standing in at least one (1) jurisdiction other than the state of Wyoming for the purpose of providing medical treatment as a volunteer, without compensation. An applicant for a volunteer license must complete and submit a form and documentation prescribed by the board, meet the requirements of W.S. 33-26-303, agree to comply with the Act and these rules, agree to be subject to the jurisdiction of the board, provide proof of licensure in good standing in at least one (1) jurisdiction other than the state of Wyoming, and pay the fee set by the board. A licensure interview is not required for issuance of a volunteer license. A volunteer license shall be valid for not more than twenty-one (21) consecutive days in any calendar year, and may not be renewed.

(viii) Administrative medicine license. The board may issue an administrative medicine license to a physician who meets all qualifications for licensure in the state, including payment of a fee set by the board, but who does not intend to provide medical or clinical services to or for patients while in possession of an administrative medicine license ~~and signs a notarized statement to that effect~~. An administrative medicine license is subject to annual renewal.

(b) Licensure Application Processing, Review and Interviews.

(i) When an applicant's core application documents have been received by the Board and are deemed to be satisfactory, the executive director or his designee will review the application and supporting materials to determine whether a licensure interview of the applicant will be required pursuant to this rule. If the executive director or his designee determines that the applicant has been continually licensed in good standing (not including training licenses) for the preceding three (3) years in one or more states and/or the District of Columbia; and the applicant has a clean application as defined in this chapter, the executive director may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules, including the requirement for a complete application set forth therein. In no event shall a temporary license issued under this paragraph be valid for more than 180 days from the original date of issuance.

(ii) If an applicant is not issued a temporary license pursuant to paragraph (b)(i) of this rule, when the application is deemed complete pursuant to Section 4 of this chapter, the executive director or his designee shall review the application and supporting materials and may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules. If the executive director or his designee declines to issue a temporary license to the applicant, the applicant's file shall be presented to the application review committee for review. The application review committee may:

(A) Issue a temporary license to the applicant, pursuant to Chapter 1, Section 6 of these rules;

(B) Defer action on the application until the applicant appears for a licensure interview

(C) Advise the applicant in writing that the application review committee will bring proceedings to deny the application for licensure, following the procedure set forth in Chapter 7 of these Rules; or

(D) If an applicant is applying for his first medical license in the United States, issue a temporary license subject to the requirement that the applicant appear for a licensure interview.

(iii) A summary of each applicant's licensure file and application will be sent to all members of the Board prior to the next regularly-scheduled board meeting, and any board member may request that the applicant appear for a licensure interview.

(iv) Licensure interviews. If an application or any information received by the Board demonstrates that an applicant is of a status or possesses one or more of the following characteristics, or if any Board member believes a licensure interview is necessary given the information contained on the application, the applicant may be required to submit to a licensure interview before a panel of not less than three (3) board members:

(A) Is seventy (70) years old or older;

(B) Has been licensed as a physician for more than thirty-five (35) years;

(C) Repealed.

(D) Has answered "Yes" to one or more questions on the application form regarding physical or mental impairment, substance or alcohol abuse, criminal convictions, liability claims, prior disciplinary actions, restrictions or conditions on medical licensure, including relinquishment or surrender of a medical license, or restriction, suspension, or resignation while under investigation, of hospital privileges;

(E) Information acquired or received by the board indicates the applicant may not possess sufficient medical training, skill or experience appropriate for the applicant's intended practice in this state;

(F) The applicant's education and/or training verification documents indicate an unexplained delay in completion of his medical education or postgraduate training;

(G) The applicant's verification documents indicate more than one attempt at passage of any examination necessary to obtain initial licensure or to maintain ongoing licensure;

(H) The applicant's verification documents indicate failure to pass board specialty recertification examinations;

(I) One or more board member(s) determine that there are issues raised by the application and/or any supporting or verification documents that should be addressed and ruled on by a panel of board members;

(J) Whose temporary license was deferred by the application review committee;

(K) The applicant has not previously engaged in the active practice of medicine for a period of at least twelve (12) continuous months;

(L) The applicant has been convicted of or pled guilty or nolo contendere to a charge of driving while under the influence of an intoxicant within five (5) years of the date of his/her application;

(M) The applicant has not been engaged in the active practice of medicine in the immediately-preceding two (2) year period;

(N) Failure to fully and completely answer one or more questions on the application form or failing to answer one or more questions truthfully; or,

(O) The applicant's post graduate work and/or employment history indicate an unexplained gap.

(v) Licensure interviews shall be conducted in person (unless otherwise specifically permitted by these rules) and shall consist of oral questions by the panel of board members and oral responses by the applicant. By his or her responses to questions posed in the licensure interview, the applicant must demonstrate to the satisfaction of a majority of the board that he or she is qualified to practice medicine in this state, that (1) he or she possesses a minimum fund of general and identified scope of practice medical knowledge appropriate for the applicant's intended practice in this state, (2) he or she possesses sufficient medical training and medical experience appropriate for the applicant's intended practice in this state, (3) he or she possesses personal and professional character and integrity befitting the practice of medicine, and (4) that there are no other factors contained in the application or disclosed in the licensure interview that would demonstrate that the applicant would be unable to practice medicine in a safe and competent manner.

(vi) Following a licensure interview, the board, shall, by a recorded vote of the board members present:

(A) Grant a license;

(B) Refer the application to the application review committee to bring proceedings to deny the application upon stated reasons, following the procedure set forth in Chapter 7 of these Rules;

(C) Allow the applicant to withdraw the application;

(D) Agree in writing signed by the applicant, to the issuance of a license subject to restrictions and/or conditions; or

(E) Defer action pending successful completion by the applicant of a medical competence examination such as the special purpose examination (SPEX) and/or such other examination, review, evaluation or course of study designated by the board and/or the board's receipt, review and approval of other information requested during the interview.

(vii) If an applicant does not have a licensure interview, a full unrestricted license may be issued to the applicant only upon a majority vote of the board. The board may conduct this vote by voice vote, and may do so using a consent list showing applicants for approval.

(viii) Failure to appear for a licensure interview, regardless of whether a temporary license was issued to the applicant, may result in denial by the board of the application for licensure pursuant to W.S. 33-26-202(b)(i). If an applicant fails to appear for a licensure interview, the Board shall refer the application to the application review committee to bring proceedings to deny the application upon stated reasons following the procedure set forth in Chapter 7 of these Rules.

Section 6. Temporary license.

(a) Temporary license to practice medicine means a license to practice medicine for a limited duration issued pursuant to these rules. A temporary license is effective from the date of issuance until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on the first day of the next regularly-scheduled board meeting. Except as otherwise provided in this chapter, temporary licenses issued less than fifteen (15) business days prior to the next regularly-scheduled board meeting will be valid until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the second regularly-scheduled board meeting after issuance.

(b) Upon written request received from the holder of a temporary license not less than seven (7) days before expiration of the temporary license the executive director may extend a temporary license for an additional term no longer than the later of a vote of board members on the application pursuant to these rules, or the date of the next regularly-scheduled board meeting after extension of the temporary license. The holder of a temporary license may request no more than one (1) extension of the temporary license under this subsection.

(c) If, upon review of the application of a person who is granted a temporary license, one or more board members request that the holder of the temporary license appear for a licensure interview, the executive director may extend the temporary license held by that person until 8:00 a.m. on the first day of the second regularly-scheduled board meeting after issuance of the temporary license. In no event, however, shall a temporary license issued under Section 5(b)(i) of this chapter be valid more than 180 days from the original date of issuance.

(d) All applicants who are granted a temporary license under Section 5(b)(i) of this chapter are required to submit all documentation and materials necessary to ensure that their license application is complete in accordance with Section 4 of this chapter. Failure to have a complete license application within 180 days of issuance of a temporary license shall result in referral of the application to the application review committee to bring proceedings to deny the application upon stated reasons pursuant to W.S. 33-26-202(b)(i) following the procedure set forth in Chapter 7 of these Rules.

Section 7. Exemption from licensure.

(a) Consultants. Physicians residing in and currently licensed in good standing to

practice medicine in another state or country brought into this state for consultation by a physician licensed to practice medicine in this state may practice medicine without first obtaining a Wyoming license for a total of not more than twelve (12) days in any fifty-two (52) week period and, therefore, are exempt from the licensure requirements of these rules and W.S. 33-26-103(a)(iv). Consults of longer duration or greater frequency require written advance approval of a majority of the Board officers. For purposes of this subsection, the term “brought into this state” means establishing a physician-patient relationship, either by the physician’s physical presence with the patient or through telemedicine. To qualify a consulting physician for exemption from licensure, the following is required:

(i) The physician licensed to practice medicine in this state shall provide written notification of the consultation to the Board, including:

(A) The full name of the consulting physician;

(B) The date(s) on which the consultation will occur;

(C) The state or country where the consulting physician is currently licensed in good standing to practice medicine, and the consulting physician’s license number in that jurisdiction; and,

(D) A brief description of consultation.

(ii) Except in an emergency, the written notification shall be given to the Board no less than one business day before the first day of the consultation.

(iii) In an emergency, the written notification shall be given to the Board within three business days after the first day of the consultation. The notification will include an explanation of the emergency which prevented notification from being sent to the Board before the first day of the consultation.

(b) Physicians in training. The term “medical students” in W.S. 33-26-103 (a)(ii) includes physicians trained in an LCME or AOA accredited or board approved school of medicine, or certified by the E.C.F.M.G., who are participating or serving in a program of clinical clerkship, internship, externship, residency or fellowship training under the supervision of a physician licensed by the Board. “Medical students” are exempt from the licensure requirements listed herein. Notwithstanding the foregoing, a medical student who applies for and receives a license issued by the Board shall be subject to the act and the Board’s rules and jurisdiction.

(c) Physician assistants. The term “persons” in W.S. 33-26-103(a)(i) specifically includes currently licensed physician assistants who may render aid at the scene of an emergency without physician supervision, such physician assistants are exempt from the licensure requirements listed herein when they are acting under such statutory authorization.

(d) Emergencies. ~~Wyoming physicians and physician assistants and those~~ Physicians and physician assistants residing in and who hold full and unrestricted licenses to practice medicine or to practice as a physician assistant in another state or country who come

into this state to provide medical care during an emergency or pandemic declared as such by Order of the Governor of this state and/or pursuant to any State Emergency Plan and who comply with all requirements of the board for verification of licensure and identity, may practice medicine or practice as a physician assistant without first obtaining a Wyoming license for the period during which any such emergency or pandemic Declaration or Order remains in effect.

(i) Physicians and physician assistants not otherwise licensed in this state may practice in Wyoming under the consultation exemption during a public health emergency declared by the Governor. For purposes of this paragraph, a physician or physician assistant brought into this state is deemed to be consulting with the state health officer.

(A) For a physician or physician assistant not licensed in this state to practice in Wyoming during a public health emergency, the state health officer shall cause the following to be submitted to the board:

(I) The full name, date of birth and social security number of the consulting physician or physician assistant;

(II) The date(s) on which the consultation will occur;

(III) The state or country where the consulting physician or physician assistant is currently licensed in good standing to practice medicine, and the consulting physician's license number in that jurisdiction; and

(IV) A brief description of the consultation, including the declaration of a public health emergency by the governor.

(B) A physician's or physician assistant's consultation begins upon the submission of that person's information to the board, and shall terminate on the earlier of forty-five (45) days after the date the governor declares the public emergency has ended, or the state health officer notifies the board that the physician's or physician assistant's consultation has ended.

(C) Upon the board's receipt of a physician's or physician assistant's information to consult with the state health officer under this subsection, the board shall query the National Practitioner Data Bank and the Federation of State Medical Boards' Physician Data Center regarding the physician or physician assistant. The board shall immediately notify the state health officer of any adverse information received as a result of those queries.

(D) A physician or physician assistant who is approved to practice in Wyoming under this exemption may apply for a full, unrestricted license to practice in Wyoming at a reduced fee. The application must be received in the Board office while the public health emergency is in effect. The applicant must follow the normal licensing procedure set for in the Act and these rules.

Section 8. Fees.

(a) All fees are non-refundable.

(b) Requested paperwork shall not be processed until appropriate fees are received by the board.

(c) Application fees shall be paid to the board in the form of cashier's check or money order. All other fees shall be paid to the board in the form of a check, cashier's check or money order; however, on-line applications for licensure or renewal of licenses may be paid by credit card.

Application and initial license fee [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted)]\$600.00
(\$500.00 for persons holding a current T-2 license)

Application to convert from public health emergency licensure exemption to full, unrestricted physician licensure (pursuant to Ch. 1, Sec. 7(d)(i)(D) of these Rules) and initial license fee [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted)].....\$165.00

Paper form license application processing fee\$50.00

Annual renewal of license (including administrative license)\$240.00

Paper form renewal application-processing fee\$25.00

License renewal grace period surcharge:100.00

Reactivation of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and license (if granted) through-June 30th]\$400.00

Reinstatement of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and license (if reinstatement is granted)] [Costs may also be imposed in addition to the reinstatement fee.]\$400.00

Inactive license, conversion to (one-time fee)\$50.00

Inactive license renewal No charge

First-year residency training license ("T-1" license)\$25.00

Second-year residency training license ("T-2" license).....\$100.00

Residency training license ("T-2" license) renewal\$100.00

Volunteer license\$75.00

Verification of license.....\$35.00

Wyoming hospital privileging verification of license (Requires submission of a spreadsheet

listing all physicians and/or physician assistants for whom verifications are requested.
Response will be provided on the spreadsheet verifying licensee name, license number, license expiration date, whether the licensee has been disciplined, and whether there are any restrictions on the license.) \$15.00 per license

Replacement of lost license – pocket size (No charge if the licensee uses the Board’s on-line system to print the replacement license.)\$25.00

License – wall size\$50.00

Physician directory to non-licensees – per copy.....\$45.00

Physician mailing list.....\$500.00

Physician assistant mailing list\$100.00

Physician and physician assistant mailing lists.....\$550.00

Certified copiesFirst page: \$10.00
Additional pages: \$.50

Photocopies (except certified copies), including cost of duplication of transcript(s) and administrative record in appeals from contested case hearings [Ch. 7 § 14(b)]First page: \$2.00
Additional pages: \$.10

Section 9. Repealed.

Section 10. License Renewal.

(a) Physician licenses originally issued between July 1st and February 28th (29th in leap years) shall be due for first-time renewal no later than the immediately following June 30th. Physician licenses originally issued between March 1st and June 30th shall be valid through, and due for first-time renewal no later than, June 30th of the following calendar year. Regardless of original issue date, after first-time renewal, all physician licenses shall be renewed no later than June 30th of each calendar year. Physician licenses set to expire on June 30, 2020, are extended to, and shall be renewed by, September 30, 2020.

(b) Licensees who fail to submit their application for renewal by June 30th may submit their application, the requisite renewal fee, and the license renewal grace period surcharge no later than September 30th. Physician licenses set to expire on September 30, 2020, may be renewed during the grace period no later than December 31, 2020, subject to submission of the renewal application, the requisite renewal fee, and the license renewal grace period surcharge.

(c) Licensees shall submit an application for renewal each year in a format or form provided by the board. The board may utilize paper or electronic forms, or a combination of both.

Section 11. Reactivation of emeritus and inactive licenses.

(a) A licensee holding an emeritus or inactive license may apply to reactivate it by submitting the following:

- (i) An application on a form prescribed by the board;
- (ii) Payment of the applicable fees established by the Board by rule; and,
- (iii) Two (2) references as described in section 4(a)(iv) of this Chapter.

(b) The holder of an inactive license must also submit proof of completion of not less than twenty (20) hours of qualified continuing medical education, as defined in chapter 3, section 7(a) of these rules, within the preceding twelve (12) months. This subsection shall not apply to the holder of an inactive license who is otherwise exempt from the continuing medical education requirement pursuant to chapter 3, section 7(b) of these rules.

(c) Applicants who do not meet the requirements of W.S. 33-26-303 shall not be eligible to reactivate an emeritus or inactive license.

(d) Upon review of the application by the board officers and the approval of a majority thereof, the applicant’s emeritus or inactive license shall be returned to active status.

(e) If the applicant possesses one or more of the characteristics enumerated in section 5(b)(iv) of this chapter, the board officers may require the applicant to appear for a licensure interview conducted pursuant to section 5(b) of this chapter. Upon completion of the licensure interview, the board shall act upon the application for reactivation of the emeritus or inactive license pursuant to section 5(b)(vi) of this chapter. If after a licensure interview the board denies reactivation of an emeritus or inactive license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

(f) If a majority of the board officers does not approve the reactivation of an emeritus or inactive license, the applicant may file a petition with the board for review of the application in a contested case hearing conducted pursuant to the A.P.A.

(g) Notwithstanding the foregoing, in a public health emergency declared by the Governor, an emeritus or inactive license may be emergently reactivated. The physician shall submit an application on a form provided or approved by the board. The application shall be reviewed by the executive director or his designee, who shall have sole discretion whether to approve the application; if the application is denied, it will be deemed converted to an application for regular reactivation under subsections (a) through (f) of this section. There is no fee for this application or license, and the emergently reactivated license shall automatically expire forty-five (45) days after the termination of the public health emergency. A physician wishing to practice after the end of the emergency reactivation granted under this subsection shall follow the reactivation process set forth in subsections (a) through (f) of this section before doing so. The following eligibility criteria must be met for approval of emergency reactivation of a license under this subsection:

(i) The physician must submit an application on a form provided, or approved, by the board;

(ii) The physician must have held a full, unrestricted license to practice medicine in Wyoming no less recently than June 30, 2017, or have held a full, unrestricted license to practice medicine in Wyoming no less recently than June 30, 2015 and been engaged in the active practice of medicine in another jurisdiction no later than June 30, 2017; and,

(iii) Queries regarding the physician to the National Practitioner Data Bank and the FSMB's Physician Data Center do not reveal revocation, surrender, relinquishment, suspension or other termination of the physician's license or privileges to practice in any state, hospital, or health care facility.

Section 12. Reactivation of lapsed licenses.

(a) A licensee holding a lapsed license may apply to reactivate it by submitting the following:

- (i) An application on a form prescribed by the board;
- (ii) Payment of the applicable fees established by the Board by rule; and,
- (iii) Two (2) references as described in section 4(a)(iv) of this Chapter.

(b) The holder of a lapsed license must also submit proof of completion of not less than sixty (60) hours of qualified continuing medical education, as defined in chapter 3, section 7(a) of these rules, within the preceding three (3) years. This subsection shall not apply to the holder of an inactive license who is otherwise exempt from the continuing medical education requirement pursuant to chapter 3, section 7(b) of these rules.

(c) Applicants who do not meet the requirements of W.S. 33-26-303 shall not be eligible to reactivate a lapsed license.

(d) Upon review of the application by the board officers and the approval of a majority thereof, the applicant's lapsed license shall be returned to active status.

(e) If the applicant possesses one or more of the characteristics enumerated in section 5(b)(iv) of this chapter, the board officers may require the applicant to appear for a licensure interview conducted pursuant to section 5(b) of this chapter. Upon completion of the licensure interview, the board shall act upon the application for reactivation of the lapsed license pursuant to section 5(b)(vi) of this chapter. If after a licensure interview the board denies reactivation of a lapsed license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

(f) If a majority of the board officers does not approve the reactivation of a lapsed license, the applicant may file a petition with the board for review of the application in a contested case hearing conducted pursuant to the A.P.A.

(g) Notwithstanding the foregoing, in a public health emergency declared by the Governor, a license which lapsed due to non-renewal may be emergently reactivated. The physician shall submit an application on a form provided or approved by the board. The application shall be reviewed by the executive director or his designee, who shall have sole discretion whether to approve the application; if the application is denied, it will be deemed converted to an application for regular reactivation under subsections (a) through (f) of this section. There is no fee for this application or license, and the emergently reactivated license shall automatically expire forty-five (45) days after the termination of the public health emergency. A physician wishing to practice after the end of the emergency reactivation granted under this subsection shall follow the reactivation process set forth in subsections (a) through (f) of this section before doing so. The following eligibility criteria must be met for approval of emergency reactivation of a license under this subsection:

(i) The physician must submit an application on a form provided, or approved, by the board;

(ii) The physician must have held a full, unrestricted license to practice medicine in Wyoming no less recently than June 30, 2017, or have held a full, unrestricted license to practice medicine in Wyoming no less recently than June 30, 2015 and been engaged in the active practice of medicine in another jurisdiction no later than June 30, 2017; and,

(iii) Queries regarding the physician to the National Practitioner Data Bank and the FSMB's Physician Data Center do not reveal revocation, surrender, relinquishment, suspension or other termination of the physician's license or privileges to practice in any state, hospital, or health care facility.

Section 13. Applicant criminal history record check.

(a) The board may request a criminal history record report on an applicant for licensure if:

(i) The applicant answers in the affirmative to one or more questions on the licensure application related to criminal history;

(ii) Documentation submitted with or in support of an application for licensure indicates the applicant may have a criminal history; or,

(iii) Any information received by the board indicates the applicant may have a criminal history.

(b) Upon a determination by the executive director that a criminal history record check is appropriate, a written request will be sent to the applicant along with the necessary forms for fingerprinting of the applicant. No further processing of the application will occur until the completed forms are received in the board office; however, the board office will continue to accept documentation sent in support of an application pending receipt of the completed forms for the criminal history record check.

(c) An applicant may receive a copy of the results of his criminal history record

check upon written request submitted to the board. If the applicant disputes the results of the criminal history check, as permitted by federal regulations, the results received by the board will remain a part of the application or investigation file until such time as a correction or change is effected by the FBI. The applicant shall submit to the board a second set of forms with his fingerprints to be submitted to law enforcement for a new criminal history check, along with notice from the FBI that his challenge to the questioned information has been successful and the record has been changed accordingly.

Section 14. Severability. If one or more parts or sections of these rules are found to be invalid or unenforceable, the remainder shall continue in full force and effect.

Section 15. Interstate Medical Licensure Compact

(a) Letter of Qualification. In determining whether a physician licensed by the board is eligible to receive a letter of qualification from the board for licensure in other states through the Interstate Medical Licensure Compact the following criteria will be used:

(i) To determine whether the physician may use Wyoming as his state of principal license:

(A) State of principal residence. The address of the principal residence must be structure at a physical location in the state of Wyoming. Postal service and private mail boxes are not acceptable. For residences not titled in the name of the applicant, the applicant may be asked to provide a current lease or rental agreement, or utility bill for that address, with the applicant's name on it.

(B) State where at least 25% of the physician's practice of medicine occurs.

(C) State where the physician's employer is located. Location of a physician's employer may demonstrated by a copy of the physician's employment contract or agreement with the employer, or a copy of a pay stub

(D) State designated as state of residence for federal income tax purposes.

(b) Issuance of licenses as a Member Board. An applicant for a Wyoming physician license issued by the board through the Interstate Medical Licensure Compact shall, within thirty (30) days of issuance of the license, and as a condition of continuing to hold the license, complete and complete and submit to the board office an information form. The form will include, but is not limited to, licensee address and contact information. Failure to complete and return the renewal information form will constitute a violation of this provision, and may result in disciplinary action pursuant to W.S. 33-26-402(a)(x) or (xxxi), or other applicable provisions of the act.

(c) Licensees renewing a Wyoming physician license issued by the board through the Interstate Medical Licensure Compact shall, as a condition of renewing the license, complete and submit to the board office a renewal information form. The form will include, but is not limited

to, licensee address and contact information updates, and attestation questions regarding their activities since the latter of the original issuance of the license or its most recent renewal. The renewal information form shall be completed and returned to the board office within thirty (30) days of the issuance of the renewed license by the board. Failure to complete and return the renewal information form will constitute a violation of this provision, and may result in disciplinary action pursuant to W.S. 33-26-402(a)(x) or (xxxi), or other applicable provisions of the act.

CHAPTER 5

RULES OF PRACTICE AND PROCEDURE FOR THE LICENSURE OF PHYSICIAN ASSISTANTS

Section 1. Authority. These rules are promulgated pursuant to authority granted by the Act and A.P.A.

Section 2. Purpose. These rules have been adopted to set forth the procedures of the board in the licensure and regulation of the practice of physician assistants in the state of Wyoming.

Section 3. Definitions. The definitions contained in the Act, the A.P.A., and Chapter 1 of these rules are incorporated herein by this reference.

Section 4. Scope of practice.

(a) A physician assistant assists in the practice of medicine under the supervision of a licensed physician. Within the physician/physician assistant relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic, therapeutic and health promotion and disease prevention services. The physician assistant may perform those duties and responsibilities delegated to him by the supervising physician when the duties and responsibilities are provided under the supervision of a licensed physician approved by the board, are within the scope of the physician's practice and expertise and within the skills of the physician assistant.

(b) The physician assistant may work in the office of the supervising physician where primary practice is maintained and at sites outside that office as directed by the physician.

(c) The physical presence of the supervising physician is not required if the supervising physician and the physician assistant are or can easily be in contact with each other by telephone, radio, or other telecommunications. A physician assistant shall not practice in any capacity if, for any reason, there is not a supervising physician available to properly supervise the physician assistant in his or her professional duties, or is outside a reasonable geographic proximity to the physician assistant's practice location.

(d) The board does not recognize or bestow any level of competency upon a physician assistant to carry out a specific task. Such recognition of skill is the responsibility of the supervising physician. However, a physician assistant is expected to perform with similar skill and competency and to be evaluated by the same standards as the physician in the performance of assigned duties.

(e) Nothing in the act shall be construed to prohibit the employment of a physician assistant by a medical care facility, institution or corporation where such physician assistant functions under the supervision and direction of a physician or group of physicians.

(f) Neither the board nor the advisory council shall deny an application due to the number of physician assistants supervised up to three (3), except for good cause specific to the

circumstances of the individual physician supervisor. The board and the advisory council may allow a physician to supervise more than three (3) physician assistants, subject to a showing by the supervising physician that it is appropriate in the circumstances, that all physician assistants under his supervision will have adequate, documented supervision, and that patient care and safety will be protected.

Section 5. Advisory council.

(a) Pursuant to W.S. 33-26-503(b)(v), the board of medicine shall appoint an advisory council to the board. This council shall consist of at least two (2) members who shall be physician assistants holding an active license to practice in this state and two (2) members who shall be physicians holding an active license to practice in this state. Additional members may be appointed at the discretion of the board. The advisory council is responsible to and will serve at the pleasure of the board.

(i) A chairman and vice-chairman shall be elected annually by a vote of the advisory council members.

(ii) Advisory council members shall serve one four (4) year term, with the ability to request reappointment by the board, not to exceed two (2) reappointments.

(b) The advisory council shall review and make recommendations to the board on matters relating to physician assistants that come before the council, including:

(i) Applications for licensure

(ii) Physician assistant education

(iii) Requirements for licensure

(iv) Professional conduct;

(v) Scope of practice; and,

(vi) Other matters related to the licensure, practice, and discipline of physician assistants.

(c) The advisory council shall meet in conjunction with the board for the purpose of interviewing candidates for recommendation to the board for licensure and other matters as directed by the board.

(d) The advisory council may recommend conditions, denial, suspension or revocation of licensure when it finds that the medical practice act and/or these rules are not being followed.

Section 6. License required, application, and supervision agreement.

(a) No person may practice as a physician assistant or represent that he or she is a

physician assistant without a license granted by the board.

(b) An application form, provided or approved in advance by the board, must be submitted to the advisory council and board. The application form must be complete in every detail. For an application to be deemed complete and be considered, the following items must be received in the board office not less than 15 business days prior to the licensure interview date, should an interview be required of the applicant or the supervising physician:

(i) The application form, complete in every detail and properly executed by the applicant;

(ii) The required fee, as set forth in Section 12 of this chapter;

(iii) Three (3) original references, submitted on a form approved by the board. A minimum of two (2) references must be from physicians with whom the applicant has practiced; the third reference may be from a physician or PA-C with whom the applicant has practiced. References from physicians or physicians assistants with whom the applicant has a current or prospective financial, business or family relationship are not acceptable;

(iv) Proof of legal presence in the United States, pursuant to 8 U.S.C. 1621, on a form approved or prescribed by the Board;

(c) A supervising agreement form, provided by the Board, must be submitted to the advisory council and the board by the supervising physician. This form shall include, at a minimum:

(i) The supervising physician's name, degree, license number, medical specialty, and medical practice address and telephone number;

(ii) A detailed description of the medical practice and the duties of the physician assistant under the supervising physician's scope of practice, as well as the method(s) of supervision (e.g., over-the-shoulder, same office suite, radio, telephone, video, etc.) the supervising physician will utilize.

Section 7. Eligibility for Licensure. The board may grant a physician assistant license to an applicant who:

(a) Is not less than 21 years of age;

(b) Has graduated from a physician assistant training program accredited by the CAAHEP or its predecessor or successor organization;

(c) Has satisfactorily completed a certification examination administered by the NCCPA or other national certifying agency established for such purposes which has been reviewed and approved by the board and is currently certified;

(d) Physician assistants licensed by the board prior to July 1, 1995 are not required to be currently certified by the NCCPA and are not required to provide proof of current NCCPA

certification with any of the applications submitted to the board described in Section 8 below.

(e) The board may recognize specialty classifications of training of physician assistants. These classifications shall reflect the training and experience of the physician assistant.

(f) The board may grant an emeritus license to practice as a physician assistant under the supervision of a physician holding an active medical license in this state, which may be used for the provision of uncompensated physician assistant services. Such license may be issued to an applicant who provides an application by a supervising physician, proof that the applicant is currently certified by the NCCPA and has maintained a physician assistant license in good standing in another jurisdiction of the United States or Canada for a period of not less than ten (10) years prior to applying for the emeritus physician assistant license and signs a notarized statement he/she will not accept any form of remuneration for physician assistant services rendered while in the possession of an emeritus license . As part of the application process, an applicant for an emeritus physician assistant license who does not hold a current Wyoming physician assistant license shall complete to the satisfaction of a majority of the board members a personal interview consisting of inquiry and oral response to medical knowledge, personal and professional history and intentions for practicing as a physician assistant in this state. Such interview may be conducted by one (1) or more advisory council members and, if deemed appropriate by a majority of the advisory council, may be conducted by telephonic means.

(i) Physician assistants possessing an emeritus license shall:

(A) Annually sign an affidavit affirming that their physician assistant practice continues to be without remuneration; and

(B) Maintain current certification, in good standing, through the NCCPA including, but not limited to, the continuing education requirements thereof.

(ii) Repealed.

(g) The board may issue a volunteer/camp physician assistant license to a physician assistant who is in good standing in at least one (1) jurisdiction other than the state of Wyoming for the purpose of assisting in the practice of medicine as a volunteer, without compensation. An applicant for a volunteer/camp physician assistant license must complete and submit a form and documentation prescribed by the board, meet the requirements of W.S. 33-26-504, agree to comply with the Act and these rules, agree to be subject to the jurisdiction of the board, provide proof of licensure in good standing in at least one (1) jurisdiction other than the state of Wyoming, and pay the fee set by the board. A licensure interview is not required for issuance of a volunteer/camp physician assistant license. A volunteer/camp physician assistant license shall be valid for not more than twenty-one (21) consecutive days in any calendar year, and may not be renewed.

(h) A person who has pled guilty or nolo contendere to, or has been convicted of, a felony or any crime that is a felony under Wyoming law in any state or federal court or any court of similar jurisdiction in another country may apply for licensure; however, the board may deny licensure based solely upon such plea or conviction.

Section 8. Consideration of applications.

(a) The applicant for physician assistant licensure may be required to appear for a licensure interview before the advisory council. An applicant may be required to appear if one or more of the following applies:

- (i) Is seventy (70) years old or older;
- (ii) Has been licensed as a physician assistant for more than thirty-five (35) years;
- (iii) Has answered “Yes” to one or more questions on the application form regarding physical or mental impairment, substance or alcohol abuse, criminal convictions, liability claims, prior disciplinary actions, restrictions or conditions on medical licensure, including relinquishment or surrender of a physician assistant license, or restriction, suspension, or resignation while under investigation, of hospital privileges;
- (iv) Information acquired or received by the board indicates the applicant may not possess sufficient medical training, skill or experience appropriate for the applicant’s intended practice in this state;
- (v) The applicant’s education and/or training verification documents indicate an unexplained delay in completion of his education or training;
- (vi) The applicant’s verification documents indicate more than one attempt at passage of any examination necessary to obtain initial licensure or to maintain ongoing licensure;
- (vii) The applicant’s verification documents indicate failure to pass the NCCPA recertification examination;
- (viii) One or more advisory council member(s) determine that there are issues raised by the application and/or any supporting or verification documents that should be addressed in an interview with advisory council members;
- (ix) Whose temporary license was deferred by the application review committee;
- (x) The applicant has not previously engaged in active practice as a physician assistant for a period of at least twelve (12) continuous months;
- (xi) The applicant has been convicted of or pled guilty or nolo contendere to a charge of driving while under the influence of an intoxicant within five (5) years of the date of his/her application;
- (xii) The applicant has not been engaged in active practice as a physician assistant in the immediately-preceding two (2) year period;
- (xiii) Failure to fully and completely answer one or more questions on the

application form or failing to answer one or more questions truthfully; or,

(xiv) The applicant's post graduate work and/or employment history indicate an unexplained gap.

(b) The supervising physician shall complete and submit a supervision agreement form describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients, and setting forth the conditions of his supervision of the physician assistant;

(c) Physicians who have conditions or restrictions upon their license or privileges issued by the board or other state medical licensing board or health care facility may apply to supervise a physician assistant. All applications submitted by physicians with restrictions or conditions on their license or clinical privileges shall be reviewed by the board. The board may, in its discretion, require an interview with an applicant under this subsection.

(d) The advisory council may require a supervising physician to interview in person before the advisory council to determine the supervising physician's ability to properly supervise the physician assistant and his willingness to accept the responsibility of supervision of a physician assistant.

(e) If a physician assistant changes supervising physician, but remains in the same practice situation and location, the physician assistant shall submit an application on a form approved by the board explaining the change and providing proof of current NCCPA certification. The supervising physician shall also complete and submit an application describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients. Under these circumstances, an interview may be required if deemed appropriate by the advisory council or the board. If initial licensure fees have been paid, no further fees will be assessed.

(f) If a physician assistant changes job situations or locations within the state under a new supervising physician, the physician assistant shall submit an application on a form approved by the board explaining the change, provide proof of current NCCPA certification and pay a fee in the same amount as the initial application fee. The supervising physician shall also complete and submit a supervising agreement form describing his willingness to undertake full responsibility for the physician assistant's professional actions and such other actions as may affect patients. A subsequent interview may be required by the advisory council.

(g) If a physician assistant leaves the state for employment and returns, a new supervising physician application and fees must be submitted to the advisory council and board for approval. An interview may be required.

(h) Following review of the application documents and, where appropriate an interview, the advisory council shall make its recommendations to the board regarding licensure of a physician assistant to practice in Wyoming. The final decision remains with the board.

(i) If a licensed physician requires the assistance of a licensed physician assistant in an emergency, the physician and physician assistant shall, within two (2) business days of the

emergent situation, submit to the board on form prescribed by the board a statement detailing the circumstance of the emergency and the need for the assistance of the physician assistant without the board's prior approval. If it is determined that the situation was not an emergency or if it was not appropriate to involve the physician assistant, both the physician and the physician assistant may be subject to disciplinary action.

(j) Applications submitted to the board for initial licensure as a physician assistant expire six (6) calendar months after the date the application document is received in the board office.

(k) Licensure interviews shall be conducted in person (unless otherwise specifically permitted by these rules) and shall consist of oral questions by the physician assistant advisory council and oral responses by the applicant. By his or her responses to questions posed in the licensure interview, the applicant must demonstrate to the satisfaction of a majority of the board that he or she is qualified to practice as a physician assistant in this state, that (1) he or she possesses a minimum fund of general and identified scope of practice medical knowledge appropriate for the applicant's intended practice in this state, (2) he or she possesses sufficient medical training and medical experience appropriate for the applicant's intended practice in this state, (3) he or she possesses personal and professional character and integrity befitting practice as a physician assistant, and (4) that there are no other factors contained in the application or disclosed in the licensure interview that would demonstrate that the applicant would be unable to practice as a physician assistant in a safe and competent manner.

(l) Licensure interviews may be conducted by video conference or other electronic means in the sole discretion of the advisory council.

Section 9. Temporary license, expedited temporary license, initial licensure.

(a) For purposes of this section, the following definitions apply:

(i) "Clean application" means that the physician assistant applicant has none of the following:

(A) Professional liability insurance settlement(s) or payment(s) in excess of \$50,000 individually or \$100,000 in the aggregate;

(B) Criminal record;

(C) Medical condition(s) which could affect the physician assistant's ability to practice safely;

(D) Licensing or regulatory board complaint(s), investigation(s), or action(s) (including withdrawal of a licensure application);

(E) Adverse action taken by a health care entity;

(F) Investigation(s) or action(s) taken by a federal agency, the United States military, medical society or association; or,

(G) Suspension or expulsion from, or disciplinary action in, any academic program, including physician assistant school and any post-graduate training program.

(ii) "Core application documents" means the following:

(A) The required application form(s), including the supervising agreement form and appropriate fee(s);

(B) Form and supporting document(s) demonstrating proof of legal presence in the U.S. pursuant to 8 U.S.C. § 1601, et seq.;

(C) Verification of current certification by, and good standing with, the NCCPA;

(D) FSMB Board Action Databank report; and,

(E) NPDB report.

(b) License Application Processing, Review and Interviews. When an applicant's core application documents have been received by the board and are deemed to be satisfactory, the executive director or his designee will review the application and supporting materials to determine whether a licensure interview of the applicant will be required pursuant to this rule. If the executive director or his designee determines that the applicant will not, in all likelihood, be required to have a licensure interview pursuant to this chapter, the applicant has been continually licensed in good standing (not including training licenses) for the preceding three (3) years in one or more states and/or the District of Columbia, and the applicant has a clean application, the executive director may, acting on behalf of the advisory council and the board, issue a temporary license to the applicant pursuant and subject to these rules, including the requirement for a complete application set forth therein. The temporary license shall be valid until 8:00 a.m. of the first day of the next regularly-scheduled board meeting.

(c) If an applicant is not issued a temporary license pursuant to paragraph (b) of this rule, when the application is deemed complete pursuant to Section 6(b) of this chapter, the physician assistant's application for licensure shall be sent to the advisory council for review. Upon the approval of at least three (3) members of the advisory council, the physician assistant shall be issued a temporary license to be valid until 8:00 a.m. of the first day of the next regularly-scheduled board meeting.

(d) A temporary license may be issued under paragraph (b) to a physician assistant who meets all requirements for licensure except completion of the NCCPA certification examination. A temporary license may be issued to allow the physician assistant an opportunity to sit for the next available examination, such time period not to exceed one (1) year from the date of issuance of the temporary license.

(e) A physician assistant who receives a temporary license under this section remains subject to the requirement for a personal interview with the advisory council and/or the board in this chapter.

(f) Temporary licenses issued less than fifteen (15) business days prior to the next regularly-scheduled board meeting will be valid until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the second regularly-scheduled board meeting after issuance.

(g) Upon written request received from the holder of a temporary license not less than seven (7) days before expiration of the temporary license, the executive director may extend a temporary license for an additional term no longer than the later of a vote of board members on the application pursuant to these rules, or the date of the next regularly-scheduled board meeting after extension of the temporary license. The holder of a temporary license may request no more than one (1) extension of the temporary license under this subsection.

(h) If, upon review of the application of a person who is granted a temporary license under paragraph (b) or (c) of this section, one or more advisory council or board members request that the holder of the temporary license appear for a licensure interview, the executive director may extend the temporary license held by that person until 8:00 a.m. on the first day of the second regularly-scheduled board meeting after issuance of the temporary license.

(i) If the advisory council does not meet in conjunction with a regularly- scheduled board meeting, the executive director may, in his discretion, extend temporary licenses due to expire at that board meeting until the next regularly-scheduled board meeting.

(j) All applicants who are granted a temporary license under paragraph (b) of this chapter are required to submit all documentation and materials necessary to ensure that their license application is complete in accordance with this chapter. Failure to have a complete license application within 180 days of issuance of a temporary license may result in denial by the board of the application for licensure pursuant to W.S. 33-26- 202(b)(i).

Section 10. Deleted.

Section 11. Term of license, renewal, duplicate and voluntary relinquishment.

(a) License Renewal and Deadline. Physician assistant licenses originally issued between January 1st and August 31st shall be due for first-time renewal no later than the immediately following December 31st. Physician assistant licenses originally issued between September 1st and December 31st shall be valid through, and due for first-time renewal no later than, December 31st of the following calendar year. Regardless of the original issue date, after first-time license renewal, all physician assistant licenses shall be renewed not later than December 31st of each calendar year. A physician assistant may renew his/her license by sending a signed renewal questionnaire and renewal fee to the board, or completing an on-line renewal form and submitting a renewal fee prior to expiration of current license.

(i) License Renewal Form. A physician assistant may renew a license by submitting an application for renewal each year in a format or form provided by the board. The board may utilize paper or electronic forms, or a combination of both.

(ii) License Renewal Grace Period. Licensees who fail to submit their application for renewal by December 31st may submit their application, the requisite renewal

fee, and the license renewal grace period surcharge no later than March 31st.

(b) The board may reactivate a lapsed license if the applicant pays reactivation fee and meets the requirements for granting of an initial license.

(c) A physician assistant may apply for a duplicate license if his/her license is lost, stolen, or destroyed.

(d) A physician assistant may offer to voluntarily relinquish his/her license at any time, however the board may, at its discretion, refuse to accept such offer.

(e) Notwithstanding the foregoing, in a public health emergency declared by the Governor, a physician assistant license which lapsed due to non-renewal may be emergently reactivated. The physician assistant shall submit an application on a form provided or approved by the board. The application shall be reviewed by the executive director or his designee, who shall have sole discretion whether to approve the application; if the application is denied, it will be deemed converted to an application for regular reactivation under subsection (b) of this section. There is no fee for this application or license, and the emergently reactivated license shall automatically expire upon the termination of the public health emergency. A physician assistant wishing to practice after the end of the emergency reactivation granted under this subsection shall follow the reactivation process set forth in subsection (b) of this section before doing so. The following criteria must be met for approval of emergency reactivation of a license under this subsection:

(i) The physician assistant must submit an application on a form provided, or approved, by the board;

(ii) The physician assistant must have held a full, unrestricted license to practice as a physician assistant in Wyoming no less recently than December 31, 2017, or have held a full, unrestricted license to practice as a physician assistant in Wyoming no less recently than December 31, 2015 and been engaged in active practice as a physician assistant in another jurisdiction no later than December 31, 2017; and,

(iii) Queries regarding the physician assistant to the National Practitioner Data Bank and the FSMB's Physician Data Center do not reveal revocation, surrender, relinquishment, suspension or other termination of the physician assistant's license or privileges to practice in any state, hospital, or health care facility.

Section 12. Fees.

(a) Pursuant to W.S. 33-26-507(a) the board shall collect the following fees:

Application and license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted)]\$250.00

Application to convert from public health emergency licensure exemption to full, unrestricted physician assistant licensure (pursuant to Ch. 1, Sec. 7(d)(i)(D) of these Rules) and initial

<u>license fee [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending completion and review of licensure application at next board meeting, and initial license (if granted)]</u>	\$100.00
Paper form license application processing fee.....	\$25.00
Annual renewal of license.....	\$90.00
Paper form license renewal processing fee.....	\$10.00
License renewal grace period surcharge.....	\$50.00
Replacement of lost license (No charge for the licensee to print the replacement license from the Board's on-line system.).....	\$ 25.00
Reactivation of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and temporary license (if granted) pending completion and review of the licensure application at the next board meeting, and initial license (if granted)]	\$100.00
Reinstatement of license [Includes the cost of 1 NPDB report, 1 criminal record check (if necessary), and license (if reinstatement is granted) through December 31st. Costs may also be imposed in addition to the reinstatement fee.].....	\$200.00
Extension of temporary license.....	\$50.00
Volunteer license	\$50.00
Emeritus license	No charge
Certified copies First page:	\$10.00;
	Additional pages: \$50
Photocopies (except certified copies), including cost of duplication of transcript(s) and administrative record in appeals from contested case hearings [Ch. 7, § 14(b)] First page: ..	\$2.00;
	Additional pages: \$.10

(b) Application fees shall be paid to the board in the form of cashier's check or money order. All other fees shall be paid to the board in the form of a check, cashier's check or money order; however, on-line applications for licenses or renewal of licenses and license applications may be paid by credit card.

(c) Fees are not refundable.

Section 13. Denial, revocation or suspension of license.

(a) The board shall have the authority to deny an application for a license by, place restrictions or conditions on the license of, or revoke or suspend the license of, a physician assistant for, but not limited to, those grounds set forth in W.S. 33-26-508 and any of the following reasons if the physician assistant:

- (i) Has held himself or herself out, or permitted another to represent him or her, as a licensed physician; or,
- (ii) Deleted.
- (iii) Deleted.
- (iv) The supervising physician's right to employ a physician assistant has been withdrawn.
- (v) Deleted.

(b) A hearing to deny an application for licensure or for reactivation of a license, place restrictions or conditions on a license, or to revoke or suspend a license, of a physician assistant, shall be conducted following the procedure set forth in Chapter 7 of these rules. If the board denies the license application, places restrictions or conditions on a license, or revokes, suspends or takes other action against a license, it shall issue a final order reflecting such action supported by findings of fact and conclusions of law.

(c) On the date of issuance of such final order, the executive director shall send a copy of such order to the applicant by certified mail at the address shown on the application or at the most recent address provided by the licensee.

Section 14. Appeal following denial of initial license application, reinstatement or reactivation. An applicant who is denied a license, reinstatement or reactivation of a physician assistant license may appeal such final order to the district court pursuant to W.S. 16-3-114.

Section 15. Deleted.

Section 16. Repealed.

Section 17. Prescription of drugs.

(a) As the agent of the supervising physician, a physician assistant may prescribe, administer and dispense medications, including schedule II-V as defined in W.S. 35-7-1015 through 35-7-1022. Dispensing by physician assistants shall be limited to rural clinics in which pharmacy services are not physically available.

(b) A physician assistant shall not prescribe schedule I drugs as defined by W.S. 35-7-1013 through 35-7-1014.

(c) Use of pre-signed prescription pads is prohibited.

Section 18. General provisions.

(a) The supervising physician shall notify the board of any change of practice location or supervisory status of a physician assistant licensed in the state of Wyoming, and working under the physician's supervision, within thirty (30) days of the effective date of such

change.

(b) A physician assistant shall clearly identify himself or herself by a name tag or other means to differentiate himself/herself from a physician.

(c) Except as otherwise provided in these rules and regulations, a physician may be a supervising physician for three (3) physician assistants on duty at any given time. Physicians whose specific practice circumstances indicate the need to supervise more than a total of three (3) physician assistants may submit a written request for approval of the supervisory arrangement, along with supporting documentation, for review by the Board of Medicine, as provided in these rules and regulations

(d) Deleted.

(e) Medical supervision of a physician assistant by other than a licensed physician is prohibited.

(f) Notwithstanding any other provision of this chapter, during a public health emergency declared by the Governor, physicians may supervise more than three (3) physician assistants on duty at any given time. Any physician assistants not previously approved to be supervised by the physician shall be reported to the Board pursuant to the emergency supervision provision of subsection 8(i) of these rules. There shall not be a fee associated with adding physician assistants to supervision under this subsection. Any supervision arrangement initiated during a public health emergency pursuant to this subsection shall automatically terminate upon termination of the public health emergency.

Section 19. Deleted.

Section 20. Supervision and protocol requirements. All physician assistant supervision arrangements formed or submitted to the Board shall comply with the following requirements:

(a) A supervising physician and any physician assistant under his supervision shall maintain on file with the Board a current supervision plan approved pursuant to section 8(h) of this chapter.

(b) The supervision plan shall be submitted as part of any application by a supervising physician or group of supervising physicians.

(c) Before a supervising physician or physician assistant may change a supervision plan previously approved by the Board, they shall submit a revised supervision plan on an application form published by the Board. The revised supervision plan application shall be reviewed by the advisory council and the Board pursuant to section 8(h) of this chapter.

(d) Supervising physicians and physician assistants shall maintain documentation to demonstrate compliance with the elements of the supervision plan.

(e) A supervising physician or physician assistant shall, upon written request from the

Board, produce within twenty (20) days of receipt of the Board's request any documentation maintained pursuant to subsection (d).

(f) In addition to the ability to request documentation pursuant to subsection (e) the Board may, from time to time, conduct an audit of approximately ten (10) percent of then-active supervisory relationships, selected by random means, by requesting from the selected supervising physician and the physician assistant any documentation from the past three (3) years maintained pursuant to subsection (d).

CHAPTER 7

RULES OF PRACTICE AND PROCEDURE FOR THE CONDUCT OF DISCIPLINARY PROCEEDINGS AGAINST PHYSICIANS AND PHYSICIAN ASSISTANTS

Section 1. Authority. These rules are promulgated pursuant to authority granted by the Act and the A.P.A.

Section 2. Purpose. These rules set forth the procedures of the board for the filing of complaints against licensees; for the conduct of investigations of, and disciplinary proceedings against, licensees; and to describe the process for license denials and appeals therefrom.

Section 3. Preliminary Complaint Evaluation

(a) All parties have a right to represent themselves or be represented by ~~counsel~~ an attorney at every stage of any investigation or disciplinary proceeding, including the informal interview. “Attorney” as used in this chapter means an attorney licensed to practice law in the State of Wyoming, or an attorney who is licensed to practice law in another state, territory or the District of Columbia and who is associated with an attorney licensed to practice law in the State of Wyoming.

(b) Proceedings under these rules shall commence when a complainant notifies the board of conduct by a licensee which falls within the board's jurisdiction and that may constitute a violation of the Act.

(c) A copy of every written complaint, and every writing in the general nature of a complaint, as well as reports of every oral communication in the nature a complaint received by the board shall be filed and maintained in the board's permanent files and entered in the ledger.

(d) Upon receipt of a complaint, the executive director of the board shall notify the complainant in writing of said receipt. The notice to the complainant required by this section shall, at a minimum, clearly state:

(i) Pursuant to W.S. 33-26-408(a)(ii), the complainant and any witnesses incur no civil liability for information provided to the board in good faith, without malice, and in reasonable belief that the information is accurate.

(ii) Any effort by the licensee named in the complaint to directly or indirectly discourage, intimidate, or otherwise impede investigation of the complaint constitutes a separate and distinct prosecutable instance of unprofessional conduct.

(iii) The complainant (or patient, if different than the complainant) and licensee shall not enter into settlement negotiations or exchange of offers of settlement or compromise of a complaint without the express written permission of the officers or, if interviewers/petitioners have been appointed, without the express written permission of the interviewers/petitioners.

(e) If cause exists to withhold the identity of the complainant from the licensee, or if

the complainant requests his identity be withheld, the staff may withhold the complainant's name from the licensee until the complaint screening. If the complainant's name has been withheld, and it is necessary to disclose the name of a particular patient in order to permit the licensee to respond to the Board's inquiry, the staff may do so with the prior approval of the officers.

(f) Board staff shall preliminarily ascertain whether the alleged conduct by a licensee may constitute a violation of the act.

(i) If the alleged conduct may constitute a violation of the act, board staff shall request a written response from the licensee. The request to the licensee shall, at a minimum, include the following:

(A) A copy of the complaint, unless the complainant's identity is being withheld pursuant to subsection (e), in which case the request shall set forth information sufficient for the licensee to understand the nature of the complaint and respond;

(B) A date by which the licensee is requested to submit a written response to the allegations in the complaint;

(C) The section(s) of the act and/or the board's rules that may have been violated by the licensee's alleged conduct;

(D) Notice that the licensee has a right to represent himself or be represented by counsel at every stage of any investigation or disciplinary proceeding, including the informal interview;

(E) Notice that any effort by the licensee named in the complaint to discourage, intimidate or otherwise impede a full and vigorous pursuit of the complaint constitutes, under board rules, a separate and reportable instance of unprofessional conduct; and

(F) Notice that the complainant will be provided a copy of the request for written response from the licensee.

(ii) If the alleged conduct is not within the Board's jurisdiction, or would not constitute a violation of the act, board staff shall provide a summary of the complaint, and the reason(s) for recommending its closure, to the officers at the next complaint screening.

(g) Upon receipt of the licensee's response to the complaint, the board staff shall review the complaint and the response. If it continues to appear that the alleged conduct may constitute a violation of the act, the board staff shall refer the complaint and the licensee's response for review at the next complaint screening.

Section 4. Commencement of Disciplinary Proceedings. At the complaint screening, officers and staff review complaints, licensee responses, and reasons for closing any complaints.

(a) If the majority of the board officers cannot determine whether the complaint alleges conduct by a licensee which falls within the board's jurisdiction and/or may constitute a

violation of the Act, the officers may direct the board's staff and agents to investigate the complaint to provide sufficient information for board officers to complete the screening process.

(b) If a majority of the officers determines that the complaint alleges conduct by a licensee which falls within the board's jurisdiction and may constitute a violation of the Act, the officers shall appoint two members of the board, and one member of the advisory council if the licensee in question is a physician assistant, as interviewers, or take other appropriate action. Nothing herein precludes the appointment of a board officer as an interviewer or petitioner in any case that they have screened.

(c) If the majority of the officers cannot determine whether the complaint alleges conduct by a licensee which falls within the board's jurisdiction and/or may constitute a violation of the Act, they may direct the board's staff and agents to investigate the complaint to provide sufficient information for them to complete the screening process. If the identity of the complainant has been withheld from the licensee, the officers shall also make a determination whether to continue to withhold the complainant's name.

(d) Within fifteen (15) business days after the appointment of interviewers, the board staff shall send a notice to the licensee and to the complainant. The notice to the licensee shall include:

(i) The nature and subject matter of the petition, when it was filed, the board's appointment of interviewers;

(ii) That counsel representing the licensee may be present at the informal interview, describe the interview process;

(iii) The range of potential sanctions that may be available to the board as a result of the interviewers' recommendations; and

(iv) That any effort by the licensee named in the complaint to directly or indirectly discourage, intimidate or otherwise impede a full and vigorous pursuit of the complaint constitutes a separate and prosecutable instance of unprofessional conduct.

Section 5. Informal interview.

(a) The interviewers shall investigate the allegations against the licensee of conduct that may violate the Act and, where circumstances warrant, conduct an informal interview.

(b) The interviewers may conduct the informal interview without assistance of the board prosecutor. If the licensee notifies the board of representation by counsel, the board prosecutor shall participate in the interview. Notice by the licensee of intent to be represented by counsel shall be sent to the board in writing.

(c) The interviewers are the agents and representatives of the board.

(d) The informal interview is to determine whether: the allegations may constitute a violation of the Act; a mental, physical, or medical skills or knowledge examination of the

licensee is warranted; further investigation is warranted; additional charges should be brought; resolution of the complaint without further proceedings is possible; and, a contested case hearing should be pursued.

(e) The informal interview may be conducted by electronic means if the interviewers determine that the purpose of the interview can be achieved in such manner.

(f) The interviewers, board prosecutor, licensee and/or licensee's counsel may discuss stipulation, dismissal, the consent decrees, restrictions or any other pertinent procedural or substantive information.

(g) An electronic or stenographic record may be made and shall, if made, become part of the confidential files of the board.

(h) An informal interview is not subject to strict legal procedural or evidentiary rules. Informal interviews are not open to the public nor is their occurrence a matter of public record.

(i) If the alleged conduct is not within the Board's jurisdiction, or would not constitute a violation of the act, interviewers shall notify the complainant in writing and close the complaint. Board staff shall provide the interviewers' reason(s) for the closure of the complaint to the officers at the next complaint screening, and the closure shall be noted on the ledger.

(j) The results of any board ordered mental, physical competency or medical competency examination shall be provided to the licensee and the interviewers prior to any further board action.

(k) Following notice by the interviewers of their intent to conduct an informal interview, the licensee may, at any time, waive the right to an informal interview. Waiver of the informal interview process must be made in writing, signed by the licensee, and his attorney if represented, and sent to the Board before the scheduled informal interview. A licensee's waiver of the informal interview process shall not, in and of itself, constitute grounds for additional charges of unprofessional conduct.

(l) Settlement or stipulation.

(i) Nothing in these rules shall preclude the licensee and interviewers or petitioners from entering into, at any time before the entry of a final order in a contested case hearing, a consent decree, nor shall these rules preclude a voluntary request by the licensee for the suspension, relinquishment or restriction of the licensee's license; provided, however, that the Board may, but is not required to, grant or reject such a request.

(ii) The reasons, grounds, conditions and other provisions of any such consent decree, voluntary relinquishment, suspension or restriction or other board action taken in lieu of a contested case hearing shall be recorded in the docket file and become a permanent part of the Board's confidential files; provided, however, that any action taken by the board constituting a final action shall be a public document as provided by the Act and the Board's rules.

(iii) Such consent decree or other action may occur at any time prior to the

announcement of a final decision after a contested case hearing.

Section 6. Contested case.

(a) Any contested case before the board shall be conducted pursuant to these rules, the Act and the A.P.A.

(b) Contested cases before the board shall be initiated by a petition.

(c) At least ten (10) days prior to filing of a petition, written communication shall be sent to the respondent requiring indication whether respondent will accept service of the petition by United States certified mail, return receipt requested, or if respondent desires personal service at a place designated by him. Failure by respondent to return written election of choice of service to the board within thirty (30) days of mailing by the board shall mandate personal service. Service of a petition shall be governed by W.R.Civ.P. 4(c)-(o) and 5, and may include service by publication, as provided therein.

(d) The respondent shall file an answer to the petition, or cause an appearance to be entered in the matter before the Board, within thirty (30) days of service of the petition. Failure to file an answer or cause an appearance to be entered shall constitute a default by the respondent.

(e) Prior to any contested case hearing, other than one pursuant to a licensee's petition for reinstatement of a license or removal of restrictions or conditions on a license, an informal interview must be offered to the licensee.

Section 7. Hearing officer.

(a) Upon the filing of a petition, the board may appoint a hearing officer to preside over the contested case. The hearing officer shall not have participated in the preliminary investigation or case preparation.

(b) The hearing officer shall withdraw from the case if he deems himself to be disqualified.

(c) A party may make a written request for the removal of a hearing officer. The request shall be made as soon as the party has reasonable grounds to believe that the hearing officer is subject to disqualification. The written request shall explain the reasons for the requested disqualification and shall be accompanied by affidavits. If the hearing officer denies the request, he shall issue a written explanation of such denial and enter the explanation into the record.

(d) The hearing officer shall have those powers set forth in the A.P.A. and all such other powers as may be necessary to conduct a fair and impartial contested case hearing, including but not limited to, the power to provide for and determine the scope of discovery and set a case schedule, and may assist the board in its deliberations and the development of findings of fact and conclusions of law.

Section 8. Discovery.

(a) Discovery in board disciplinary proceedings shall be governed by W.S. 16-3-107, the Act, and these rules.

(b) Pursuant to W.S. 16-3-107, the board or its hearing officer, at the request of a party, may subpoena the attendance of witnesses or require the production of books, papers or other evidence. A respondent may apply for a subpoena subject to W.S. 33-26-408(f).

Section 9. Deleted.

Section 10. Deleted.

Section 11. Executive Session. The hearing officer shall conduct the hearing in executive session pursuant to W.S. 16-4-405(a)(ii) and/or (a)(ix), unless the respondent, by written motion filed no later than the deadline set forth in the pre-hearing order, requests a public hearing. The hearing officer may sequester witnesses upon appropriate request by any party.

Section 12. Evidentiary Hearing to Compile a Record.

(a) A hearing panel shall not be required to personally attend any part of a hearing including, but not limited to, opening statements, presentation of evidence, and/or closing arguments.

(b) Pursuant to the Office of Administrative Hearings' Uniform Rules for Contested Case Practice and Procedure, Ch. 2, §. 8(b), the hearing officer may, upon the recommendation of the board president or the executive director, or upon his own motion, receive the evidence and compile the record in a contested case outside the presence of the hearing panel.

(c) Upon the close of evidence, all evidence received and compiled by the hearing officer, and the record of the contested case, shall be given as soon as practicable to the hearing panel for their review, deliberations and decision in accordance with this chapter.

(d) The evidentiary record provided to the hearing panel shall include the following:

(i) A transcript and video recording of the hearing, and any depositions entered as witness testimony in the proceedings; and,

(ii) An indexed copy of all exhibits admitted by the hearing officer during the course of the proceeding.

(e) As part of its deliberations on the case, one or more members of the hearing panel may request that a witness who previously testified in the proceeding be called before the panel, placed under oath, and asked one or more questions by the members of the hearing panel to clarify, correct or expand upon the witness's prior testimony. The board advisory attorney shall communicate the request to the hearing officer, in writing with copies to the parties. The hearing officer shall issue such orders and subpoenas as are necessary to secure the witness testimony requested by the hearing panel member(s). The hearing officer may, but is not required to, permit

the parties to question a recalled witness, and may restrict the scope of questions posed by the parties.

Section 13. Deliberations and Decision.

(a) Board counsel shall assist the hearing panel in its deliberations, and in drafting findings of fact, conclusions of law and an order.

(b) The hearing panel shall make its decision in public session, and shall serve a copy of the decision upon all parties. The decision shall include:

(i) A statement of the findings of fact and conclusions of law, separately stated and supported by concise and explicit statements, and

(ii) An order setting forth the action taken, including costs, if any, assessed against respondent.

Section 14. Record.

(a) The record in contested cases shall consist of those items set forth in W.S. 16-3-107(o) and the transcript of the proceedings.

(b) If the board's decision is appealed to the district court, the appealing party shall pay the costs of copying the transcripts and duplicating the record for submission to the court and the parties to the appeal.

Section 15. Reinstatement of, or Removal or Modification of Restrictions or Conditions on, a License.

(a) A former licensee whose license has been relinquished or revoked may file a petition for reinstatement of his license pursuant to the Act.

(b) A licensee whose license has restrictions or conditions on it may file a petition seeking removal or modification of one or more restrictions or conditions, pursuant to the Act.

(c) In the course of proceedings under subsections (a) and (b), the licensee will be designated "petitioner." The petitioners appointed during the proceedings that led to relinquishment, revocation, or placement of restrictions or conditions on an existing license shall be designated "respondent(s)." If none the previously appointed petitioners remain on the board or the advisory council, the officers shall appoint one (1) board member to serve as the respondent in the proceedings to reinstate or remove or modify conditions or restrictions.

(d) After a hearing before the board on a petition filed pursuant to this section, the board shall issue specific findings of fact, conclusions of law and a final order:

(i) Reinstating the license without restrictions or conditions;

(ii) Reinstating the license subject to restrictions or conditions;

- (iii) Removing or modifying the restrictions or conditions on the license;
- (iv) Denying reinstatement of the license or removal of the restrictions or conditions on the license; or,
- (v) Taking such action as the board deems appropriate and just in the circumstances.

(e) A licensee whose petition for reinstatement of or removal or modification or restrictions or conditions on, a license may appeal such final order to the district court pursuant to W.S. 16-3-114.

Section 16. Public inspection.

(a) The legal custodian shall segregate all documentation pertaining to any petition and place it into the appropriate docket file or the ledger of public information. The executive director shall provide proper identification of all the records in the docket files and ledger.

(b) The ledger shall be open for public inspection in the board offices.

(c) Docket files shall be confidential, segregated files not available for public inspection, maintained in the board offices.

(d) If the legal custodian or his designee denies a request to inspect or copy records, written reasons shall be given if requested and the requestor shall be advised of the right to appeal and state why inspection should be granted including the purpose for which the record is needed by the requestor.

(e) All ledger records shall be kept at the board office or in a governmental record storage site and shall be available for public inspection and copying during office hours when such inspection or copying does not unduly interfere with the work of board staff.

(f) Original ledger records shall be examined under the supervision of board staff and shall not be removed from the office.

(g) A request to inspect ledger records shall be deemed sufficient if it reasonably describes the requested records and contains the requestor's name and address.

Section 17. Notification. All final board orders subject to public disclosure pursuant to W.S. 33-26-408(c) shall be sent to any medical facilities where the licensee has privileges, to the appropriate state medical society and to any local county medical society to which the licensee might belong, to a wire service, to the F.S.M.B., and the N.P.D.B. and, when applicable, to the Wyoming Board of Pharmacy and the U.S. Drug Enforcement Administration, within thirty (30) days of the final disposition of the case.

Section 18. Incorporation by reference.

(a) For any rule incorporated by reference in these Board Rules:

(i) The Board has determined that incorporation of the full text in these rules would be cumbersome or inefficient given the length or nature of the rules;

(ii) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in subsection (b) of this section; and

(iii) The incorporated rule is maintained at Board Office and is available for public inspection and copying at cost at the same location.

(b) Each rule incorporated by reference is further identified as follows:

(i) Chapter 2 - Contested Case Proceedings, adopted by the Office of Administrative Hearings and effective on July 20, 2017, (found at: <https://rules.wyo.gov>, Reference Number 270.0001.2.07202017);

(ii) Rule 4(c)-(x), Wyoming Rules of Civil Procedure, adopted by the Wyoming Supreme Court and effective on March 1, 2017 (found at: <https://www.courts.state.wy.us/wp-content/uploads/2017/05/Wyoming-Rules-of-Civil-Procedure-eff.-July-2018.pdf>); and,

(iii) Rule 5, Wyoming Rules of Civil Procedure, adopted by the Wyoming Supreme Court and effective on March 1, 2017, (found at: <https://www.courts.state.wy.us/wp-content/uploads/2017/05/Wyoming-Rules-of-Civil-Procedure-eff.-July-2018.pdf>).

Section 19. Criminal History Background for Purposes of Investigations and Discipline

(a) The board may request a criminal history record report on a licensee if:

(i) A complaint against a licensee involves allegations of criminal conduct;

(ii) Any information received by the board indicates the licensee may have a criminal history that is relevant to a pending complaint, investigation or disciplinary action.

(b) Upon a determination by the executive director that a criminal history record check is appropriate, a written request shall be sent to the licensee along with the necessary forms for fingerprinting of the licensee.

(c) A licensee may receive a copy of the results of his criminal history record check upon written request submitted to the Board. If the licensee disputes the results of the criminal history check, as permitted by federal regulations, the results received by the Board shall remain a part of the application or investigation file until such time as a correction or change is effected by the FBI. The licensee shall submit to the Board a second set of forms with his fingerprints to be submitted to law enforcement for a new criminal history check, along with notice from the FBI that his challenge to the questioned information has been successful and the record has been changed accordingly.

Section 20. Proceedings to deny an application for licensure.

(a) If the application review committee recommends that an application for licensure or reactivation of a license be denied, or if after a licensure interview the Board refers an application to the application review committee for proceedings to deny an application for initial licensure or reactivation of a license, any proceedings shall be conducted pursuant to these rules.

(b) In the course of proceedings to deny an application for licensure or reactivation of a license, the applicant shall be designated "petitioner." The application review committee members shall be designated "respondents."

(c) The petitioner shall have the burden to prove, by a preponderance of evidence, that he meets all requirements for licensure or reactivation of his license, and that he can safely and skillfully practice medicine. Upon completion of the petitioner's case, the respondents shall have the burden to prove, by clear and convincing evidence, that the petitioner fails to meet all requirements for licensure or reactivation of his license, or is unable to safely and skillfully practice medicine.

(d) After a hearing before the board to deny an application for licensure or reactivation of a license, the board shall issue specific findings of fact, conclusions of law and a final order:

- (i) Granting a license without restrictions or conditions;
- (ii) Granting a license subject to restrictions or conditions;
- (iii) Denying issuance of a license; or,
- (iv) Taking such action as the board deems appropriate and just in the circumstances.

(e) An applicant whose application for licensure or for reactivation of a license is denied may appeal such final order to the district court pursuant to W.S. 16-3-114.