



Certification Page Regular and Emergency Rules

Revised August 2023

Emergency Rules (Complete Sections 1-3 and 5-6)

Regular Rules

1. General Information

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. Adoption Date	
i. Program			
Amended Program Name (if applicable):			

* 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.

2. Legislative Enactment

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 or regular rules new as per the above description and the definition of "new" in Chapter 1 of the Rules on Rules?

No. Yes. If the rules are new, please provide the Legislative Chapter Number and Year Enacted: Chapter: _____ Year: _____

3. Rule Type and Information

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 Repealed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 Repealed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 Repealed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 Repealed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 Repealed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):		
Chapter Number:	Chapter Name:	<input type="checkbox"/> New <input type="checkbox"/> Amended <input type="checkbox"/> Repealed
Amended Chapter Name (if applicable):		

4. Public Notice of Intended Rulemaking

a. Notice was mailed 45 days in advance to all persons who made a timely request for advance notice. No. Yes. N/A

b. A public hearing was held on the proposed rules. No. Yes. Please complete the boxes below.

Date:	Time:	City:	Location:


5. Checklist

a. For regular rules, the Statement of Principal Reasons is attached to this Certification 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

b. For emergency rules, the Memorandum to the Governor documenting the emergency, which requires promulgation of these rules without providing notice or an opportunity for a public hearing, is attached to this Certification.

6. Agency/Board Certification

The undersigned certifies that the foregoing information is correct. By electronically submitting the emergency or regular rules into the Wyoming Administrative Rules System, the undersigned acknowledges that the Registrar of Rules will review the rules as to form and, if approved, the electronic filing system will electronically notify the Governor's Office, Attorney General's Office, and Legislative Service Office of the approval and electronically provide them with a copy of the complete rule packet on the date approved by the Registrar of Rules. The complete rules packet includes this signed certification page; the Statement of Principal Reasons or, if emergency rules, the Memorandum to the Governor documenting the emergency; and a strike and underscore copy and clean copy of each chapter of rules.

Signature of Authorized Individual	
Printed Name of Signatory	Kevin D. Bohnenblust
Signatory Title	Executive Director
Date of Signature	11/01/2023

7. Governor's Certification

I have reviewed these rules and determined that they:

- 1. Are within the scope of the statutory authority delegated to the adopting agency;
- 2. Appear to be within the scope of the legislative purpose of the statutory authority; and, if emergency rules,
- 3. Are necessary and that I concur in the finding that they are an emergency.

Therefore, I approve the same.

Governor's Signature	
Date of Signature	

Emergency rules are in effect no longer than 120 days after filing with the Registrar of Rules.

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 Wyoming Statute 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, 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 written request for formal disciplinary action filed with the Board by the Board Prosecutor against one or more licensees on behalf of one or more petitioners, or by a licensee or former licensee as a petitioner requesting removal of conditions of restrictions on a license, or reinstatement of a license.

(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, and who causes a petition to be filed before the Board, or a licensee or former licensee who files a petition before the Board.

(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, 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.*

(lll) “ARC-PA” means the Accreditation Review Commission on Education for the Physician Assistant.

(mmm) “Supervising physician assistant” means a physician assistant with not less than five years of licensed experience approved by the board to supervise and be responsible for the acts of a physician assistant practicing under a temporary license issued by the board pursuant to W.S. 33-26-504(c).

(nnn) “Supervision” means the ready availability of the supervising physician or physician assistant for consultation and direction of the activities of a physician assistant. Contact with the supervising physician or physician assistant by telecommunications is sufficient to show the ready availability of supervision, if the board finds that such contact is sufficient to provide safe, quality medical care.

(ooo) “Lapsed” means a license that was not renewed, and expired for nonpayment of the renewal fee at the end of the term for which it was issued. It does not mean a license that was terminated as a result of disciplinary action.

(ppp) “Interstate Medical Licensure Compact” means W.S. 33-26-701, *et seq.*, and the organization joined by the State of Wyoming by the adoption of that law.

(qqq) “IMLC” means the Interstate Medical Licensure Compact.

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 as defined in the Act and these rules, write prescriptions or engage in clinical activity. The Board may grant an inactive license 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 practice medicine as defined in the Act and these rules in any setting, (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 practice medicine as defined the Act and these rules, 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) U.S. 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) U.S. 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.

(A) In addition to submitting the fee, a physician not licensed in this state who applies for a volunteer license shall submit on a form prescribed by the Board at a minimum the following information:

(I) Their full name, date of birth and social security number;

(II) The dates when the volunteer service will occur; and,

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

(B) Upon the board's receipt of an application for a volunteer license, the board shall query the National Practitioner Data Bank and the Federation of State Medical Boards' Physician Data Center regarding the physician. If no adverse information is received from these reports, board staff shall issue the volunteer license, and report the issuance to the board at the board's next regularly-scheduled meeting. If any adverse information is received as a result of those queries, board staff will deny the application for a volunteer license.

(C) If a physician's application for a volunteer license is denied pursuant to subparagraph (B), above, the physician may request that determination be reviewed by the Application Review Committee. The Application Review Committee's decision that the physician is not eligible to receive a volunteer license may be appealed to the full board.

(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.

(e) Continuation of care received outside Wyoming. A physician or physician assistant who has established a provider-patient relationship in another state with a patient who is a resident of Wyoming may provide continued care to the patient via telehealth without a Wyoming physician or physician assistant license subject to the following:

(i) The provider-patient relationship must have been established in an in-person encounter in a state in which the physician or physician assistant is licensed;

(ii) Subsequent care may be provided to the patient via telehealth while the patient is in Wyoming if the care is a logical and expected continuation of the care provided in an in-person encounter in the state where the physician or physician assistant is licensed. If the patient is presenting with new medical conditions, or conditions that the standard of care dictates an in-person encounter is needed, patient must either return to the state in which the physician or physician assistant is licensed for care, or must be referred to a Wyoming-licensed health care provider.

(iii) The telehealth care may continue for up to six (6) months after the establishment of the provider-patient relationship in another state, after which an in-person encounter must take place in a jurisdiction where the physician or physician assistant is licensed before the telehealth may resume for another six (6) months.

Section 8. Physician and General 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.

(d) Schedule of fees:

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)].....\$400.00

(\$250.00 for persons holding a current T-2 license)

Application and initial license fee for persons holding a valid Letter of Qualification issued by a Member State of the Interstate Medical Licensure Compact.....\$325.00

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)	\$155.00
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]	\$250.00
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.].....	\$300.00
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).....	\$50.00
Residency training license (“T-2” license) renewal	\$50.00
Volunteer license	\$15.00
Verification of license.....	\$15.00
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

(e) The Board hereby incorporates by reference the following uniform rules:

(i) Chapter 2 - Uniform Procedures, Fees, Costs, and Charges for Inspecting, Copying, and Producing Public Records, adopted by the Department of Administration and Information and effective on September 6, 2016, found at <http://rules.wyo.gov>, reference number 006.0011.2.09062016.

(A) For these rules incorporated by reference:

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

(2) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in paragraph (i) of this subsection; and,

(3) The incorporated rules are maintained at the Board's office and are available for public inspection and copying at the same location.

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.

(b) Licensees who fail to submit their application for renewal by June 30th may submit their renewal application, the requisite renewal fee, and the license renewal grace period surcharge no later than September 30th.

(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. Conversion of emeritus and inactive licenses to active, full, unrestricted status.

(a) A licensee holding an emeritus or inactive license may apply to convert it to active, full, unrestricted status 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) Three (3) references as described in section 4(a)(iv) of this Chapter.

(b) The holder of an emeritus or inactive 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 emeritus or 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 inactive license.

(d) License Reactivation Application Processing, Review and Interviews.

(i) When all application materials required in subsections (a) and (b) have been received and are deemed to be satisfactory, 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. The application review committee may:

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

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

(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.

(ii) 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.

(iii) Following a licensure interview (if one is required), the board shall, by a 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.

(e) If an applicant for reactivation does not have a licensure interview, a license may be reactivated 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.

(f) If the board denies reactivation of a lapsed license, the applicant may appeal that decision pursuant to W.S. 33-26-407(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, 2022, or have held a full, unrestricted license to practice medicine in Wyoming no less recently than June 30, 2017 and been continuously engaged in the active practice of medicine in one or more U.S. jurisdictions no later than June 30, 2022; 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 active, inactive, or emeritus license may apply to reactivate it to its last status 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 a lapsed 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) License Reactivation Application Processing, Review and Interviews.

(i) When all application materials required in subsections (a) and (b) have been received and are deemed to be satisfactory, 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. The application review committee may:

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

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

(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.

(ii) 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.

(iii) Following a licensure interview (if one is required), the board shall, by a 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.

(e) If an applicant for reactivation does not have a licensure interview, a license may be reactivated 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.

(f) If the board denies reactivation of a lapsed license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

(g) Notwithstanding the foregoing, in a public health emergency declared by the Governor, an active 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 active 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 an active 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 active license to practice medicine in Wyoming no less recently than June 30, 2022, or have held a full, unrestricted active license to practice medicine in Wyoming no less recently than June 30, 2018 and been engaged in the active practice of medicine in another jurisdiction no later than June 30, 2022; 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, the physician must demonstrate that Wyoming one or more of the following for him or her:

(A) State of principal residence. The address of the principal residence must be a 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 be 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. The physician may be required to produce a copy of his or her most recent federal income tax return.

(ii) In the event a physician is found to not be eligible for a letter of qualification from the Wyoming Board of Medicine, the physician may request that determination be reviewed by the Application Review Committee. The Application Review Committee's decision that the physician is not eligible to receive a letter of qualification from the Wyoming Board of Medicine to participate in the Interstate Medical Licensure Compact may be

appealed to the full board.

(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 submit to the board office an information form. The form shall 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 (xxx), 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 shall 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 (xxx), or other applicable provisions of the act.

(d) Revocation or rescission of a Letter of Qualification used to obtain a Wyoming physician license.

(i) If the Letter of Qualification used by a physician to obtain a Wyoming physician license through the Interstate Medical Licensure Compact is revoked, rescinded or otherwise terminated by the issuing state medical board for any reason other than expiration of the Letter of Qualification, the physician shall submit the following additional information to the Board:

(A) A completed supplemental information form;

(B) A current F.C.V.S. packet;

(C) Three (3) completed physician reference questionnaire forms from physicians with whom the applicant has practiced medicine within the past three (3) years. References from physicians with whom the applicant has a current or prospective financial, business or family relationship are not acceptable;

(D) An affidavit and authorization for release of information on a form provided by the Board; and,

(E) Pursuant to 8 U.S.C. 1621, a Citizenship and Alien Status Verification form approved or prescribed by the board.

(ii) The additional information shall be submitted to the Board no later than ninety (90) days after the revocation, rescission or other termination of the Letter of Qualification. Failure to submit the additional information by this deadline is grounds for

discipline.

(iii) If the Letter of Qualification is revoked, rescinded, or otherwise terminated because of a misstatement, misrepresentation or omission by the physician, the physician may also be subject to disciplinary action under W.S. 33-26-402(a)(i) and other applicable provisions.

(e) Reactivation of license issued through the IMLC. A licensee holding a lapsed license previously issued through the IMLC may apply to reactivate it following the procedure set forth in Section 12 of this chapter.

(f) Renewal of license that can no longer be renewed through the IMLC.

(i) If a physician licensed in Wyoming through the IMLC becomes ineligible to renew the license through the IMLC because of a failure to meet the requirements of subsection 7(a) of the Compact (W.S. 33-26-702, Article 7(a)), the license may be renewed directly with the Board. The physician shall complete the paper license renewal form and submit it and the requisite fees to the Board.

(ii) In subsequent years, the license shall be subject to renewal pursuant to Section 10 of this chapter.

Emergency rules are in effect no longer than 120 days after filing with the Registrar of Rules.

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.

Section 4. Repealed.

Section 5. Advisory council.

(a) Pursuant to Wyoming Statute 33-26-503(b)(v), the board of medicine shall appoint an advisory council to the board. This council shall consist of no less than two (2) members who shall be physician assistants holding an active license to practice in this state and no less than one (1) member who shall be a physician holding an active license to practice in this state. Additional members may be appointed at the discretion of the board; however, physician assistants shall always compose a majority of the appointed members of the council. The advisory council is responsible to and serves 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) Repealed.

(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) Repealed.

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 or supervising physician assistant, if one is required pursuant to W.S. 33-26-504(c):

(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 physician 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) If a supervising physician or supervising physician assistant is required pursuant to W.S. 33-26-504(c), a supervising agreement form, provided by the Board, must be submitted to the advisory council and the board by the supervising physician or supervising physician assistant. This form shall include, at a minimum:

(i) The supervising physician's or supervising physician assistant's name, degree, license number, medical specialty (if any), 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 or supervising physician assistant'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 or supervising physician assistant 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, or the ARC-PA;

(c) Has passed 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. An applicant who has not passed an approved certification examination shall be supervised by a physician, or supervising physician assistant with not less than five years of licensed experience in the active practice of medicine, approved

in advance by the board, until such time as the applicant passes the examination and provides an official report from the NCCPA or other national certifying agency to the board. An applicant requiring supervision shall be issued a temporary license, for a period not to exceed one year, pursuant to W.S. 33-26-504(c) and 505.

(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) Physician assistants may represent that they practice in one or more specialty areas of practice. These representations shall reflect the training and experience of the physician assistant and not be misleading.

(f) The board may grant an emeritus license to practice as a physician assistant, which may be used for the provision of uncompensated physician assistant services. Such license may be issued to an applicant who provides proof that the applicant is currently certified by the NCCPA and has maintained a physician assistant license in good standing in one or more jurisdictions 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 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 a statement 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) U.S. 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) U.S. 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.

(i) In addition to submitting the fee, a physician assistant not licensed in this state who applies for a volunteer license shall submit on a form prescribed by the Board at a minimum the following information:

(A) Their full name, date of birth and social security number;

(B) The dates when the volunteer service will occur; and,

(C) The state where the physician assistant is currently licensed in good standing to practice medicine, and the physician assistant's license number in that jurisdiction.

(ii) Upon the board's receipt of an application for a volunteer license, the board shall query the National Practitioner Data Bank and the Federation of State Medical Boards' Physician Data Center regarding the physician assistant. If no adverse information is received from these reports, board staff shall issue the volunteer license, and report the issuance to the board at the board's next regularly-scheduled meeting. If any adverse information is received as a result of those queries, board staff will deny the application for a volunteer license.

(iii) If a physician assistant's application for a volunteer license is denied pursuant to subparagraph (B), above, the physician assistant may request that determination be reviewed by the Application Review Committee. The Application Review Committee's decision that the physician assistant is not eligible to receive a volunteer license may be appealed to the full board.

(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 or supervising physician assistant 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 or physician assistants 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 or physician assistants with restrictions or conditions on their license or clinical privileges shall be reviewed by the board and the application to supervise a physician assistant may be denied on

the grounds that the supervising physician or supervising physician assistant has restrictions or conditions on their license. The board may, in its discretion, require an interview with an applicant, or the applying supervising physician or supervising physician assistant, under this subsection.

(d) If a physician assistant requires supervision pursuant to subsection 7(c) of this chapter, the advisory council may require a supervising physician or supervising physician assistant to interview in person before the advisory council to determine the supervising physician's or supervising physician assistant'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 who requires supervision pursuant to subsection 7(c) of this chapter changes supervising physician or supervising physician assistant, 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. The supervising physician or supervising physician assistant 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 who requires supervision pursuant to subsection 7(c) of this chapter changes job situations or locations within the state under a new supervising physician or supervising physician assistant, the physician assistant shall submit an application on a form approved by the board explaining the change, and pay a supervisor change fee. The supervising physician or supervising physician assistant 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 or the board.

(g) If a physician assistant who requires supervision pursuant to subsection 7(c) of this chapter leaves the state for employment and returns, a new supervising physician or supervising physician assistant 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 emergency assistance of a physician assistant who requires supervision pursuant to subsection 7(c) of this chapter, the supervising physician or supervising physician, and the physician assistant to be supervised 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 supervising physician or supervising physician assistant 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, if required under subsection 7(c) of this chapter, 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 subsection (b) of this section, when the application is deemed complete pursuant to subsection 6(b) of this chapter, the physician assistant's application for licensure shall be sent to the advisory council for review. Upon the positive recommendation of a majority of the members of the advisory council, the physician assistant's application will be forwarded to the board's Application Review Committee for consideration of issuance of 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 subsection (b) of this section, and subsection 7(c) of this chapter, to a physician assistant who meets all requirements for licensure except completion of the NCCPA certification examination, pursuant to subsection 7(c) of this chapter and W.S. 33-26-504(c) and 505.

(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 subsection (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 subsection (b) of this section 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).

(k) If the supervision by a supervising physician or supervising physician assistant of a physician assistant practicing under a temporary license issued pursuant to subsection 7(c) of these rules is terminated for any reason, and the physician assistant does not have another board-approved supervising physician or supervising physician assistant, the physician assistant's temporary license will automatically convert to "inactive," and the physician assistant may not resume practicing until a new supervising physician or supervising physician assistant is approved by the board.

Section 10. Repealed.

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 a 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 an application for renewal by December 31st may submit an application, the requisite renewal fee, and the license renewal grace period surcharge no later than March 31st.

(b) Reactivation of a lapsed physician assistant license.

(i) A licensee may apply to reactivate a lapsed physician assistant license by submitting the following:

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

(B) Payment of the applicable fees established by the Board by rule;

and,

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

(ii) The holder of a lapsed physician assistant license must also submit proof of completion of not less than sixty (60) hours of qualified continuing medical education, as defined in chapter 5, subsection 21(a) of these rules, within the preceding three (3) years. This subsection shall not apply to the holder of a lapsed license who is otherwise exempt from the continuing medical education requirement pursuant to chapter 5, subsection 21(b) of these rules.

(iii) License Reactivation Application Processing, Review and Interviews.

(A) When all application materials required in subsections (a) and (b) have been received and are deemed to be satisfactory, 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 5, Section 9 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. The application review committee may:

(1) Issue a temporary license to the applicant, pursuant and subject to Chapter 5, Section 9 of these rules;

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

(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.

(iv) 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

(v) Following a licensure interview (if one is required), the board shall, by a 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.

(vi) If an applicant for reactivation does not have a licensure interview, a license may be reactivated 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.

(vii) If the board denies reactivation of a lapsed license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

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

(d) A physician assistant may offer to voluntarily relinquish a 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, 2021, or have held a full, unrestricted license to practice as a physician assistant in Wyoming no less recently than December 31, 2017 and been engaged in active practice as a physician assistant in another jurisdiction no later than December 31, 2019; 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. Physician Assistant 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)]	\$200.00
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.....	\$80.00
Paper form license renewal processing fee.....	\$10.00
License renewal grace period surcharge.....	\$50.00
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.].....	\$150.00
Extension of temporary license.....	\$25.00
Volunteer license	\$15.00
Supervisor change fee.....	\$10.00
Emeritus license	No charge

(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.

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

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. 33-26-402, 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.

(ii) Repealed.

(iii) Repealed.

(iv) Repealed.

(v) Repealed.

(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. Repealed.

Section 16. Repealed.

Section 17. Repealed.

Section 18. General provisions.

(a) The supervising physician or supervising physician assistant 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 supervising physician's or supervising physician assistant's supervision, within thirty (30) days of the effective date of such change.

(b) When complying with W.S. 33-26-513, a physician assistant license or license holder shall be identified as "physician assistant."

(c) Repealed.

(d) Repealed.

(e) Medical supervision of a physician assistant by other than an approved physician or physician assistant is prohibited.

(f) Repealed.

Section 19. Repealed.

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 or supervising physician assistant, 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 and/or supervising physician assistant, or group of supervising physicians and/or supervising physician assistants.

(c) Before a supervising physician or supervising physician assistant, and the physician assistant(s) being supervised, 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 supervising physician assistants, and the physician assistant(s) being supervised, shall maintain documentation to demonstrate compliance with the elements of the supervision plan.

(e) A supervising physician or supervising physician assistant, and the physician assistant(s) being supervised, 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 or supervising physician assistant, and the physician assistant(s) being supervised, any documentation from the past three (3) years maintained pursuant to subsection (d).

(g) Effective January 1, 2022, any board-approved supervision agreement between a supervising physician and a physician assistant who has passed the NCCPA or other national certifying examination pursuant to subsection 7(c) of this chapter shall be deemed terminated. Nothing in this subsection shall be deemed to affect any approved supervision agreement between a physician and a physician assistant who has not passed the NCCPA or other board-approved certifying examination. Physicians and physician assistants who have passed the NCCPA or other approved certifying examination remain free to associate, collaborate, or otherwise practice cooperatively.

Section 21. Continuing medical education.

(a) To renew, reinstate or reactivate a physician assistant license in Wyoming, a physician assistant shall verify one or more of the following:

(i) Continued participation in the NCCPA maintenance of certificate process, including completion of not less than 60 continuing medical education credits during the preceding three calendar years;

(ii) Completion of not less than 60 hours of continuing medical education credits during the preceding three calendar years;

(iii) Documented volunteer service rendering clinical care in a nonprofit health care facility in this state to low income uninsured persons while holding an emeritus license in good standing, such CME to be credited at the rate set forth in Chapter 1, Section 5(a)(v)(A)(II) of these rules; or,

(iv) Documented volunteer service to the board as a medical consultant, such service to be credited as CME at the rate of one (1) hour of continuing medical education credit per two (2) hours of service as a consultant, not to exceed twenty (20) hours' CME credit in a calendar year.

(b) The following persons shall not be subject to the continuing medical education requirement of subsection (a) of this section:

(i) A physician assistant who has been certified or recertified by the NCCPA within the past three years as of the renewal date;

(ii) A physician assistant who has held a Wyoming physician assistant license less than three years as of the renewal date;

(iii) A physician assistant who holds an inactive license to practice medicine in

Wyoming as defined in Ch. 1, Sec. 5(a)(iv) of these rules and who indicate such status by written notice to the board.

(c) Upon written request specifying the reasons for an exemption, the board may grant an exemption to a physician assistant of all or part of the requirements of circumstances beyond the control of the licensee, such as temporary disability, mandatory military service or officially declared disasters.

(d) Upon written request received in the board offices on or before the renewal date and for good cause shown, the board may grant an extension of the deadline requirements for up to one year.

(e) Each year, accompanying the application for renewal of a license to practice medicine or accompanying a petition for reactivation or reinstatement of his/her license, a physician assistant shall submit a license renewal application provided by the board requiring the license holder to verify that he/she has met the CME requirements described above or that he/she holds an inactive physician assistant license or is otherwise exempt from these rules.

(f) Physician assistants shall maintain CME records for no less than four (4) years and such records shall be made available to the board upon request.

(g) Failure to complete CME requirements as described in this rule may cause the physician assistant to be ineligible for annual license renewal. Failure to produce records reflecting that a physician assistant has completed the required minimum continuing medical education hours upon written request by the board may constitute unprofessional conduct under W.S. 33-26-402(a)(xxviii).

(h) The board shall periodically conduct a random audit of approximately ten (10%) percent of its physician assistant licensees to determine compliance with these rules. The physician assistants selected for the audit shall provide a signed statement of completion of the required hours and all supporting documentation within forty-five (45) days of the date of the notice of the audit. Failure to comply with the audit may subject the physician assistant to disciplinary action by the board as set forth above in subsection (g). If found to have not completed the requirement noted above, a physician assistant shall have not more than six (6) months within which to comply with this rule.

Emergency rules are in effect no longer than 120 days after filing with the Registrar of Rules.

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 Wyoming Statute 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, 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 written request for formal disciplinary action filed with the Board by the Board Prosecutor against one or more licensees on behalf of one or more petitioners, or by a licensee or former licensee as a petitioner requesting removal of conditions of restrictions on a license, or reinstatement of a license.

(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, and who causes a petition to be filed before the Board, or a licensee or former licensee who files a petition before the Board.

(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, 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.*

(III) “ARC-PA” means the Accreditation Review Commission on Education for the Physician Assistant.

(mmm) “Supervising physician assistant” means a physician assistant with not less than five years of licensed experience approved by the board to supervise and be responsible for the acts of a physician assistant practicing under a temporary license issued by the board pursuant to W.S. 33-26-504(c).

(nnn) “Supervision” means the ready availability of the supervising physician or physician assistant for consultation and direction of the activities of a physician assistant. Contact with the supervising physician or physician assistant by telecommunications is sufficient to show the ready availability of supervision, if the board finds that such contact is sufficient to provide safe, quality medical care.

(ooo) “Lapsed” means a license that was not renewed, and expired for nonpayment of the renewal fee at the end of the term for which it was issued. It does not mean a license that was terminated as a result of disciplinary action.

(ppp) “Interstate Medical Licensure Compact” means W.S. 33-26-701, *et seq.*, and the organization joined by the State of Wyoming by the adoption of that law.

(qqq) “IMLC” means the Interstate Medical Licensure Compact.

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 as defined in the Act and these rules, write prescriptions or engage in clinical activity. The Board may grant an inactive license 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 practice medicine as defined in the Act and these rules in any setting, (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 practice medicine as defined the Act and these rules, 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) U.S. 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) U.S. 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.

(A) In addition to submitting the fee, a physician not licensed in this state who applies for a volunteer license shall submit on a form prescribed by the Board at a minimum the following information:

(I) Their full name, date of birth and social security number;

(II) The dates when the volunteer service will occur; and,

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

(B) Upon the board's receipt of an application for a volunteer license, the board shall query the National Practitioner Data Bank and the Federation of State Medical Boards' Physician Data Center regarding the physician. If no adverse information is received from these reports, board staff shall issue the volunteer license, and report the issuance to the board at the board's next regularly-scheduled meeting. If any adverse information is received as a result of those queries, board staff will deny the application for a volunteer license.

(C) If a physician's application for a volunteer license is denied pursuant to subparagraph (B), above, the physician may request that determination be reviewed by the Application Review Committee. The Application Review Committee's decision that the physician is not eligible to receive a volunteer license may be appealed to the full board.

(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.

(e) Continuation of care received outside Wyoming. A physician or physician assistant who has established a provider-patient relationship in another state with a patient who is a resident of Wyoming may provide continued care to the patient via telehealth without a Wyoming physician or physician assistant license subject to the following:

(i) The provider-patient relationship must have been established in an in-person encounter in a state in which the physician or physician assistant is licensed;

(ii) Subsequent care may be provided to the patient via telehealth while the patient is in Wyoming if the care is a logical and expected continuation of the care provided in an in-person encounter in the state where the physician or physician assistant is licensed. If the patient is presenting with new medical conditions, or conditions that the standard of care dictates an in-person encounter is needed, patient must either return to the state in which the physician or physician assistant is licensed for care, or must be referred to a Wyoming-licensed health care provider.

(iii) The telehealth care may continue for up to six (6) months after the establishment of the provider-patient relationship in another state, after which an in-person encounter must take place in a jurisdiction where the physician or physician assistant is licensed before the telehealth may resume for another six (6) months.

Section 8. Physician and General 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.

(d) Schedule of fees:

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)].....\$400.00

(\$250.00 for persons holding a current T-2 license)

Application and initial license fee for persons holding a valid Letter of Qualification issued by a Member State of the Interstate Medical Licensure Compact.....\$325.00

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)	\$155.00
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]	\$250.00
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.].....	\$300.00
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).....	\$50.00
Residency training license (“T-2” license) renewal	\$50.00
Volunteer license	\$45.00 <u>15.00</u>
Verification of license.....	\$15.00
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

(e) The Board hereby incorporates by reference the following uniform rules:

(i) Chapter 2 - Uniform Procedures, Fees, Costs, and Charges for Inspecting, Copying, and Producing Public Records, adopted by the Department of Administration and Information and effective on September 6, 2016, found at <http://rules.wyo.gov>, reference number 006.0011.2.09062016.

(A) For these rules incorporated by reference:

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

(2) The incorporation by reference does not include any later amendments or editions of the incorporated matter beyond the applicable date identified in paragraph (i) of this subsection; and,

(3) The incorporated rules are maintained at the Board's office and are available for public inspection and copying at the same location.

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.

(b) Licensees who fail to submit their application for renewal by June 30th may submit their renewal application, the requisite renewal fee, and the license renewal grace period surcharge no later than September 30th.

(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. Conversion of emeritus and inactive licenses to active, full, unrestricted status.

(a) A licensee holding an emeritus or inactive license may apply to convert it to active, full, unrestricted status 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) Three (3) references as described in section 4(a)(iv) of this Chapter.

(b) The holder of an emeritus or inactive 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 emeritus or 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 inactive license.

(d) License Reactivation Application Processing, Review and Interviews.

(i) When all application materials required in subsections (a) and (b) have been received and are deemed to be satisfactory, 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. The application review committee may:

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

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

(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.

(ii) 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.

(iii) Following a licensure interview (if one is required), the board shall, by a 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.

(e) If an applicant for reactivation does not have a licensure interview, a license may be reactivated 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.

(f) If the board denies reactivation of a lapsed license, the applicant may appeal that decision pursuant to W.S. 33-26-407(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, 2022, or have held a full, unrestricted license to practice medicine in Wyoming no less recently than June 30, 2017 and been continuously engaged in the active practice of medicine in one or more U.S. jurisdictions no later than June 30, 2022; 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 active, inactive, or emeritus license may apply to reactivate it to its last status 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 a lapsed 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) License Reactivation Application Processing, Review and Interviews.

(i) When all application materials required in subsections (a) and (b) have been received and are deemed to be satisfactory, 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. The application review committee may:

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

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

(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.

(ii) 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.

(iii) Following a licensure interview (if one is required), the board shall, by a 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.

(e) If an applicant for reactivation does not have a licensure interview, a license may be reactivated 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.

(f) If the board denies reactivation of a lapsed license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).

(g) Notwithstanding the foregoing, in a public health emergency declared by the Governor, an active 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 active 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 an active 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 active license to practice medicine in Wyoming no less recently than June 30, 2022, or have held a full, unrestricted active license to practice medicine in Wyoming no less recently than June 30, 2018 and been engaged in the active practice of medicine in another jurisdiction no later than June 30, 2022; 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, the physician must demonstrate that Wyoming one or more of the following for him or her:

(A) State of principal residence. The address of the principal residence must be a 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 be 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. The physician may be required to produce a copy of his or her most recent federal income tax return.

(ii) In the event a physician is found to not be eligible for a letter of qualification from the Wyoming Board of Medicine, the physician may request that determination be reviewed by the Application Review Committee. The Application Review Committee's decision that the physician is not eligible to receive a letter of qualification from the Wyoming Board of Medicine to participate in the Interstate Medical Licensure Compact may be

appealed to the full board.

(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 submit to the board office an information form. The form shall 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 (xxx), 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 shall 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 (xxx), or other applicable provisions of the act.

(d) Revocation or rescission of a Letter of Qualification used to obtain a Wyoming physician license.

(i) If the Letter of Qualification used by a physician to obtain a Wyoming physician license through the Interstate Medical Licensure Compact is revoked, rescinded or otherwise terminated by the issuing state medical board for any reason other than expiration of the Letter of Qualification, the physician shall submit the following additional information to the Board:

(A) A completed supplemental information form;

(B) A current F.C.V.S. packet;

(C) Three (3) completed physician reference questionnaire forms from physicians with whom the applicant has practiced medicine within the past three (3) years. References from physicians with whom the applicant has a current or prospective financial, business or family relationship are not acceptable;

(D) An affidavit and authorization for release of information on a form provided by the Board; and,

(E) Pursuant to 8 U.S.C. 1621, a Citizenship and Alien Status Verification form approved or prescribed by the board.

(ii) The additional information shall be submitted to the Board no later than ninety (90) days after the revocation, rescission or other termination of the Letter of Qualification. Failure to submit the additional information by this deadline is grounds for

discipline.

(iii) If the Letter of Qualification is revoked, rescinded, or otherwise terminated because of a misstatement, misrepresentation or omission by the physician, the physician may also be subject to disciplinary action under W.S. 33-26-402(a)(i) and other applicable provisions.

(e) Reactivation of license issued through the IMLC. A licensee holding a lapsed license previously issued through the IMLC may apply to reactivate it following the procedure set forth in Section 12 of this chapter.

(f) Renewal of license that can no longer be renewed through the IMLC.

(i) If a physician licensed in Wyoming through the IMLC becomes ineligible to renew the license through the IMLC because of a failure to meet the requirements of subsection 7(a) of the Compact (W.S. 33-26-702, Article 7(a)), the license may be renewed directly with the Board. The physician shall complete the paper license renewal form and submit it and the requisite fees to the Board.

(ii) In subsequent years, the license shall be subject to renewal pursuant to Section 10 of this chapter.

Emergency rules are in effect no longer than 120 days after filing with the Registrar of Rules.

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.

Section 4. Repealed.

Section 5. Advisory council.

(a) Pursuant to Wyoming Statute 33-26-503(b)(v), the board of medicine shall appoint an advisory council to the board. This council shall consist of no less than two (2) members who shall be physician assistants holding an active license to practice in this state and no less than one (1) member who shall be a physician holding an active license to practice in this state. Additional members may be appointed at the discretion of the board; however, physician assistants shall always compose a majority of the appointed members of the council. The advisory council is responsible to and serves 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) Repealed.

(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) Repealed.

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 or supervising physician assistant, if one is required pursuant to W.S. 33-26-504(c):

(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 physician 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) If a supervising physician or supervising physician assistant is required pursuant to W.S. 33-26-504(c), a supervising agreement form, provided by the Board, must be submitted to the advisory council and the board by the supervising physician or supervising physician assistant. This form shall include, at a minimum:

(i) The supervising physician's or supervising physician assistant's name, degree, license number, medical specialty (if any), 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 or supervising physician assistant'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 or supervising physician assistant 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, or the ARC-PA;

(c) Has passed 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. An applicant who has not passed an approved certification examination shall be supervised by a physician, or supervising physician assistant with not less than five years of licensed experience in the active practice of medicine, approved

in advance by the board, until such time as the applicant passes the examination and provides an official report from the NCCPA or other national certifying agency to the board. An applicant requiring supervision shall be issued a temporary license, for a period not to exceed one year, pursuant to W.S. 33-26-504(c) and 505.

(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) Physician assistants may represent that they practice in one or more specialty areas of practice. These representations shall reflect the training and experience of the physician assistant and not be misleading.

(f) The board may grant an emeritus license to practice as a physician assistant, which may be used for the provision of uncompensated physician assistant services. Such license may be issued to an applicant who provides proof that the applicant is currently certified by the NCCPA and has maintained a physician assistant license in good standing in one or more jurisdictions 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 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 a statement 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) U.S. 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) U.S. 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.

(i) In addition to submitting the fee, a physician assistant not licensed in this state who applies for a volunteer license shall submit on a form prescribed by the Board at a minimum the following information:

(A) Their full name, date of birth and social security number;

(B) The dates when the volunteer service will occur; and,

(C) The state where the physician assistant is currently licensed in good standing to practice medicine, and the physician assistant's license number in that jurisdiction.

(ii) Upon the board's receipt of an application for a volunteer license, the board shall query the National Practitioner Data Bank and the Federation of State Medical Boards' Physician Data Center regarding the physician assistant. If no adverse information is received from these reports, board staff shall issue the volunteer license, and report the issuance to the board at the board's next regularly-scheduled meeting. If any adverse information is received as a result of those queries, board staff will deny the application for a volunteer license.

(iii) If a physician assistant's application for a volunteer license is denied pursuant to subparagraph (B), above, the physician assistant may request that determination be reviewed by the Application Review Committee. The Application Review Committee's decision that the physician assistant is not eligible to receive a volunteer license may be appealed to the full board.

(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 or supervising physician assistant 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 or physician assistants 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 or physician assistants with restrictions or conditions on their license or clinical privileges shall be reviewed by the board and the application to supervise a physician assistant may be denied on the grounds that the supervising physician or supervising physician assistant has restrictions or conditions on their license. The board may, in its discretion, require an interview with an

applicant, or the applying supervising physician or supervising physician assistant, under this subsection.

(d) If a physician assistant requires supervision pursuant to subsection 7(c) of this chapter, the advisory council may require a supervising physician or supervising physician assistant to interview in person before the advisory council to determine the supervising physician's or supervising physician assistant'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 who requires supervision pursuant to subsection 7(c) of this chapter changes supervising physician or supervising physician assistant, 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. The supervising physician or supervising physician assistant 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 who requires supervision pursuant to subsection 7(c) of this chapter changes job situations or locations within the state under a new supervising physician or supervising physician assistant, the physician assistant shall submit an application on a form approved by the board explaining the change, and pay a supervisor change fee. The supervising physician or supervising physician assistant 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 or the board.

(g) If a physician assistant who requires supervision pursuant to subsection 7(c) of this chapter leaves the state for employment and returns, a new supervising physician or supervising physician assistant 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 emergency assistance of a physician assistant who requires supervision pursuant to subsection 7(c) of this chapter, the supervising physician or supervising physician, and the physician assistant to be supervised 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 supervising physician or supervising physician assistant 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, if required under subsection 7(c) of this chapter, 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 subsection (b) of this section, when the application is deemed complete pursuant to subsection 6(b) of this chapter, the physician assistant's application for licensure shall be sent to the advisory council for review. Upon the positive recommendation of a majority of the members of the advisory council, the physician assistant's application will be forwarded to the board's Application Review Committee for consideration of issuance of 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 subsection (b) of this section, and subsection 7(c) of this chapter, to a physician assistant who meets all requirements for licensure except completion of the NCCPA certification examination, pursuant to subsection 7(c) of this chapter and W.S. 33-26-504(c) and 505.

(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 subsection (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 subsection (b) of this section 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).

(k) If the supervision by a supervising physician or supervising physician assistant of a physician assistant practicing under a temporary license issued pursuant to subsection 7(c) of these rules is terminated for any reason, and the physician assistant does not have another board-approved supervising physician or supervising physician assistant, the physician assistant's temporary license will automatically convert to "inactive," and the physician assistant may not resume practicing until a new supervising physician or supervising physician assistant is approved by the board.

Section 10. Repealed.

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 a 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 an application for renewal by December 31st may submit an application, the requisite renewal fee, and the license renewal grace period surcharge no later than March 31st.

(b) Reactivation of a lapsed physician assistant license.

(i) A licensee may apply to reactivate a lapsed physician assistant license by submitting the following:

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

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

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

(ii) The holder of a lapsed physician assistant license must also submit proof of completion of not less than sixty (60) hours of qualified continuing medical education, as defined in chapter 5, subsection 21(a) of these rules, within the preceding three (3) years. This subsection shall not apply to the holder of a lapsed license who is otherwise exempt from the continuing medical education requirement pursuant to chapter 5, subsection 21(b) of these rules.

(iii) License Reactivation Application Processing, Review and Interviews.

(A) When all application materials required in subsections (a) and (b) have been received and are deemed to be satisfactory, 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 5, Section 9 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. The application review committee may:

(1) Issue a temporary license to the applicant, pursuant and subject to Chapter 5, Section 9 of these rules;

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

(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.

(iv) 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

(v) Following a licensure interview (if one is required), the board shall, by a 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.
- (vi) If an applicant for reactivation does not have a licensure interview, a license may be reactivated 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.
 - (vii) If the board denies reactivation of a lapsed license, the applicant may appeal that decision pursuant to W.S. 33-26-407(a).
- (c) A physician assistant may apply for a duplicate license if a license is lost, stolen, or destroyed.
 - (d) A physician assistant may offer to voluntarily relinquish a 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, 2021, or have held a full, unrestricted license to practice as a physician assistant in Wyoming no less recently

than December 31, 2017 and been engaged in active practice as a physician assistant in another jurisdiction no later than December 31, 2019; 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. Physician Assistant 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)]	\$200.00
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.....	\$80.00
Paper form license renewal processing fee.....	\$10.00
License renewal grace period surcharge.....	\$50.00
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.]	\$150.00
Extension of temporary license.....	\$25.00
Volunteer license	\$20 15.00
Supervisor change fee.....	\$10.00
Emeritus license	No charge

(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.

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

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. 33-26-402, 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.

(ii) Repealed.

(iii) Repealed.

(iv) Repealed.

(v) Repealed.

(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. Repealed.

Section 16. Repealed.

Section 17. Repealed.

Section 18. General provisions.

(a) The supervising physician or supervising physician assistant 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 supervising physician's or supervising physician assistant's supervision, within thirty (30) days of the effective date of such change.

(b) When complying with W.S. 33-26-513, a physician assistant license or license holder shall be identified as "physician assistant."

(c) Repealed.

(d) Repealed.

(e) Medical supervision of a physician assistant by other than an approved physician or physician assistant is prohibited.

(f) Repealed.

Section 19. Repealed.

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 or supervising physician assistant, 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 and/or supervising physician assistant, or group of supervising physicians and/or supervising physician assistants.

(c) Before a supervising physician or supervising physician assistant, and the physician assistant(s) being supervised, 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 supervising physician assistants, and the physician assistant(s) being supervised, shall maintain documentation to demonstrate compliance with the elements of the supervision plan.

(e) A supervising physician or supervising physician assistant, and the physician assistant(s) being supervised, 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 or supervising physician assistant, and the physician assistant(s) being supervised, any documentation from the past three (3) years maintained pursuant to subsection (d).

(g) Effective January 1, 2022, any board-approved supervision agreement between a supervising physician and a physician assistant who has passed the NCCPA or other national certifying examination pursuant to subsection 7(c) of this chapter shall be deemed terminated. Nothing in this subsection shall be deemed to affect any approved supervision agreement between a physician and a physician assistant who has not passed the NCCPA or other board-approved certifying examination. Physicians and physician assistants who have passed the NCCPA or other approved certifying examination remain free to associate, collaborate, or otherwise practice cooperatively.

Section 21. Continuing medical education.

(a) To renew, reinstate or reactivate a physician assistant license in Wyoming, a physician assistant shall verify one or more of the following:

(i) Continued participation in the NCCPA maintenance of certificate process, including completion of not less than 60 continuing medical education credits during the preceding three calendar years;

(ii) Completion of not less than 60 hours of continuing medical education credits during the preceding three calendar years;

(iii) Documented volunteer service rendering clinical care in a nonprofit health care facility in this state to low income uninsured persons while holding an emeritus license in good standing, such CME to be credited at the rate set forth in Chapter 1, Section 5(a)(v)(A)(II) of these rules; or,

(iv) Documented volunteer service to the board as a medical consultant, such service to be credited as CME at the rate of one (1) hour of continuing medical education credit per two (2) hours of service as a consultant, not to exceed twenty (20) hours' CME credit in a calendar year.

(b) The following persons shall not be subject to the continuing medical education requirement of subsection (a) of this section:

(i) A physician assistant who has been certified or recertified by the NCCPA within the past three years as of the renewal date;

(ii) A physician assistant who has held a Wyoming physician assistant license less than three years as of the renewal date;

(iii) A physician assistant who holds an inactive license to practice medicine in Wyoming as defined in Ch. 1, Sec. 5(a)(iv) of these rules and who indicate such status by written notice to the board.

(c) Upon written request specifying the reasons for an exemption, the board may grant an exemption to a physician assistant of all or part of the requirements of circumstances beyond the control of the licensee, such as temporary disability, mandatory military service or officially declared disasters.

(d) Upon written request received in the board offices on or before the renewal date and for good cause shown, the board may grant an extension of the deadline requirements for up to one year.

(e) Each year, accompanying the application for renewal of a license to practice medicine or accompanying a petition for reactivation or reinstatement of his/her license, a physician assistant shall submit a license renewal application provided by the board requiring the license holder to verify that he/she has met the CME requirements described above or that he/she holds an inactive physician assistant license or is otherwise exempt from these rules.

(f) Physician assistants shall maintain CME records for no less than four (4) years and such records shall be made available to the board upon request.

(g) Failure to complete CME requirements as described in this rule may cause the physician assistant to be ineligible for annual license renewal. Failure to produce records reflecting that a physician assistant has completed the required minimum continuing medical education hours upon written request by the board may constitute unprofessional conduct under W.S. 33-26-402(a)(xxviii).

(h) The board shall periodically conduct a random audit of approximately ten (10%) percent of its physician assistant licensees to determine compliance with these rules. The physician assistants selected for the audit shall provide a signed statement of completion of the required hours and all supporting documentation within forty-five (45) days of the date of the notice of the audit. Failure to comply with the audit may subject the physician assistant to disciplinary action by the board as set forth above in subsection (g). If found to have not completed the requirement noted above, a physician assistant shall have not more than six (6) months within which to comply with this rule.