



RULES OF
**Department of Commerce and
Insurance**
**Division 2150—State Board of Registration for the
Healing Arts**
Chapter 2—Licensing of Physicians and Surgeons

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TITLE 20 – DEPARTMENT OF COMMERCE AND INSURANCE
Division 2150 – State Board of Registration for the Healing Arts
Chapter 2 – Licensing of Physicians and Surgeons

20 CSR 2150-2.001 Definitions

PURPOSE: This rule defines terms used in Chapter 334, RSMo, and this chapter.

(1) American Specialty Board – any specialty board formally recognized by the American Board of Medical Specialties or the American Osteopathic Association.

(2) Applicant – a person applying for a license as a physician and surgeon or an assistant physician pursuant to Chapter 334, RSMo, and these rules.

(3) Approved medical school – a medical school accredited by the Liaison Commission on Medical Education of the American Medical Association or the American Osteopathic Association's Commission on Osteopathic College Accreditation, or other medical school program that enforces requirements of four (4) terms of thirty-two (32) weeks for actual instruction in each term, including, in addition to class work, such experience in operative and hospital work during the last two (2) years of instruction as is required by the American Medical Association and the American Osteopathic Association.

(4) Board-approved medical licensing examination – the United States Medical Licensing Examination (USMLE), or its successor, or the Comprehensive Osteopathic Medical Licensing Exam (COMLEX), or its successor.

(5) Collaborative practice arrangement – written agreements, jointly agreed upon protocols, or standing orders, all of which shall be in writing, for the delivery of health care services.

(6) Emergency situation – a situation in which medical care is required to prevent loss of life or to mitigate injury and which does not arise in the course of a person's usual employment.

(7) Expired – a license that is not renewed by its expiration date.

(8) Extenuating circumstances – the circumstances under which an ordinary prudent person would not have timely renewed his or her license. Failure to receive a renewal notice is not an extenuating circumstance.

(9) Hospitals approved by the board – all hospitals who are part of a residency training program approved and accredited to teach graduate medical education by the Accreditation Council on Graduate Medical Education (ACGME) of the American Medical Association or the Program and Trainee Review Council of the American Osteopathic Association.

(10) Licensee – a person who holds a physician and surgeon or assistant physician license issued pursuant to Chapter 334, RSMo.

(11) Medically underserved area –

(A) An area in this state with a medically underserved population;

(B) An area in this state designated by the United States

Secretary of Health and Human Services as an area with a shortage of personal health services;

(C) A population group designated by the United States Secretary of Health and Human Services as having a shortage of personal health services;

(D) An area designated under state or federal law as a medically underserved community; or

(E) An area that the Department of Health and Senior Services considers to be medically underserved based on relevant demographic, geographic, and environmental factors.

(12) Notarized – attested to in front of a notary public properly commissioned by the jurisdiction where the notary occurred.

(13) Official translation – a translation by a professor of a language department in a college or university in the United States, or by the United States Embassy or Consulate in a foreign country. The translator must include documentation certifying that the document is a true translation to the best of their knowledge, that they are fluent in the original language and qualified to translate the document into English. The translator must sign the translation and print their name and address on the translation.

(14) Population-based public health services – health services provided to well patients or to those with narrowly circumscribed conditions in public health clinics or community health settings that are limited to immunizations, well-child care, human immunodeficiency virus (HIV) and sexually transmitted disease care, family planning, tuberculosis control, cancer and other chronic diseases, wellness screenings, services related to epidemiologic investigations, and prenatal care.

(15) Primary care – physician services in family medicine, general practice, internal medicine, pediatrics, obstetrics, or gynecology. This shall not include surgery other than minor office based procedures.

(16) Telehealth – means the use of medical information exchanged from one (1) site to another via electronic communications to improve the health status of a patient.

(17) Timely pay – any license renewal fee received by the board prior to the licensure expiration date. Renewal forms postmarked by the post office February 1 or after will be considered delinquent, however, should January 31 fall on a Saturday, Sunday, or legal holiday, renewal forms postmarked by the post office on the next business day will not be considered delinquent.

(18) Void – a license that becomes void upon the occurrence of events specified by rule. A void license may not be renewed or reactivated. A void license does not give authority for the person holding the license to practice his or her profession.

AUTHORITY: sections 334.045 and 334.046, RSMo 2000, sections 334.090 and 334.100, RSMo Supp. 2013, and sections 334.036, 334.038, and 334.125, RSMo Supp. 2014. This rule originally filed as 4 CSR 150-2.001. Original rule filed Jan. 19, 1988, effective April 15, 1988. Amended: Filed April 15, 1996, effective Nov. 30, 1996. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-2.001, effective Aug. 28, 2006. Amended: Filed July 11, 2007, effective Jan. 30, 2008. Rescinded and readopted: Filed June 29, 2016, effective Jan. 30, 2017.*

**Original authority: 334.036, RSMo 2014; 334.038, RSMo 2014; 334.045, RSMo 1963, amended 1981, 1987, 1989, 1993, 1995; 334.046, RSMo 1986, amended 1989, 1996, 1997; 334.090, RSMo 1945, amended 1951, 1959, 1963, 1981, 1987, 2011; 334.100, RSMo*



1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997, 2004, 2010, 2011; and 334.125, RSMo 1959, amended 1993, 1995, 2014.

20 CSR 2150-2.004 Postgraduate Training Requirements for Permanent Licensure

PURPOSE: Section 334.035, RSMo requires every applicant for a permanent license as a physician and surgeon to provide the Missouri State Board of Registration for the Healing Arts with satisfactory evidence of having successfully completed postgraduate training in hospitals, or medical or osteopathic colleges as the board may prescribe by rule. This rule establishes the postgraduate training requirements which each applicant for a permanent license must satisfy. The board recognizes that certain limited situations may occur in which it would be in the best interest of the inhabitants of this state for the board to waive the postgraduate training requirements of this rule. Therefore, this rule also establishes the criteria which an applicant must fulfill before the board may waive the postgraduate training requirements of this rule.

(1) Every applicant for a permanent license as a physician and surgeon who is a graduate of a medical college, approved and accredited by the American Medical Association (AMA) or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the American Osteopathic Association (AOA), must present a certificate with his/her application evidencing the satisfactory completion of one (1) year of postgraduate training in a program which is approved and accredited to teach postgraduate medical education by the accreditation council on graduate medical education of the AMA or the education committee of the AOA.

(2) Every applicant for a permanent license as a physician and surgeon who is not a graduate of a medical college, approved and accredited by the AMA or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the AOA, must present, with his/her application, a certificate evidencing the satisfactory completion of three (3) years of postgraduate training in one (1) recognized specialty area of medicine in a program which is approved and accredited to teach postgraduate medical education by the accreditation council on graduate medical education of the AMA or the education committee of the AOA.

(3) Notwithstanding the provisions of sections (1) and (2) of this rule, the board may waive any portion of the postgraduate training requirements of this rule if the applicant is American Specialty Board eligible to take an American Specialty Board-certifying examination and the applicant has achieved a passing score (as defined in this chapter) on a licensing examination administered in a state or territory of the United States or the District of Columbia. The board also may waive any of the postgraduate training requirements of this rule if the applicant is a graduate of a program approved and accredited to teach medical education by the Canadian Royal College of Physicians and Surgeons and has one (1) year of postgraduate training in a program approved and accredited to teach postgraduate medical education by the Canadian Royal College of Physicians and Surgeons. The board may also waive any of the postgraduate training requirements of this rule if the applicant has served for three (3) or more years as a full-time faculty member of a medical college approved and accredited by the AMA or its Liaison Committee on Medical Education, or an osteopathic college approved and accredited by the AOA. Prior to waiving any of the postgraduate training requirements of this rule, the board may require the applicant to achieve a passing score on

the Appropriate Specialty Board's certifying examination in the physician's field of specialization or the Federation of State Medical Boards' Special Purpose Examination (SPEX). If the board waives any of the postgraduate training requirements of this rule, then the license issued to the applicant may be limited or restricted to the specialty area for which the applicant is American Specialty Board eligible.

AUTHORITY: sections 334.031, 334.035, and 334.125, RSMo 2000, and section 334.040, RSMo Supp. 2011. * This rule originally filed as 4 CSR 150-2.004. Emergency rule filed Nov. 16, 1987, effective Dec. 31, 1987, expired April 29, 1988. Original rule filed Feb. 17, 1988, effective April 28, 1988. Amended: Filed Dec. 23, 1988, effective May 1, 1989. Amended: Filed Jan. 3, 1991, effective June 10, 1991. Emergency amendment filed July 17, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Emergency amendment filed Nov. 16, 1992, effective Nov. 29, 1992, expired March 28, 1993. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Moved to 20 CSR 2150-2.004, effective Aug. 28, 2006. Amended: Filed Sept. 28, 2011, effective March 30, 2012.

*Original authority: 334.031, RSMo 1959, amended 1981, 1997; 334.035, RSMo 1987; and 334.125, RSMo 1959, amended 1993, 1995.

20 CSR 2150-2.005 Examination Requirements for Permanent Licensure

PURPOSE: Chapter 334, RSMo, requires each applicant for a permanent license as a physician and surgeon to be examined by the board. This rule specifies which examinations are acceptable to the board, explains the requirements for achieving a passing score on a licensing examination, limits the number of occasions on which an applicant may attempt to achieve a passing score on a licensing examination, requires additional postgraduate training before certain applicants may be examined by the board, establishes criteria which must exist before the board may waive certain requirements of this rule and authorizes the board to limit or restrict a license issued pursuant to a waiver of the requirements of this rule.

(1) The board shall not issue a permanent license as a physician and surgeon to any applicant who has not met the qualifications set forth under either subsection (1)(A), (B), or (C) of this rule –

(A) Applicant has received a passing score on any of the following:

1. A licensing examination administered in one (1) or more states or territories of the United States or the District of Columbia;

2. Components 1 and 2 of the Federation Licensing Examination (FLEX) before January 1, 1994; or

3. Each of the three (3) Steps of the United States Medical Licensing Examination (USMLE) within a seven- (7-) year period. Applicant shall not be deemed to have received a passing score on any Step of the USMLE unless applicant has received a passing score on that Step within three (3) attempts. Failure to pass any USMLE Step shall be considered a failure to pass that Step for purposes of Missouri licensure, regardless of the jurisdiction in which the Step was administered; or

4. One (1) of the hybrid combinations of FLEX, USMLE, NBME (National Board of Medical Examiners), and NBOE (National Board of Osteopathic Examiners (currently known as the National Board of Osteopathic Medical Examiners)) examinations as set forth here, if completed before January 1, 2000 –

NBOE Part I, NBME Part I, or USMLE



Step 1
plus
NBOE Part II, NBME Part II, or USMLE Step 2
plus
NBOE Part III, NBME Part III, or USMLE Step 3
or
FLEX Component I
plus
USMLE Step 3
or
NBOE Part I, NBME Part I, or USMLE
Step 1
plus
NBOE Part II, NBME Part II, or USMLE Step 2
plus
FLEX Component 2; or

(B) Applicant has received a certificate of the NBME of the United States, chartered under the laws of the District of Columbia or a certificate of the National Board of Examiners for Osteopathic Physicians and Surgeons, chartered under the laws of Indiana; or

(C) Applicant has received a passing score on the Licentiate of the Medical Council of Canada (LMCC).

(2) Beginning January 1, 1994, the licensing examination administered by Missouri shall be Step 3 of the USMLE.

(3) To receive a passing score, the applicant must achieve a weighted average score of not less than seventy-five (75) on the FLEX, a two-digit scaled score of not less than seventy-five (75) on the USMLE, or an average score of not less than seventy-five percent (75%) on any other licensing examination. Applicants who have taken the FLEX examination prior to 1985 may not average scores from a portion of the examination taken at one (1) test administration with scores from any other portion of the examination taken at another test administration to achieve a passing score. Applicants may not average scores from different Steps of the USMLE or from portions of different examinations in order to achieve a passing score.

(4) The board shall not issue a permanent license as a physician and surgeon or allow the Missouri State Board examination to be administered to any applicant who has failed to achieve a passing score cumulatively three (3) times or more on licensing examinations administered in one (1) or more states or territories of the United States, the District of Columbia, or Canada unless they meet the waiver criteria stated in section 334.040, RSMo.

AUTHORITY: sections 334.031, 334.043, and 334.125, RSMo 2000, and section 334.040, RSMo Supp. 2011. This rule originally filed as 4 CSR 150-2.005. Original rule filed Feb. 17, 1988, effective May 12, 1988. Amended: Filed Sept. 5, 1990, effective Feb. 14, 1991. Emergency amendment filed July 17, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Emergency amendment filed Nov. 16, 1992, effective Nov. 29, 1992, expired March 28, 1993. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-2.005, effective Aug. 28, 2006. Amended: Filed Sept. 28, 2011, effective March 30, 2012.*

**Original authority: 334.031, RSMo 1959, amended 1981, 1997; 334.040, RSMo 1939, amended 1941, 1945, 1951, 1959, 1981, 1993, 1997, 2000, 2011; 334.043, RSMo 1959, amended 1981, 1983, 1993; and 334.125, RSMo 1959, amended 1993, 1995.*

20 CSR 2150-2.010 Applicants for Licensing by Examination

PURPOSE: This rule provides requirements to applicants desiring to take the examination in Missouri for permanent licensure to practice as a physician and a surgeon.

(1) The applicant shall furnish satisfactory evidence as to their innocence of unprofessional or dishonorable conduct and good moral character, including postgraduate reference letters from the applicant's training programs.

(2) The applicant shall furnish a certificate of graduation from an accredited high school, satisfactory evidence of completion of preprofessional education consisting of a minimum sixty (60) semester hours of college credit in acceptable subjects from a reputable college or university approved by the board.

(3) The applicant shall furnish satisfactory evidence of having attended throughout at least four (4) terms of thirty-two (32) weeks of actual instructions in each term and of having received a diploma from some reputable medical or osteopathic college that enforces requirements of four (4) terms of thirty-two (32) weeks for actual instruction in each term, including, in addition to class work, experience in operative and hospital work during the last two (2) years of instruction as is required by the American Medical Association (AMA) and the American Osteopathic Association (AOA) before the college is approved and accredited as reputable.

(4) All applicants shall have on file, in the office of the executive director, a photocopy of their professional degrees before licenses can be issued to them.

(5) For applicants desiring to take the board's examination after January 1, 1994, the applicant shall furnish satisfactory evidence of having passed –

(A) Component 1 of the Federation Licensing Examination (FLEX); or

(B) Both –

1. Part I of the National Board of Medical Examiners (NBME) examination, Part I of the National Board of Osteopathic Examiners (NBOE) examination or Step 1 of the United States Medical Licensing Examination (USMLE); and

2. Part II of the NBME examination or Part II of the NBOE examination or Step 2 of the USMLE.

(6) For applicants desiring to take the examination after January 1, 1994, the applicant shall provide evidence that the applicant will have met the board's postgraduate training requirements as stated in 20 CSR 2150-2.004, within sixty (60) days of the examination.

(7) Upon proper showing, the State Board of Registration for the Healing Arts may accept the certificate of the National Board of Medical Examiners of the United States, chartered under the laws of the District of Columbia, of The National Board of Examiners for Osteopathic Physicians and Surgeons, chartered under the laws of Indiana, in lieu of and as equivalent to its own professional examination, upon proper application and an appropriate fee to be established by the board.

(8) The board does not necessarily accept the operative and hospital work of any medical or osteopathic school outside the United States and Canada; therefore an applicant from an international school may be required to have at least three (3) years of AMA/AOA approved training in a hospital in the United States approved for resident training by the board before



making application for examination.

(A) This applicant must furnish to the board a copy of their credentials in the original form with translated copy of each attached and shall be verified to the board by the school of graduation direct or documents bearing the evidence shall be visaed by the United States consul in the country the school of graduation is or was located.

(B) This applicant is required to get a certificate from the Educational Commission for Foreign Medical Graduates or show evidence to the board that they have passed the equivalent examination in another state or national board.

(9) Medical or osteopathic colleges in Canada, at the discretion of the board, may not be considered international schools by the State Board of Registration for the Healing Arts.

AUTHORITY: section 334.125, RSMo 2000. This rule originally filed as 4 CSR 150-2.010. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed Aug. 10, 1984, effective Jan. 1, 1987. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed April 15, 1996, effective Nov. 30, 1996. Moved to 20 CSR 2150-2.010, effective Aug. 28, 2006. Amended: Filed Dec. 14, 2007, effective June 30, 2008.*

**Original authority: 334.125, RSMo 1959, amended 1993, 1995.*

20 CSR 2150-2.015 Determination of Competency

PURPOSE: This rule complies with the provisions of section 334.099, RSMo, and specifies the procedures to be followed under this statute in determining competency.

(1) For purposes of this rule, the following terms shall mean:

(A) “Medical or osteopathic incompetency” – being unable to practice medicine with reasonable skill or safety due to lack of knowledge, ability, or impairment;

(B) “Mental incapacity” – suffering from a mental illness or disorder to such an extent that he or she lacks the capacity to practice his or her profession; and

(C) “Physical incapacity” – suffering from a physical disorder to such an extent that he or she lacks the ability to practice his or her profession.

(2) The board shall review any information before it that it determines is reliable in deciding to convene a reasonable cause hearing. This may include, but is not limited to medical records of patients, medical records of the licensee, statements of witnesses, and any investigation.

(3) Approved Facilities.

(A) The board shall maintain a list of approved facilities for the conduct of examinations.

(B) All facilities considered approved facilities by the board as of the effective date of this rule are considered “approved facilities.”

(C) The board may review information submitted by any facility offering evaluations that may meet its needs under this section. The decision of whether to adopt a facility as an “approved facility” shall be by majority vote of the board.

(D) The board may remove a facility from the list by majority vote of the board.

(4) If a licensee wishes to apply for reconsideration pursuant to 334.099.4, RSMo, they shall submit a letter to the board explaining their request along with any supporting documentation, which may include affidavits, medical records,

evaluations, or other relevant information.

(A) Information received more than thirty (30) days before a regularly scheduled meeting of the board shall be reviewed at the upcoming regularly scheduled meeting.

(B) Information received less than thirty (30) days before a regularly scheduled meeting of the board may be reviewed at the upcoming regularly scheduled meeting. If the information is not reviewed at the upcoming regularly scheduled meeting, it shall be reviewed at the next regularly scheduled meeting.

(C) The board may request that the licensee appear for a personal interview with the board before making a decision.

(D) The board shall issue its decision regarding the application for reconsideration in writing.

(5) The provisions of Chapter 536, RSMo, for a contested case, except those provisions or amendments which are in conflict with 334.099, RSMo, shall apply to and govern the proceedings contained in 334.099, RSMo, and the rights and duties of the parties involved. The person appealing such an action shall be entitled to present evidence under Chapter 536, RSMo, relevant to the allegations.

AUTHORITY: sections 334.099 and 334.100, RSMo Supp. 2011. This rule originally filed as 4 CSR 150-2.015. Original rule filed Oct. 14, 1976, effective Jan. 13, 1977. Rescinded and readopted: Filed Dec. 13, 1989, effective April 1, 1990. Moved to 20 CSR 2150-2.015, effective Aug. 28, 2006. Rescinded and readopted: Filed Sept. 28, 2011, effective March 30, 2012.*

**Original authority: 334.099, RSMo 2011 and 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997, 2004, 2010, 2011.*

20 CSR 2150-2.020 Examination

(Rescinded March 30, 2012)

AUTHORITY: sections 334.043, RSMo 1994, and 334.125, RSMo Supp. 1995. This rule originally filed as 4 CSR 150-2.020. This version of rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed Jan. 12, 1982, effective April 11, 1982. Amended: Filed June 5, 1986, effective Sept. 26, 1986. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed April 15, 1996, effective Nov. 30, 1996. Moved to 20 CSR 2150-2.020, effective Aug. 28, 2006. Rescinded: Filed Sept. 28, 2011, effective March 30, 2012.

State Board of Registration for the Healing Arts of Missouri v. De Vore, 517 S.W.2d 480 (Mo. App. 1975). Administrative Hearing Commission Act section 161.252, RSMo 1969, repealed the former authority of the board to conduct evidentiary hearings on the qualifications of applicants for licensure.

20 CSR 2150-2.030 Licensing by Reciprocity

PURPOSE: This rule provides information to those applicants desiring licensure by reciprocity.

(1) The applicant shall furnish a postgraduate reference letter to the board from each institution where they are a house officer, meaning either intern or resident.

(2) The applicant shall furnish proof of graduation to the board from an accredited high school and satisfactory evidence of completion of preprofessional education consisting of a minimum of sixty (60) semester hours of college credit in acceptable subjects from a reputable college or university approved by the board.

(3) The applicant shall furnish satisfactory evidence to the



board of having attended throughout at least four (4) terms of thirty-two (32) weeks of actual instructions in each term of a professional college recognized as reputable by the board and of having received a diploma from a professional college recognized as reputable by the board.

(4) Applicants for licensing by reciprocity who have been examined successfully by any professional board considered competent by the State Board of Registration for the Healing Arts, and having received grades not less than those required by the board, and holding certificates as physicians and surgeons in any state or territory of the United States or the District of Columbia and, in addition, presenting to the board satisfactory certificates that they in every way fulfilled all the scholastic and other requirements of the State Board of Registration for the Healing Arts, at the discretion of the board, and upon showing to the State Board of Registration for the Healing Arts may receive from the board a license to practice as a physician and surgeon in Missouri without further examination. Applicants may be required to appear before the board in person.

(5) The applicant is required to make application (see 20 CSR 2150-2.040) upon a form prepared by the board.

(6) No application will be considered unless fully and completely made out on the specified form properly attested.

(7) An applicant for reciprocity shall present, attached to the application, a recent photograph, not larger than three and one-half inches by five inches (3 1/2" × 5").

(8) Applications shall be sent to the executive director of the State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(9) The fee for reciprocity shall be the appropriate fee as established in 20 CSR 2150-2.080. The fee shall be sent in the form of a bank draft or post office money order or express money order.

(10) The applicant shall furnish, on a form prescribed by the board, verification of licensure from every state, territory, or international country in which the applicant has ever been licensed to practice the healing arts.

(11) The professional diploma and verification of licensure shall be sent to the executive director of the State Board of Registration for the Healing Arts for verification. Photocopies of the documents may be accepted at the discretion of the board.

(12) When an applicant has filed their application and the appropriate fee as established in 20 CSR 2150-2.080 for licensure by reciprocity and the application is denied by the board or subsequently withdrawn by the applicant, the appropriate fee established by the board will be retained by the State Board of Registration for the Healing Arts as a service charge.

(13) An applicant who cumulatively three (3) times or more has failed a licensing examination administered in one (1) or more states or territories of the United States or the District of Columbia will not be licensed by reciprocity in this state by the board unless they meet the waiver criteria in section 334.040, RSMo.

(14) At the discretion of the board, applicants may be exempt from sections (1) and (2) of this rule and from providing a copy of their professional diploma if they provide proof of the following:

(A) Current licensure in any state or territory of the United States or the District of Columbia;

(B) Having actively engaged in the practice of clinical medicine or held a teaching or faculty position in a medical school approved by the American Medical Association (AMA), Liaison Committee on Medical Education (LCME), or American Osteopathic Association (AOA) for the five- (5-) year period immediately preceding the application for licensure;

(C) Holding current certification in their area of specialty by the American Board of Medical Specialties (ABMS) or AOA; and

(D) No license issued to the applicant in any state or territory of the United States or the District of Columbia has been disciplined or has a pending complaint.

(15) Applicants who have not actively engaged in the practice of clinical medicine or held a teaching or faculty position in a medical or osteopathic school approved by the AMA, LCME, or the AOA for any two (2) years in the three- (3-) year period immediately preceding the filing of their application for licensure may be required to complete continuing medical education, additional training, an assessment from a board-approved facility, or a reexamination. Reexaminations may include the Federation of State Medical Board's Special Purpose Examination (SPEX), the National Board of Osteopathic Examiners Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX), or specialty or certification examinations recognized by the AOA or the ABMS.

(16) The term "actively engaged in the practice of clinical medicine" as used in this rule shall mean proof of practicing medicine the equivalent of four hundred (400) hours per year.

AUTHORITY: sections 334.031, 334.035, 334.043, and 334.125, RSMo 2000, and section 334.040, RSMo Supp. 2011. This rule originally filed as 4 CSR 150-2.030. This version of rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed Jan. 13, 1982, effective April 11, 1982. Amended: Filed Dec. 23, 1988, effective May 1, 1989. Amended: Filed April 15, 1996, effective Nov. 30, 1996. Amended: Filed April 30, 2002, effective Nov. 30, 2002. Moved to 20 CSR 2150-2.030, effective Aug. 28, 2006. Amended: Filed Dec. 14, 2007, effective June 30, 2008. Amended: Filed Sept. 28, 2011, effective March 30, 2012. ***

**Original authority: 334.031, RSMo 1959, amended 1981, 1997; 334.035, RSMo 1987; 334.040, RSMo 1939, amended 1941, 1945, 1951, 1959, 1981, 1993, 1997, 2000, 2011; 334.043, RSMo 1959, amended 1981, 1983, 1993; and 334.125, RSMo 1959, amended 1993, 1995.*

***Pursuant to Executive Order 21-07, 20 CSR 2150-2.030 was suspended from April 3, 2020 through April 23, 2021. Pursuant to Executive Order 21-09, 20 CSR 2150-2.030 was suspended from August 3, 2021 through December 31, 2021.*

20 CSR 2150-2.035 Licensing by Endorsement

PURPOSE: This rule provides information to those applicants desiring licensure by endorsement of the certificate of the National Board of Medical Examiners, the National Board of Osteopathic Medical Examiners, or of the Licentiate of the Medical Council of Canada.

(1) The applicant shall furnish a postgraduate reference letter to the board from each institution located in any state or territory of the United States, the District of Columbia, or Canada where they trained as an intern, resident, or fellow.

(2) The applicant shall furnish proof of graduation to the board from an accredited high school and satisfactory evidence of completion of preprofessional education consisting of a



minimum of sixty (60) semester hours of college credit in acceptable subjects from a reputable college or university approved by the board.

(3) The applicant shall furnish satisfactory evidence to the board of having attended throughout at least four (4) terms of thirty-two (32) weeks of actual instruction in each term of a professional college recognized as reputable by the board and of having received a diploma from a professional college recognized as reputable by the board.

(4) The applicant shall furnish to the board proof of obtaining a certificate of the National Board of Medical Examiners, the National Board of Osteopathic Medical Examiners, or the Licentiate of the Medical Council of Canada.

(5) The applicant is required to make application (see 20 CSR 2150-2.040) upon a form prepared by the board.

(6) No application will be considered unless fully and completely made out on the specified form properly attested.

(7) An applicant for licensure by endorsement shall present, attached to the application, a recent photograph, not larger than three and one-half inches by five inches (3 1/2" x 5").

(8) Applications shall be sent to the executive director of the State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(9) The fee for licensure by endorsement shall be the appropriate fee as established in 20 CSR 2150-2.080. The fee shall be sent in the form of a bank draft or post office money order or express money order.

(10) The applicant shall furnish, on a form prescribed by the board, verification of licensure from every state, territory, or international country in which the applicant has ever been licensed to practice medicine or any other profession.

(11) The professional diploma and verification of licensure shall be sent to the executive director of the State Board of Registration for the Healing Arts for verification. Photocopies of the documents may be accepted at the discretion of the board.

(12) When an applicant has filed their application and the appropriate fee as established in 20 CSR 2150-2.080 for licensure by endorsement and the application is denied by the board or subsequently withdrawn by the applicant, the appropriate fee established by the board will be retained by the State Board of Registration for the Healing Arts as a service charge.

(13) An applicant who has failed a licensing examination administered in one (1) or more states or territories of the United States or the District of Columbia cumulatively three (3) times or more will not be licensed by endorsement in this state by the board unless they meet the waiver criteria in section 334.040, RSMo.

(14) At the discretion of the board, applicants may be exempt from sections (1) and (2) of this rule and from providing a copy of their professional diploma if they provide proof of the following:

(A) Current licensure in any state or territory of the United States or the District of Columbia;

(B) Having actively engaged in the practice of clinical medicine or held a teaching or faculty position in a medical school approved by the American Medical Association (AMA),

Liaison Committee on Medical Education (LCME), or American Osteopathic Association (AOA) for the five- (5-) year period immediately preceding the application for licensure;

(C) Holding current certification in their area of specialty by the American Board of Medical Specialties (ABMS) or AOA; and

(D) No license issued to the applicant in any state or territory of the United States or the District of Columbia has been disciplined or has a pending complaint.

(15) Applicants who have not actively engaged in the practice of clinical medicine or held a teaching or faculty position in a medical or osteopathic school approved by the AMA, LCME, or the AOA for any two (2) years in the three- (3-) year period immediately preceding the filing of their application for licensure may be required to complete continuing medical education, additional training, an assessment from a board-approved facility, or a reexamination. Reexaminations may include the Federation of State Medical Board's Special Purpose Examination (SPEX), the National Board of Osteopathic Examiners Comprehensive Osteopathic Medical Variable-Purpose Examination (COMVEX), or specialty or certification examinations recognized by the AOA or the ABMS.

(16) The term "actively engaged in the practice of clinical medicine" as used in this rule shall mean proof of practicing medicine the equivalent of four hundred (400) hours per year.

AUTHORITY: sections 334.031, 334.035, 334.043, and 334.125, RSMo 2000, and section 334.040, RSMo Supp. 2011. Original rule filed Sept. 28, 2011, effective March 30, 2012.*

**Original authority: 334.031, RSMo 1959, amended 1981, 1997; 334.035, RSMo 1987; 334.040, RSMo 1939, amended 1941, 1945, 1951, 1959, 1981, 1993, 1997, 2000, 2011; 334.043, RSMo 1959, amended 1981, 1983, 1993; and 334.125, RSMo 1959, amended 1993, 1995.*

20 CSR 2150-2.040 Application Forms

PURPOSE: This rule provides instructions for filing applications in the office of the State Board of Registration for the Healing Arts requesting permanent licensure in Missouri.

(1) The applicant is required to make application upon the form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) Applications shall be sent to the executive director of the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(4) The board shall charge an appropriate fee established by the board to each person applying to and appearing before it for examination for certificate of licensure to practice as a physician and surgeon. The fee shall be sent in the form of a bank draft, post office money order or express money order. Personal checks will not be accepted.

(5) A copy of the professional degree shall be sent to the executive director of the State Board of Registration for the Healing Arts for verification.

(6) When an applicant has one (1) or more years in a preprofessional or professional institution other than the one from which s/he is a graduate, s/he must file with the application a statement under seal from those institutions showing time



spent and credit received.

(7) An applicant may withdraw his/her application for licensure anytime prior to the board's vote on his/her candidacy for licensure. In the event that an applicant withdraws his/her application, the appropriate fee established by the board will be retained by the State Board of Registration for the Healing Arts as a service charge.

AUTHORITY: section 334.125, RSMo 2000. This rule originally filed as 4 CSR 150-2.040. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed Jan. 3, 1991, effective June 10, 1991. Amended: Filed April 15, 1996, effective Nov. 30, 1996. Amended: Filed April 30, 2002, effective Nov. 30, 2002. Moved to 20 CSR 2150-2.040, effective Aug. 28, 2006.*

**Original authority: 334.125, RSMo 1959, amended 1993, 1995.*

State Board of Registration for the Healing Arts of Missouri v. De Vore, 517 S.W.2d 480 (Mo. App. 1975). Administrative Hearing Commission Act section 161.252, RSMo 1969, repealed the former authority of the board to conduct evidentiary hearings on the qualifications of applicants for licensure.

20 CSR 2150-2.045 Name and Address Changes

PURPOSE: This rule outlines the requirements and procedures for notifying the board of name and address changes.

(1) Licensees must submit written notification of any address change to the board within fifteen (15) days of such occurrence.

(2) Licensees whose names have changed since licensure was issued must submit a copy of the legal document verifying the name change to the board, within fifteen (15) days of such occurrence.

AUTHORITY: sections 334.036 and 334.125, RSMo Supp. 2014. Original rule filed June 29, 2016, effective Jan. 30, 2017.*

**Original authority: 334.036, RSMo 2014 and 334.125, RSMo 1959, amended 1993, 1995, 2014.*

20 CSR 2150-2.050 Annual Registration Penalty

PURPOSE: This rule provides information to physicians and surgeons permanently licensed in Missouri regarding penalty of not registering annually.

(1) Whenever a licensed practitioner fails to renew his/her registration for any period in excess of six (6) months after the expiration of his/her last registration, his/her application for renewal of registration shall be denied unless it is accompanied by all fees required by statute, 20 CSR 2150-2.125 and this rule, together with a completed renewal application. The application shall be made under oath on a form furnished by the board. The application shall include, but not be limited to, disclosure of the following: the applicant's full name and the office and residence addresses and the issuance date and number of the license; all final disciplinary actions taken against the applicant by any professional medical or osteopathic association or society, licensed hospital or medical staff of the hospital, state, territory, federal agency or country; and information concerning the applicant's current physical and mental fitness to practice as a physician and surgeon.

*AUTHORITY: sections 334.075, 334.080 and 334.125, RSMo 2000.**

This rule originally filed as 4 CSR 150-2.050. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed March 18, 2005, effective Sept. 30, 2005. Moved to 20 CSR 2150-2.050, effective Aug. 28, 2006. Amended: Filed Dec. 14, 2007, effective June 30, 2008.

**Original authority: 334.075, RSMo 1987; 334.080, RSMo 1945, amended 1947, 1959, 1981, 1987, 1997; and 334.125, RSMo 1959, amended 1993, 1995.*

20 CSR 2150-2.060 Temporary Licenses

PURPOSE: This rule provides information to applicant and American Medical Association/American Osteopathic Association-approved hospitals of the requirements for temporary licenses.

(1) The applicant is required to make application upon a form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) An applicant shall present properly attached to the application blank with the application one (1) photograph not larger than three and one-half inches by five inches (3 1/2" × 5").

(4) Applicants applying for licensure who have graduated from schools outside the United States or Canada must have and show proof of a permanent Educational Commission for Foreign Medical Graduates (ECFMG) certificate or show evidence to the board that applicant has passed the equivalent licensing board examination in another state.

(5) Completed applications shall be sent by the superintendent of the hospital where the applicant is to be in an approved training program to the executive director of the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102. This requirement does not relieve the applicant of the responsibility for the filing of the application and no applicant shall begin practicing until the temporary license has been issued.

(6) The board shall charge each person applying to it for certificate of temporary licensure to practice as a physician and surgeon in Missouri an appropriate fee to be established by the board. An appropriate fee shall be charged annually in the event the temporary license is renewed. The fee shall be sent in the form of a bank draft or post office money order or express money order. Personal checks will not be accepted.

(7) The applicant shall secure a recommendation of his/her moral, ethical and professional conduct from the superintendent, chief of staff, or both, in the hospital in which s/he desires to work.

(A) Applicants shall notify the board when they leave the hospital where they are employed or where they are engaged in a training program. The applicant's temporary license shall expire immediately on the applicant's leaving the training program.

(B) The superintendent or director of the hospital shall notify the executive director when a temporary licensee ceases his/her employment or training at the hospital.

(C) An applicant or a temporary licensee will be required to appear before the board whenever directed by the board.

(8) The executive director will sign the temporary license.



(9) A letter shall be sent to the chief executive officer and the director of the training program to inform them of the board's decision to approve or deny issuance of the temporary license to the applicant.

(10) The board may terminate a temporary license at its own discretion.

(11) The superintendent or other officials of hospitals approved by the board for temporary licensure are to furnish the executive director a list of personnel employed in the hospitals as of January 15 and July 15 of each year. Failure of the superintendent or other responsible official to furnish the executive director this list, at the discretion of the board, may result in the withdrawal of approval of the hospital.

(12) The applicant must file photostatic copies and official translations of his/her medical credentials with the applications.

(13) Applicants who are graduates of approved schools in the United States and are serving as interns, residents or fellows in hospitals approved by the board for temporary licensure in Missouri, must furnish satisfactory evidence of having attended an approved school and receiving their degrees by filing a photostatic copy of the professional diploma with the application.

(14) A temporary license may be issued to a physician hired by a state-maintained hospital until s/he can take the next examination offered by the board for permanent licensure, provided that the physician has one (1) year of approved training in the United States.

(15) A temporary licensee holding the position of a staff physician in a state-maintained hospital who fails the examination for permanent licensure may not continue in the status of a staff physician but may enter an American Medical Association/American Osteopathic Association (AMA/AOA)-approved training program. A temporary licensee who is in an AMA/AOA-approved training program and fails the examination for permanent licensure may continue in the training program until the next regular examination.

(16) A temporary license may be issued to physicians who are otherwise qualified by reason of their employment in state-maintained hospitals or enrollment in an approved training program for sabbatical service in Missouri, but this license may not be renewed.

(17) A temporary license must be renewed annually. The initial temporary license shall expire on the first day of January or the first day of July following initial issuance whichever date is closer to the date of initial issuance and shall be renewed on or before the first anniversary of its expiration. Any renewal request not received within fifteen (15) days of the expiration date must be accompanied by a statement in writing from the applicant's training program explaining to the satisfaction of the board the delay in requesting renewal and a statement explaining what the applicant has been doing during the period of lapse. No temporary licensee shall continue to practice beyond the expiration date of the initial license or any renewal unless his/her license has been properly renewed.

(18) After January 1, 1978, no temporary license will be renewed unless the applicant or licensee provides the board with

satisfactory evidence of having obtained one (1) year of training in an AMA/AOA-approved training program in the United States.

(19) The holder of a temporary license issued by the State Board of Registration for the Healing Arts may be authorized to prescribe legend drugs, including controlled substances for those patients cared for within the framework of the AMA/ AOA-approved training program in which s/he is enrolled. The institution's Drug Enforcement Administration number, with a distinguishing suffix approved by the Bureau of Narcotics and Dangerous Drugs of Missouri, shall be used by the temporary licensee to demonstrate this authority.

AUTHORITY: section 334.125, RSMo 2000. This rule originally filed as 4 CSR 150-2.060. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 14, 1976, effective Nov. 11, 1976. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed Sept. 5, 1990, effective Feb. 14, 1991. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed Aug. 15, 1994, effective Feb. 26, 1995. Amended: Filed April 15, 1996, effective Nov. 30, 1996. Amended: Filed April 30, 2002, effective Nov. 30, 2002. Moved to 20 CSR 2150-2.060, effective Aug. 28, 2006.*

**Original authority: 334.125, RSMo 1959, amended 1993, 1995.*

State Board of Registration for the Healing Arts of Missouri v. De Vore, 517 S.W.2d 480 (Mo. App. 1975). Administrative Hearing Commission Act section 161.252, RSMo 1969, repealed the former authority of the board to conduct evidentiary hearings on the qualifications of applicants for licensure.

State Board of Registration for the Healing Arts of Missouri v. Masters, 512 S.W.2d 150 (Mo. App. 1974). Board may not issue annual certificate of registration to person who is not licensed to practice medicine in this state.

Op. Atty. Gen. No. 257, Goode (6-1-70). Pathology is a branch of the practice of medicine within the provisions of Chapter 334, RSMo 1969, and a profession under the jurisdiction of the State Board of Registration for the Healing Arts, and that an individual must be licensed by the board before s/he can lawfully practice pathology. The prosecuting and circuit attorneys have the responsibility for criminal prosecutions arising out of violations of Chapter 334.

Op. Atty. Gen. No. 82, Hardwicke (3-1-65). Physicians who accept professional staff appointments in Missouri hospitals and regularly practice medicine and surgery in those hospitals are maintaining an "appointed place to meet patients or receive calls within the limits of this state." These physicians are required to have a Missouri license.

Op. Atty. Gen. No. 36, Hailey (3-29-55). A physician who is not licensed in the state of Missouri may not engage in activities constituting the practice of medicine within the state, regardless of who his/her employer may be or under whose supervision s/he may do so.

20 CSR 2150-2.063 Provisional Temporary Licensure

PURPOSE: Section 334.046, RSMo authorizes the Missouri State Board of Registration for the Healing Arts to establish guidelines for the licensure of physicians who are participating in a program of graduate medical or osteopathic education, in an accredited program in a contiguous state, to act as an intern or resident in this state; provided, that this activity is a recognized part of the educational experience offered by that program.

(1) Any graduate of a reputable medical or osteopathic college who is properly enrolled and duly licensed to participate in a program of graduate medical or osteopathic education in an accredited program in a contiguous state who also acts as a resident in Missouri as part of the educational experience offered by that program shall apply for a provisional temporary license before the board will consider authorizing him/her to practice as a physician and surgeon in this state.



(2) An applicant is required to make application upon a form (see 20 CSR 2150-2.060) prepared by the board.

(3) No application will be considered unless fully and completely made out on the specified form and properly attested.

(4) An applicant shall present, properly attached to the application blank, with the application one (1) photograph not larger than three and one-half inches by five inches (3 1/2" x 5").

(5) An applicant shall present evidence to the board that they hold a current license to practice as a physician and surgeon in another state.

(6) The board shall charge each person applying for a provisional temporary license to practice as a physician and surgeon in Missouri an appropriate fee established by the board. The fee shall be sent in the form of a bank draft, post office money order or express money order. Personal checks will not be accepted.

(7) The board may terminate a provisional temporary license at its own discretion.

(8) An applicant must file photostatic copies and official translations of his/her medical credentials with the application.

(9) The application shall be submitted by the director of the applicant's residency program. The application shall be submitted to the executive director of the State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102. This requirement does not relieve the applicant from the responsibility for the filing of the application and no applicant shall begin practicing until the provisional temporary license is issued.

(10) The director of the applicant's residency program shall identify the name of the institution or organization where the applicant will be practicing, the name of the Missouri licensed physician who will supervise the applicant, the date that the applicant's practice in Missouri will begin and end, and what portion of the applicant's residency program is covered in their Missouri-based training.

(11) The provisional temporary license automatically expires at the end of the applicant's Missouri-based training program identified in the application. No provisional temporary licensee shall continue to practice beyond the expiration date of the license unless the license has been properly renewed.

AUTHORITY: sections 334.046 and 334.125, RSMo 2000. This rule originally filed as 4 CSR 150-2.063. Original rule filed April 1, 1991, effective Aug. 30, 1991. Moved to 20 CSR 2150-2.063, effective Aug. 28, 2006. Amended: Filed Dec. 14, 2007 effective June 30, 2008.*

**Original authority: 334.046, RSMo 1986, amended 1989, 1996, 1997; and 334.125, RSMo 1959, amended 1993, 1995.*

20 CSR 2150-2.065 Temporary Licenses to Teach or Lecture in Certain Programs

PURPOSE: Section 334.046, RSMo authorizes the Missouri State Board of Registration for the Healing Arts to grant temporary licenses to certain physicians to teach or lecture in certain programs. This rule contains the requirements for temporary licenses, defines certain terms used in those requirements, establishes a procedure for applying for temporary licenses and provides for the automatic expiration of temporary licenses.

(1) This rule shall be known as The Visiting Professor Rule.

(2) As used in this rule, unless specifically provided otherwise, the term –

(A) Accredited medical school shall mean any medical college approved and accredited as reputable by the American Medical Association (AMA) or the Liaison Committee on Medical Education and any osteopathic college approved and accredited as reputable by the American Osteopathic Association (AOA);

(B) Accredited hospital shall mean a hospital located in Missouri and licensed by the Missouri Department of Health – Bureau of Health Facility Regulations;

(C) Otherwise qualified physician shall mean an individual who meets all requirements for permanent licensure as a physician and surgeon in Missouri pursuant to the requirements of Chapter 334, RSMo and corresponding rules of the board; and

(D) Program shall mean a course of classroom instruction in medical or osteopathic education; a post graduate training course, including, but not limited to, an internship, residency or fellowship; a continuing medical education course which involves participatory, hands-on interaction between an instructor or a physician enrolled in the course and a patient; and a continuing medical education course which involves actual live demonstrations of any aspect or technique of the healing arts by an instructor.

(E) Visiting professor license shall mean any temporary license granted pursuant to the requirements of this rule, and shall include fourteen (14)-day visiting professor licenses.

(F) Fourteen (14)-day visiting professor license shall mean a visiting professor license granted pursuant to this rule which –

1. Allows the holder of the license to teach or lecture on no more than fourteen (14) days, cumulatively, in any twelve (12)-month period, regardless of whether the twelve (12)-month period coincides with the twelve (12)-month duration of the license; and

2. Requires the holder of the license to notify the board, at least ten (10) days prior to beginning any period of teaching or lecturing in Missouri, of the duration and the beginning and end dates of the particular period of teaching or lecturing for which the holder is giving notice.

(3) The board may grant a visiting professor license to an otherwise qualified physician to teach or lecture in a program sponsored by an accredited medical school or an accredited teaching hospital.

(4) The board, in its sole discretion, pursuant to this rule may issue a visiting professor license to an applicant who has not met all of the requirements for permanent licensure as a physician and surgeon in Missouri, if the applicant is licensed as a physician and surgeon in another state or international country.

(5) A visiting professor license shall automatically expire twelve (12) months from the date of its issuance. A visiting professor license issued pursuant to this rule may be renewed so long as the applicant has continuously taught or lectured at the same accredited medical school or accredited teaching hospital where the applicant was to teach or lecture when the license was first issued, except that fourteen (14)-day visiting professor licenses issued pursuant to this rule may not be renewed. A visiting professor license issued pursuant to this rule shall not be renewed if it was inactive for any reason during the immediately preceding year.

(6) Applicants seeking a visiting professor license under this



rule shall utilize the following procedure:

(A) The applicant is required to make application, under oath, upon either the fourteen (14)-day visiting professor license application form prepared by the board or the regular visiting professor license application form (see 20 CSR 2150-2.060) prepared by the board, depending upon the type of license desired by the applicant;

(B) The board will not consider an application until the application is fully completed and accompanied by all documents requested in the application; and

(C) The individual in charge of the program sponsored by the accredited medical school or the accredited teaching hospital where the applicant will teach or lecture shall send the completed application to the executive secretary of the board at the following address: State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

AUTHORITY: sections 334.046 and 334.125, RSMo 2000. This rule originally filed as 4 CSR 150-2.065. Original rule filed Jan. 19, 1988, effective April 15, 1988. Amended: Filed Jan. 3, 1991, effective June 10, 1991. Emergency amendment filed July 17, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Emergency amendment filed Nov. 16, 1992, effective Nov. 29, 1992, expired March 28, 1993. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Jan. 5, 1993, effective Aug. 9, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-2.065, effective Aug. 28, 2006. Amended: Filed Dec. 14, 2007, effective June 30, 2008.*

**Original authority: 334.046, RSMo 1986, amended 1989, 1996, 1997; and 334.125, RSMo 1959, amended 1993, 1995.*

20 CSR 2150-2.068 Graduate Medical Student Temporary License

AUTHORITY: Executive Orders 20-02 (2020) and 20-04 (2020), sections 44.100.1(3)(g), 334.045.3, and 334.125, RSMo 2016. Emergency rule filed April 30, 2020, effective May 15, 2020, expired Nov. 10, 2020.

20 CSR 2150-2.070 Endorsement

PURPOSE: This rule provides advice regarding endorsements.

(1) The board will supply endorsements of a licensed practitioner's qualifications on proper application forms upon the payment of a proper fee.

AUTHORITY: section 334.125, RSMo 1986. This rule originally filed as 4 CSR 150-2.070. Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Moved to 20 CSR 2150-2.070, effective Aug. 28, 2006.*

**Original authority: 334.125, RSMo 1959.*

20 CSR 2150-2.080 Physician Licensure Fees

PURPOSE: The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo.

(1) The following fees are established by the State Board of

Registration for the Healing Arts:

(A) Physician

1. Assistant Physician	
A. Licensure Fee	\$ 25
B. Renewal Fee	\$ 25
C. Prescriptive Authority Fee	\$ 25
2. Contiguous State License	
A. Licensure Fee	\$ 25
B. Renewal Fee	\$ 25
3. Limited License	
A. Licensure Fee	\$ 25
B. Renewal Fee	\$ 25
4. Permanent Physician	
A. Licensure Fee	\$ 82
B. Reinstatement Fee	\$ 75
C. Renewal Fee	\$107
5. Temporary Physician	
A. Conditional Temporary License Fee	\$ 25
B. Temporary License Fee	\$ 25
C. Temporary License Renewal Fee	\$ 25
6. Visiting Professor	
A. Licensure Fee	\$ 25
B. Renewal Fee	\$ 25

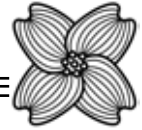
(B) General Fees

1. Continuing Medical Education Extension Fee	\$ 25
2. Duplicate License Fee	\$ 0
3. Endorsement of State Test Scores	\$ 25
4. Late Renewal Fee (Delinquent Fee)	\$ 25
5. Returned Check Fee	\$ 25
6. Verification of Licensure Fee	\$ 0

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

AUTHORITY: sections 334.090.2 and 334.125, RSMo 2016, and section 135.690, RSMo Supp. 2022. This rule originally filed as 4 CSR 150-2.080. Emergency rule filed July 1, 1981, effective July 11, 1981, expired Nov. 8, 1981. Original rule filed July 14, 1981, effective Oct. 11, 1981. Emergency amendment filed June 17, 1986, effective June 27, 1986, expired Oct. 25, 1986. Emergency amendment filed Oct. 24, 1986, effective Nov. 4, 1986, expired March 3, 1987. Amended: Filed Oct. 24, 1986, effective Jan. 30, 1987. Amended: Filed Feb. 5, 1990, effective June 30, 1990. Emergency amendment filed Nov. 2, 1990, effective Nov. 12, 1990, expired Dec. 15, 1990. Amended: Filed June 13, 1990, effective Nov. 30, 1990. Emergency amendment filed Oct. 16, 1991, effective Oct. 26, 1991, expired Feb. 1, 1992. Emergency amendment filed Oct. 16, 1991, effective Oct. 26, 1991, expired Feb. 1, 1992. Amended: Filed Aug. 15, 1991, effective Jan. 13, 1992. Amended: Filed Oct. 9, 1992, effective May 6, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed May 3, 1994, effective Sept. 30, 1994. Amended: Filed June 27, 1996, effective Jan. 30, 1997. Amended: Filed Dec. 30, 1999, effective June 30, 2000. Amended: Filed July 11, 2000, effective Dec. 30, 2000. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed April 5, 2002, effective Oct. 30, 2002. Amended: Filed July 31, 2003, effective Jan. 30, 2004. Amended: Filed March 18, 2005, effective Sept. 30, 2005. Moved to 20 CSR 2150-2.080, effective Aug. 28, 2006. Emergency amendment filed Nov. 19, 2010, effective Nov. 29, 2010, expired May 27, 2011.*



Amended: Filed Nov. 19, 2010, effective May 30, 2011. Emergency rescission and rule filed Sept. 1, 2016, effective Sept. 11, 2016, expired March 9, 2017. Rescinded and readopted: Filed Sept. 1, 2016, effective Feb. 28, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2010, expired Aug. 30, 2019. Amended: Filed Feb. 22, 2019, effective Aug. 30, 2019. Amended: Filed Nov. 30, 2022, effective May 30, 2023.

**Original authority: 135.690, RSMo 2022; 334.090.2, RSMo 1945, amended 1951, 1959, 1963, 1981, 1987, 2011 and 334.125, RSMo 1959, amended 1993, 1995, 2014.*

20 CSR 2150-2.100 Licensing of International Medical Graduates – Reciprocity

PURPOSE: This rule sets forth the requirements for licensure in this state for those individuals who graduate from a school of medicine which is located outside the United States.

(1) Notwithstanding any other provision of law, an individual who has graduated from a school of medicine which is located outside the United States may be eligible for licensure to practice the healing arts in this state by reciprocity if he/she has satisfied the requirements of 20 CSR 2150-2.010, 20 CSR 2150-2.030, 20 CSR 2150-2.040, and the following requirements:

(A) An applicant must have completed all of the prescribed curriculum at his/her school of medicine and the curriculum in this state and the applicant must be a graduate of a medical school whose curriculum has been approved by the proper government agency of the country in which the school is located;

(B) An applicant must meet the academic and postgraduate training requirements for licensure to practice medicine in the country in which the applicant's school of graduation is located; and

(C) An applicant must be certified by the Educational Commission for Foreign Medical Graduates (ECFMG) and have completed three (3) years of American Medical Association (AMA)-approved postgraduate training in one (1) recognized specialty area of medicine. The board may waive the three (3) years of postgraduate training if the applicant is American Specialty Board eligible.

1. ECFMG certification may be waived for a foreign graduate who is currently certified by the American Board of Medical Specialties.

2. ECFMG certification may be waived for a foreign medical graduate who holds a current state/provincial medical license based on a required examination, if that license was issued prior to January 1, 1959.

(2) As used in this rule, the term fifth pathway shall mean a candidate for licensure who, on or before December 31, 2009, has successfully completed four (4) years of medical education in Mexico and then completes a training program in the United States at a medical college approved and accredited by the AMA or its Liaison Committee on Medical Education or an osteopathic college approved and accredited by the American Osteopathic Association (AOA) in lieu of completing a year of internship and social service work in Mexico.

(A) A fifth pathway candidate may be eligible for licensure to practice the healing arts in this state if he/she satisfies the following requirements:

1. An applicant must have completed all of the prescribed curriculum at his/her school of medicine and the curriculum in this state and the applicant must have completed training at a medical school whose curriculum has been approved by the proper Mexican government agency;

2. An applicant must meet the academic requirements for

licensure in Mexico; and

3. An applicant must have completed three (3) years of postgraduate training in one (1) recognized specialty area of medicine in a program which is approved and accredited to teach postgraduate medical education by the accreditation council on graduate medical education of the AMA or the education committee of the AOA. The board may waive the three (3) years of postgraduate training if the applicant is American Specialty Board eligible.

AUTHORITY: sections 334.031, 334.035, and 334.125, RSMo 2000, and section 334.040, RSMo Supp. 2011. This rule originally filed as 4 CSR 150-2.100. Original rule filed July 12, 1984, effective Jan. 1, 1987. Amended: Filed Sept. 5, 1990, effective Feb. 14, 1991. Emergency amendment filed July 17, 1992, effective Aug. 1, 1992, expired Nov. 28, 1992. Emergency amendment filed Nov. 16, 1992, effective Nov. 29, 1992, expired March 28, 1993. Amended: Filed July 17, 1992, effective April 8, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-2.100, effective Aug. 28, 2006. Amended: Filed Aug. 18, 2009, effective Feb. 28, 2010. Amended: Filed Sept. 28, 2011, effective March 30, 2012.*

**Original authority: 334.031, RSMo 1959, amended 1981, 1997; 334.035, RSMo 1987; 334.040, RSMo 1939, amended 1941, 1945, 1951, 1959, 1981, 1993, 1997, 2000, 2011; 334.125, RSMo 1959, amended 1993, 1995.*

20 CSR 2150-2.125 Continuing Medical Education

PURPOSE: This rule details the board's minimum requirements for continuing education.

(1) Effective February 1, 2007, each licensee shall complete and report at least fifty (50) hours of continuing medical education every two (2) years. The board shall not issue a renewal of a licensee's certificate of registration unless the licensee demonstrates completion of fifty (50) hours of continuing medical education accredited by the American Osteopathic Association (AOA) as Category 1-A or 2-A, by the American Medical Association (AMA) as Category 1 or by the American Academy of Family Practice Prescribed Credit, in the two (2) immediately preceding reporting periods. A licensee is not required to complete any continuing medical education hours in the renewal period in which the licensee is initially licensed to practice the healing arts in Missouri if the licensee has not previously held a permanent license to practice the healing arts in Missouri or any other state in the United States of America. The period for completion of the continuing medical education requirements shall be the twenty-four (24)-month period beginning January 1 of each even-numbered year and ending December 31 of each odd-numbered year. A licensee who has failed to obtain and report, in a timely fashion, fifty (50) hours of continuing medical education shall not engage in the practice of medicine unless an extension is obtained pursuant to section (4) of this rule.

(A) A licensee shall be deemed to have complied with section (1) of this rule if the licensee completes forty (40) hours of continuing medical education and each course, seminar or activity includes a post-test of the material covered in the forty (40) continuing medical education hours. The forty (40) hours must all be accredited by the AOA as Category 1-A or by the AMA as Category 1.

(2) Each licensee shall certify by attestation, under penalty of perjury, that they have completed the required hours of continuing medical education on the renewal form (see 20 CSR



2150-2.040).

(3) Each licensee shall retain records documenting their attendance at and completion of the required hours of continuing medical education for a minimum of three (3) years after the reporting period in which the continuing medical education was completed. The records shall document the titles of the courses taken, dates, locations, course sponsors, category of hours earned and number of hours earned. The board may conduct an audit of licensees to verify compliance with the continuing medical education requirement. Licensees shall assist the board in its audit by providing timely and complete responses to the board's inquiries.

(4) A licensee who cannot complete the required hours of continuing medical education because of personal illness or other circumstances beyond the licensee's control which the board deems to be sufficient to impose an insurmountable hardship may apply for an extension of time to complete the continuing medical education requirements. Any extension of time to complete the continuing medical education requirements will be granted solely in the discretion of the board. The licensee must make a written application for extension of time prior to the December 31 deadline for completion of the continuing medical education requirement. The application for extension shall be accompanied by a processing fee of fifty dollars (\$50), together with the application for extension. The licensee shall provide full and complete written documentation of the grounds supporting the reasons for which an extension is sought. A licensee who requests an extension of time to complete the required hours of continuing medical education shall not engage in the active practice of the healing arts until the board grants the licensee's request for extension and the licensee receives express written authorization to do so.

(A) Illness extensions may be granted only to a licensee who has suffered a personal illness or personal disability of a nature as to prevent them from engaging in the active practice of medicine for at least a majority of the reporting period. At a minimum, the licensee shall provide the board with written documentation from the licensee's treating physician stating the nature of the illness or disability, the period of the illness or disability, any limitations on the licensee's activities which resulted from the illness or disability, the number of hours earned in the reporting period and a plan for completing the balance of the requirement.

(B) The board, solely in its discretion, may grant an extension based on unforeseeable circumstances beyond the licensee's control which impose an insurmountable hardship precluding the licensee from obtaining the required continuing medical education. At a minimum, the licensee must provide written documentation explaining specifically and in detail the nature of the circumstances, why the circumstances were unforeseeable and beyond the licensee's control, the period during which the circumstances were in existence, the number of continuing medical education credits earned in the reporting period and the licensee's plan for completing the balance of the requirements. The board, in its discretion, shall determine if the situation described in the licensee's application constitutes unforeseeable circumstances beyond the licensee's control which impose an insurmountable hardship precluding the licensee from obtaining the required continuing medical education.

(C) A licensee who is granted an extension of time shall complete the balance of his/her continuing medical education requirements no later than February 28 immediately following the end of the reporting period for which an extension was sought and shall provide the board with written documentation

of their completion of the continuing medical education requirements no later than March 10 immediately following the end of the reporting period for which an extension was sought. Failure to complete the continuing medical education requirements by February 28 or to file the documentation with the board by March 10 shall constitute a violation of section 334.075, RSMo and this rule.

(D) An extension of time shall not be granted to any licensee who obtained an extension in the immediately preceding reporting period in which the licensee held an active license, except in the case of a licensee who is unable to complete the requirements due to military service commitment pursuant to a combat or national emergency assignment.

(5) Licensees in the military will be granted an extension of time to complete the continuing medical education requirements if they are called to active duty under competent orders for any period of thirty (30) days or more during the reporting period in accordance with section 41.950(10), RSMo. If the licensee is called to active duty for a majority of the reporting period, they will be exempt from obtaining continuing medical education. The licensee must submit written documentation from the appropriate military authorities verifying the licensee's military service commitment.

(6) A licensee who has obtained American Specialty Board certification or recertification during the reporting period shall be deemed to have obtained the required hours of continuing medical education. The licensee shall provide the board with documentation evidencing the certification or recertification upon request.

(7) A licensee who participated in an AMA or AOA-approved internship or residency program during the reporting period shall be deemed to have obtained the required hours of continuing medical education if at least sixty (60) days of the reporting period were spent in the internship or residency.

(8) A licensee who participated in a fellowship program in an approved teaching institution shall be deemed to have obtained the required hours of continuing medical education if at least sixty (60) days of the reporting period were spent in the fellowship and the fellowship is determined to be advanced training. Upon request, the licensee shall provide documentation from the fellowship program director verifying the number of days in the program and that the program is advanced training.

(9) A licensee who holds a limited license to practice medicine in the state of Missouri shall obtain and report to the board ten (10) hours of AMA Category 1 or AOA Category 1-A or 2-A continuing medical education each reporting period. The period for completion of the continuing medical education requirements for a licensee who holds a limited license shall be the twenty-four (24)-month period beginning January 1 of each even-numbered year and ending December 31 of each odd-numbered year.

(10) For purposes of section 334.075, RSMo concerning waiver of the continuing medical education requirements for retired physicians, a retired physician is one who has neither engaged in the active practice of medicine nor held themselves out as an active practicing physician and, pursuant to section 334.110, RSMo, has executed and filed with the board a retirement affidavit. A retired physician may keep their wall-hanging certificate after execution of a retirement affidavit but shall surrender, upon retirement, all other indicia of licensure.



(11) To reinstate the license of a physician whose license has been in a noncurrent state for any reason, including retirement, for a period of two (2) years or less, that physician shall obtain, in addition to any other requirements of law, twenty-five (25) hours of continuing medical education for each calendar year in which the license was in a noncurrent state. To reinstate the license of any physician whose license has been in a noncurrent state for any reason, including retirement, for more than two (2) years, that physician shall comply with 20 CSR 2150-2.150 and any other requirements of law. No license of a physician whose license has been noncurrent shall be reinstated unless and until all required continuing medical education is obtained and reported to the board and all other requirements of law have been satisfied.

(12) Violation of any provision of this rule shall be deemed by the board to constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of a physician depending on the licensee's conduct. In addition, a licensee who has failed to complete and report in a timely fashion the required hours of continuing medical education and engages in the active practice of the healing arts without the express written authority of the board shall be deemed to have engaged in the unauthorized practice of medicine.

AUTHORITY: section 41.950, RSMo Supp. 2007 and sections 334.075 and 334.125, RSMo 2000. This rule originally filed as 4 CSR 150-2.125. Original rule filed Oct. 16, 1991, effective March 9, 1992. Emergency amendment filed Sept. 22, 1992, effective Oct. 2, 1992, expired Jan. 29, 1993. Emergency amendment filed Jan. 19, 1993, effective Jan. 29, 1993, expired May 28, 1993. Amended: Filed Oct. 2, 1992, effective May 6, 1993. Amended: Filed May 3, 1994, effective Sept. 30, 1994. Amended: Filed April 16, 1996, effective Nov. 30, 1996. Amended: Filed Dec. 13, 1996, effective July 30, 1997. Amended: Filed April 13, 2001, effective Oct. 30, 2001. Amended: Filed April 15, 2004, effective Oct. 30, 2004. Amended: Filed March 18, 2005, effective Sept. 30, 2005. Moved to 20 CSR 2150-2.125, effective Aug. 28, 2006. Amended: Filed Aug. 11, 2006, effective March 30, 2007. Amended: Filed Dec. 14, 2007, effective June 30, 2008.*

**Original authority: 41.950, RSMo 1991, amended 2007; 334.075, RSMo 1987; and 334.125, RSMo 1959, amended 1993, 1995.*

20 CSR 2150-2.150 Minimum Requirements for Reinstatement of Licensure

PURPOSE: Section 334.100.5, RSMo allows the board, before restoring to good standing a license, certificate, or permit issued under Chapter 334, RSMo which has been in a revoked, suspended, or inactive state for any cause for more than two (2) years, to require the applicant to attend continuing medical education courses and pass examinations as the board may direct. This rule sets forth the basic minimum requirements which each applicant for reinstatement must satisfy.

(1) The board may require each applicant seeking to restore to good standing a license, certificate, or permit issued under Chapter 334, RSMo, which has been revoked, suspended, or inactive for any reason for more than two (2) years, to present with his/her application evidence to establish the following:

(A) Satisfactorily completing twenty-five (25) hours of continuing medical education courses, American Medical Association Category 1, American Osteopathic Association Category 1A or 2A, or American Academy of Family Physicians Prescribed

credit, for each year during which the license, certificate, or permit was revoked, suspended, or inactive; and

(B) Successfully passing, during the revoked, suspended, or inactive period, one (1) of the following:

1. The American Specialty Board's certifying examination in the physician's field of specialization;

2. The Federation of State Medical Board's Special Purpose Examination (SPEX);

3. An assessment by the Center for Personalized Physician Education Program (CPEP), 7351 Lowry Boulevard, Suite 100, Denver, CO 80230, or the University of California, San Diego, Physician Assessment and Clinical Education Program (PACE), 1899 McKee Street, Suite 126, San Diego, CA 92110, or other agency jointly agreed to by the licensee and the board.

AUTHORITY: section 334.100.5., RSMo Supp. 2011, and section 334.125, RSMo 2000. This rule originally filed as 4 CSR 150-2.150. Original rule filed Jan. 19, 1988, effective April 15, 1988. Amended: Filed Dec. 23, 1988, effective May 1, 1989. Amended: Filed Jan. 3, 1991, effective June 10, 1991. Amended: Filed Oct. 2, 1992, effective May 6, 1993. Amended: Filed Oct. 4, 1993, effective April 9, 1994. Amended: Filed Nov. 6, 2002, effective May 30, 2003. Moved to 20 CSR 2150-2.150, effective Aug. 28, 2006. Amended: Filed Nov. 1, 2011, effective April 30, 2012.*

**Original authority: 334.100.5, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997, 2004, 2010, 2011 and 334.125, RSMo 1959, amended 1993, 1995.*

20 CSR 2150-2.153 Reinstatement of an Inactive License

PURPOSE: This rule provides the requirements physicians must follow to request reinstatement of a license that has been inactive pursuant to SB 1182 of the 91st General Assembly (2002).

(1) All applicants shall make application for reinstatement of an inactive license upon a form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) All applicants must provide, on the application form, a recent unmounted photograph, in size no larger than three and one-half inches by five inches (3 1/2" x 5").

(4) All applications shall be sent to the Missouri State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(5) All applicants for reinstatement of an inactive license must submit a fee as specified in 20 CSR 2150-2.080. The fee shall be submitted in the form of a cashier's check or money order drawn on a United States bank made payable to the Missouri Board of Healing Arts.

(6) No application will be processed prior to the submission of the required fee in the appropriate form.

(7) All applicants must submit an activity statement documenting all employment, professional and nonprofessional activities since the date the license was placed on inactive status.

(8) All applicants shall have licensure, registration or certification verification submitted from every state and country in which s/he has ever held privileges to practice as a physician. This verification must be submitted directly from the licensing agency and include the type of license, registration



or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions.

(9) An applicant for reinstatement of an inactive license who has not actively practiced as a physician in another state or country throughout the period their Missouri license was inactive, shall submit upon request any documentation requested by the board necessary to verify that the applicant is competent to practice in Missouri. Such documentation may include continuing education, additional training, or applicable documentation acceptable to the board. If an applicant under this subsection has been in inactive status for more than five (5) years, the board may require the applicant to successfully complete reexamination prior to reinstatement. Reexaminations may include only those nationally recognized specialty or certification examinations recognized by the Federation of State Medical Boards, the American Osteopathic Association, the American Medical Association, the American Board of Medical Specialties, the National Board of Medical Examiners or the National Board of Osteopathic Examiners. Applicants with a recognized specialty will be directed to an appropriate specialty examination.

AUTHORITY: sections 334.090.2 and 334.125, RSMo 2000. This rule originally filed as 4 CSR 150-2.153. Original rule filed March 1, 2005, effective Aug. 30, 2005. Moved to 20 CSR 2150-2.153, effective Aug. 28, 2006. Amended: Filed Dec. 14, 2007, effective June 30, 2008. ***

**Original authority: 334.090, RSMo 1945, amended 1951, 1959, 1963, 1981, 1987 and 334.125, RSMo 1959, amended 1993, 1995.*

***Pursuant to Executive Order 21-07, 20 CSR 2150-2.153 was suspended from April 3, 2020 through April 23, 2021.*

20 CSR 2150-2.155 Limited License

PURPOSE: This rule provides information to physicians and surgeons relative to the requirements for a limited license.

(1) The applicant shall make application for a limited license upon a form prepared by the board.

(2) No application will be considered by the board unless fully completed and properly attested by the board.

(3) If the applicant did not previously hold a permanent license to practice in the state of Missouri, then the applicant shall present evidence of meeting the board's requirements for permanent licensure as required by Chapter 334, RSMo and the board's rules.

(4) Whenever a licensed practitioner fails to renew his/her limited license for any period in excess of six (6) months but less than two (2) years after the expiration of his/her last limited license, his/her application for renewal of the limited license shall be denied unless it is accompanied by all fees required by statute and rule, together with a completed application. The application shall be made under oath on a form furnished by the board. The application shall include, but not be limited to, disclosure of the following:

- (A) The applicant's full name;
- (B) Residence address;
- (C) The issuance date;
- (D) Number of the limited license;
- (E) All final disciplinary actions taken against the applicant by any professional medical or osteopathic association or

society, licensed hospital or medical staff of the hospital, state, territory, federal agency, or country since the expiration of the limited license;

(F) Information concerning the applicant's current physical and mental fitness to practice as a physician and surgeon; and

(G) Proof of completion of five (5) hours of American Medical Association's Category 1 Continuing Medical Education (CME), American Osteopathic Association's Category 1A or 2A CME, or the American Academy of Family Practice Prescribed Credit for each year the limited license was not current.

AUTHORITY: section 334.112, RSMo 2000. This rule originally filed as 4 CSR 150-2.155. Original rule filed May 3, 1994, effective Sept. 30, 1994. Amended: Filed April 30, 2002, effective Nov. 30, 2002. Moved to 20 CSR 2150-2.155, effective Aug. 28, 2006. Amended: Filed Aug. 27, 2009, effective Feb. 28, 2010.*

**Original authority: 334.112, RSMo 1993.*

20 CSR 2150-2.160 Duplicate Licenses

PURPOSE: This rule provides the requirements licensees must follow to request a duplicate license.

(1) Within the board's discretion a duplicate license may be issued upon receipt of a notarized statement requesting the duplicate license and stating the reason the duplicate license is being requested. The notarized statement shall be accompanied by an appropriate fee to be established by the board. The fee shall be sent in the form of a cashier's check or money order made payable to the Missouri Board of Healing Arts.

(2) Each duplicate license shall have the term "reissued" and the reissued date placed upon it.

AUTHORITY: section 334.125, RSMo Supp. 1995. This rule originally filed as 4 CSR 150-2.160. Original rule filed June 27, 1996, effective Jan. 30, 1997. Moved to 20 CSR 2150-2.160, effective Aug. 28, 2006.*

**Original authority: 334.125, RSMo 1959, amended 1993, 1995.*

20 CSR 2150-2.165 Chelation of No Medical or Osteopathic Value

PURPOSE: This rule provides clarification of the approved use of ethylenediaminetetracetic acid (EDTA).

(1) Pursuant to authority granted to the board by section 334.100.2(4)(f), RSMo, the board declares the use of ethylenediaminetetracetic acid (EDTA) chelation on a patient is of no medical or osteopathic value except for those uses approved by the Food and Drug Administration (FDA) by federal regulation.

(2) The board shall not seek disciplinary action against a licensee based solely upon a non-approved use of EDTA chelation if the licensee has the patient sign the Informed Consent for EDTA Chelation Therapy form, included herein, before beginning the non-approved use of EDTA chelation on a patient.



INFORMED CONSENT FOR ETHYLENEDIAMINETETRACETIC ACID (EDTA) CHELATION THERAPY

PATIENT'S NAME: _____

ADDRESS: _____

AGE: _____ **SEX:** Male Female

NAME AND ADDRESS OF TREATING PHYSICIAN

Malignancy, disease, illness or physical condition diagnosed for medical treatment by EDTA chelation therapy:

My physician has explained to me and I fully understand:

- (a) that the use of ethylenediaminetetracetic acid (EDTA) has been approved by the federal Food and Drug administration (FDA) only for the use of removing heavy metals from the body;
- (b) that the FDA has not approved the drug EDTA for treatment of diseases or conditions other than heavy metals poisoning;
- (c) that it has not been established through controlled trials that EDTA chelation therapy is effective for the treatment of circulatory diseases, specifically including atherosclerosis, hardening of the arteries, vascular insufficiency or diabetes;
- (d) that two controlled trials were completed in 1992 and 1994, respectively, which trials demonstrated that EDTA chelation therapy was not effective in the treatment of vascular diseases;
- (e) that the federal government and most insurance companies do not pay for or reimburse for treatment with EDTA chelation therapy;
- (f) that the Missouri State Board of Registration for the Healing Arts has monitored the development of the scientific literature on EDTA chelation therapy and has concluded that EDTA chelation therapy has been authoritatively demonstrated to be ineffective in the treatment of vascular diseases;
- (g) that the Missouri State Board of Registration for the Healing Arts has determined that the use of EDTA chelation therapy by Missouri citizens may be harmful to their health in that such patients may forego the use of medical treatments and drugs of proven usefulness in the treatment of vascular disease;
- (h) that neither the American Medical Association, the American Osteopathic Association, the American College of Cardiology, the American Heart Association nor any other recognized independent medical association recommends the use of EDTA chelation therapy for the treatment of any human disease, illness, malady or physical condition other than heavy metals poisoning;
- (i) that the Missouri State Board of Registration for the Healing Arts strongly recommends that Missouri citizens not undergo EDTA chelation therapy for the treatment of any human disease, illness, malady or physical condition other than heavy metals poisoning;
- (j) that therapy with EDTA chelation may not be begun until three working days have expired after the date of my execution of this informed consent form.

Physician _____ Date

I HAVE READ AND UNDERSTAND THE ABOVE. NOTWITHSTANDING HAVING READ AND UNDERSTOOD THE ABOVE, I HEREBY ELECT TO UNDERGO TREATMENT WITH EDTA CHELATION THERAPY UNDER THE PROTOCOL RECOMMENDED BY THE AMERICAN COLLEGE FOR THE ADVANCEMENT IN MEDICINE (ACAM).

Patient _____ Date



AUTHORITY: section 334.100.2(4)(f), RSMo 2000. This rule originally filed as 4 CSR 150-2.165. Original rule filed April 13, 2001, effective Oct. 30, 2001. Moved to 20 CSR 2150-2.165, effective Aug. 28, 2006.*

**Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997.*

20 CSR 2150-2.170 Human Chorionic Gonadotropin (HCG) of No Medical or Osteopathic Value in the Treatment of Obesity or Weight Loss

PURPOSE: This rule provides clarification of the approved use of Human Chorionic Gonadotropin (HCG).

(1) Pursuant to authority granted to the board by section 334.100.2(4)(f), RSMo, the board declares the use of Human Chorionic Gonadotropin (HCG) on a patient is of no medical or osteopathic value in weight loss or the treatment of obesity.

(2) The board shall not seek disciplinary action against a licensee based solely on the use of HCG for weight loss and obesity treatment if the licensee has the patient sign the Informed Consent for HCG form, included herein, before beginning the non-approved use of HCG on a patient.



Informed Consent for Human Chorionic Gonadotropin (HCG)

Patient’s Name: _____

Address: _____

Age: _____ Sex: ___Male ___Female

Name and Address of Treating Physician:

Malignancy, disease, illness or physical condition diagnosed for medical treatment with HCG:

My physician has explained to me and I fully understand:

- (a) that the FDA package insert for HCG states, “HCG has not been demonstrated to be effective adjunctive therapy in the treatment of obesity. There is no substantial evidence that it increases weight loss beyond that resulting from caloric restriction, that it causes a more attractive or ‘normal’ distribution of fat, or that it decreases the hunger and discomfort associated with calorie-restricted diets”;
- (b) because of the potential for side effects, the FDA package insert suggests that HCG should be used with caution in patients with certain conditions, including cardiac diseases, renal disease, epilepsy, migraine and asthma;
- (c) that the American Society of Bariatric Physicians has issued a position statement that the use of HCG for weight loss is not recommended. Bariatric medicine is the field of medicine which specializes in the evaluation and treatment of overweight people through medical management;
- (d) prior to prescribing medication for weight loss a physician should obtain a complete medical history, perform a comprehensive physical examination of the patient and order appropriate tests to include, but not limited to, an EKG and tests of thyroid function, liver function, and kidney function to confirm that there are no medical conditions which are a contraindication to the use of HCG;
- (e) that there are no peer-reviewed studies supporting the use of HCG in weight loss;
- (f) that the federal government and most insurance companies do not pay for or reimburse for treatment with HCG;
- (g) that the Missouri State Board of Registration for the Healing Arts has monitored the development of the scientific literature on HCG and has concluded that HCG



has been authoritatively demonstrated to be ineffective in the treatment of obesity and weight loss;

- (h) that the Missouri State Board of Registration for the Healing Arts has determined that the use of HCG for obesity or weight loss by Missouri citizens may be harmful to their health;
- (i) as of December 6, 2011, the FDA has prohibited the sale of "homeopathic" and over the counter HCG diet products and declared them fraudulent and illegal;
- (j) that neither the American Medical Association, the American Osteopathic Association, nor any other recognized independent medical association recommend the use of HCG for the treatment of obesity or weight loss;
- (k) that the Missouri State Board of Registration for the Healing Arts strongly recommends that Missouri citizens not undergo HCG treatment for obesity or weight loss; and
- (l) that treatment with HCG may not begin until three business days have expired after the date of my execution of this informed consent.

Physician's Signature

Date

I have read and understand the above. Notwithstanding having read and understood the above, I hereby elect to undergo treatment with HCG.

Patient's Signature

Date



AUTHORITY: section 334.125, RSMo 2000, and section 334.100.2(4) (f), RSMo Supp. 2012. Original rule filed Aug. 15, 2012, effective Feb. 28, 2013.*

**Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997, 2004, 2010, 2011 and 334.125, RSMo 1959, amended 1993, 1995.*

20 CSR 2150-2.200 Assistant Physician – Application for Licensure

PURPOSE: The rule establishes the process to apply for an assistant physician license.

(1) An applicant for an assistant physician license shall submit a completed application form approved by the board. The application form shall include at least the following:

- (A) Name of the applicant and any former names used;
- (B) Date of birth of the applicant;
- (C) Gender of applicant;
- (D) The applicant's Social Security number. If applicant does not have a Social Security number then the applicant shall supply visa or passport identification number;
- (E) Answers to questions regarding the applicant's moral character, professional background, and fitness to practice;
- (F) A statement of activities from graduation of professional school to the present or from the last ten (10) years to the present, whichever is less; and
- (G) A signed and notarized statement attesting that the application is true, that the applicant has a duty to supplement the information if it changes before a license is granted, that the applicant understands that he or she cannot practice unless and until a license is granted, and he or she has entered into a collaborative practice agreement.

(2) Applicants applying for licensure shall submit the following:

- (A) Completed application;
- (B) Appropriate licensure fee as defined in 20 CSR 2150-2.080;
- (C) Proof that the applicant is a resident and citizen of the United States or is a legal resident alien. This proof shall include:
 - 1. A birth certificate or United States passport; or
 - 2. A visa or other United States government document evidencing legal resident status;
- (D) Proof that the applicant has passed step 2 or level 2 of a board approved medical licensing examination within the three- (3-) year period immediately preceding application for licensure as an assistant physician, or within three (3) years after graduation from medical college or osteopathic medical college, whichever is later;
- (E) Proof that the applicant has not completed an approved postgraduate residency and has successfully completed Step 2 of the United States Medical Licensing examination (USMLE) or the equivalent of such step of any other board-approved medical licensing examination within the immediate preceding three (3) years. However, an applicant is exempted from this requirement if the applicant –
 - 1. Was serving as a resident physician in an accredited residency program at the three- (3-) year anniversary of his or her passing Step 2 of USMLE or the equivalent of such step of any other board-approved medical licensing examination. An accredited residency program is a program that is accredited by the Accreditation Council on Graduate Medical Education (ACGME) of the American Medical Association or the Program and Trainee Review Council of the American Osteopathic

Association in the United States; and

2. If the applicant continued to serve as a resident physician in the accredited residency program within thirty (30) days prior to filing the application for an assistant physician's license;

(F) Proof of competency as an assistant physician, which shall include, but not be limited to:

- 1. A self-query from the National Practitioner's Databank, or its successor agency;
- 2. Proof of graduation from an approved medical school in the form of either a copy of the diploma or an official transcript;
- 3. Examination and Board Action History Report (EBAHR) from the Federation of State Medical Boards. This may be obtained by contacting the Federation of State Medical Boards (FSMB) at fsmb.org. FSMB will make the report available to the board;
- 4. If not contained in the EBAHR, the applicant shall cause a certified copy of his or her exam scores demonstrating passage of step 2 of a board-approved medical licensing exam to be submitted to the board;
- 5. If the applicant has participated in any post-graduate training program, a post-graduate reference letter signed by the current director of that program submitted directly to the board and on the form provided by the board, if applicable; and

6. Proof of hospital affiliation from each hospital where the applicant has held admitting privileges in the last ten (10) years on a form approved by the board or by causing the hospital to send a letter to the board containing the dates the applicant had admitting privileges at that hospital and whether there was ever any adverse action taken against those privileges, including, but not limited to, revocation, suspension, or limitation of privileges or if the applicant ever resigned privileges while under investigation;

(G) If the applicant's name is not the same as that which appears on the above mentioned records, evidence of the name change, which may include a copy of a marriage certificate, divorce decree, adoption order, other court order, or naturalization certificate;

(H) In addition to the other requirements of this rule, graduates from any medical or osteopathic school outside the United States shall submit the following:

- 1. Proof of licensure in the country the applicant attended medical school, if applicable; and
- 2. A certificate from the Educational Commission on Foreign Medical Graduates (ECFMG); and
- (I) Verification of any licensure, registration, or certification in this state, any other state, territory, or country in which the applicant has ever held a professional license. Verification must be received directly from the licensing agency and must include the type of license, registration or certification, the issue and expiration dates, and information concerning any disciplinary or investigative actions. If a licensing agency refuses or fails to provide verification, the board may consider other evidence of licensure.

(3) If any of the documents required by this rule are in a language other than English, the applicant shall provide an official translation, as defined in 20 CSR 2150-2.001, along with a copy of the original document.

(4) The applicant shall submit statement(s) and supporting documentation to supplement their application, including, but not limited to:

- (A) If any professional license held by the applicant has ever



been disciplined, the applicant shall submit documentation of the disciplinary action such as a settlement agreement, order, judgment, or consent order, and a statement from him or her describing the circumstances of the discipline;

(B) If any civil suit for medical malpractice, medical negligence, wrongful death, or any similar action has ever been filed against the applicant, he or she shall submit a copy of the initiating document (petition or complaint) and documentation of the outcome of the case (judgment or dismissal) or if the case was settled, a letter stating that the case was settled and a statement from the applicant explaining the circumstances of the case;

(C) If the applicant has ever been arrested for a crime (including any municipal ordinance violations), he or she shall submit any documentation regarding that arrest, including a summons or police report and a statement from the applicant explaining the circumstances;

(D) If the applicant has ever been charged with or convicted of a crime, including any municipal ordinance violations, he or she shall submit a copy of the charging document (information, complaint, indictment, or petition) and a copy of the dismissal or judgment and sentence and a statement from the applicant explaining the circumstances;

(E) If the applicant has been diagnosed with or undergone treatment for substance abuse, dependence, or for any physical or mental disorder which impaired his or her ability to practice medicine, he or she shall submit a description of the circumstances leading to the diagnosis or treatment and a letter from a treatment provider stating that he or she is currently fit to practice medicine;

(F) If the applicant has ever had any adverse action taken against his or her privileges at any hospital, including, but not limited to, revocation, suspension, or limitation of privileges or if the applicant ever resigned privileges while under investigation, he or she shall submit a description of the circumstances and any available documentation, including, but not limited to, a letter from the hospital indicating the final action taken; and

(G) Any other documentation specifically requested by the board.

(5) All applicants shall take and pass a twenty (20) question jurisprudence test regarding the rules and statutes governing assistant physicians in Missouri. Seventy-five percent (75%) shall be considered a passing score. If an applicant fails the test, he or she may retake the test. The test may be administered through an on-line service or via a traditional paper exam. It is cause to discipline pursuant to section 334.100.2(6), RSMo, for the assistant physician to fail to complete the exam.

(6) Any application for an assistant physician license may be denied by the board for one (1) of the following causes singularly or in combination:

(A) Failure to meet any requirement of Chapter 334, RSMo, or 20 CSR 2150-2.200 through 20 CSR 2150-2.270;

(B) Failure to demonstrate good moral character; or

(C) Any cause listed in section 334.100, RSMo.

(7) If the board denies an assistant physician application for licensure, the applicant may appeal to the Administrative Hearing Commission as set forth in section 334.100, RSMo, and Chapters 536 and 621, RSMo.

(8) The applicant may withdraw the application prior to the board's final decision.

(9) All fees submitted to the board are non-refundable and will be retained by the board.

(10) The board may require the applicant for licensure to make a personal appearance before a final decision regarding licensure is rendered.

(11) Any person practicing as an assistant physician without a current license shall be subject to discipline under section 334.100, RSMo, or subject to the injunction procedures of section 334.230, RSMo.

*AUTHORITY: section 334.036, RSMo Supp. 2018, and section 334.125, RSMo 2016. * Original rule filed June 29, 2016, effective Jan. 30, 2017. Amended: Filed March 14, 2019, effective Sept. 30, 2019.*

**Original authority: 334.036, RSMo 2014, amended 2017, 2018 and 334.125, RSMo 1959, amended 1993, 1995, 2014.*

20 CSR 2150-2.210 Assistant Physician License Renewal

PURPOSE: This rule provides information to assistant physicians in Missouri regarding renewal of licensure.

(1) Renewal of an Unexpired License.

(A) The board shall mail an application for renewal to each person licensed in this state as an assistant physician at the last known address. The failure to mail the application or failure to receive it does not relieve any licensee of the duty to renew and to pay the fee required nor provide exemption from the penalties provided for failure to renew.

(B) An applicant for a license renewal shall submit a completed application form approved by the board. The application form shall include at least the following:

1. Name of the applicant;

2. Current address, telephone number, and email address;

3. If this is the applicant's first renewal, and if not provided at the time of original licensure, the applicant shall provide his or her Social Security number;

4. Answers to questions regarding the applicant's moral character, professional background, and fitness to practice;

5. The name of the assistant physician's collaborating physician;

6. Attestation that the licensee has obtained continuing education in accordance with 20 CSR 2150-2.230;

7. Attestation that the licensee has been engaged in practice under collaborative practice arrangement in accordance with section 334.036.6, RSMo, during the last year; and

8. A signed and notarized statement attesting that the application is true, that the applicant has a duty to supplement the information if it changes before a renewal is granted, and that the applicant understands that he or she cannot practice after the date of expiration unless and until the license is renewed.

(C) A license shall be renewed on or before the expiration of a license by submitting –

1. Completed renewal application;

2. The fee as established in 20 CSR 2150-2.080; and

3. Evidence of name and address change if applicable. If it is a name change, evidence may include a copy of marriage certificate, divorce decree, adoption order, other court order, or naturalization certificate. Address change includes home and all business addresses.

(D) Renewal application forms postmarked February 1 or after will be considered delinquent, however, should January 31 fall on a Saturday, Sunday, or legal holiday, renewal forms



postmarked on the next business day will not be considered delinquent.

(2) Renewal of a License Expired for Less Than Six (6) Months.

(A) If the licensee fails to renew their license by January 31 of each year, the license shall be considered expired.

(B) A licensee may renew a license which has been expired for less than six (6) months by submitting a late renewal application form approved by the board. The late renewal application form shall include at least the following:

1. Name of the applicant;
2. Current address, telephone number, and email address;
3. If this is the applicant's first renewal, and if not provided at the time of original licensure, the applicant shall provide their Social Security number;
4. Answers to questions regarding the applicant's moral character, professional background, and fitness to practice;
5. The name of the assistant physician's collaborating physician;

6. Attestation that the licensee has obtained continuing education in accordance with 20 CSR 2150-2.230; and

7. A signed and notarized statement attesting that the application is true, that the applicant has a duty to supplement the information if it changes before a renewal is granted, and that the applicant understands that he or she cannot practice unless and until a renewal is granted.

(C) A license which has been expired for less than six (6) months may be renewed by submitting –

1. Completed late renewal application;
2. The renewal fee and late renewal fee as established in 20 CSR 2150-2.080;
3. Satisfactory evidence of compliance with the continuing professional education requirements as required by the board pursuant to 20 CSR 2150-2.230;
4. A statement of activities from the license expiration date to the present; and

5. Evidence of name and address change if applicable. If it is a name change, evidence may include a copy of marriage certificate, divorce decree, adoption order, other court order, or naturalization certificate. Address change includes home and all business addresses.

(3) Renewal of an Expired License for More than Six (6) Months.

(A) A license that has been expired for more than six (6) months shall not be renewed. Individuals who have an expired license who wish to obtain a new license will be required to meet the licensure requirements as provided in section 334.036, RSMo, 20 CSR 2150-2.200, and any other applicable statute or rule.

(4) Any application for a renewal or late renewal of an assistant physician license may be denied by the board for one (1) of the following causes singularly or in combination:

- (A) Failure to meet any requirement of Chapter 334, RSMo, or 20 CSR 2150-2.200 through 20 CSR 2150-2.270;
- (B) Failure to demonstrate good moral character; or
- (C) Any cause listed in section 334.100, RSMo.

(5) If the board denies an assistant physician application for renewal or late renewal, the applicant may appeal to the Administrative Hearing Commission as set forth in section 334.100, RSMo, and Chapters 536 and 621, RSMo.

(6) The licensee may withdraw the renewal application prior to the board's determination.

(7) All fees submitted to the board are non-refundable and will be retained by the board.

(8) Any person practicing as an assistant physician without a current license shall be subject to discipline under section 334.100, RSMo, or subject to the injunction procedures of section 334.230, RSMo.

AUTHORITY: sections 334.036 and 334.125, RSMo Supp. 2014. Original rule filed June 29, 2016, effective Jan. 30, 2017.*

**Original authority: 334.036, RSMo 2014 and 334.125, RSMo 1959, amended 1993, 1995, 2014.*

20 CSR 2150-2.220 Assistant Physician Inactive Status

PURPOSE: This rule provides the requirements assistant physicians must follow to request inactive status.

(1) Any assistant physician may request that his or her license be put on inactive status by filling out an Inactive Status form provided by the board. The application form shall include at least the following:

- (A) Name of the applicant;
- (B) Current address, telephone number, and email address;
- (C) If not provided at the time of original licensure, the applicant shall provide his or her Social Security number;
- (D) The name of the assistant physician's collaborating physician; and
- (E) A statement that the assistant physician acknowledges that he or she can no longer practice.

(2) To reactivate any license that has been placed on inactive status for less than six (6) months, the licensee must follow the provisions of 20 CSR 2150-2.210(2).

(3) If an assistant physician license is on inactive status for six (6) months or more, it shall be expired and may not be reinstated or renewed.

AUTHORITY: section 324.039, RSMo Supp. 2013, sections 334.036 and 334.125, RSMo Supp. 2014, and section 334.045, RSMo 2000. Original rule filed June 29, 2016, effective Jan. 30, 2017.*

**Original authority: 324.039, RSMo 2008; 334.036, RSMo 2014; 334.045, RSMo 1963, amended 1981, 1987, 1989, 1993, 1995; and 334.125, RSMo 1959, amended 1993, 1995, 2014.*

20 CSR 2150-2.230 Assistant Physician – Continuing Education

PURPOSE: This rule details the minimum requirements for continuing education.

(1) Each assistant physician shall complete and attest that he or she has completed at least fifty (50) hours of continuing medical education every two (2) years. The reporting period shall end December 31 of the odd numbered year.

(2) In order to count toward the required fifty (50) hours, the continuing education shall be accredited by the American Medical Association (AMA) as Category 1; or by the American Academy of Family Physicians (AAFP) or the American Osteopathic Association (AOA) as Category 1-A or 2-A; or offered by a residency program or hospital-approved by Accreditation Council on Graduate Medical Education (ACGME) of the American



Medical Association or the Program and Trainee Review Council of the American Osteopathic Association.

(3) All courses completed may only count toward fulfilling the requirement for one (1) reporting period.

(4) Each licensee shall retain records documenting their attendance at and completion of the required continuing medical education for a minimum of three (3) years after the reporting period in which the continuing medical education was completed. The records shall document the –

- (A) Titles of the courses taken;
- (B) Dates;
- (C) Locations;
- (D) Course sponsors;
- (E) Category of hours earned; and
- (F) Number of hours earned.

(5) The board may conduct an audit of licensees to verify compliance with the continuing medical education requirement.

AUTHORITY: section 334.036, RSMo Supp. 2018, and section 334.125, RSMo 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expired Aug. 30, 2019. Amended: Filed Feb. 22, 2019, effective Aug. 30, 2019.*

**Original authority: 334.036, RSMo 2014, amended 2017, 2018 and 334.125, RSMo 1959, amended 1993, 1995, 2014.*

20 CSR 2150-2.240 Assistant Physician Collaborative Practice Agreements

PURPOSE: In accordance with section 334.036, RSMo, this rule defines collaborative practice arrangement terms and implements section 630.875, RSMo related to “Improved Access to Treatment for Opioid Addictions Act” (IATOAP).

PUBLISHER’S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

(1) Geographic areas.

(A) The collaborating physician in a collaborative practice arrangement with an assistant physician shall not be so geographically distanced from the collaborating assistant physician as to create an impediment to effective collaboration in the delivery of health care services or the adequate review of those services.

(B) The following shall apply in the use of a collaborative practice arrangement by an assistant physician who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

1. If the collaborating physician and assistant physician are utilizing telehealth in providing services in a medically underserved area no mileage limitation shall apply; or

2. If the assistant physician is not utilizing telehealth in providing services the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be no further than seventy five (75) miles by road, using

the most direct route available, from the collaborating assistant physician; or

3. Pursuant to section 630.875, RSMo, an assistant physician collaborating with a physician who is waiver-certified for the use of buprenorphine, may participate in the “Improved Access to Treatment for Opioid Addictions Program” (IATOAP) in any area of the state and provide all services and functions of an assistant physician. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(C) An assistant physician who desires to enter into a collaborative practice arrangement at a location where the collaborating physician is not continuously present shall practice together at the same location with the collaborating physician continuously present for a period of at least one (1) month before the collaborating assistant physician practices at a location where the collaborating physician is not present. During this one (1) month period, the collaborating physician must review ten percent (10%) of the assistant physicians’ patient’s records. It is the responsibility of the collaborating physician to determine and document the completion of the same location practice and records review as described above.

(D) For purposes of this rule, the following shall apply:

1. The term “continuously present” shall mean the supervising physician is physically present and seeing each and every patient with the assistant physician when said assistant physician is seeing and/or treating a patient; and

2. The term “one (1) month period” shall mean a minimum of one hundred twenty (120) hours of clinic time, where the supervising physician and assistant physician are seeing and treating patients.

(E) A collaborating physician shall not enter into a collaborative practice arrangement with more than six (6) full-time equivalent assistant physicians, full-time equivalent physician assistants, full-time equivalent assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7), RSMo.

(2) Methods of treatment.

(A) The methods of treatment and the authority to administer, dispense, or prescribe drugs delegated in a collaborative practice arrangement between a collaborating physician and collaborating assistant physician shall be within the scope of practice of each professional and shall be consistent with each professional’s skill, training, education, competence, licensure, and/or certification and shall not be further delegated to any person except that the individuals identified in sections 338.095 and 338.198, RSMo, may communicate prescription drug orders to a pharmacist.

(B) The collaborating physician shall consider the level of skill, education, training, and competence of the collaborating assistant physician and ensure that the delegated responsibilities contained in the collaborative practice arrangement are consistent with that level of skill, education, training, and competence.

(C) Guidelines for consultation and referral to the collaborating physician or designated health care facility for services or emergency care that is beyond the education, training, competence, or scope of practice of the assistant physician shall be established in the collaborative practice arrangement.

(D) The methods of treatment, including any authority to



administer, dispense, or prescribe drugs, delegated in a collaborative practice arrangement between a collaborating physician and a collaborating assistant physician, shall be delivered only pursuant to a written agreement, jointly agreed-upon protocols, or standing orders that are specific to the clinical conditions treated by the collaborating physician and collaborating assistant physician.

(E) Methods of treatment delegated and authority to administer, dispense, or prescribe drugs shall be subject to the following:

1. The physician retains the responsibility for ensuring the appropriate administering, dispensing, prescribing, and control of drugs utilized pursuant to a collaborative practice arrangement in accordance with all state and federal statutes, rules, or regulations;

2. All labeling requirements outlined in section 338.059, RSMo, shall be followed;

3. Consumer product safety laws and Class B container standards shall be followed when packaging drugs for distribution;

4. All drugs shall be stored according to the *United States Pharmacopeia* (USP), (2010), published by the United States Pharmacopeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852-1790, 800-227-8772; <http://www.usp.org/> recommended conditions, which is incorporated by reference. This does not include any later amendments or additions;

5. Outdated drugs shall be separated from the active inventory;

6. Retrieval dispensing logs shall be maintained for all prescription drugs dispensed and shall include all information required by state and federal statutes, rules, or regulations;

7. All prescriptions shall conform to all applicable state and federal statutes, rules, or regulations and shall include the name, address, and telephone number of the collaborating physician and collaborating assistant physician;

8. In addition to administering and dispensing controlled substances, an assistant physician, who meets the requirements of 20 CSR 2150-2.260, may be delegated the authority to prescribe controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, in a written collaborative practice arrangement, except that, the collaborative practice arrangement shall not delegate the authority to administer any controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. When issuing the initial prescription for opioid controlled substance in treating a patient for acute pain, the assistant physician shall comply with requirements set forth in section 195.080, RSMo. Schedule II (hydrocodone) and Schedule III narcotic controlled substance prescriptions shall be limited to a five- (5-) day supply without refill. Pursuant to section 334.037, RSMo an assistant physician may prescribe Schedule III - buprenorphine for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.037 and 630.875, RSMo;

9. An assistant physician may not prescribe controlled substances for his or her own self or family. Family is defined as spouse, parents, grandparents, great-grandparents, children, grandchildren, great-grandchildren, brothers and sisters, aunts and uncles, nephews and nieces, mother-in-law, father-in-law, brothers-in-law, sisters-in-law, daughters-in-law, and sons-in-law. Adopted and step family members are also included in family;

10. An assistant physician in a collaborative practice arrangement may only dispense starter doses of medication to cover a period of time for seventy-two (72) hours or less with the exception of Title X family planning providers or publicly funded clinics in community health settings that dispense medications free of charge. The dispensing of drug samples, as defined in 21 U.S.C. section 353(c)(1), is permitted as appropriate to complete drug therapy;

11. The collaborative practice arrangement shall clearly identify the controlled substances the collaborating physician authorizes the assistant physician to prescribe and document that it is consistent with each professional's education, knowledge, skill, and competence; and

12. The medications to be administered, dispensed, or prescribed by a collaborating assistant physician in a collaborative practice arrangement shall be consistent with the education, training, competence, and scopes of practice of the collaborating physician and collaborating assistant physician.

(F) When a collaborative practice arrangement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall examine and evaluate the patient and approve or formulate the plan of treatment for new or significantly changed conditions as soon as is practical, but in no case more than two (2) weeks after the patient has been seen by the collaborating assistant physician. If the assistant physician is utilizing telehealth in providing services, the collaborating physician, or other physician designated in the collaborative practice arrangement may conduct the examination and evaluation required by this section via live, interactive video or in person. Telehealth providers shall obtain the patient's or the patient's guardian's consent before telehealth services are initiated and shall document the patient's or the patient's guardian's consent in the patient's file or chart. All telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended, and all other applicable state and federal laws and regulations.

(3) Review of Services.

(A) In order to assure true collaborative practice and to foster effective communication and review of services, the collaborating physician, or other physician designated in the collaborative practice arrangement, shall be immediately available for consultation to the assistant physician at all times, either personally or via telecommunications.

(B) The collaborative practice arrangement between a collaborating physician and an assistant physician shall be signed and dated by the collaborating physician and assistant physician before it is implemented, signifying that both are aware of its content and agree to follow the terms of the collaborative practice arrangement. The collaborative practice arrangement and any subsequent notice of termination of the collaborative practice arrangement shall be in writing and shall be maintained by the collaborating professionals for a minimum of eight (8) years after termination of the collaborative practice arrangement. The collaborative practice arrangement shall be reviewed at least annually and revised as needed by the collaborating physician and assistant physician. Documentation of the annual review shall be maintained as part of the collaborative practice arrangement.

(C) Within thirty (30) days of any change and with each physician's license renewal, the collaborating physician shall advise the Missouri State Board of Registration for the Healing Arts whether he or she is engaged in any collaborative practice agreement, including collaborative practice agreements



delegating the authority to prescribe controlled substances and also report to the board the name of each licensed assistant physician with whom he or she has entered into such agreement. A change shall include, but not be limited to, resignation or termination of the assistant physician; change in practice locations; and addition of new collaborating professionals.

(D) An assistant physician practicing pursuant to a collaborative practice arrangement shall maintain adequate and complete patient records in compliance with section 334.097, RSMo.

(E) The collaborating physician shall complete a review of ten percent (10%) of the total health care services delivered by the assistant physician. If the assistant physician practice includes the prescribing of controlled substances, the physician shall review a minimum of twenty percent (20%) of the cases in which the assistant physician wrote a prescription for a controlled substance. If the controlled substance chart review meets the minimum total ten percent (10%) as described above, then the minimum review requirements have been met. The assistant physician's documentation shall be submitted for review to the collaborating physician at least every fourteen (14) days. This documentation submission may be accomplished in person or by other electronic means and reviewed by the collaborating physician. The collaborating physician must produce evidence of the chart review upon request of the Missouri State Board of Registration for the Healing Arts. This subsection shall not apply during the time the collaborating physician and assistant physician are practicing together as required in subsection (2)(C) above or 20 CSR 2150-2.240.

(F) If a collaborative practice arrangement is used in clinical situations where an assistant physician provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, then the collaborating physician shall be present for sufficient periods of time, at least once every two (2) weeks, except in extraordinary circumstances that shall be documented, to participate in such review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff. If the assistant physician is utilizing telehealth in providing services the collaborating physician may be present in person or the collaboration may occur via telehealth in order to meet the requirements of this section. Telehealth providers shall obtain patient's or the patient's guardian's consent before telehealth services are initiated and shall document the patient's or the patient's guardian's consent in the patient's file or chart. All telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996, as amended and all other applicable state and federal laws and regulations.

(G) The collaborating physician and assistant physician shall determine an appropriate process of review and management of abnormal test results which shall be documented in the collaborative practice arrangement.

(4) Population-Based Public Health Services.

(A) In the case of the collaborating physician and assistant physician practicing in association with public health clinics that provide population-based health services, the geographic areas, methods of treatment, and review of services shall occur as set forth in the collaborative practice arrangement. If the services provided in such settings include diagnosis and initiation of treatment of disease or injury not related to population-based health services, then the provisions of sections (1), (2), and (3) above shall apply.

AUTHORITY: sections 334.036, 334.037, and 630.875, RSMo Supp. 2018, and section 334.125, RSMo 2016. Original rule filed June 29,*

*2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expired Aug. 30, 2019. Amended: Filed Feb. 22, 2019, effective Aug. 30, 2019. ***

**Original authority: 334.036, RSMo 2014, amended 2017, 2018; 334.037, RSMo 2014, amended 2015, 2018; 334.125, RSMo 1959, amended 1993, 1995, 2014; and 630.875, RSMo 1980.*

***Pursuant to Executive Order 21-07, 20 CSR 2150-2.240, subsections (1)(A) and (1)(B) was suspended from April 3, 2020 through April 23, 2021.*

20 CSR 2150-2.250 Assistant Physician – Collaborative Practice Change Requirements

PURPOSE: This rule provides the requirements and time frames licensees must follow in reporting a change in collaborative practice arrangement.

(1) Licensed assistant physicians who enter a collaborative practice arrangement with a physician or who terminate a collaborative practice arrangement with a physician, for any reason, must submit written notification and the required form to the board within thirty (30) days of such occurrence.

AUTHORITY: section 334.036, RSMo Supp. 2018, and section 334.125, RSMo 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expired Aug. 30, 2019. Amended: Filed Feb. 22, 2019, effective Aug. 30, 2019.*

**Original authority: 334.036, RSMo 2014, amended 2017, 2018 and 334.125, RSMo 1959, amended 1993, 1995, 2014.*

20 CSR 2150-2.260 Assistant Physician – Certificate of Prescriptive Authority

PURPOSE: This rule sets forth the process for assistant physicians to receive a certificate of controlled substance prescriptive authority.

(1) Licensees applying for a certificate of prescriptive authority shall submit –

(A) A completed application on a form provided by the board;
(B) Applicants shall submit the application fee as stated in 20 CSR 2150-2.080;

(C) A supervision verification form, signed by their collaborating physician, stating that the collaborating physician has delegated to the assistant physician the authority to prescribe: Schedule II (hydrocodone)–limited to a five- (5-) day supply; Schedule III–limited to a five- (5-) day supply, except that buprenorphine may be prescribed for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance use disorders under the direction of the collaborating physician; Schedule IV; or Schedule V. The delegated authority to prescribe shall be consistent with each professional's education, knowledge, skill, and competence. Any limitations on the physician's or assistant physician's ability to prescribe shall be listed on the supervision verification form; and

(D) An affidavit completed by their collaborating physician documenting the completion of at least one hundred twenty (120) hours in a four- (4-) month period by the assistant physician during which the assistant physician practiced with the supervising physician continuously present. Pursuant to section 334.037, RSMo such on-site supervision requirement shall not apply to assistant physicians of population-based public



health services as defined in 20 CSR 2150-5.100 as of April 30, 2009, or assistant physicians providing opioid addiction treatment.

AUTHORITY: sections 334.036 and 334.037, RSMo Sup. 2018, and section 334.125, RSMo 2016. Original rule filed June 29, 2016, effective Jan. 30, 2017. Emergency amendment filed Feb. 22, 2019, effective March 4, 2019, expired Aug. 30, 2019. Amended: Filed Feb. 22, 2019, effective Aug. 30, 2019.*

**Original authority: 334.036, RSMo 2014, amended 2017, 2018; 334.037, RSMo 2014, amended 2015, 2018; and 334.125, RSMo 1959, amended 1993, 1995, 2014.*