



Rules of
Department of Insurance,
Financial Institutions and
Professional Registration
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
INSURANCE, FINANCIAL
INSTITUTIONS AND
PROFESSIONAL REGISTRATION**
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 advises the public of the definitions which the board has adopted for certain terms which are used in Chapter 334, RSMo.

(1) The term “extenuating circumstances,” as used in section 334.090, RSMo, shall mean the existence of those circumstances under which an ordinary prudent person would not have timely registered. Notwithstanding the previously mentioned, failure to receive a renewal notice is not an extenuating circumstance.

(2) The term “hospitals approved by the board,” as used in section 334.045, RSMo, shall mean all hospitals which are approved and accredited to teach graduate medical education by the accreditation counsel on graduate medical education of the American Medical Association or the education committee of the American Osteopathic Association.

(3) The term “reasonable intervals,” as used in section 334.100.2(24)(d), RSMo, shall mean not less than annually.

(4) The term “timely pay,” as used in section 334.100.2(4)(n), RSMo, shall mean 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.

(5) The term “American Specialty Board,” as used in Chapter 334, RSMo, and its accompanying rules and regulations shall mean any specialty board formally recognized by the American Board of Medical Specialties, the American Medical Association or the American Osteopathic Association.

(6) The term “change” as used in section 334.104.5, RSMo shall mean a change in the names of the professionals listed in the collaborative practice agreement or physician assistant supervision agreement.

(7) The term “renewal” as used in section 334.104.5, RSMo shall mean physician’s license renewal.

AUTHORITY: sections 334.045, 334.046, 334.090 and 334.125, RSMo 2000 and 334.100, RSMo Supp. 2006.* 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.

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

**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 counsel 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 Licensure 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 pre-professional 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 pre-professional 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 Registra-

tion 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.*

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 Counsel 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 pre-professional 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 Counsel 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" × 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 2150-2.050 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" x 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" × 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 2150-2.070 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 Fees

PURPOSE: This rule establishes the various fees which the State Board of Registration for the Healing Arts is authorized to collect in administering Chapter 334, RSMo. Under the provisions of Chapter 334, RSMo, the board is directed to set by rule the amount of the fees which the chapter authorizes not to exceed the cost and expense of administering the chapter.

(1) The following fees are established by the State Board of Registration for the Healing Arts:

(A) Examination Fee	\$300
(B) Reinstatement Fee	\$300
(C) Temporary License Fee	\$ 30
(D) Renewal of Temporary License Fee	\$ 30
(E) Conditional Temporary License Fee	\$ 30
(F) Regular or Fourteen (14)-Day Visiting Professor License Fee	\$150
(G) Regular Visiting Professor Licensure Renewal Fee	\$ 75
(H) Contiguous State Licensure Fee	\$ 30
(I) Contiguous State Licensure Renewal Fee	\$ 30
(J) Renewal of Certificate of Registration Fee	
1. Effective November 29, 2010, to February 15, 2011	\$ 55
2. Effective February 16, 2011	\$135
(K) Reciprocity Licensure Fee	\$300
(L) Fee for Obtaining a Limited License	\$ 25
(M) Fee for Renewing Limited License	\$ 50
(N) Fee for Obtaining Endorsement of the Board	\$ 50
(O) Fee for receiving the Certificate of the National Board of Medical Examiners of the United States, chartered under the laws of the District of Columbia and of the National Board of Examiners for Osteopathic Physicians and Surgeons chartered under the laws of the state of Indiana	\$300
(P) Delinquent Fee	\$ 50
(Q) Continuing Medical Education Extension Fee	\$ 50
(R) Duplicate License Fee	\$ 30
(S) Returned Check Fee	\$ 25

(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 2000.* 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.

*Original authority: 334.090.2, RSMo 1945, amended 1951, 1959, 1963, 1981, 1987 and 334.125, RSMo 1959, amended 1993, 1995.

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" × 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.*

**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.*