

IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

IDAHO STATE BOARD OF MEDICINE

24.33.01 – Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho

Who does this rule apply to?

Who does this rule apply to? This rule applies to medical physicians, osteopathic physicians, and physician assistants who are licensed or seek to be licensed under the Board of Medicine.

What is the purpose of this rule?

What is the purpose of this rule? The purpose of this rule is to provide information on the eligibility and requirements for licensure and renewal licensure, licensure fees, and continuing education requirements. In addition, this rule provides guidelines for registration of supervising and directing physicians who supervise interns, residents, physician assistants, athletic trainers, and cosmetic medical providers.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statutes passed by the Idaho Legislature:

The Medical Practice Act -
Physicians and Physician Assistants:

- [54-1801, et seq.](#)
- [54-1806, Idaho Code](#) – Powers and Duties
- [54-1806A, Idaho Code](#) – Medical Disciplinary Enforcement
- [54-1808, Idaho Code](#) – The Board to Issue Licenses
- [54-1812, Idaho Code](#) – Graduates of Medical Schools Located Outside of the United States and Canada
- [54-1813, Idaho Code](#) – Temporary License and Registration
- [54-1814, Idaho Code](#) – Grounds for Medical Discipline
- [54-1841, Idaho Code](#) – Volunteer’s License – Qualifications

Who do I contact for more information on this rule?

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**24.33.01 – RULES OF THE BOARD OF MEDICINE FOR THE LICENSURE TO PRACTICE
MEDICINE AND OSTEOPATHIC MEDICINE IN IDAHO**

000. LEGAL AUTHORITY.

Pursuant to Sections 54-1806(2), 54-1806(4), 54-1806(11), 54-1806A, 52-1807, 54-1812, 54-1813, 54-1814 and 54-1841, Idaho Code, the Idaho State Board of Medicine is authorized to promulgate rules to govern the practice of Medicine in Idaho. (3-20-20)T

001. TITLE AND SCOPE.

These rules are titled IDAPA 24.33.01, "Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho." (3-20-20)T

002. -- 009. (RESERVED)

010. DEFINITIONS.

01. Acceptable International School of Medicine. An international medical school located outside the United States or Canada that meets the standards for medical educational facilities set forth in Subsection 051.02, is accredited by the Educational Commission for Foreign Medical Graduates (ECFMG) and provides the scope and content of the education and coursework that are equivalent to acceptable schools of medicine located within the United States or Canada. (3-20-20)T

02. Educational Commission for Foreign Medical Graduates (ECFMG). A nationally recognized non-profit organization that certifies international medical graduates who seek to enter United States residency and fellowship programs. (3-20-20)T

03. Federation of State Medical Boards of the United States (FSMB). A nationally recognized non-profit organization representing the seventy (70) medical and osteopathic boards of the United States and its territories. (3-20-20)T

04. Medical Practice Act. Title 54, Chapter 18, Idaho Code. (3-20-20)T

011. ABBREVIATIONS.

01. AAMC. Association of American Medical Colleges. (3-20-20)T

02. ACGME. Accreditation Council for Graduate Medical Education. (3-20-20)T

03. AMA. American Medical Association. (3-20-20)T

04. AOA. American Osteopathic Association. (3-20-20)T

05. CACMS. Committee on Accreditation of Canadian Medical Schools. (3-20-20)T

06. COCA. Commission on Osteopathic College Accreditation. (3-20-20)T

07. ECFMG. Educational Commission for Foreign Medical Graduates. (3-20-20)T

08. FAIMER. Foundation for Advancement of International Medical Education. (3-20-20)T

09. FSMB. Federation of State Medical Boards. (3-20-20)T

10. LCME. Liaison Committee on Medical Education. (3-20-20)T

11. USMLE. United States Medical Licensing Exam. (3-20-20)T

12. WFME. World Federation for Medical Education. (3-20-20)T

012. -- 049. (RESERVED)

050. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.

Requirements for licensure and renewal are found in Title 54, Chapter 18, Idaho Code, IDAPA 24.33.03, and on Board approved forms. (3-20-20)T

01. Special Purpose Examination. Upon inquiry, if further examination is required, the Board may require passage of the Special Purpose Examination (SPEX) administered by the FSMB, a post licensure assessment conducted by the FSMB, or an evaluation by an independent agency accepted by the Board to evaluate physician competence. (3-20-20)T

02. Additional Circumstances. The Board may require further inquiry when in its judgment the need is apparent, including, but not limited to, the following circumstances: (3-20-20)T

i. Graduate of an international medical school located outside the United States and Canada and not accredited by the LCME; (3-20-20)T

ii. Applicant whose background investigation reveals evidence of impairment, competency deficit, or disciplinary action by any licensing or regulatory agency; (3-20-20)T

iii. An applicant has not been in active medical practice for a period exceeding one (1) year, or when practice has been significantly interrupted; (3-20-20)T

iv. An applicant has not written a recognized examination intended to determine ability to practice medicine within a period of five (5) years preceding application; (3-20-20)T

v. An applicant whose initial licensure was issued on the basis of an examination not recognized by the Board; or (3-20-20)T

vi. When there is any reason whatsoever to question the identity of the applicant. (3-20-20)T

03. Board Determinations. Recommendations of the assessment and or evaluation acceptable to the Board related to the ability of the applicant to practice medicine and surgery will be considered by the Board in its decision whether to issue a license and the Board may limit, condition, or restrict a license based on the Board's determination and the recommendation of the assessment or evaluation. (3-20-20)T

051. LICENSURE FOR GRADUATES OF INTERNATIONAL MEDICAL SCHOOLS LOCATED OUTSIDE OF THE UNITED STATES AND CANADA.

01. International Medical Graduate. In addition to meeting the requirements of Section 050, graduates of international medical schools located outside of the United States and Canada must submit to the Board: (3-20-20)T

a. Original certificate from the ECFMG or original documentation that the applicant has passed the examination either administered or recognized by the ECFMG and passed an examination acceptable to the Board that demonstrates qualification for licensure or successfully completed the United States Medical Licensing Exam (USMLE); (3-20-20)T

b. Original documentation directly from the international medical school that establishes to the satisfaction of the Board that the international medical school meets the standards for medical educational facilities set forth in Subsection 051.02; (3-20-20)T

c. Original documentation directly from the international medical school that it has not been disapproved or has its authorization, accreditation, certification or approval denied or removed by any state, country or territorial jurisdiction and that to its knowledge no state of the United States or any country or territorial jurisdiction has refused to license its graduates on the grounds that the school fails to meet reasonable standards for medical education facilities; (3-20-20)T

d. A transcript from the international medical school showing successful completion of all the courses taken and grades received and original documentation of successful completion of all clinical coursework; and (3-20-20)T

e. Original documentation of successful completion of three (3) years of progressive postgraduate training at one (1) training program accredited for internship, residency, or fellowship training by the ACGME, AOA or the Royal College of Physicians and Surgeons of Canada or its successor organization, provided however, a resident who is attending an Idaho based residency program may be licensed after successful completion of two (2) years of progressive post graduate training, if the following conditions are met: (3-20-20)T

i. The resident must have the written approval of the residency program director; (3-20-20)T

ii. The resident must have a signed written contract with the Idaho residency program to complete the entire residency program; (3-20-20)T

iii. The resident must remain in good standing at the Idaho-based residency program; (3-20-20)T

iv. The residency program must notify the Board within thirty (30) days if there is a change in circumstances or affiliation with the program (for example, if the resident resigns or does not demonstrate continued satisfactory clinical progress); and (3-20-20)T

v. The Idaho residency program and the Idaho Board have prescreened the applicant to ensure that the applicant has received an MD or DO degree from an approved school that is eligible for Idaho licensure after graduation. (3-20-20)T

02. International Medical School Requirements. An international medical school must be listed in the World Directory of Medical Schools, a joint venture of World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER). (3-20-20)T

052. GRADUATES OF UNAPPROVED INTERNATIONAL MEDICAL SCHOOLS LOCATED OUTSIDE OF THE UNITED STATES OR CANADA.

In addition to meeting the requirements of Section 050 of these rules, graduates of unapproved international medical schools located outside the United States or Canada that do not meet the requirements of Section 051.02 of these rules, shall submit to the Board an original certificate or document of three (3) of the four (4) following requirements: (3-20-20)T

01. Valid ECFMG Certificate. Hold a valid certificate issued by ECFMG. (3-20-20)T

02. Three Years of Completed Post Graduate Training. Successful completion of three (3) years of progressive post graduate training at one (1) training program accredited for internship, residency or fellowship training in an ACGME or AOA or Royal College of Physicians and Surgeons of Canada or its successor organization's approved program. (3-20-20)T

03. Board Certification. Hold current board certification by a specialty board approved by the American Board of Medical Specialties or the AOA. (3-20-20)T

04. Five Years Unrestricted Practice. Evidence of five (5) years of unrestricted practice as a licensee of any United States or Canadian jurisdiction. (3-20-20)T

053. -- 078. (RESERVED)

079. CONTINUING MEDICAL EDUCATION (CME) REQUIRED.

01. Purpose. The purpose of practice relevant CME is to enhance competence, performance, understanding of current standards of care, and patient outcomes. (3-20-20)T

02. Renewal. Each person licensed to practice medicine and surgery or osteopathic medicine or surgery in Idaho shall complete no less than forty (40) hours of practice relevant, Category 1, CME every two (2) years. (3-20-20)T

03. Verification of Compliance. Licensees will, at license renewal, provide an attestation to the Board

indicating compliance. The Board, in its discretion, may require such additional evidence as is necessary to verify compliance. (3-20-20)T

04. Alternate Compliance. The Board may accept certification or recertification by a member of the American Board of Medical Specialties, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada or its successor organization in lieu of compliance with continuing education requirements during the cycle in which the certification or recertification is granted. The Board may also grant an exemption for full time participation in a residency or fellowship training at a professionally accredited institution. (3-20-20)T

05. Penalties for Noncompliance. The Board may condition, limit, suspend, or refuse to renew the license of any person whom the Board determines has failed to comply with the continuing education requirements of this chapter. (3-20-20)T

080. PHYSICIAN PANELIST FOR PRELITIGATION CONSIDERATION OF MEDICAL MALPRACTICE CLAIMS.

01. Purpose. The purpose of serving as a physician panelist for prelitigation consideration of medical malpractice claims against physicians and surgeons practicing in the state of Idaho or against licensed acute care general hospitals operating in the state of Idaho is to: (3-20-20)T

a. Cooperate in the prelitigation consideration of personal injury and wrongful death claims for damages arising out of the provision of or alleged failure to provide hospital or medical care in Idaho; and (3-20-20)T

b. Accept and hear complaints of such negligence and damages, made by or on behalf of any patient who is an alleged victim of such negligence. (3-20-20)T

02. Eligibility. A physician licensed to practice medicine and surgery or osteopathic medicine or surgery in Idaho must be available to serve in any two (2) year period, or a longer period not to exceed five (5) years, as determined by the panel chairman, as a physician panelist for prelitigation consideration of a medical malpractice claim. (3-20-20)T

03. Excusing Physicians from Serving. A physician panelist so selected must serve unless he had served on a prelitigation panel during any previous two (2) year period, or a longer period not to exceed five (5) years, as determined by the panel chairman or for good cause shown, is excused by the panel chairman. To show good cause for relief from serving, the selected physician panelist must present an affidavit to the panel chairman which shall set out the facts showing that service would constitute an unreasonable burden or undue hardship. The panel chairman has the sole authority to excuse a selected physician from serving on a prelitigation panel. (3-20-20)T

04. Penalties for Noncompliance. The Board may condition, limit, suspend, or refuse to renew the license of any physician whom the Board determines has failed to serve as a physician panelist for the prelitigation consideration of a medical malpractice claim. (3-20-20)T

081. -- 099. (RESERVED)

100. FEES -- TABLE.

01. Fees -- Table. Nonrefundable fees are as follows:

Fees -- Table (Non-Refundable)		
Licensure Fee	-	Not more than \$600
Temporary License	-	Not more than \$300
Reinstatement License Fee plus total of renewal fees not paid by applicant	-	Not more than \$300

Fees -- Table (Non-Refundable)		
Inactive License Renewal Fee	-	Not more than \$100
Renewal of License to Practice Medicine Fee	-	Not more than \$300
Duplicate Wallet License	-	Not more than \$20
Duplicate Wall Certificate	-	Not more than \$50
Volunteer License Application Fee	-	\$0
Volunteer License Renewal Fee	-	\$0

(3-20-20)T

02. Administrative Fees for Services. Administrative fees for services shall be billed on the basis of time and cost. (3-20-20)T

101. -- 150. (RESERVED)

151. DEFINITIONS RELATING TO SUPERVISING AND DIRECTING PHYSICIANS.

01. Alternate Directing Physician. A designated Idaho licensed physician, registered with the Board pursuant to this chapter and Title 54, Chapter 39, Idaho Code, who oversees the practice of athletic training and is responsible for the athletic training services provided by the athletic trainer in the temporary absence of the directing physician. (3-20-20)T

02. Alternate Supervising Physician for Interns and Residents. A physician licensed to practice medicine or licensed to practice osteopathic medicine in Idaho who has been designated by the supervising physician and approved by and registered by the Board to supervise the intern or resident in the temporary absence of the supervising physician. (3-20-20)T

03. Alternate Supervising Physician of Medical Personnel. An Idaho licensed physician who is registered with the Board pursuant to this chapter, who supervises and has full responsibility for cosmetic treatments using prescriptive medical/cosmetic devices and/or products provided by medical personnel in the temporary absence of the supervising physician. (3-20-20)T

04. Athletic Trainer. A person who has met the qualifications for licensure as set forth in Title 54, Chapter 39, Idaho Code, is licensed under that chapter, and carries out the practice of athletic training under the direction of a designated Idaho licensed physician, registered with the Board. (3-20-20)T

05. Directing Physician. A designated Idaho licensed physician, registered with the Board pursuant to this chapter and Title 54, Chapter 39, Idaho Code, who oversees the practice of athletic training and is responsible for the athletic training services provided by the athletic trainer. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. (3-20-20)T

06. Medical Personnel. An individual who provides cosmetic treatments using prescriptive medical/cosmetic devices and products that are exclusively non-incisive or non-ablative under the direction and supervision of a supervising physician registered with the Board, pursuant to the applicable Idaho statutes and the applicable rules promulgated by the Board. (3-20-20)T

07. Supervising Physician of Interns or Residents. Any person approved by and registered with the Board who is licensed to practice medicine and surgery or osteopathic medicine and surgery in Idaho, who signs the application for registration of an intern or resident, and who is responsible for the direction and supervision of their activities. (3-20-20)T

08. Supervising Physician of Medical Personnel. An Idaho licensed physician who is registered with the Board pursuant to this chapter, who supervises and has full responsibility for cosmetic treatments using

prescriptive medical/cosmetic devices and products provided by medical personnel. (3-20-20)T

152. – 160. (RESERVED)

161. DUTIES OF DIRECTING PHYSICIANS.

01. Responsibilities. The directing physician accepts full responsibility for the acts and athletic training services provided by the athletic trainer and oversees the practice of athletic training of the athletic trainer, and for the supervision of such acts which include, but are not limited to: (3-20-20)T

a. An on-site visit at least semiannually to personally observe the quality of athletic training services provided; and (3-20-20)T

b. Recording of a periodic review of a representative sample of the records, including, but not limited to, records made from the past six (6) months of the review to evaluate the athletic training services that were provided. (3-20-20)T

02. Scope of Practice. The directing physician must ensure the scope of practice of the athletic trainer, as set forth in IDAPA 24.33.05, “Rules for the Licensure of Athletic Trainers to Practice in Idaho,” and Section 54-3903, Idaho Code, will be limited to and consistent with the scope of practice of the directing physician and exclude any independent practice of athletic training by an athletic trainer. (3-20-20)T

03. Directing Responsibility. The responsibilities and duties of a directing physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician without prior notification and Board approval. (3-20-20)T

04. Available Supervision. The directing physician will oversee the activities of the athletic trainer and must be available either in person or by telephone to supervise, direct, and counsel the athletic trainer. The scope and nature of the direction of the athletic trainer will be outlined in an athletic training service plan or protocol, as set forth in IDAPA 24.33.05, “Rules for the Licensure of Athletic Trainers to Practice in Idaho,” Section 012. (3-20-20)T

05. Disclosure. It is the responsibility of each directing physician to ensure that each athlete who receives athletic training services is aware of the fact that said person is not a licensed physician. This disclosure requirement can be fulfilled by the use of name tags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the athlete of the education and training of the person rendering athletic training services. (3-20-20)T

162. DUTIES OF SUPERVISING PHYSICIANS.

01. Responsibilities. The supervising physician accepts full responsibility for the medical acts of and patient services provided by physician assistants and graduate physician assistants and for the supervision of such acts which shall include, but are not limited to: (3-20-20)T

a. An on-site visit at least monthly to personally observe the quality of care provided; (3-20-20)T

b. A periodic review of a representative sample of medical records to evaluate the medical services that are provided. When applicable, this review will also include an evaluation of adherence to the delegation of services agreement between the physician and physician assistant or graduate physician assistant; and (3-20-20)T

c. Regularly scheduled conferences between the supervising physician and such licensees. (3-20-20)T

02. Pre-Signed Prescriptions. The supervising physician will not utilize or authorize the physician assistant to use any pre-signed prescriptions. (3-20-20)T

03. Supervisory Responsibility. A supervising physician or alternate supervising physician may not supervise more than four (4) physician assistants or graduate physician assistants contemporaneously. The Board, however, may authorize a supervising physician or alternate supervising physician to supervise a total of six (6) such

licensees contemporaneously if necessary to provide adequate medical care and upon prior petition documenting adequate safeguards to protect the public health and safety. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician without prior notification and Board approval. (3-20-20)T

04. Available Supervision. The supervising physician will oversee the activities of the physician assistant or graduate physician assistant, and must always be available either in person or by telephone to supervise, direct, and counsel such licensees. The scope and nature of the supervision of the physician assistant and graduate physician assistant must be outlined in a delegation of services agreement, as set forth in IDAPA 24.33.02, “Rules for the Licensure of Physician Assistants,” Subsection 030.04. (3-20-20)T

05. Disclosure. It is the responsibility of each supervising physician to ensure that each patient who receives the services of a physician assistant or graduate physician assistant is aware of the fact that said person is not a licensed physician. This disclosure requirement can be fulfilled by the use of nametags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the patient of the education and training of the person rendering medical services. (3-20-20)T

163. DUTIES OF SUPERVISING PHYSICIANS OF INTERNS AND RESIDENTS.

01. Responsibilities. The supervising physician is responsible for the direction and supervision of the medical acts and patient services provided by an intern or resident. The direction and supervision of such activities include, but are not limited to: (3-20-20)T

- a.** An on-site visit at least monthly to personally observe the quality of care provided; (3-20-20)T
- b.** Recording of a periodic review of a representative sample of medical records to evaluate the medical services that are provided; and (3-20-20)T
- c.** Regularly scheduled conferences between the supervising physician and the intern or resident. (3-20-20)T

02. Available Supervision. The supervising physician will oversee the activities of the intern or resident, and must always be available either in person or by telephone to supervise, direct and counsel the intern or resident. (3-20-20)T

03. Disclosure. It is the responsibility of each supervising physician to ensure that each patient who receives the services of an intern or resident is aware of the fact that said person is not a licensed physician. This disclosure requirement can be fulfilled by the use of nametags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the patient of the education and training of the person rendering medical services. (3-20-20)T

164. SUPERVISING PHYSICIANS OF MEDICAL PERSONNEL.

Prescriptive medical/cosmetic devices and products penetrate and alter human tissue and can result in complications such as visual impairment, blindness, inflammation, burns, scarring, hypopigmentation, and hyperpigmentation. Cosmetic treatments using such prescriptive medical/cosmetic devices and products is the practice of medicine as defined in Section 54-1803(1), Idaho Code. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. (3-20-20)T

- 01. Definitions.** (3-20-20)T
 - a.** Ablative. Ablative is the separation, eradication, removal, or destruction of human tissue. (3-20-20)T
 - b.** Incisive. Incisive is the power and quality of cutting of human tissue. (3-20-20)T
 - c.** Cosmetic Treatment. An aesthetic treatment prescribed by a physician for a patient that uses prescriptive medical/cosmetic devices and products to alter human tissue. (3-20-20)T

d. Prescriptive Medical/Cosmetic Device. A federal food and drug administration approved prescriptive device that uses waveform energy including, but not limited to, intense pulsed light or lasers, to cosmetically alter human tissue. (3-20-20)T

e. Prescriptive Medical/Cosmetic Product. A federal food and drug administration approved prescriptive product whose primary intended use of the product is achieved through chemical action and cosmetically alters human tissue including, but not limited to, filler substances such as collagen or fat; lipo transfer; muscle immobilizers or sclerosing agents. (3-20-20)T

02. Duties and Responsibilities of Supervising Physicians. The supervising physician accepts full responsibility for cosmetic treatments provided by medical personnel using prescriptive medical/cosmetic devices and products and for the supervision of such treatments. The supervising physician must be trained in the safety and use of prescriptive medical/cosmetic devices and products. (3-20-20)T

a. Patient Record. The supervising physician must document an adequate legible patient record of his evaluation and assessment of the patient prior to the initial cosmetic treatment. An adequate patient record must contain, at minimum, subjective information, an evaluation and report of objective findings, assessment or diagnosis, and the plan of care including, but not limited to, a prescription for prescriptive medical/cosmetic devices and products. (3-20-20)T

b. Supervisory Responsibility. A supervising physician or alternate supervising physician of medical personnel may not supervise more than three (3) such medical personnel contemporaneously. The Board, however, may authorize a supervising physician or alternate supervising physician to supervise a total of six (6) such medical personnel contemporaneously if necessary to provide adequate cosmetic treatments and upon prior petition documenting adequate safeguards to protect the public health and safety. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation or partnership, nor may they be assigned to another physician without prior notification and Board approval. (3-20-20)T

c. Available Supervision. The supervising physician will be on-site or immediately available to respond promptly to any questions or problems that may occur while a cosmetic treatment is being performed by medical personnel using prescriptive medical/cosmetic devices and products. Such supervision includes, but is not limited to: (3-20-20)T

i. Periodic review of the medical records to evaluate the prescribed cosmetic treatments that are provided by such medical personnel including any adverse outcomes or changes in the treatment protocol; and (3-20-20)T

ii. Regularly scheduled conferences between the supervising physician and such medical personnel. (3-20-20)T

d. Scope of Cosmetic Treatments. Medical personnel providing cosmetic treatments are limited to using prescriptive medical/cosmetic devices and products that are exclusively non-incisive and non-ablative. The supervising physician will ensure cosmetic treatments using prescriptive medical/cosmetic devices and products provided by medical personnel are limited to and consistent with the scope of practice of the supervising physician. The supervising physician will ensure medical personnel do not independently provide cosmetic treatments using prescriptive medical/cosmetic devices and products. (3-20-20)T

i. The supervising physician will ensure that, with respect to each procedure performed, the medical personnel possess the proper training in cutaneous medicine, the indications for the prescribed treatment, and the pre- and post-procedure care involved; and (3-20-20)T

ii. The supervising physician will prepare a written protocol for medical personnel to follow when using prescriptive medical/cosmetic devices and products. The supervising physician is responsible for ensuring that the medical personnel use prescriptive medical/cosmetic devices and products only in accordance with the written protocol and do not exercise independent judgment when using prescriptive medical/cosmetic devices and products. (3-20-20)T

- e. Training Requirements. Medical personnel who provide cosmetic treatments using prescriptive medical/cosmetic devices and products must have training and be certified by their supervising physicians on each device or product they will use. The training on each device or product includes the following: (3-20-20)T
- i. Physics and safety of the prescriptive medical/cosmetic devices and products; (3-20-20)T
 - ii. Basic principle of the planned procedure and treatment; (3-20-20)T
 - iii. Clinical application of the prescriptive medical/cosmetic devices and products including, but not limited to, wavelengths to be used with intense pulsed light/lasers; (3-20-20)T
 - iv. Indications and contraindications for the use of the prescriptive medical/cosmetic devices and products; (3-20-20)T
 - v. Pre-procedure and post-procedure care; (3-20-20)T
 - vi. Recognition and acute management of complications that may result from the procedure or treatment; and (3-20-20)T
 - vii. Infectious disease control procedures required for each treatment. (3-20-20)T
 - viii. The supervising physician will assure compliance with the training and reporting requirements of this rule. (3-20-20)T
 - ix. The supervising physician will submit verification of training upon the Medical Personnel Supervising Physician Registration form provided by the Board, to the Board for approval prior to the provision of cosmetic treatments using prescriptive medical/cosmetic devices and products by medical personnel. The Board may require the supervising physician to provide additional written information, which may include his affidavit attesting to the medical personnel's qualifications and clinical abilities to perform cosmetic treatments using prescriptive medical/cosmetic devices and products. The Medical Personnel Supervising Physician Registration Form will be sent to the Board and maintained on file at each practice location and at the address of record of the supervising physician. The Board may require such changes as needed to achieve compliance with this chapter and Title 54, Chapter 18, Idaho Code, and to safeguard the public. (3-20-20)T
- f. Disclosure. It is the responsibility of each supervising physician to ensure that every patient receiving a cosmetic treatment using prescriptive medical/cosmetic devices and products by such medical personnel is aware of the fact that such medical personnel are not licensed physicians. This disclosure requirement can be fulfilled by the use of name tags, correspondence, oral statements, office signs, or such other procedures that under the involved circumstances adequately advise the patient of the education and training of the medical personnel rendering such cosmetic treatments. (3-20-20)T
- g. Patient Complaints. The supervising physician will report to the Board of Medicine all patient complaints received against medical personnel that relate to the quality and nature of cosmetic treatments rendered. (3-20-20)T
- h. Duties and Responsibilities Nontransferable. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician or person. (3-20-20)T

165. -- 200. (RESERVED)

201. REGISTRATION BY SUPERVISING AND DIRECTING PHYSICIANS.

01. Registration and Renewal. Each supervising, directing, and alternate physician must register with the Board and such registration will be renewed annually. (3-20-20)T

02. Notification. The supervising and directing physician must notify the Board of any change in the status of any physician assistant, graduate physician assistant, athletic trainer, or medical personnel for whom he is responsible, including, but not limited to, changes in location, duties, responsibilities, or supervision, or termination of employment within thirty (30) days of such event. (3-20-20)T

202. -- 239. (RESERVED)

240. FEES - TABLE.
Nonrefundable fees are as follows:

Fees -- Table (Non-Refundable)	
Supervising Physician Registration Fee	- Not more than \$50
Annual Renewal of Supervising Physician Registration Fee	- Not more than \$25
Directing Physician Registration Fee	- Not more than \$50
Annual Renewal of Directing Physician Registration Fee	- Not more than \$25
Alternate supervising physicians and alternate directing physicians are not required to pay an annual fee.	

(3-20-20)T

241. (RESERVED)

242. DEFINITIONS RELATED TO INTERNS AND RESIDENTS.

01. Acceptable Training Program. A medical training program or course of medical study that has been approved by the Liaison Committee for Medical Education (LCME), Council on Medical Education or Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association (AOA). (3-20-20)T

02. Acceptable Post Graduate Training Program. A post graduate medical training program or course of medical study that has been approved by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA). (3-20-20)T

243. RESIDENT AND INTERN REGISTRATION.

01. Registration Certificate. Upon approval of the registration application, the Board may issue a registration certificate that sets forth the period during which the registrant may engage in activities that may involve the practice of medicine. Each registration will be issued for a period of not less than one (1) year and will set forth its expiration date on the face of the certificate. Each registration will identify the supervising physician. Each registrant will notify the Board in writing of any change of the supervising physician or the program or course of study fourteen (14) days prior to any such change. If the Board deems the intern or resident qualified, and if the course study requires, the Board may additionally certify on the registration certificate that the intern or resident is qualified to write prescriptions for Class III through Class V scheduled medications. (3-20-20)T

02. Termination of Registration. The registration of an intern or resident may be terminated, suspended, or made conditional by the Board on the grounds set forth in Section 54-1814, Idaho Code, and under the procedures set forth in Section 54-1806A, Idaho Code. (3-20-20)T

03. Annual Renewal of Registration. Each registration must be renewed annually prior to its expiration date. Any registration not renewed by its expiration date will be canceled. (3-20-20)T

04. Notification of Change. Each registrant must notify the Board in writing of any adverse action or termination, whatever the outcome, from any post graduate training program and any name changes within fourteen (14) days of such event. (3-20-20)T

05. Disclosure. It is the responsibility of each registrant to ensure that every patient is aware of the fact that such intern and resident is currently enrolled in a post graduate training program and under the supervision of a licensed physician. This disclosure requirement can be fulfilled by the use of name tags, correspondence, oral statements, or such other procedures that under the circumstances adequately advise the patient of the education and training of the intern and resident. (3-20-20)T

244. FEES - TABLE.
Nonrefundable fees are as follows:

Fees -- Table	
Resident and Intern Registration Fee	- Not more than \$25
Registration Annual Renewal Fee	- Not more than \$25

(3-20-20)T

245. -- 999. (RESERVED)

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 - ECFMG, Educational Commission for Foreign Medical Graduates 3
 - FAIMER, Foundation for Advancement of International Medical Education 3
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