

**DISTRICT OF
COLUMBIA
MUNICIPAL
REGULATIONS
FOR
MEDICINE**

Chapter: 17-46 Medicine

Total Records: **18**

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4600 GENERAL PROVISIONS

- 4600.1 This chapter shall apply to applicants for and holders of a license to practice medicine.
- 4600.2 Chapters 40 (Health Occupations: General Rules) and 41 (Health Occupations: Administrative Procedures) of this title shall supplement this chapter.
- 4600.3 The Board shall only accept applications for licensure by one of the following means notwithstanding anything in Chapter 40 to the contrary:
- (a) National examination;
 - (b) Waiver of national examination;
 - (c) Reactivation of an inactive license;
 - (d) Reinstatement of an expired, suspended, or revoked license; or
 - (e) Eminence pursuant to D.C. Official Code § 3-1205.09a (2001).
- 4600.4 An applicant shall establish to the Board's satisfaction that the applicant possesses appropriate skills, knowledge, judgment, and character to practice medicine.
- 4600.5 An applicant shall demonstrate to the satisfaction of the Board that the applicant is proficient in understanding and communicating medical concepts and information in English.
- 4600.6 An applicant shall arrange to have submitted directly to the Board three (3) letters of reference from licensed physicians, in good standing in a jurisdiction of the United States, who have personal knowledge of the applicant's abilities and qualifications to practice medicine.
- 4600.7 An applicant who completed the postgraduate clinical training requirement of § 4602.4 or § 4603.5 no more than three (3) years prior to the date of the application shall meet the requirements of § 4600.6 by submitting at least two (2) out of three (3) letters of reference from the following:
- (a) The director of the applicant's postgraduate clinical training program; and
 - (b) A licensed physician who supervised the applicant's practice of medicine in a postgraduate clinical program.
- 4600.8 An applicant who holds a license in another jurisdiction shall not be eligible for a license if one of the following applies:
- (a) The applicant has surrendered a license in another jurisdiction while a disciplinary action was pending and has not been restored to licensure in that jurisdiction;

- (b) The applicant has pending disciplinary or criminal charges for violation of any felony statute or any law regulating medicine or controlled substances;
- (c) The applicant has engaged in conduct that would be grounds for disciplinary action under § 514(a) of the Act, D.C. Code § 2-3305.14 (1987 Supp.); or
- (d) The applicant is not in good standing in a jurisdiction in which the applicant holds a license.

4600.9 An applicant or licensee shall communicate with the Board through typed or legibly written documentation. Any applicant or licensee who fails to submit typed or legibly written documents, as determined by the Board, shall have those documents returned to him or her.

AUTHORITY: Unless otherwise noted, the authority for this chapter is § 302(14) of the District of Columbia Health Occupations Revision Act of 1985, D.C. Law 6-99, D.C. Code § 2-3303.2(14) (1988 Repl. Vol.), 33 DCR 729, 732 (February 7, 1986), and Mayor's Order 86-110, 33 DCR 5220 (August 22, 1986).

SOURCE: Final Rulemaking published at 35 DCR 5999 (August 5, 1988); as amended by Final Rulemaking published at 52 DCR 6834 (July 22, 2005).

4601 TERM OF LICENSE

- 4601.1 Subject to § 4601.2, a license issued pursuant to this chapter shall expire at 12:00 midnight of December 31 of each even-numbered year.
- 4601.2 If the Director changes the renewal system pursuant to § 4006.3 of chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the license, or other date established by the Director.

SOURCE: Final Rulemaking published at 35 DCR 5999, 6000 (August 5, 1988).

4602 EDUCATIONAL AND TRAINING REQUIREMENTS

- 4602.1 An applicant for licensure by examination educated in a foreign country other than Canada, shall furnish proof satisfactory to the Board that the applicant successfully completed educational and training requirements pursuant to § 4603.
- 4602.2 Repealed.
- 4602.3 Repealed.
- 4602.4 An applicant's post-graduate clinical training shall be at a hospital or health care facility licensed in the United States in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).

4602.5 An applicant shall arrange for certified transcripts of the applicant's medical education records to be sent directly from the educational institutions to the Board or its designees.

SOURCE: Final Rulemaking published at 35 DCR 5999, 6001 (August 5, 1988); as amended by: Final Rulemaking published at 52 DCR 6834 (July 22, 2005).

4603 APPLICANTS EDUCATED IN FOREIGN COUNTRIES

4603.1 The Board may grant a license to practice medicine to an applicant educated in a foreign country who does as follows:

- (a) Meets all requirements of this chapter except for §§ 4602 and 4604; and
- (b) Demonstrates to the satisfaction of the Board that the applicant's education and training are substantially equivalent to the requirements of this chapter and the Act in ensuring that the applicant has the proper training, experience, and qualifications to practice medicine by submitting the documentation required by this section.

4603.2 Repealed

4603.3 An applicant under this section shall furnish proof satisfactory to the Board that the applicant has successfully completed all educational and training requirements to practice medicine in the foreign country in which the medical education was undertaken.

4603.4 An applicant under this section shall possess a valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

4603.5 An applicant under this section shall complete three (3) years of postgraduate clinical training in a program that meets the requirements of § 4602.4.

4603.6 An applicant shall arrange for a certified transcript of the applicant's medical education record to be sent directly from the educational institution to the Board or its designees, except as provided by § 4603.8.

4603.7 The Board may waive the transcript requirement of § 4603.6 on a showing of extraordinary hardship if the applicant is able to establish by substitute documentation that the applicant possesses the requisite education and degrees.

4603.8 If a document required by this chapter is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit a notarized translation signed by the translator attesting to its accuracy.

SOURCE: Final Rulemaking published at 35 DCR 5999, 6002 (August 5, 1988); as amended by Final Rulemaking published at 52 DCR 6834 (July 22, 2005).

4604 APPLICANTS EDUCATED IN THE FIFTH PATHWAY PROGRAM

4604.1 The Board may grant a license to practice medicine to an applicant in the Fifth Pathway Program who completed a foreign medical educational program not accredited by one of the accrediting bodies listed in § 4602.3(b) if the applicant does as follows:

- (a) Meets all requirements of this chapter except for §§ 4602.1(b), 4602.3, and 4603; and
- (b) Demonstrates to the satisfaction of the Board that the applicant's education and training are substantially equivalent to the requirements of this chapter and the Act in ensuring that the applicant has the proper training, experience, and qualifications to practice medicine by submitting the documentation required by this section.

4604.2 An applicant under this section shall furnish proof satisfactory to the Board that the applicant meets the following requirements:

- (a) Was a resident of the United States during the period of enrollment in the foreign medical school;
- (b) Has successfully completed the didactic curriculum of a foreign medical school listed in a directory of medical schools published by the World Health Organization;
- (c) Has attained a passing grade on the Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS);
- (d) Has completed one (1) year of individually supervised clinical training under the direction of a medical school accredited by the LCME at a level satisfactory to the Board; and
- (e) Possesses a valid Fifth Pathway Program certificate.

4604.3 An applicant under this section shall arrange for a transcript of the applicant's medical education record to be sent directly from the educational institution to the Board.

4604.4 If a document required by this chapter is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board and shall submit a notarized translation signed by the translator attesting to its accuracy.

SOURCE: Final Rulemaking published at 35 DCR 5999, 6003 (August 5, 1988).

4605 NATIONAL EXAMINATIONS

4605.1 To qualify for a license by examination, an applicant shall receive a passing score on the Federation Licensing Examination (FLEX), the National Board of Medical Examiners Examination (NBME), or the United States Medical Licensing Examination (USMLE).

- 4605.2 The applicant who took the FLEX prior to January 1, 1985, shall have attained a passing score of a FLEX weighted average score of seventy-five (75) or higher at a single sitting.
- 4605.3 An applicant taking the FLEX on or after January 1, 1985, shall take both components of the FLEX at a single sitting if the applicant is taking the examination for the first time. Thereafter, an applicant who has not passed the FLEX may take one (1) or both components of the FLEX at subsequent sittings.
- 4605.4 An applicant taking the FLEX on or after January 1, 1985, shall have attained a passing score of a FLEX seventy-five (75) or higher on both components of the examination.
- 4605.5 An applicant who has not attained a passing score described in § 4605.2 or § 4605.4 on both components of the FLEX examination after three (3) attempts shall complete one (1) additional year of postgraduate clinical training that meets the requirement of § 4602.4 before being eligible to take the examination again.
- 4605.6 An applicant who has not attained a passing score described in § 4605.2 or § 4605.4 on both components of the FLEX examination after six (6) attempts shall not be eligible for a license in the District by examination or other means.
- 4605.7 For purposes of §§ 4605.5 and 4605.6, the term "an attempt" means each time an applicant sits for the FLEX examination, regardless of how many components the applicant takes.
- 4605.8 An applicant who is relying on the FLEX examination administered in another jurisdiction as a qualifying examination shall receive under sitting requirements identical to applicants taking the examination in the District a passing score of the following:
- (a) A FLEX weighted average of seventy-five (75) if the examination was taken prior to January 1, 1985; or
 - (b) A FLEX seventy-five (75) on both components of the examination if the examination was taken after January 1, 1985.
- 4605.9 An applicant who is relying on the NBME examination shall be a diplomat of the National Board of Medical Examiners.
- 4605.10 An applicant who is relying on the USMLE shall have successfully passed Steps 1, 2, and 3.
- 4605.11 An applicant taking Step 3 of the USMLE shall furnish proof satisfactory to the Board that the applicant:
- (a) Has passed Steps 1 and 2 of the USMLE; and
 - (b) Has completed at least six months of a program of postgraduate clinical training that meets the requirements of Section 4602.4.
- 4605.12 An applicant who has not obtained a passing score on Step 3 of the USMLE after three (3) attempts shall complete one (1) additional year of postgraduate clinical training that meets the requirements of Section 4602.4 before being eligible to take Step 3 again.

4605.13 An applicant shall complete all remaining portions of the USMLE within seven (7) years after passing Step 1 or Step 2 of the examination. However, the seven (7) year time frame may be extended at the discretion of the Board.

4605.14 Applicants applying for licensure by examination may rely on any of the examination combinations shown below, provided that an acceptable combination is completed prior to January 1, 2000.

Display Table

SOURCE: Final Rulemaking published at 35 DCR 5999, 6004 (August 5, 1988); as amended by Final Rulemaking published at 42 DCR 5019 (September 1, 1995); as amended by Final Rulemaking published at 52 DCR 6834 (July 22, 2005).

4606 CONTINUING EDUCATION REQUIREMENTS FOR NONPRACTICING PHYSICIANS

4606.1 This section shall apply to the renewal of a license, the reactivation of the license of a physician in inactive status, or reinstatement of an expired license of an applicant who is not actively practicing medicine.

4606.2 Repealed.

4606.3 Repealed

4606.4 An applicant for renewal, reactivation, or reinstatement of a license who has not been actively practicing medicine for a period of one (1) to five (5) years shall submit proof pursuant to § 4606.7 that the applicant has completed acceptable continuing medical education for each year after December 31, 1988, that the applicant has not been actively practicing medicine as follows:

(a) Twenty-five (25) hours of credit in continuing medical education meeting the requirements of Category 1;

(b) Twenty-five (25) hours of credit in continuing medical education meeting the requirements of either Category 1 or Category 2.

4606.5 An applicant for reactivation of an inactive license who has not been actively practicing medicine for five (5) or more years after December 31, 1988, shall submit proof pursuant to § 4606.7 that the applicant has completed, during a two-year (2) period immediately preceding the date of application, acceptable continuing medical education as follows:

(a) One (1) year of clinical training in a program accredited by the ACGME or the AOA; or

(b) The following:

- (1) One hundred fifty (150) hours of credit in continuing medical education meeting the requirements of Category 1; and
- (2) One hundred fifty (150) hours of credit in continuing medical education meeting the requirements of either Category 1 or Category 2.

4606.6 After December 31, 1990, a physician whose license has expired for five (5) or more years shall meet the requirements for obtaining an initial license under this chapter and the Act.

4606.7 An applicant under this section shall prove completion of required continuing education credits by submitting with the application the following information:

(a) For claims for Category 1 credit:

- (1) The name of the program, its location, a description of the subject matter covered;
- (2) The dates on which the applicant attended the program;
- (3) The hours of credit claimed; and
- (4) Verification by the sponsor of completion, by signature or stamp.

(b) For claims for Category 2 credit:

- (1) A description of the program or activity;
- (2) The dates on which the applicant attended the program or activity;
- (3) The location of the program or activity;
- (4) The hours of credit claimed; and
- (5) Verification by the applicant of attendance.

SOURCE: Final Rulemaking published at 35 DCR 5999, 6005 (August 5, 1988); as amended by Final Rulemaking published at 53 DCR 4796 (June 16, 2006).

4607 APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES

4607.1 The Board may, in its discretion, approve continuing education programs and activities that contribute to the knowledge, skills, and professional performance and relationships that a physician uses to provide services to patients, the public or the profession and which meet the other requirements of this section.

4607.2 To be acceptable for credit, a continuing medical education program or activity shall be limited in content to that body of knowledge and skills generally recognized and accepted by the medical profession as within the basic medical sciences, the discipline of clinical medicine, or the provision of health care to the public.

4607.3 The Board may approve continuing education program and activities for Category 1 credit, according to the following conditions:

- (a) The programs and activities meet the requirements of §§ 4607.1 and 4607.2; and
- (b) The programs and activities are through providers approved by:
 - (1) The Accreditation Council for Continuing Medical Education (ACCME);
 - (2) A state medical society; or
 - (3) A sponsoring organization or the American Osteopathic Association (AOA) that awards the program or activity with an American Medical Association Physicians Recognition Award (AWRA).

4607.4 Repealed

SOURCE: Final Rulemaking published at 35 DCR 5999, 6007 (August 5, 1988); as amended by Final Rulemaking published at 52 DCR 6835 (July 22, 2005).

4607 APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES

4607.1 The Board may, in its discretion, approve continuing education programs and activities that contribute to the knowledge, skills, and professional performance and relationships that a physician uses to provide services to patients, the public or the profession and which meet the other requirements of this section.

4607.2 To be acceptable for credit, a continuing medical education program or activity shall be limited in content to that body of knowledge and skills generally recognized and accepted by the medical profession as within the basic medical sciences, the discipline of clinical medicine, or the provision of health care to the public.

4607.3 The Board may approve continuing education program and activities for Category 1 credit, according to the following conditions:

- (a) The programs and activities meet the requirements of §§ 4607.1 and 4607.2; and
- (b) The programs and activities are through providers approved by:
 - (1) The Accreditation Council for Continuing Medical Education (ACCME);
 - (2) A state medical society; or

- (3) A sponsoring organization or the American Osteopathic Association (AOA) that awards the program or activity with an American Medical Association Physicians Recognition Award (AWRA).

4607.4 Repealed

SOURCE: Final Rulemaking published at 35 DCR 5999, 6007 (August 5, 1988); as amended by Final Rulemaking published at 52 DCR 6835 (July 22, 2005).

4608 FOREIGN EDUCATED APPLICANTS OF CONCEDED EMINENCE

4608.1 The Board may grant a license to practice medicine to an applicant educated in a foreign country who is of recognized eminence and standing in a field of medicine or medical research in the international community, if the applicant:

- (a) Successfully completed medical education at a foreign medical school which is recognized or accredited by the foreign country, the World Health organization, or other organization satisfactory, to the Board;
- (b) Holds a foreign medical license or registration certificate, in good standing, issued by a foreign country on the basis of an acceptable governmental examination;
- (c) Practiced medicine for at least ten (10) years in patient care (excluding the two (2) years of postgraduate clinical training), five (5) years of which occurred immediately preceding the date application is made to the Board;
- (d) Successfully completed two (2) years of post-graduate clinical training in accordance with § 4602.4 of this chapter;
- (e) Possesses a valid standard certificate from the Educational Commission for Foreign Medical Graduates (ECFMG);
- (f) Meets the examination requirements of § 4608 of this chapter; and
- (g) Has been the recipient of honors and awards, and recognition in the international medical community, for achievements, contributions, or advancements in the field of medicine or medical research as evidenced by (1) publications in recognized scientific, medical or medical research journals, including American peer review journals, (2) recipient or nominee for international or national awards for distinguished contributions to the advancement of medicine or medical research, or (3) acknowledgement of expertise from recognized American authorities in the applicant's field of medical specialty.

- 4608.2 An applicant under this section shall furnish proof satisfactory to the Board of successful completion or satisfaction of the requirements of section 4608.1, and shall provide documentation sufficient to support the application including, but not limited to, certified transcripts of the applicant's medical (or if applicable pre-medical) education, certified verification of licensure or registration to practice medicine in a foreign country, and a valid certificate from the ECFMG.
- 4608.3 An applicant under this section shall arrange to have certified transcripts of all medical and pre-medical, if applicable, education sent directly from the educational institution(s) to the Board.
- 4608.4 The Board may waive the educational transcript requirement of section 4608.3 on a showing of extraordinary hardship if the applicant is able to establish by substitute documentation that the applicant possesses the requisite education and degrees.
- 4608.5 If a document required by this section is in a language other than English, an applicant shall arrange for its translation into English by a translation service acceptable to the Board, and shall submit a notarized translation signed by the translator attesting to its accuracy.

SOURCE: Final Rulemaking published at 38 DCR 1653 (March 15, 1991).

4609 PHYSICIAN'S PROFILE

- 4609.1 An applicant for a initial license or renewal of a license to practice allopathic or osteopathic medicine shall provide to the Board of Medicine the following information within thirty (30) days from the date of the initial application or renewal or, change in the following information:
- (a) The address and telephone number of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;
 - (b) The names of medical or osteopathic schools and graduate medical education programs attended with dates of graduation or completion of training;
 - (c) The names and dates of specialty Board certification, if any, as approved by the American Board of Medical Specialties or the Bureau of Osteopathic Specialists of the American Osteopathic Association;
 - (d) The number of years in active, clinical practice in the United States or Canada following completion of medical training and the number of years, if any, in active, clinical practice outside the United States or Canada;
 - (e) The area of specialty, if any, in which the physician practices;
 - (f) The names of hospitals with which the physician is affiliated;
 - (g) Appointments, if applicable, within the past 10 years to medical schools faculties with the years of service and academic rank;
 - (h) Publications, not to exceed ten (10) in number, in peer-reviewed literature within the most recent five-year period, to be supplied at the physician's discretion;

- (i) Access, if any, to translating services for non-English speaking patients at the primary and secondary practice setting and which, if any, foreign languages are spoken in the practice;
- (j) Whether the physician participates in the District Medicaid and Medicare programs and whether he or she is accepting new Medicaid and Medicare patients, or D.C. Health Alliance;
- (k) The names of insurances accepted by the physician, to be supplied at the physician's discretion;
- (l) Information on misdemeanor and felony convictions including the date(s) of the conviction, the nature of the conviction, the jurisdiction in which the conviction occurred, and the sentence imposed, if any;
- (m) Within the last ten (10) years, final orders of any regulatory board of another jurisdiction that resulted in the denial, probation, revocation, suspension, or restriction of any license or that resulted in the reprimand or censure of any licensure, fines imposed, or the voluntary surrender of a license while under investigation in a jurisdiction other than the District of Columbia, restriction or termination of privileges at a healthcare facility as a result of peer review action, as well as any disciplinary action taken by a federal health institution or federal agency; and
- (n) The date, amount, and description of any medical malpractice payout made within the last ten (10) years.

SOURCE: Final Rulemaking published at 52 DCR 10566 (December 2, 2005); as corrected by Errata Notice published at 59 DCR 1759 (March 2, 2012).

4610 LICENSE BY WAIVER OF NATIONAL EXAMINATION

4610.1 The Board shall waive the requirement of § 4605.1 for an applicant who meets the following requirements:

- (a) Is a diplomate of the National Board of Medical Examiners;
- (b) Is a diplomate of the National Board of Osteopathic Medical Examiners;
- (c) Has passed the examination of the Licentiate of the Medical Council of Canada; or
- (d) Holds a current license to practice medicine in good standing in a jurisdiction of the United States with requirements which are substantially equivalent to the requirements of the Act and this chapter after passing, prior to June 30, 1979, an examination constructed by the jurisdiction.

SOURCE: Final Rulemaking published at 35 DCR 5999, 6009 (August 5, 1988).

4611 PRE-LICENSURE PRACTICE BY STUDENTS AND POSTGRADUATE PHYSICIANS

- 4611.1 A student who is enrolled in a legally chartered medical school in the District which is accredited by the LCME may participate in patient care activities under the supervision of a licensed physician who is appointed to the faculty of the medical school.
- 4611.2 A student shall not administer, prescribe, or dispense controlled substances.
- 4611.3 A student's clinical supervisor shall evaluate the student's performance in writing after completion of each speciality or subspecialty rotation. An evaluation shall be kept on file at the student's medical school and is subject to inspection by the Board.
- 4611.4 A postgraduate physician may practice medicine in a clinical training program approved by the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA) or the Board, if the graduate qualifies for, and receives, a medical training license.
- 4611.5 A postgraduate physician shall do the following:
- (a) Be enrolled with an institution sponsoring the clinical training program describing the terms and conditions of the postgraduate physician's employment, or participation in the program, which shall be kept on file at the sponsoring institution;
 - (b) Submit, prior to commencement of each training year, the documentation required for application review not later than June 30th of the training year;
 - (c) Inform or permit the training program to notify the Board in writing when the postgraduate physician leaves a clinical training program before the scheduled ending date of the program, specifying the reason for leaving as academic or nonacademic reasons; and
 - (d) Grant the Board access or permit the training program to disclose all postgraduate education records, to the extent the disclosure does not violate any District or Federal laws.
- 4611.6 A postgraduate physician applying for a medical training license shall submit for consideration the following, unless waived by the Board of Medicine:
- (a) A completed application form, with a signed statement attesting to the truth and accuracy of its contents;
 - (b) A photograph not taken more than three months prior to submission, whose dimensions are at least two (2) inches by two (2) inches, which shall be affixed to the application;
 - (c) Certified transcripts from medical schools providing proof of satisfactory completion of the program;
 - (d) If a graduate of a medical program outside the US or Canada, the original of a currently valid Educational Commission for Foreign Medical Graduates (ECFMG) certification;
 - (e) An appointment letter from the program director of the Graduate Medical Education (GME)

program verifying the applicant's acceptance in the program and the date the program commences;

- (f) If applicable, documentation verifying name change;
- (g) Proof that the applicant has taken and received a passing score on the United States Medical Licensing Examination Step 1 and both parts of Step 2 or the Comprehensive Osteopathic Medical Licensure Examination Levels 1 and 2;
- (h) The GME's attestation of accuracy and veracity;
- (i) Completed fingerprint record cards along with a signed consent form permitting an inquiry of local, state, national, and if applicable, international files for any criminal record;
- (j) Payment of the license fee plus the cost of the criminal background check; and
- (k) If requested, any additional information the Board considers necessary to properly evaluate the applicant's competence and character.

4611.7 Each GME program director shall submit to the Board by April 15th of each year a complete list of ACGME, AOA and Board approved programs within their training institution including the names, specialty training and participation year for all participants.

4611.8 Each GME program director shall review the application materials of each applicant, confirm that the applicant has been appointed to program and is in good standing with program, verify the immigration status of the applicant, and affix an attestation of the accuracy and veracity of the application contents submitted by applicant, before returning the materials to each applicant for submission to the Board.

4611.9 Medical training licenses shall be classified as follows:

- (a) Type I(A), who are qualifying applicants that are U.S. or Canadian trained medical postgraduate physicians;
- (b) Type I(B), who are qualifying applicants that are foreign trained postgraduate physicians enrolled in a residency program.; or
- (c) Type II, who are qualifying applicants that are foreign trained medical physicians participating in an ACGME, AOA or Board approved fellowship program.

4611.10 Type I licensure provides a path to full licensure in the District of Columbia. Approval of a Type II licensee for full licensure in the District of Columbia shall be contingent upon the applicant satisfying the requirements specified in § 4603.

4611.11 A postgraduate physician shall be supervised by a licensed physician who meets the following requirements:

(a) Is a member of the medical staff of the institution, agency, or organization that sponsors the clinical training program; and

(b) Is appointed to the teaching staff of the clinical training program.

4611.12 A Type I licensee may practice pursuant to this section for a maximum of five (5) years in a postgraduate clinical training program if the licensee has a valid agreement with the institution, organization, or agency sponsoring the clinical training program, provided that:

(a) The five (5) year period for graduates of U.S. and Canadian medical schools shall begin with the graduation date from medical school; and

(b) The five (5) year period for graduates of foreign medical schools, other than Canadian medical schools, shall begin at the beginning of an ACGME or AOA approved U.S. postgraduate training program.

4611.13 A postgraduate physician shall obtain a license to practice medicine in the District after five (5) years or the completion of a postgraduate clinical training program, which ever comes first.

4611.14 A student or a postgraduate physician shall identify himself or herself as such at all times when practicing medicine.

4611.15 A student or postgraduate physician shall comply with the standards of conduct for a licensed physician set forth in § 4612.

4611.16 A student or postgraduate physician may be disciplined for conduct that violates the Act or this chapter. The Board may deny an applicant a license, or take other disciplinary action against a student or postgraduate physician who is found to have violated the Act or this chapter, in accordance with Chapter 41 of this title.

4611.17 If the Board finds that a student or postgraduate physician has violated the Act or this chapter, the Board may, in addition to any other disciplinary action permitted by the Act, revoke, suspend, or restrict the privilege of the student or postgraduate physician to practice.

4611.18 For purposes of this section, "postgraduate physician" means a person who holds a degree in medicine or osteopathy, who is enrolled in a postgraduate clinical training program prior to licensure in any jurisdiction in the United States,

SOURCE: Final Rulemaking published at 35 DCR 5999, 6009 (August 5, 1988); as amended by Final Rulemaking published at 51 DCR 6028 (June 11, 2004); as amended by Final Rulemaking published at 52 DCR 6834 (July 22, 2005).

4611.19 A postgraduate physician shall be exempt from the payment of the licensure fee and the cost of the criminal background check, provided such postgraduate physician is participating in a short term, required, ACGME or AOA approved training program rotation of ninety (90) days or less. Such participants must enroll as medical training registrants with the Board prior to commencing the rotation. Such participants, if licensed in another state, have the option of either enrolling as medical training registrants or applying for full licensure in the District of Columbia.

- 4611.20 Medical training licensees, during the final six (6) months before completion of their training program, may apply for and receive full licensure from another state without having to apply for full licensure in the District of Columbia.
- 4611.21 A medical training license is a limited license to practice in a medical education training program. Holders may only practice within the confines of that program including the primary and affiliate sites. The license will issue for a period not to exceed one (1) year.

4612 STANDARDS OF CONDUCT

- 4612.1 A licensed physician shall maintain a record for each patient that accurately reflects the evaluation and treatment of each patient. These records shall be kept for three (3) years after last seeing the patient, or three (3) years after a minor patient reaches eighteen (18) years of age.
- 4612.2 Subject to §§ 4612.3 and 4612.4, a licensed physician shall provide to a patient or the patient's representative a copy of the patient's medical record at the request of the patient or the patient's representative within 30 days of the request according to the following:
- (a) A licensed physician may provide a summary report of the patient's medical record in Lieu of copying the record if the patient consents.
 - (b) A licensed physician may charge a reasonable fee for duplicating records and the fee may be required prior to providing the records in non-emergency situations.
- 4612.3 If a patient's record contains mental health information, as defined by § 101(11) of the District of Columbia Mental Health Information Act of 1978, D.C. Code § 6-2001(11), a licensed physician shall comply with the requirements of the Act in making a patient's records available to a patient or the patient's representative.
- 4612.4 A licensed physician shall not make available to a parent, guardian, or representative of a minor child a record of a minor child the disclosure of which without the child's consent is prohibited by law.
- 4612.5 A licensed physician shall not accept or perform professional responsibilities which the licensed physician is not competent to perform.
- 4612.6 A licensed physician shall not abandon a patient whose care a licensed physician has undertaken without giving notice to the patient far enough in advance of the discontinuation to allow the patient time to secure appropriate substitute care.
- 4612.7 A licensed physician shall not wilfully or carelessly disregard the health, welfare, or safety of a patient.
- 4612.8 A licensed physician shall conform to the prevailing standards of acceptable medical practice as determined by the Board or a peer review panel appointed by the Board.

SOURCE: Final Rulemaking published at 35 DCR 5999, 6011 (August 5, 1988); as amended by: Final Rulemaking published at 52 DCR 6837 (July 22, 2005).

4613 CREDENTIALING

- 4613.1 The Board may accept credentialing documentation from commercial or professional credentialing services that are certified as primary sources by the Joint Commission on Accreditation of Healthcare Organizations (JCAT3O) or other organizations the Board approves in its discretion.
- 4613.2 Any credentialing organizations that desire to provide services to applicants shall be pre-approved by the Board.
- 4613.3 The Board may deny approval of any credentialing organizations through its discretion for the following reasons:
- (a) The documents submitted for pre-approval are of poor quality;
 - (b) The organization has lost its certification as a primary source; and
 - (c) The Board is unable to verify the accuracy or authenticity of the credentials provided by the organization.

SOURCE: Final Rulemaking published at 52 DCR 6834 (July 22, 2005).

4614 CONTINUING EDUCATION REQUIREMENTS FOR PRACTICING PHYSICIANS

- 4614.1 Subject to § 4614.2, this section shall apply to actively practicing applicants for the renewal or reinstatement of a license for a term expiring December 31, 2006, and for subsequent terms.
- 4614.2 Physicians actively practicing medicine in the District of Columbia shall submit proof of having completed fifty (50) American Medical Association Physician Recognition Award (AMA/PRA) Category I hours of Board of Medicine approved continuing education credit during the two-year period preceding the date the license expires.
- 4614.3 For purposes of this section, a physician is actively practicing medicine if each calendar year the physician meets the following requirements:
- (a) Maintains a practice of one thousand (1,000) patient-visits per year;
 - (b) Is employed full-time in medical teaching, research, or administration; or
 - (c) Is employed part-time in medical teaching, research, or administration and maintains a practice of five-hundred (500) patient-visits per year.
- 4614.4 An applicant under this section shall prove completion of required continuing education credits by submitting with the application the following information:

- (a) The name of the program, its location, and a description of the subject matter covered;
- (b) The dates on which the applicant attended the program;
- (c) The hours of credit claimed; and
- (d) Verification of completion of the credits by signature or stamp of the sponsor.

4614.5 This section shall not apply to applicants for an initial license by national examination, reciprocity, or endorsement, nor shall it apply to applicants for the first renewal of a license granted by examination. Neither shall the requirement for continuing education apply to physicians specifically exempted due to:

- (a) Hardship;
- (b) Disability;
- (c) Serious illness;
- (d) Service in the United States Congress;
- (e) Military service or other circumstances as the Board deems appropriate if supported by adequate documentation acceptable to the Board; and
- (f) Postgraduate training pursuant to § 4611.

4614.6 Physicians seeking such an exemption shall submit a written request with appropriate documentation including a description of circumstances sufficient to justify such an exemption.

4614.7 A request for an exemption shall be submitted to the Board in a sufficient time period prior to the expiration of the license to receive a determination from the Board as to whether an exemption shall be granted.

4614.8 A physician suspended for disciplinary reasons shall not be exempt from from the requirements of this section.

SOURCE: Final Rulemaking published at 53 DCR 4796 (June 16, 2006).

4615 APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES

4615.1 Pursuant to §§ 4607.2, 4607.3, and 4607.5 the Board may, in its discretion, approve Category I continuing education programs and activities that contribute to the knowledge, skills, and professional performance and relationships that a physician uses to provide services to patients, the public or the profession and which meet the other requirements of this section.

4615.2 The Board shall periodically conduct a random audit of at least one percent (1%) of its active licensees to determine compliance. The physicians selected for the audit shall provide a completed Continuing Education Compliance Audit Form and all supporting documentation to the Board within thirty (30) days of receiving notification of the audit.

4615.3 Failure to comply with these continuing medical education requirements may subject the licensee to disciplinary action by the Board.

SOURCE: Final Rulemaking published at 53 DCR 4796 (June 16, 2006).

4616 STANDARDS FOR THE USE OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF PAIN

4616.1 A licensed physician shall prescribe, order, administer, or dispense controlled substances for pain only for a legitimate medical purpose based on accepted scientific knowledge of the treatment of pain or based on sound clinical grounds. All such prescribing shall be based on clear documentation of unrelieved pain and in compliance with applicable District or federal law.

4616.2 A licensed physician shall employ up-to-date treatment modalities in order to improve the quality of life for patients who suffer from pain as well as to reduce the morbidity and costs incurred by patients associated with untreated or inappropriately treated pain. For purposes of this section, "inappropriately treated pain" includes the following:

- (a) Non-treatment;
- (b) Under-treatment;
- (c) Over-treatment; and
- (d) The continued use of ineffective treatments.

4616.3 A licensed physician shall perform an evaluation of the patient by taking a complete medical history and performing a physical examination. The medical history and physical examination shall be documented in the medical record. The medical record shall contain a description of the following:

- (a) The nature and intensity of the patient's pain;
- (b) The patient's current and past treatments for pain;
- (c) The patient's underlying or coexisting diseases or conditions;
- (d) The effect of the pain on the patient's physical and psychological function;
- (e) A history of the patient's substance abuse if applicable; and

- (f) The presence of one or more recognized medical indications in the patient for the use of a controlled substance.

4616.4 A licensed physician shall maintain a written treatment plan which states the objectives used to determine treatment success, such as pain relief and improved physical and psychosocial function

4616.5 The treatment plan shall indicate if any further diagnostic evaluations or other treatments are planned.

4616.6 The physician shall adjust drug therapy to the individual medical needs of each patient after treatment begins.

4616.7 The physician shall consider other treatment modalities or a rehabilitation program if necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

4616.8 The physician shall discuss the risks and benefits of the use of controlled substances with the patient, person(s) designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent.

4616.9 If the patient is determined to be at high risk for medication abuse or have a history of substance abuse, the physician shall employ the use of a written agreement between the physician and patient outlining the patient's responsibilities, including, but not limited to:

- (a) Urine/serum medication levels screening when requested;
- (b) Number and frequency of all prescription refills; and
- (c) Reasons for which drug therapy may be discontinued, such as violation of an agreement.

4616.10 The physician shall do the following:

- (a) Review the course of treatment and any new information about the etiology of the pain at reasonable intervals based on the individual circumstances of the patient;
- (b) Continue or modify the pain therapy depending on the physician's evaluation of the patient's progress;
- (c) Reevaluate the appropriateness of continued treatment if treatment goals are not being achieved despite medication adjustments; and
- (d) Monitor the patient's compliance in medication usage and related treatment plans.

4616.11 The physician shall refer the patient, as necessary, to another physician for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those pain patients

who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion.

4616.12 The physician shall consult with or refer to an expert for management the following types of patients:

- (a) Patients with a history of substance abuse; or
- (b) Patients with comorbid psychiatric disorders that require extra care, monitoring, and documentation.

4616.13 The physician shall recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not the same as addiction.

4616.14 The physician shall keep accurate and complete records that include, but are not limited to:

- (a) The medical history and physical examination, including history of drug abuse or dependence, as appropriate;
- (b) Diagnostic, therapeutic, and laboratory results;
- (c) Evaluations and consultations;
- (c) Treatment objectives;
- (d) Discussion of risks and benefits;
- (e) Treatments;
- (f) Medications including date, type, dosage, and quantity prescribed;
- (g) Instructions and agreements; and
- (h) Periodic reviews.

4616.15 The physician shall maintain current records in an accessible manner that is readily available for review.

SOURCE: Final Rulemaking published at 53 DCR 837 (February 10, 2006).

4699 DEFINITIONS

4699.1 When used in this chapter, the following terms and phrases shall have the meanings ascribed:

Applicant - a person applying for a license to practice medicine under this chapter.

Board - the Board of Medicine, established by § 203(a) of the Act, D.C. Code § 2-3302.3 (1987 Supp.).

Category I - structured activities receiving an American Medical Association Physicians Recognition Award (AMA/PRA) that are designated by an organization approved by the Accreditation Council for Continuing Medical Education (ACCME) or the American Osteopathic Association (AOA).

Chronic pain - a pain state that is persistent.

Licensed physician - a physician licensed under the Act.

Pain - an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Physician - a person holding a degree in medicine or osteopathy.

Postgraduate physician - a person who holds a degree in medicine or osteopathy who is enrolled in a postgraduate clinical training program prior to licensure in any jurisdiction in the United States.

Substance abuse - the use of any substance for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

4699.2 The definitions in § 4099 of chapter 40 of this title are incorporated by reference into and are applicable to this title.

SOURCE: Final Rulemaking published at 35 DCR 5999, 6012 (August 5, 1988); as amended by Final Rulemaking published at 53 DCR 837 (February 10, 2006); as amended by Final Rulemaking published at 53 DCR 4796, 4798 (June 16, 2006).