

CHAPTER 25. STATE BOARD OF OSTEOPATHIC MEDICINE

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Authority

The provisions of this Chapter 25 issued under the act of March 19, 1909 (P.L. 46, No. 29) (63 P.S. § 270) (Repealed), unless otherwise noted.

Source

The provisions of this Chapter 25 adopted October 29, 1969, unless otherwise noted.

Law Reviews

1994 Regulatory Review: Final Regulations of 1994, 4 Widener J. Public L. 917 (1995).

Cross References

This chapter cited in 25 Pa. Code § 215.24 (relating to human use); 28 Pa. Code § 107.12a (relating to specified professional personnel—statement of policy); 49 Pa. Code § 18.304 (relating to licensure of respiratory therapists; practice; exceptions); 49 Pa. Code § 23.34 (relating to professional corporations); 49 Pa. Code § 29.27 (relating to permitted business practices); 49 Pa. Code § 41.26 (relating to professional corporations); 49 Pa. Code § 47.21 (relating to professional corporations); and 55 Pa. Code § 1101.42a (relating to policy clarification regarding physician licensure—statement of policy).

Subchapter A. GENERAL PROVISIONS

Sec.	
25.1.	Definitions.
25.2.	Admission to practice osteopathic medicine and surgery.
25.3.	Applicability of general rules.

Cross References

This subchapter cited in 52 Pa. Code § 56.2 (relating to definitions); and 52 Pa. Code § 56.252 (relating to definitions).

§ 25.1. Definitions.

The following words and terms, when used in this chapter, have the following meanings unless the context clearly indicates otherwise:

ACCME—The Accreditation Council on Continuing Medical Education.

AMA PRA—American Medical Association Physician's Recognition Award.

AOA—The American Osteopathic Association.

Act—The Osteopathic Medical Practice Act (63 P.S. §§ 271.1—271.18).

Agreement of affiliation—A written document evidencing the agreement between an approved hospital and an urgent care center, emergency center, sur-

gicenter, office of a private practitioner or other health care facility for the training of osteopathic interns, residents or fellows.

Approved activity—A continuing medical education activity accepted for AOA credit, ACCME credit or AMA PRA credit.

Approved graduate osteopathic medical training—An approved internship or an approved residency.

Approved internship—An osteopathic rotating internship program approved by the AOA and the Board.

Approved residency—A training program approved by the AOA and the Board leading toward certification in a specialty or subspecialty.

Board—State Board of Osteopathic Medicine.

Board-regulated practitioner—An osteopathic physician, physician assistant, respiratory therapist or licensed athletic trainer or an applicant for a license or certificate issued by the Board.

Bureau—Bureau of Professional and Occupational Affairs of the Department of State of the Commonwealth.

Category 1 activities—Continuing medical education activities approved for AOA Category 1-A credit, AOA Category 1-B credit, ACCME Category 1 credit or AMA PRA Category 1 credit.

Category 2 activities—Continuing medical education activities approved for AOA Category 2 credit, ACCME Category 2 credit or AMA PRA Category 2 credit.

Emergency medical services personnel—Individuals who deliver emergency medical services and who are regulated by the Department of Health under the Emergency Medical Services Act (35 P. S. §§ 6921—6938).

FLEX—The uniform written examination of the Federation of State Medical Boards of the United States, Inc.

Immediate family member—A parent, a spouse, a child or an adult sibling residing in the same household.

NBOME—The National Board of Osteopathic Medical Examiners.

National Board Examination—The uniform written examination of the NBOME.

Authority

The provisions of this § 25.1 amended under sections 2, 3, 7.1, 10(d), 13.1(a) and (d) and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.2, 271.3, 271.7a, 271.10(d), 271.13a(a) and (d) and 271.16); section 902(b) of the Health Care Services Malpractice Act (40 P.S. § 1301.902(b)); amended under section 910 of the Medical Care Availability and Reduction of Error Act (40 P.S. § 1303.910).

Source

The provisions of this § 25.1 adopted October 29, 1969; amended January 20, 1989, effective January 21, 1989, 19 Pa.B. 236; amended January 10, 1992, effective January 11, 1992, 22 Pa.B. 209; amended December 16, 1994, effective December 17, 1994, 24 Pa.B. 6296; amended December 3, 2004, effective December 4, 2004, 34 Pa.B. 6414; amended May 20, 2005, effective May 21, 2005, 35 Pa.B. 3021; amended April 19, 2013, effective April 20, 2013, 43 Pa.B. 2147. Immediately preceding text appears at serial pages (328711) to (328712).

Cross References

This section cited in 49 Pa. Code § 25.509b (relating to approved educational programs).

§ 25.2. Admission to practice osteopathic medicine and surgery.

Admission to the practice of osteopathic medicine and surgery in this Commonwealth is granted by the Board to applicants who fulfill the applicable requirements of the act and Subchapter G (relating to licensing, education and graduate training).

Authority

The provisions of this § 25.2 amended under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.2 adopted October 29, 1969; amended January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (141028).

§ 25.3. Applicability of general rules.

(a) Under 1 Pa. Code § 31.1 (relating to scope of part), 1 Pa. Code Part II (relating to general rules of administrative practice and procedure) is applicable to formal proceedings before the Board.

(b) Board delegations of specific cases to a hearing examiner shall be made under sections 901—907 of the Health Care Services Malpractice Act (40 P. S. §§ 1301.901—1301.907) and proceedings shall be conducted in compliance with the requirements of that statute. The rules at 1 Pa. Code Part II apply if not inconsistent with that statute.

Authority

The provisions of this § 25.3 amended under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.3 adopted January 30, 1976, effective January 31, 1976, 6 Pa.B. 159; amended January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (141028).

Subchapter B. [Reserved]

Sec.
25.11. [Reserved].
25.12. [Reserved].
25.21. [Reserved].
25.22. [Reserved].
25.23. [Reserved].
25.31. [Reserved].
25.32. [Reserved].
25.33. [Reserved].
25.34. [Reserved].
25.41. [Reserved].
25.42. [Reserved].

§ 25.11. [Reserved].

Source

The provisions of this § 25.11 adopted October 29, 1969; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (133204).

§ 25.12. [Reserved].

Source

The provisions of this § 25.12 adopted October 29, 1969; amended January 20, 1989, effective January 21, 1989, 19 Pa.B. 236; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (133204).

§ 25.21. [Reserved].**Source**

The provisions of this § 25.21 adopted October 29, 1969; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (135661).

§ 25.22. [Reserved].**Source**

The provisions of this § 25.22 adopted October 29, 1969; amended January 20, 1989, effective January 21, 1989, 19 Pa.B. 236; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (135662).

§ 25.23. [Reserved].**Source**

The provisions of this § 25.23 adopted October 29, 1969; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (135662).

§ 25.31. [Reserved].**Source**

The provisions of this § 25.31 adopted October 29, 1969; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (135663).

§ 25.32. [Reserved].**Source**

The provisions of this § 25.32 adopted October 29, 1969; amended January 20, 1989, effective January 21, 1989, 19 Pa.B. 236; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (135663).

§ 25.33. [Reserved].**Source**

The provisions of this § 25.33 adopted October 29, 1969; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (135664).

§ 25.34. [Reserved].**Source**

The provisions of this § 25.34 adopted October 29, 1969; amended January 20, 1989, effective January 21, 1989, 19 Pa.B. 236; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (135664).

§ 25.41. [Reserved].**Source**

The provisions of this § 25.41 adopted October 29, 1969; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial pages (135664), (133209) and (119289).

§ 25.42. [Reserved].**Source**

The provisions of this § 25.42 adopted October 20, 1978, effective October 21, 1978, 8 Pa.B. 2880; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (119289).

§ 25.43. [Reserved].**Source**

The provisions of this § 25.43 adopted October 20, 1978, effective October 21, 1978, 8 Pa.B. 2880; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial pages (119289) to (119290).

§ 25.44. [Reserved].**Source**

The provisions of this § 25.44 adopted October 20, 1978, effective October 21, 1978, 8 Pa.B. 2880; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (119290).

§ 25.45. [Reserved].**Source**

The provisions of this § 25.45 adopted October 20, 1978, effective October 21, 1978, 8 Pa.B. 2880; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (119291).

§ 25.46. [Reserved].**Source**

The provisions of this § 25.46 adopted October 20, 1978, effective October 21, 1978, 8 Pa.B. 2880; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial pages (119292) to (119293).

§ 25.47. [Reserved].**Source**

The provisions of this § 25.47 adopted October 20, 1978, effective October 21, 1978, 8 Pa.B. 2880; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial pages (119293) to (119294).

§ 25.48. [Reserved].**Source**

The provisions of this § 25.48 adopted October 20, 1978, effective October 2, 1978, 8 Pa.B. 2880; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (119294).

§ 25.49. [Reserved].**Source**

The provisions of this § 25.49 adopted October 20, 1978, effective October 21, 1978, 8 Pa.B. 2880; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial pages (119294) and (135665).

§ 25.51. [Reserved].**Source**

The provisions of this § 25.51 adopted October 29, 1969; amended January 20, 1989, effective January 21, 1989, 19 Pa.B. 236; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (135665).

§ 25.52. [Reserved].**Source**

The provisions of this § 25.52 adopted October 29, 1969; amended January 20, 1989, effective January 21, 1989, 19 Pa.B. 236; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial pages (135665) to (135666).

§ 25.61. [Reserved].**Source**

The provisions of this § 25.52 adopted October 29, 1969; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (135666) and (119297).

§ 25.62. [Reserved].**Source**

The provisions of this § 25.62 adopted October 29, 1969; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (119297).

§ 25.71. [Reserved].**Source**

The provisions of this § 25.71 adopted October 29, 1969; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial pages (119297) to (119298).

§ 25.81. [Reserved].**Source**

The provisions of this § 25.81 adopted December 3, 1976, effective December 4, 1976, 6 Pa.B. 2984; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial pages (119298) and (133213).

§ 25.82. [Reserved].**Source**

The provisions of this § 25.82 adopted December 3, 1976, effective December 4, 1976, 6 Pa.B. 2984; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (133213).

§ 25.83. [Reserved].**Source**

The provisions of this § 25.83 adopted December 3, 1976, effective December 4, 1976, 6 Pa.B. 2984; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial pages (133213) to (133214).

§ 25.84. [Reserved].**Source**

The provisions of this § 25.84 adopted December 3, 1976, effective December 4, 1976, 6 Pa.B. 2984; reserved January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial page (133214).

Subchapter C. PHYSICIAN ASSISTANT PROVISIONS**GENERAL PROVISIONS**

- Sec.
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25.142. Definitions.

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- 25.161. Criteria for licensure as a physician assistant.
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Cross References

This subchapter cited in 28 Pa. Code § 107.12a (relating to specified professional personnel—statement of policy); 52 Pa. Code § 56.2 (relating to definitions); and 52 Pa. Code § 56.252 (relating to definitions).

GENERAL PROVISIONS

§ 25.141. Purpose.

The purpose of this subchapter is to implement the provisions of the act which provide for the licensure of physician assistants. The legislation provides for more effective utilization of certain skills of osteopathic physicians enabling them to delegate certain medical tasks to qualified physician assistants when such delegation is consistent with the patient's health and welfare.

Authority

The provisions of this § 25.141 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.10(h) and 271.16); amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.141 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial page (344828).

§ 25.142. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Certification—The approval of a program by the Board for the training and education of physician assistants.

Direct supervision—The physical presence of the supervising physician on the premises so that the supervising physician is immediately available to the physician assistant when needed. Where emergency rooms are concerned, direct supervision requires the presence of the supervising physician in the emergency room suite.

NCCPA—The National Commission on Certification of Physician Assistants, the organization recognized by the Board to certify and recertify physician assistants by requiring continuing education and examination.

Protocol—Written treatment instructions prepared by the supervising osteopathic physician for use by the physician assistant, containing a detailed description of the manner in which the physician assistant will assist the physician in his practice, a list of functions to be delegated to the physician assistant including the procedures enumerated in § 25.171(a) (relating to generally) and other specified delegated tasks, detailed instructions for the use of the physician assistant in the performance of delegated tasks, the method and frequency of supervision and the geographic location where the physician assistant will serve.

Registration—The approval by the Board of an osteopathic physician, licensed to practice osteopathic medicine and surgery without restriction, to supervise and utilize a specified physician assistant.

Satellite operations—An office or clinic separate and apart from the office of the supervising physician established by the physician and manned exclusively by a physician assistant.

Supervising physician—A physician licensed to practice osteopathic medicine and surgery in this Commonwealth who registers with the Board and who accepts the responsibility for the supervision of services rendered by physician assistants.

Supervision—The opportunity or ability of the physician, or in his absence a substitute supervising physician, to provide or exercise control and direction over the services of physician assistants. Constant physical presence of the supervising physician on the premises is not required so long as the supervising physician and the physician assistant are or can easily be in contact with each other by radio, telephone or telecommunication. Supervision requires the

availability of the supervising physician to the physician assistant. An appropriate degree of supervision includes:

- (i) Active and continuing overview of the physician assistant's activities to determine that the physician's directions are being implemented.
- (ii) Immediate availability of the supervising physician to the physician assistant for necessary consultations.
- (iii) Personal and regular—at least weekly—review by the supervising physician of the patient records upon which entries are made by the physician assistant.
- (iv) Periodic—at least monthly—education and review sessions held by the supervising physician for the physician assistant under his supervision for discussion of specific conditions, protocols, procedures and specific patients.

Written agreement—The agreement between the physician assistant and supervising physician, which satisfies the requirements of § 25.162(a)(4) (relating to criteria for registration as supervising physician).

Authority

The provisions of this § 25.142 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and (p) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and (p) and 271.16); amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.142 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332; amended January 10, 1992, effective January 11, 1992, 22 Pa.B. 209; amended August 7, 2009, effective August 8, 2009, 39 Pa.B. 4754; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial pages (344829) to (344830)

Cross References

This section cited in 49 Pa. Code § 33.205b (relating to practice as a public health dental hygiene practitioner).

PHYSICIAN ASSISTANT EDUCATIONAL PROGRAM

§ 25.151. Certification of physician assistant educational programs.

(a) Subject to the exceptions provided for by section 10(f)(2) of the act (63 P. S. § 271.10(f)(2)), only physician assistant education programs certified by the Board will be considered toward the training and education requirements for physician assistant certification.

(b) The criteria for certification by the Board of physician assistant educational programs is currently identical to the criteria developed by the Committee on Health Education and Accreditation of the American Medical Association. The Board will develop criteria for certification of physician assistant educational programs after consulting with and receiving advice from organizations and accrediting agencies as deemed appropriate by the Board.

(c) Other physician assistant educational programs seeking certification may be submitted to the Board for review and approval.

Authority

The provisions of this § 25.151 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16).

Source

The provisions of this § 25.151 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332.

§ 25.152. Listing of certified physician assistant educational programs.

The Board will maintain a current register of the programs meeting the Board's criteria for physician assistant accredited education. The register will list the full name of the program, the institution of which it is a part, the program director, the mailing address of the institution and the date of accreditation. This register is available for public inspection.

Authority

The provisions of this § 25.152 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16).

Source

The provisions of this § 25.152 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332.

LICENSURE OF PHYSICIAN ASSISTANTS AND REGISTRATION OF SUPERVISING PHYSICIANS**§ 25.161. Criteria for licensure as a physician assistant.**

(a) The Board has approved as a proficiency examination the national certification examination on primary care developed by the NCCPA. The Board will maintain a current register of approved proficiency examinations. This register will list the full name of the examination, the organization giving the examination, the mailing address of the examination organization and the date the proficiency examination received Board approval. This register shall be available for public inspection.

(b) The clinical experience required by the Board is at present identical to the clinical experience required by the NCCPA for taking the NCCPA examination on primary care. To qualify for an NCCPA proficiency examination, the applicant's employment history must be verified by the NCCPA in cooperation with the Board and must be evaluated by the NCCPA in relation to specific work criteria.

(c) The Board will approve for licensure as a physician assistant an applicant who:

- (1) Is of good moral character and reputation.
- (2) Has graduated from a physician assistant training program certified by the Board.

- (3) Has submitted a completed application detailing his education and work experience, together with the required fee.
- (4) Has passed a proficiency examination approved by the Board.
- (d) The physician assistant may amend information regarding his education and work experience submitted under the requirements of subsection (c)(3), by submitting to the Board in writing additional detailed information. No additional fee will be required. The file for each physician assistant will be reviewed by the Board to determine whether the physician assistant possesses the necessary skills to perform the tasks that a physician, applying for registration to supervise and utilize the physician assistant, intends to delegate to him as set forth in the protocol contained in the physician's application for registration.
- (e) A person who has been licensed as a physician assistant by the State Board of Medicine shall make a separate application to the Board if he intends to provide physician assistant services for a physician licensed to practice osteopathic medicine and surgery without restriction.
- (f) An application for licensure as a physician assistant by the Board may be obtained by writing to the Harrisburg office of the Board.

Authority

The provisions of this § 25.161 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16); amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.161 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial pages (344831) to (344832).

§ 25.162. Criteria for registration as supervising physician.

- (a) The Board will approve for registration as a supervising physician, an applicant who:
- (1) Possesses a current unrestricted license to practice osteopathic medicine and surgery in this Commonwealth.
 - (2) Has submitted a completed application together with the required fee. The application shall require detailed information regarding the physician's professional background and specialties, medical education, internship, residency, continuing education, membership in American Boards of medical specialty, hospital or staff privileges and other information the Board may require.
 - (3) Has submitted a statement that he will direct and exercise supervision over the physician assistant in accordance with the provisions of this subchapter and that he recognizes that he retains full professional and legal responsibility for the performance of the physician assistant and the care and treatment of his patients.

- (4) Has submitted a written agreement that satisfies the following requirements. The agreement must:
- (i) Identify and be signed by the physician assistant and each physician the physician assistant will be assisting who will be acting as a supervising physician. At least one physician shall be an osteopathic physician.
 - (ii) Describe in detail the manner in which the physician assistant will be assisting each named physician. The description must list functions to be delegated to the physician assistant including the procedures enumerated in § 25.171(a) (relating to generally) and other delegated tasks.
 - (iii) Describe detailed instructions for the use of the physician assistant in the performance of delegated tasks.
 - (iv) Describe the time, place and manner, method and frequency of supervision and direction each named physician will provide the physician assistant, including the frequency of personal contact with the physician assistant.
 - (v) Designate one of the named physicians who shall be an osteopathic physician as the primary supervising physician.
 - (vi) Require that the supervising physician shall countersign the patient record completed by the physician assistant within a reasonable amount of time. This time period may not exceed 10 days.
 - (vii) Identify the locations and practice settings where the physician assistant will serve.
 - (viii) Provide the name, address and telephone number of at least two physicians who can substitute for the applicant when he is either absent or otherwise unavailable.
- (b) An application for registration as a supervising physician shall be submitted for each physician assistant the physician intends to utilize and shall be accompanied by the fee required by § 25.231 (relating to schedule of fees). A physician may not be registered to supervise more than two physician assistants at any time. To expand the protocol for a physician assistant for whom the physician is already registered to supervise and utilize, the physician shall first secure approval from the Board. This can be accomplished by the physician submitting to the Board, in writing, a request for modification of the physician assistant utilization which enumerates the expanded manner in which the physician assistant will function and which contains additional instructions for the use of the physician assistant and other information pertinent to the intended departure from the former manner of practice, method and frequency of supervision, or geographic location. The fee required is that specified for initial registration in § 25.231. The Board will notify the physician, in writing, as to its approval or rejection of the requested modification. Departure from the original protocol is not permitted until the Board approves the request for modification.
- (c) After the physician submits an initial application for registration as a supervising physician, which conforms with the requirements of subsection (a),

for a second application and ensuing applications for registration, the physician shall only submit an abbreviated application which will be provided by the Board upon request. Only additions and deletions to the information provided in the initial application will be required.

(d) If the applicant supervising physician plans on utilizing physician assistants in satellite operations, he shall provide the Board with supplemental information as set forth in § 25.175 (relating to physician assistants and satellite operations) for specific approval.

(e) An application for registration as a supervising physician may be obtained by writing to the Harrisburg office of the Board.

Authority

The provisions of this § 25.162 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and (p) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and (p) and 271.16); amended under section 13.1(a) and (d) of the Osteopathic Medical Practice Act (63 P. S. § 271.13a(a) and (d)).

Source

The provisions of this § 25.162 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332; amended January 20, 1989, effective January 21, 1989, 19 Pa.B. 236; amended August 7, 2009, effective August 8, 2009, 39 Pa.B. 4754. Immediately preceding text appears at serial pages (210036) and (222987).

Cross References

This section cited in 49 Pa. Code § 25.142 (relating to definitions); 49 Pa. Code § 25.173 (relating to documentation and protocols required); and 49 Pa. Code § 25.174 (relating to supervision of the physician assistant in the absence of the supervising physician).

§ 25.163. Approval and effect of licensure; biennial renewal of physician assistants; registration of supervising physicians.

(a) Upon approval of an application for licensure as a physician assistant, the Board will issue a physician assistant license which contains the licensee's name, license number and the date of issuance, after payment of the fee required under § 25.231 (relating to schedule of fees).

(b) A physician assistant's right to continue practicing is conditioned upon biennial renewal and the payment of the fee required under § 25.231. Upon receipt of the form provided to the physician assistant by the Board in advance of the renewal period and the required fee, the Board will issue the physician assistant a biennial renewal certificate containing the licensee's name, license number and the beginning and ending dates of the biennial renewal period.

(c) To be eligible for renewal of a physician assistant license, the physician assistant shall complete continuing medical education as required by NCCPA and maintain National certification by completing current certification and recertification mechanisms available to the profession, identified on NCCPA's web site and recognized by the Board. The Board recognizes certification through NCCPA and

its successor organizations and certification through any other National organization for which the Board publishes recognition of the organization's certification of physician assistants on the Board's web site.

(d) Upon approval of an application for registration as a supervising physician, the Board will issue a supervising physician registration certificate which contains the name of the supervising physician, his registration number and the name of the physician assistant that he is authorized to supervise under that specific registration. The registration is not subject to renewal. When the physician submits a request to modify a protocol with respect to a physician assistant he is already registered to utilize, no new registration certificate will be issued; however, the physician will receive a letter from the Board confirming its approval of the expanded utilization.

(e) Only a physician registered with the Board may use the services of physician assistants. A physician assistant shall have a clearly identified supervising physician who is professionally and legally responsible for the physician assistant's services. Whenever a physician assistant is employed by a professional corporation or partnership, an individual physician must still register as the supervising physician. Each member of a professional corporation or partnership may register as a supervising physician. When a physician assistant is employed by a professional corporation or partnership, the registered supervising physician is not relieved of the professional and legal responsibility for the care and treatment of patients attended by the physician assistant under his supervision.

(f) The Board will keep a current register of persons licensed as physician assistants. This register will include the name of each physician assistant, the physician assistant's mailing address of record, current business address, the date of initial licensure, biennial renewal record and current supervising physician. This register is available for public inspection.

(g) The Board will keep a current register of approved registered supervising physicians. This register will include the physician's name, his mailing address of record, his current business address, the date of his initial registration, his satellite operation if applicable, the names of current physician assistants under his supervision and the names of physicians willing to provide substitute supervision in his absence. This register will be available for public inspection.

Authority

The provisions of this § 25.163 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16); amended under sections 10(f) and (h), 10.1(c), 10.2(f), 13.1(a) and (d) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f), 271.13a(a) and (d) and 271.16).

Source

The provisions of this § 25.163 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332; amended January 20, 1989, effective January 21, 1989, 19 Pa.B. 236; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial pages (344834) to (344835).

§ 25.164. Professional liability insurance coverage for licensed physician assistants.

(a) A licensed physician assistant shall maintain a level of professional liability insurance coverage as required under section 10(g.3) of the act (63 P. S. § 271.10(g.3)).

(b) Proof of professional liability insurance coverage may include:

(1) A certificate of insurance or copy of the declaration page from the applicable insurance policy setting forth the effective date, expiration date and dollar amounts of coverage.

(2) Evidence of a plan of self-insurance approved by the Insurance Commissioner of the Commonwealth under regulations of the Insurance Department in 31 Pa. Code Chapter 243 (relating to medical malpractice and health-related self-insurance plans).

(c) A license that was issued in reliance upon a letter from the applicant's insurance carrier indicating that the applicant will be covered against professional liability effective upon the issuance of the applicant's license as permitted under section 10(g.3)(2) of the act will become inactive as a matter of law 30 days after issuance of the license if the licensee has not provided proof of professional liability insurance coverage and will remain inactive until the licensee provides proof of insurance coverage.

(d) A licensee who does not have professional liability insurance coverage as required under section 10(g.3) of the act may not practice as a physician assistant in this Commonwealth.

Authority

The provisions of this § 25.164 issued under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.164 adopted January 31, 2014, effective February 1, 2014, 44 Pa.B. 589.

PHYSICIAN ASSISTANT UTILIZATION**§ 25.171. Generally.**

(a) The physician assistant shall, under appropriate direction and supervision by a physician, augment the physician's data gathering abilities to assist the supervising physician in reaching decisions and instituting care plans for the physician's patients. The physician assistant shall have as a minimum, the knowledge

and competency to perform the following functions and should under appropriate supervision be permitted by the Board to perform them. This list is not intended to be specific or all-inclusive:

- (1) Screen patients to determine need for medical attention.
- (2) Review patient records to determine health status.
- (3) Take patient history.
- (4) Perform a physical examination.
- (5) Perform a development screening examination on children.
- (6) Record pertinent information data.
- (7) Make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem or the follow-up evaluation of a previously diagnosed and stabilized condition.
- (8) Prepare patient summaries.
- (9) Initiate request for commonly performed initial laboratory studies.
- (10) Collect specimens for and carry out commonly performed blood, urine and stool analyses and cultures.
- (11) Identify normal and abnormal findings on history, physical examination and commonly performed laboratory studies.
- (12) Initiate appropriate evaluation and emergency management for emergency situations, for example, cardiac arrest, respiratory distress, injuries, burns, hemorrhage.
- (13) Perform clinical procedures such as:
 - (i) Venipuncture.
 - (ii) Intradermal tests.
 - (iii) Electrocardiogram.
 - (iv) Care and suturing of minor lacerations.
 - (v) Casting and splinting.
 - (vi) Control of external hemorrhage.
 - (vii) Application of dressings and bandages.
 - (viii) Administration of medications with the exception of controlled substances, whole blood and blood components.
 - (ix) Removal of superficial foreign bodies.
 - (x) Cardio-pulmonary resuscitation.
 - (xi) Audiometry screening.
 - (xii) Visual screening.
 - (xiii) Carrying out aseptic and isolation techniques.
- (14) Provide counseling and instruction regarding common patient problems.
 - (b) The tasks physician assistants may perform are those which require technical skills, execution of standing orders, routine patient care tasks and such diagnostic and therapeutic procedures as the supervising physician may wish to delegate to the physician assistant after the supervising physician has satisfied himself as to the ability and competence of the physician assistant. The supervis-

ing physician may, with due regard to the safety of the patient and in keeping with sound medical practice, delegate to the physician assistant, subject to prior approval by the Board, such medical procedures and other tasks as are usually performed within the normal scope of the supervising physician's practice and subject to the limitations set forth in this subchapter, the act and the training and expertise of the physician assistant.

Authority

The provisions of this § 25.171 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and (p) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and (p) and 271.16).

Source

The provisions of this § 25.171 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332.

Cross References

This section cited in 49 Pa. Code § 25.142 (relating to definitions); and 49 Pa. Code § 25.162 (relating to criteria for registration as supervising physician).

§ 25.172. Prohibitions.

(a) A supervising physician may not permit a physician assistant to independently practice medicine. Supervision shall be maintained at all times.

(b) A physician assistant may not:

(1) Maintain or manage an office separate and apart from the supervising physician's primary office for treating patients unless the Board has granted the supervising physician specific permission to establish a satellite operation under § 25.175 (relating to physician assistants and satellite operations).

(2) Independently bill patients for services provided.

(3) Independently delegate a task assigned to him by his supervising physician to another individual; list his name independently in a telephone directory or otherwise advertise, using the title "Physician Assistant" or "P.A." or another term in a manner which would indicate that he functions as an independent health care provider.

(4) Perform acupuncture.

(5) Pronounce a patient dead.

Authority

The provisions of this § 25.172 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act; amended under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.172 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332; amended January 10, 1992, effective January 11, 1992, 22 Pa.B. 209. Immediately preceding text appears at serial pages (119310) to (119311).

§ 25.173. Documentation and protocols required.

The supervising physician shall monitor and supervise the activities of the physician assistant and review documentation prepared by the physician assistant which should include organized medical records with symptoms, pertinent physical findings, impressions and treatment plans indicated. Also the supervising physician shall provide written protocols for the use of the physician assistant in the performance of delegated tasks. These established protocols may be modified to require additional steps to be followed by the physician assistant in the performance of delegated tasks. The modifications do not require prior approval by the Board. However, an expansion of the protocol to provide for the delegation of additional services or responsibilities does require prior approval by the Board as set forth in § 25.162(c) (relating to criteria for registration as supervising physician). The established protocol shall be available for public inspection upon request and may be reviewed by the Board or its agents without prior notice.

Authority

The provisions of this § 25.173 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16).

Source

The provisions of this § 25.173 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332.

§ 25.174. Supervision of the physician assistant in the absence of the supervising physician.

(a) If the registered supervising physician absents himself in such a manner or to such an extent that he is unavailable to aid the physician assistant when required, the registered supervising physician may not delegate patient care to his physician assistant unless he has made appropriate arrangements for substitute supervision. Supervision and review of the physician assistant's practice by a substitute supervising physician may be no less encompassing and provide for no less personal contact than the supervision and review provided by the registered supervising physician.

(b) As set forth in § 25.162(a)(4) (relating to criteria for registration as supervising physician), the supervising physician shall provide the Board with the names of at least two physicians who are willing to assume the supervising responsibilities in his absence. The supervising physician will be notified by the Board upon issuance of his registration whether any of his delegated substitutes are unacceptable to the Board. Substitute supervision may be provided by another registered supervising physician without the need to notify the Board so long as such substitution is documented by the registered supervising physician. It is the responsibility of the designated supervising physician to insure that supervision

is maintained in his absence. Failure to do so may provide grounds for revocation of his registration as a supervising physician.

(c) Service as a substitute supervising physician, at a given time, for the physician assistants registered to assist one other supervising physician, may not be considered with respect to the prohibition against a physician supervising more than two physician assistants at a time. The duration of substitute supervision may not be so excessive as to circumvent this prohibition.

(d) An allopathic physician may serve as a substitute supervising physician, but while serving in such capacity, he shall be subject to the standards imposed upon substitute supervising physicians as set forth in this chapter.

Authority

The provisions of this § 25.174 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16).

Source

The provisions of this § 25.174 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332.

§ 25.175. Physician assistants and satellite operations.

(a) No physician assistant may be permitted to be utilized in an office or clinic separate and apart from the supervising physician's primary place for meeting patients unless the supervising physician has obtained specific approval from the Board. A supervising physician may supervise only one satellite operation. The criteria for granting approval is that the supervising physician demonstrate the following to the satisfaction of the Board:

(1) That the physician assistant will be utilized in an area of medical need recognized by the Board.

(2) That there is adequate provision for direct communication between the physician assistant and the supervising physician and that the distance between the main office and the satellite operation is not so great as to prohibit or impede appropriate support services.

(3) That provision is made for the supervising physician to see each regular patient every fifth visit, except for those patients referred to in paragraph (5).

(4) That the supervising physician will visit the remote office at least weekly and spend enough time on-site to provide supervision and personally review the records of each patient seen by the physician assistant in this setting.

(5) That the supervising physician will see every child patient from infancy to 2 years of age at least every third visit, and from 2 years of age to 18 years of age, at least every other visit.

(6) That the physician assistant to be utilized in the satellite office has been employed by a Pennsylvania Board approved supervising physician in his primary office for at least 1 year.

(b) Appropriate records of patient and supervisory contact shall be maintained and available for Board review. Failure to maintain the standards required for such an operation under the criteria listed in subsection (a) may result not only in the loss of the privilege to maintain a satellite operation but may result in the revocation of the supervising physician's registration and license.

Authority

The provisions of this § 25.175 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16).

Source

The provisions of this § 25.175 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332.

Cross References

This section cited in 49 Pa. Code § 25.162 (relating to criteria for registration as supervising physician); and 49 Pa. Code § 25.172 (relating to prohibitions).

§ 25.176. Monitoring and review of physician assistant utilization.

(a) Designated representatives of the Board will be authorized to make on-site visits to the office of registered supervising physicians and medical care facilities utilizing physician assistants to review the following:

- (1) Supervision of physician assistants.
- (2) Maintenance of the protocols and compliance with them.
- (3) Utilization in conformity with the provisions of this subchapter.
- (4) Identification of physician assistants.
- (5) Compliance with certification and registration requirements.

(b) Reports shall be submitted to the Board and become a permanent record under the supervising physician's registration. Deficiencies reported shall be reviewed by the Board and may provide a basis for disciplinary action against the license of the physician assistant and the license or registration, or both, of the supervising physician.

(c) The Board reserves the right to review physician assistant utilization and records associated therewith, including patient records, without prior notice to either the physician assistant or the registered supervising physician. It will be considered a violation of this subchapter for a supervising physician to refuse to undergo a review by the Board.

Authority

The provisions of this § 25.176 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16); amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.176 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial page (344840).

§ 25.177. Prescribing and dispensing drugs, pharmaceutical aids and devices.**(a) Prescribing, dispensing and administration of drugs.**

(1) The supervising physician may delegate to the physician assistant the prescribing, dispensing and administering of drugs and therapeutic devices.

(2) A physician assistant may not prescribe or dispense Schedule I controlled substances as defined under section 4 of The Controlled Substances, Drug, Device and Cosmetic Act (35 P. S. § 780-104).

(3) A physician assistant may prescribe a Schedule II controlled substance for initial therapy, up to a 72-hour dose. The physician assistant shall notify the supervising physician of the prescription as soon as possible, but in no event longer than 24 hours from the issuance of the prescription. The physician assistant shall have no authority to prescribe a Schedule II controlled substance after the initial therapy of up to a 72-hour dose, until the patient has been examined by the supervising physician and the supervising physician has reviewed and approved the prescription of a Schedule II controlled substance by the physician assistant for up to a 30-day supply.

(i) If the supervising physician determines and documents that the patient is chronically ill, the physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply of the Schedule II controlled substance, only if the prescription of a Schedule II controlled substance by the physician assistant is reviewed and approved by the supervising physician at least every 30 days.

(ii) If the supervising physician determines and documents that the patient is terminally ill, the physician assistant may write a prescription for a Schedule II controlled substance for up to a 30-day supply if the prescription of a Schedule II controlled substance by the physician assistant is reviewed and approved by the supervising physician at least every 120 days.

(iii) The prescription must clearly state on its face that it is for initial or ongoing therapy.

(4) A physician assistant may only prescribe or dispense a drug for a patient who is under the care of the physician responsible for the supervision

of the physician assistant and only in accordance with the supervising physician's instructions and written agreement.

(5) A physician assistant may request, receive and sign for professional samples and may distribute professional samples to patients.

(6) A physician assistant authorized to prescribe or dispense, or both, controlled substances shall register with the Drug Enforcement Administration (DEA).

(b) *Prescription blanks.* The requirements for prescription blanks are as follows:

(1) Prescription blanks must bear the license number of the physician assistant and the name of the physician assistant in printed format at the heading of the blank. The supervising physician's name and license number must also be printed or preprinted on the prescription.

(2) The signature of a physician assistant must be followed by the initials "PA-C" or similar designation to identify the signer as a physician assistant. When appropriate, the physician assistant's DEA registration number must appear on the prescription.

(3) The supervising physician is prohibited from presigning prescription blanks.

(4) The physician assistant may use a prescription blank generated by a hospital provided the information in paragraph (1) appears on the blank.

(c) *Inappropriate prescription.* The supervising physician shall immediately advise the patient, notify the physician assistant and, in the case of a written or oral prescription, advise the pharmacy if the physician assistant is prescribing or dispensing a drug inappropriately. The supervising physician shall advise the patient and notify the physician assistant to discontinue using the drug and, in the case of a written or oral prescription, notify the pharmacy to discontinue the prescription. The order to discontinue use of the drug or prescription shall be noted in the patient's medical record by the supervising physician.

(d) *Recordkeeping requirements.* Recordkeeping requirements are as follows:

(1) When prescribing a drug, the physician assistant shall keep a copy of the prescription, including the number of refills, in a ready reference file, or record the name, amount, directions for use and doses of the drug prescribed, the number of refills, the date of the prescription and the physician assistant's name in the patient's medical records.

(2) When dispensing a drug, the physician assistant shall record the physician assistant's name, the name of the medication dispensed, the amount of medication dispensed, the dose of the medication dispensed and the date dispensed in the patient's medical records.

(3) The physician assistant shall report, orally or in writing, to the supervising physician within 36 hours, a drug prescribed or medication dispensed by

the physician assistant while the supervising physician was not physically present, and the basis for each decision to prescribe or dispense in accordance with the written agreement.

(4) The supervising physician shall countersign the patient record at least weekly in accordance with § 25.178 (relating to medical records).

(5) The physician assistant and the supervising physician shall provide immediate access to the written agreement to anyone seeking to confirm the physician assistant's authority to prescribe or dispense a drug. The written agreement must list the categories of drugs which the physician assistant is not permitted to prescribe.

(e) *Compliance with regulations relating to prescribing, administering, dispensing, packaging and labeling of drugs.* A physician assistant shall comply with this section and with the regulations of the Department of Health in 28 Pa. Code §§ 25.51—25.58 and 25.91—25.95 (relating to prescriptions; and labeling of drugs, devices and cosmetics).

Source

The provisions of this § 25.177 adopted August 7, 2009, effective August 8, 2009, 39 Pa.B. 4754.

§ 25.178. Medical records.

The supervising physician shall timely review, at least weekly, the medical records prepared by the physician assistant to ensure that the requirements of § 25.213 (relating to medical records) have been satisfied.

Source

The provisions of this § 25.178 adopted August 7, 2009, effective August 8, 2009, 39 Pa.B. 4754.

PHYSICIAN ASSISTANTS AND MEDICAL CARE FACILITIES

§ 25.181. Physician assistants in medical care facilities.

(a) This chapter may not be construed to require medical care facilities to accept physician assistants or to use them within their premises. It is appropriate for the physician assistant to provide services to the hospitalized patients of the supervising physician under the supervision of that physician, if the medical care facility permits it.

(b) The medical staff of the facility should recommend to the facility's governing authority the establishment of a standing committee to develop standards and procedures for physician assistants provided they are consistent with this chapter governing physician assistant utilization and prohibition.

(c) Physician assistants employed directly by medical care facilities shall perform services only under the supervision of a clearly identified and registered supervising physician and physician shall supervise no more than two physician assistants.

Authority

The provisions of this § 25.181 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16).

Source

The provisions of this § 25.181 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332.

§ 25.182. Physician assistants and emergency departments.

A physician assistant may provide medical care or services in an emergency department so long as he has training in emergency medicine, functions under specific protocols which govern his performance, and is under the direct supervision of a physician with whom he has ready contact and who is willing to assume full responsibility for the physician assistant's performance. A physician assistant may not substitute for a physician who is "on call" in the emergency department.

Authority

The provisions of this § 25.182 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16).

Source

The provisions of this § 25.182 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332.

§ 25.183. Institutional medical care facility committee; committee determination of standard policies and procedures.

(a) In those medical care facilities providing services in which the practice of physician assistants involves the acts of medical diagnosis or prescription of medical therapeutic or corrective measures, there shall be a committee whose function is to establish standard policies and procedures in each area of practice, in writing, pertaining to the scope and circumstances of the practice of physician assistants in the medical management of the patient.

(b) The committee shall serve as a policymaking body and as an advisory and interpretative body to the various staff of medical care facility. The committee shall include representation from the medical staff, the nursing staff, the administration, and the physician assistant staff.

Authority

The provisions of this § 25.183 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16).

Source

The provisions of this § 25.183 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332.

§ 25.184. Review and acceptance of standard policies and procedures by the committee.

The standard policies and procedures shall be reviewed and accepted by the committee at least annually and at such other times as necessary.

Authority

The provisions of this § 25.184 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16).

Source

The provisions of this § 25.184 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332.

PHYSICIAN ASSISTANT REQUIREMENTS IN EMPLOYMENT

§ 25.191. Physician assistant identification.

(a) No physician assistant may render medical services nor a permitted task as set forth in this chapter to a patient until the patient has been informed of the following:

- (1) That the physician assistant is not a physician.
- (2) That the physician assistant may perform the services required as an employee of the physician and as directed by the supervising physician.
- (3) That the patient has the right not to be treated by the physician assistant if he so desires.

(b) It shall be the supervising physician's responsibility to ensure that patients are apprised of subsection (a) and it shall further be his responsibility to be alert to patient complaints concerning the type or quality of services provided by the physician assistant.

(c) In the supervising physician's office and a satellite operation, a notice plainly visible to patients shall be posted in a prominent place explaining the meaning of the term "physician assistant." The supervising physician shall display his registration to supervise the office. The physician assistant's license shall be prominently displayed in all facilities in which he may function. Duplicate certificates may be obtained from the Board if required.

(d) The physician assistant shall wear an identification tag which uses the term "Physician Assistant," in 16 point type or larger, conspicuously worn.

Authority

The provisions of this § 25.191 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16); amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.191 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial page (344845).

§ 25.192. Notification of termination of employment; change of address.

(a) The physician assistant is required to notify the Board of a termination of employment or change of mailing address within 15 days. Failure to notify the Board, in writing, of change in mailing address may result in failure to receive pertinent material distributed by the Board.

(b) The supervising physician is required to notify the Board of a termination of his supervision of a physician assistant within 15 days.

(c) Failure to notify the Board of a termination in the physician/physician assistant relationship shall provide a basis for disciplinary action against the physician assistant's license, the supervising physician's license or registration as a supervising physician.

Authority

The provisions of this § 25.192 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16); amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.192 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial pages (344845) and (308279).

**DISCIPLINARY ACTION AGAINST LICENSE OF
PHYSICIAN ASSISTANT****§ 25.201. Grounds for complaint.**

(a) The basis upon which the Board may take disciplinary action against the license of a physician assistant are set forth in section 15(b) of the act (63 P. S. § 271.15(b)). A complaint against a physician assistant shall allege that the physician assistant is performing tasks in violation of statute, regulation or good and acceptable standards of practice of physician assistants. The grounds include those specifically enumerated in section 15(b) of the act. Unprofessional conduct shall include, but is not limited to, the following:

- (1) Misrepresentation or concealment of a material fact in obtaining a license or a reinstatement thereof.
- (2) Commission of an offense under a statute of the Commonwealth relating to the practice of physician assistants or under this chapter.
- (3) The commission of an act involving moral turpitude, dishonesty or corruption when the act directly or indirectly affects the health, welfare or safety

of citizens of the Commonwealth. If the act constitutes a crime, conviction thereof in a criminal proceeding will not be a condition precedent to disciplinary action.

(4) Conviction of a felony, defined as such under the statute of the Commonwealth or under the laws of another state, territory or country.

(5) Misconduct in his practice as a physician assistant or performing a task fraudulently, beyond its authorized scope, with incompetence or with negligence on a particular occasion or on repeated occasions.

(6) Performing tasks as a physician assistant while the ability to do so is impaired by alcohol, drugs, physical disability or mental instability.

(7) Impersonation of a licensed physician or another licensed physician assistant.

(8) The offering, undertaking or agreeing to cure or treat disease by a secret method, procedure, treatment or medicine; the treating or prescribing for a human condition by a method, means or procedure which the physician assistant refuses to divulge upon demand of the Board; or the use of methods or treatment which are not in accordance with treatment processes accepted by a reasonable segment of the medical profession.

(9) Violation of this chapter fixing a standard of professional conduct.

(b) Subsection (a) supplements 1 Pa. Code § 35.10 (relating to form and content of formal complaints).

Authority

The provisions of this § 25.201 issued under section 506 of The Administrative Code of 1929 (71 P. S. § 186); and sections 10(h) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(h) and 271.16); amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.201 adopted April 23, 1982, effective April 24, 1982, 12 Pa.B. 1332; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial pages (308279) and (308280).

Subchapter D. MINIMUM STANDARDS OF PRACTICE

- Sec.
25.211. [Reserved].
25.212. Professional advertising.
25.213. Medical records.
25.214. Corporate practice and fictitious names.
25.215. Definitions.
25.216. Sexual misconduct.
25.217. Delegation.

§ 25.211. [Reserved].**Source**

The provisions of this § 25.211 adopted January 16, 1987, effective July 17, 1987, 17 Pa.B. 255; amended October 9, 1987, effective October 1, 1987, 17 Pa.B. 4040; amended October 20, 1989, effective October 21, 1989, 19 Pa.B. 4511; reserved July 10, 1998, effective July 11, 1998, 28 Pa.B. 3282. Immediately preceding text appears at serial pages (210048) to (210050).

Notes of Decisions*Validity*

Regulations which required a medical doctor or an osteopathic physician to obtain a written waiver from the State Board of Medicine or the State Board of Osteopathic Medicine for treatment of patients with drugs known as “sympathomimetic amines”, beyond the 45-day period, was an unreasonable exercise of bureaucratic authority and the regulations were void and unenforceable. *Pennsylvania Medical Society v. State Board of Medicine*, 546 A.2d 720 (Pa. Cmwlth. 1988).

§ 25.212. Professional advertising.

(a) Advertising in any medium is permitted if it is not misleading, deceptive, untrue or fraudulent on its face or by its effect in actual practice.

(b) Advertising, letterhead, publications or transmissions shall designate or indicate the licensee’s school of medical practice by the term “D.O.,” “doctor of osteopathy,” “osteopathic physician” or “osteopathic physician and surgeon.”

Authority

The provisions of this § 25.212 issued under section 16 of the Osteopathic Medical Practice Act (63 P.S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P.S. § 1301.902(b)).

Source

The provisions of this § 25.212 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.213. Medical records.

(a) A medical record shall be maintained for each patient, identifying the patient, the person making the entry, the date of each contact, pertinent clinical information, diagnoses, findings, laboratory results and other diagnostic, corrective or therapeutic procedures, including prescription drug orders, arising out of the licensee’s care of the patient.

(b) A patient’s medical record shall be retained for at least 7 years from the last entry. In addition, for minors, the medical record shall be retained until 2 years after the patient’s 18th birthday or 7 years from the last entry, whichever is later. Storage may be off-premises.

(c) Medical records shall be kept confidential, unless disclosure is required for bona fide treatment, with the patient’s written consent, except as follows:

(1) Upon receipt of a court order for the production of documents.

- (2) Upon lawful demand by auditors for public or private third-party payers which have contracted to reimburse the licensee for services provided to the patient.
- (3) To defend against allegations of civil or criminal medical malpractice, if the licensee's treatment of the patient has been placed at issue by the complaining party, and only to the extent necessary to controvert factual allegations in the complaint.
- (4) To comply with other relevant State or Federal health care laws.
- (d) The licensee shall provide a patient with a complete copy of the patient's medical record, within a reasonable time of the request of the patient or an authorized representative. Reasonable charges for copying may be made.

Authority

The provisions of this § 25.213 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.213 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

Cross References

This section cited in 34 Pa. Code § 501.5 (relating to exemptions); and 49 Pa. Code § 25.415 (relating to confidentiality—waived).

§ 25.214. Corporate practice and fictitious names.

- (a) A licensee may hold ownership interests in businesses formed to provide goods or services related to the practice of medicine, if not otherwise prohibited by law, and if the licensee complies with the disclosure requirements of sections 1—3 of the act of May 26, 1988 (P. L. 403, No. 66) (35 P. S. §§ 449.21—449.23).
- (b) A licensee may form partnerships or professional corporations, for the practice of medicine, with other licensed physicians, allopathic or osteopathic, optometrists, dentists, psychologists, podiatrists and chiropractors if the incorporation is also authorized by Chapter 5, 16, 23, 29, 33 or 41.
- (c) A licensee may practice under a fictitious name which is not misleading, deceptive, untrue or fraudulent, if not otherwise prohibited by law.
- (d) Before filing with the Corporation Bureau of the Department of State, a licensee of the Board shall first file corporate documents with the Board for review and approval under this section.

Authority

The provisions of this § 25.214 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)); amended under 15 Pa.C.S. § 2903(d)(ii).

Source

The provisions of this § 25.214 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209; amended December 23, 1994, effective December 24, 1994, 24 Pa.B. 6420. Immediately preceding text appears at serial page (165205).

§ 25.215. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Board-regulated practitioner—An osteopathic physician, perfusionist, physician assistant, genetic counselor, respiratory therapist, licensed athletic trainer, acupuncturist or an applicant for a license or certificate issued by the Board.

Immediate family member—A parent or guardian, child, sibling, spouse or other family member, whether related by blood or marriage, with whom a patient resides.

Sexual behavior—Any sexual conduct which is nondiagnostic and nontherapeutic; it may be verbal or physical and may include expressions of thoughts and feelings or gestures that are sexual in nature or that reasonably may be construed by a patient as sexual in nature.

Sexual exploitation—Any sexual behavior that uses trust, knowledge, emotions or influence derived from the professional relationship.

Authority

The provisions of this § 25.215 issued under sections 10.1(c), 15(a)(8) and (b)(9) and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.10a(c), 271.15(a)(8) and (b)(9) and 271.16); amended under sections 10(f) and (h), 10.1(c), 10.2(f), 10.3, 13.3 and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f), 271.10c, 271.13c and 271.16).

Source

The provisions of this 25.215 adopted January 2, 2004, effective January 3, 2004, 34 Pa.B. 47; amended August 2, 2013, effective August 3, 2013, 43 Pa.B. 4336; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589; amended March 11, 2016, effective March 12, 2016, 46 Pa.B. 1316. Immediately preceding text appears at serial page (370253).

§ 25.216. Sexual misconduct.

(a) Sexual exploitation by a Board-regulated practitioner of a current or former patient, or of an immediate family member of a patient, constitutes unprofessional conduct, is prohibited, and subjects the practitioner to disciplinary action under section 15(a)(8) and (b)(9) of the act (63 P.S. § 271.15(a)(8) and (b)(9)).

(b) Sexual behavior that occurs with a current patient other than the Board-regulated practitioner's spouse, constitutes unprofessional conduct, is prohibited, and subjects the practitioner to disciplinary action under section 15(a)(8) and (b)(9) of the act.

(c) When a Board-regulated practitioner has been involved with the management or treatment of a patient other than the practitioner's spouse for a mental health disorder, sexual behavior with that former patient which occurs prior to the

2-year anniversary of the termination of the professional relationship constitutes unprofessional conduct, is prohibited, and subjects the practitioner to disciplinary action under section 15(a)(8) and (b)(9) of the act.

(d) A practitioner who engages in conduct prohibited by this section will not be eligible for placement into an impaired professional program in lieu of disciplinary or corrective actions.

(e) Consent is not a defense to conduct prohibited by this section.

Authority

The provisions of this § 25.216 issued under sections 10.1(c), 15(a)(8) and (b)(9) and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.10a(c), 271.15(a)(8) and (b)(9) and 271.16).

Source

The provisions of this 25.216 adopted January 2, 2004, effective January 3, 2004, 34 Pa.B. 47.

Cross References

This section cited in 49 Pa. Code § 25.809 (relating to disciplinary action for licensed perfusionist); and 49 Pa. Code § 25.908 (relating to disciplinary action for applicants and genetic counselors).

§ 25.217. Delegation.

(a) An osteopathic physician may delegate to a health care practitioner or technician the performance of a medical service if the following conditions are met:

(1) The delegation is consistent with the standards of acceptable medical practice embraced by the osteopathic physician community in this Commonwealth. Standards of acceptable medical practice may be discerned from current peer reviewed medical literature and texts, teaching facility practices and instruction, the practice of expert practitioners in the field and the commonly accepted practice of practitioners in the field.

(2) The delegation is not prohibited by the statutes or regulations relating to the other health care practitioner.

(3) The osteopathic physician has knowledge that the delegatee has education, training, experience and continued competency to safely perform the medical service being delegated.

(4) The osteopathic physician has determined that the delegation to a health care practitioner or technician does not create an undue risk to the particular patient being treated.

(5) The nature of the service and the delegation of the service has been explained to the patient and the patient does not object to the performance by the health care practitioner or technician. Unless otherwise required by law the explanation may be oral and may be given by the osteopathic physician or the osteopathic physician's designee.

(6) The osteopathic physician assumes the responsibility for the delegated medical service, including the performance of the service, and is available to

the delegatee as appropriate to the difficulty of the procedure, the skill of the delegatee and risk to the particular patient.

(b) An osteopathic physician may not delegate the performance of a medical service if performance of the medical service or if recognition of the complications or risks associated with the delegated medical service requires knowledge and skill not ordinarily possessed by nonphysicians.

(c) An osteopathic physician may not delegate a medical service which the osteopathic physician is not trained, qualified and competent to perform.

(d) An osteopathic physician shall be responsible for the medical services delegated to the health care practitioner or technician.

(e) An osteopathic physician may approve a standing protocol delegating medical acts to another health care practitioner who encounters a medical emergency that requires medical services for stabilization until the osteopathic physician or emergency medical services personnel are available to attend to the patient.

(f) This section does not prohibit a health care practitioner who is licensed or certified by a Commonwealth agency from practicing within the scope of that license or certificate or as otherwise authorized by law. For example, this section is not intended to restrict the practice of certified registered nurse anesthetists, nurse midwives, certified registered nurse practitioners, physician assistants, or other individuals practicing under the authority of specific statutes or regulations.

Authority

The provisions of this § 25.217 issued under sections 3 and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.3 and 271.16).

Source

The provisions of this § 25.217 adopted December 3, 2004, effective December 4, 2004, 34 Pa.B. 6414.

Subchapter E. PERFORMANCE OF RADIOLOGIC PROCEDURES BY AUXILIARY PERSONNEL

- Sec.
25.221. Definitions.
25.222. Auxiliary personnel performing radiologic procedures.
25.223. Applications for examination.
25.224. [Reserved].
25.225. Effective date.

§ 25.221. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

ARRT—The American Registry of Radiologic Technologists.

Auxiliary personnel—Persons other than a medical doctor—allopathic physician—osteopathic physician, dentist, podiatrist or chiropractor.

Direct supervision—Directly controlling the performance of a procedure by authorizing performance of that procedure under the specific instructions of the osteopathic physician, and monitoring performance of the procedure to ensure compliance with those instructions.

Ionizing radiation—Gamma rays and X-rays, alpha and beta particles, high-speed electrons, neutrons, protons and other nuclear particles. The term does not include ultrasound, sound or radio waves or visible, infrared or ultraviolet light.

Premises of an osteopathic physician—A location at which an osteopathic physician practices medicine, other than a health care facility regulated by the Department of Health, the Department of Public Welfare or the Federal government.

Radiologic procedure—A medical diagnostic or therapeutic procedure that utilizes ionizing radiation.

Authority

The provisions of this § 25.221 issued under sections 13a and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.13a and 271.16); and section 812.1 of The Administrative Code of 1929 (71 P. S. § 279.3a).

Source

The provisions of this § 25.221 adopted July 17, 1987, effective July 18, 1987, 17 Pa.B. 3021.

§ 25.222. Auxiliary personnel performing radiologic procedures.

(a) Auxiliary personnel who take the ARRT Examination in Radiography, and who pass that examination as determined by ARRT, or who have been certified by ARRT, or by another certifying body recognized by the Board, as the result of satisfactory completion of a test and an educational course accredited by an accrediting body recognized by the Board, as a radiologic technologist in radiography, may apply ionizing radiation to human beings for diagnostic purposes on the premises of an osteopathic physician under the direct supervision of a physician. The physician is not required to personally observe performance of the procedure, nor be on the premises when the diagnostic procedure is performed.

(b) Auxiliary personnel who take the ARRT Examination in Radiation Therapy Technology, and who pass that examination as determined by ARRT, or who have been certified by ARRT, or by another certifying body recognized by the Board, as the result of satisfactory completion of a test and an educational course accredited by an accrediting body recognized by the Board, in radiation therapy technology, may apply ionizing radiation to human beings for therapeutic purposes on the premises of an osteopathic physician under the direct supervision

of a physician. The physician is not required to personally observe performance of the procedure. The physician shall be on the premises when the therapeutic procedure is performed.

(c) Auxiliary personnel who take the ARRT Examination in Nuclear Medicine Technology, and who pass that examination as determined by ARRT, or who have been certified by ARRT, or by another certifying body recognized by the Board, as the result of satisfactory completion of a test and an educational course accredited by an accrediting body recognized by the Board, in nuclear medicine technology, may use radionuclide agents on human beings for diagnostic or therapeutic purposes on the premises of an osteopathic physician under the direct supervision of a physician. The physician shall be on the premises when the diagnostic or therapeutic procedure is performed.

(d) Auxiliary personnel who take the ARRT Limited Examination in Radiography, and who receive a score of 70 or higher on that examination as determined by ARRT, may use ionizing radiation on the thorax and extremities of human beings for diagnostic purposes on the premises of an osteopathic physician under the direct supervision of a physician. The physician is not required to personally observe the performance of the procedure. The use of ionizing radiation is restricted to producing radiographs of the thorax and the extremities to demonstrate the following:

- (1) Ankle.
- (2) Chest.
- (3) Clavicle.
- (4) Elbow.
- (5) Femur.
- (6) Foot.
- (7) Hand.
- (8) Humerus.
- (9) Knee.
- (10) Radius and ulna.
- (11) Scapula.
- (12) Shoulder.
- (13) Soft tissue (foreign body localization).
- (14) Tibia and fibula.
- (15) Wrist.

(e) Auxiliary personnel who take the ARRT Limited Examination in Radiography—Skill and Sinuses, and who receive a score of 70 or higher on that examination as determined by ARRT, may use ionizing radiation on the skull and sinuses of human beings for diagnostic purposes on the premises of an osteopathic physician under the direct supervision of a physician. The physician is not required to personally observe the performance of the procedure. The use of ionizing radiation is restricted to producing radiographs of the skull and sinuses to demonstrate the following:

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- (1) Facial bones.
- (2) Mandible.
- (3) Paranasal sinuses.
- (4) Skull.

(f) Auxiliary personnel who take the Examination in Nuclear Medicine Technology of the Nuclear Medicine Technology College Board, and who pass that examination as determined by the Nuclear Medicine Technology College Board, or who have been certified by the Nuclear Medicine Technology College Board as a radiologic technologist in nuclear medicine technology as the result of satisfactory completion of a test and an educational course accredited by an accrediting body recognized by the Board, may use radionuclide agents on human beings for diagnostic or therapeutic purposes on the premises of an osteopathic physician under the direct supervision of a physician. The physician is not required to personally observe performance of the procedure. The osteopathic physician shall be on the premises when the diagnostic or therapeutic procedure is performed.

(g) A person licensed by the State Board of Dentistry as a dental hygienist may use ionizing radiation on the maxilla, mandible and adjacent structures of human beings for diagnostic purposes on the premises of an osteopathic physician under the direct supervision of a physician. The physician is not required to be on the premises when the diagnostic procedure is performed.

Authority

The provisions of this § 25.222 issued under sections 13a and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.13a and 271.16); and section 812.1 of The Administrative Code of 1929 (71 P. S. §§ 279.3a); amended under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.222 adopted July 17, 1987, effective July 18, 1987, 17 Pa.B. 3021; amended November 15, 1991, effective November 16, 1991, 21 Pa.B. 5342. Immediately preceding text appears at serial pages (148346) and (119323) to (119324).

Cross References

This section cited in 49 Pa. Code § 25.223 (relating to applications for examination).

§ 25.223. Applications for examination.

(a) A person may apply to take any of the following examinations by securing an application from the Bureau of Professional and Occupational Affairs, and by submitting the application accompanied by the required fee to Health Boards, Bureau of Professional and Occupational Affairs, Post Office Box 2649, Harrisburg, Pennsylvania 17105-2649:

- (1) ARRT Examination in Radiography.
- (2) ARRT Examination in Radiation Therapy Technology.
- (3) ARRT Examination in Nuclear Medicine Technology.
- (4) ARRT Limited Examination in Radiography.

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(5) ARRT Limited Examination in Radiography—Skull and Sinuses.

(b) An application for the ARRT examinations in radiography, radiation therapy technology and nuclear medicine technology may be filed directly with ARRT. However, ARRT is a private certifying body and may require the satisfaction of minimum education and training criteria for certification purposes. An examination application may not be filed with ARRT if the applicant wishes to take the ARRT Limited Examination in Radiography or the ARRT Limited Examination in Radiology—Skull and Sinuses, or if the applicant does not qualify for or desire private certification of competence to perform the radiologic procedures covered by the other ARRT certification examinations. Alternatively, an application shall be filed with ARRT and not with the Bureau of Professional and Occupational Affairs if the applicant desires to not only perform radiologic procedures as authorized in § 25.222 (relating to auxiliary personnel performing radiologic procedures), but also desires certification by ARRT in the field of radiologic procedures covered by the examination.

Authority

The provisions of this § 25.223 issued under sections 13a and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.13a and 271.16); and section 812.1 of The Administrative Code of 1929 (71 P.S. § 279.3a); amended under sections 13.1(a) and (d) and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.13a(a) and (d) and 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P.S. § 1301.902(b)).

Source

The provisions of this § 25.223 adopted July 17, 1987, effective July 18, 1987, 17 Pa.B. 3021; amended November 15, 1991, effective November 16, 1991, 21 Pa.B. 5342; amended June 30, 2006, effective July 1, 2006, 36 Pa.B. 3236. Immediately preceding text appears at serial pages (210055) to (210056).

Cross References

This section cited in 49 Pa. Code § 25.225 (relating to effective date).

§ 25.224. [Reserved].

Source

The provisions of this § 25.224 adopted July 17, 1987, effective July 18, 1987, 17 Pa.B. 3021; reserved May 25, 1990, effective May 26, 1990, 20 Pa.B. 2749. Immediately preceding text appears at serial page (133221).

§ 25.225. Effective date.

The Bureau of Professional and Occupational Affairs will begin accepting applications to take an examination set forth in § 25.223(a) (relating to applications for examination) prior to July 18, 1987. After January 1, 1988, no auxiliary person may administer radiologic procedures on the premises of an osteopathic physician except as set forth in this subchapter.

Authority

The provisions of this § 25.225 issued under sections 13a and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.13a and 271.16); and section 812.1 of The Administrative Code of 1929 (71 P.S. § 279.3a).

Source

The provisions of this § 25.225 adopted July 17, 1987, effective July 18, 1987, 17 Pa.B. 3021.

Subchapter F. FEES

Sec.

25.231. Schedule of fees.

§ 25.231. Schedule of fees.

(a) An applicant for a license, certificate, registration or service shall pay the following fees at the time of application:

		<i>Effective August 15, 2020</i>	<i>Effective July 1, 2022</i>	<i>Effective July 1, 2024</i>
(1) <i>Osteopathic Physician</i>				
	Application for unrestricted license to practice as an osteopathic physician—original, reciprocal, boundary or by endorsement	\$170	\$185	\$205
	Application for short-term camp license as an osteopathic physician	\$100	\$110	\$120
	Temporary training license or graduate training certificate	\$115	\$125	\$140
	Annual renewal of temporary training license or graduate training certificate	\$25	\$25	\$25
(2) <i>Physician Assistant</i>				
	Application for physician assistant license	\$115	\$125	\$140
	Application for supervising physician	\$145	\$160	\$175
(3) <i>Acupunc- tunist</i>				
	Application for acupuncturist registration	\$100	\$110	\$120

		<i>Effective August 15, 2020</i>	<i>Effective July 1, 2022</i>	<i>Effective July 1, 2024</i>
	Application for physician acupuncturist	\$100	\$110	\$120
	Application for supervisor acupuncturist registration	\$30	\$30	\$30
(4) <i>Respiratory Therapist</i>				
	Temporary permit	\$30	\$30	\$30
	Initial license application	\$100	\$110	\$120
	Licensure examination	\$100	\$100	\$100
	Reexamination	\$60	\$60	\$60
(5) <i>Athletic Trainer</i>				
	Application for license	\$100	\$110	\$120
(6) <i>Perfusionist</i>				
	Application for perfusionist license	\$120	\$130	\$145
	Application for reactivation of license	\$105	\$115	\$125
	Application for temporary graduate license	\$120	\$130	\$145
	Application for temporary provisional license	\$80	\$88	\$95
(7) <i>Genetic Counselor</i>				
	Application for license	\$120	\$130	\$145
	Application for reactivation of license	\$105	\$115	\$125
	Application for temporary provisional license	\$90	\$100	\$105

		<i>Effective August 15, 2020</i>	<i>Effective July 1, 2022</i>	<i>Effective July 1, 2024</i>
(8) <i>Miscellaneous</i>				
	Penalty for late biennial renewal—per month or part of month	\$5	\$5	\$5
	Uncertified verification of any license, certification or permit	\$15	\$15	\$15
	Certification of any licenses, certifications, examination grades or hours	\$25	\$25	\$25
	Duplicate license or certificate	\$5	\$5	\$5
	Application for radiology examinations	\$25	\$25	\$25

(b) An applicant for biennial renewal of a license, certificate or registration shall pay the following fees:

		November 1, 2020— October 31, 2022 Biennial Renewal Fee	November 1, 2022— October 31, 2024 Biennial Renewal Fee	November 1, 2024— October 31, 2026 Biennial Renewal Fee and thereafter
(1) <i>Osteopathic Physician</i>				
	Biennial renewal	\$330	\$420	\$450
(2) <i>Physician Assistant</i>				
	Biennial renewal	\$40	\$75	\$80
(3) <i>Acupuncturist</i>				
	Biennial renewal	\$40	\$75	\$80

		November 1, 2020— October 31, 2022 Biennial Renewal Fee	November 1, 2022— October 31, 2024 Biennial Renewal Fee	November 1, 2024— October 31, 2026 Biennial Renewal Fee and thereafter
	Biennial renewal— physician acupuncturist	\$40	\$75	\$80
(4) <i>Respiratory Therapist</i>		January 1, 2021— December 31, 2022 Biennial Renewal Fee	January 1, 2023— December 31, 2024 Biennial Renewal Fee	January 1, 2025— December 31, 2026 Biennial Renewal Fee and thereafter
	Biennial renewal	\$40	\$55	\$60
(5) <i>Athletic Trainer</i>				
	Biennial renewal	\$50	\$70	\$75
(6) <i>Perfusionist</i>				
	Biennial renewal	\$75	\$80	\$85
(7) <i>Genetic Counselor</i>				
	Biennial renewal	\$125	\$155	\$160

Authority

The provisions of this § 25.231 amended under section 812.1 of The Administrative Code of 1929 (71 P.S. § 279.3a); sections 7.1(d), 8(f), 10(f) and (h), 10.1(c), 10.2(f), 10.3, 13(a), 13.1(d), 13.3, 16 and 16d(a) of the Osteopathic Medical Practice Act (63 P.S. §§ 271.7a(d), 271.8(f), 271.10(f) and (h), 271.10a(c), 271.10b(f), 271.10c, 271.13(a), 271.13a(d), 271.13c, 271.16 and 271.16d(a)); and section 3(a) and (b) of the Accupuncture Registration Act (63 P.S. § 1803(a) and (b)).

Source

The provisions of this § 25.231 adopted January 20, 1989, effective January 21, 1989, 19 Pa.B. 236; amended May 25, 1990, effective May 26, 1990, 20 Pa.B. 2749; amended November 15, 1991, effective November 16, 1991, 21 Pa.B. 5342; amended November 22, 1991, effective November 23, 1991, 21 Pa.B. 5407; corrected January 31, 1992, effective November 16, 1991, 22 Pa.B. 494; amended April 23, 1993, effective April 24, 1993, 23 Pa.B. 1950; amended January 21, 1994, effective January 22, 1994, 24 Pa.B. 514; amended August 5, 1994, effective August 6, 1994, 24 Pa.B. 3845; amended February 2, 1996, effective February 3, 1996, and apply to examinations administered

on and after September 1, 1995, 26 Pa.B. 485; amended August 9, 1996, effective August 10, 1996, 26 Pa.B. 3832; amended January 28, 2000, effective January 29, 2000, 30 Pa.B. 533; amended July 5, 2002, effective July 6, 2002, 32 Pa.B. 3220; amended June 30, 2006, effective July 1, 2006, 36 Pa.B. 3236; amended July 13, 2007, effective July 14, 2007, 37 Pa.B. 3230; amended March 12, 2010, effective March 13, 2010, 40 Pa.B. 1404; amended April 19, 2013, effective April 20, 2013, 43 Pa.B. 2147; amended August 2, 2013, effective August 3, 2013, 43 Pa.B. 4336; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589; amended March 11, 2016, effective March 12, 2016, 46 Pa.B. 1316; amended August 14, 2020, effective August 15, 2020, 50 Pa.B. 4133. Immediately preceding text appears at serial pages (380082) to (380083).

Cross References

This section cited in 49 Pa. Code § 25.162 (relating to criteria for registration as supervising physician); 49 Pa. Code § 25.163 (relating to approval and effect of licensure; biennial renewal of physician assistants; registration of supervising physicians); 49 Pa. Code § 25.271 (relating to requirements for renewal); 49 Pa. Code § 25.605 (relating to biennial renewal); 49 Pa. Code § 25.704 (relating to application for licensure); 49 Pa. Code § 25.803 (relating to application for perfusionist license); 49 Pa. Code § 25.804 (relating to application for temporary graduate perfusionist license); 49 Pa. Code § 25.805 (relating to application for temporary provisional perfusionist license); 49 Pa. Code § 25.807 (relating to renewal of perfusionist license); 49 Pa. Code § 25.808 (relating to inactive and expired status of perfusionist license; reactivation of inactive or expired license); 49 Pa. Code § 25.903 (relating to application for genetic counselor license); 49 Pa. Code § 25.904 (relating to application for genetic counselor license by noncertified persons); 49 Pa. Code § 25.905 (relating to application for temporary provisional genetic counselor license); 49 Pa. Code § 25.906 (relating to biennial renewal of genetic counselor license); and 49 Pa. Code § 25.907 (relating to inactive status of genetic counselor license; reactivation of inactive license).

Subchapter G. LICENSING, EDUCATION AND GRADUATE TRAINING

LICENSURE REQUIREMENTS

Sec.

- 25.241. Unrestricted license by examination.
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- 25.243. Boundary license.
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- 25.251. General requirements.
- 25.252. Passing scores.
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- 25.262. Approved internships.
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- 25.271. Requirements for renewal.
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HEALTH CARE SERVICES MALPRACTICE ACT

- 25.281. Malpractice insurance requirements.
- 25.282. Original license.
- 25.283. Biennial renewal of license.
- 25.284. Penalty.

Cross References

This Subchapter G cited in 49 Pa. Code § 25.2 (relating to admission to practice osteopathic medicine and surgery).

LICENSURE REQUIREMENTS**§ 25.241. Unrestricted license by examination.**

To secure an unrestricted license for the practice of osteopathic medicine and surgery by examination, the applicant shall meet the following educational and professional requirements. The applicant shall have:

- (1) Graduated from an approved osteopathic medical college.
- (2) Received passing scores on Parts I, II and III of the National Board Examination. The applicant shall pay the required examination fee at the direction of the National Board.
- (3) Received a passing score on the practical examination in osteopathic diagnosis and manipulative therapy developed and administered by the Board or a designated professional testing organization.
- (4) Successfully completed an approved internship.
- (5) Complied with the malpractice insurance requirements of the Health Care Services Malpractice Act (40 P. S. §§ 1301.101—1301.1006) and regulations thereunder.
- (6) Completed an application obtained from the Board detailing education and experience and indicating compliance with the applicable provisions of the act and this chapter, submitted with the required fees.

Authority

The provisions of this § 25.241 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.241 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209; amended February 2, 1996, effective February 3, 1996, and apply to examinations administered on and after September 1, 1995, 26 Pa.B. 485. Immediately preceding text appears at serial page (165213).

§ 25.242. Unrestricted license by endorsement.

To secure an unrestricted license for the practice of osteopathic medicine and surgery by endorsement, the applicant shall meet the following educational and professional requirements. The applicant shall have:

- (1) Provided evidence of a valid license in good standing to practice osteopathic medicine and surgery in another state or territory of the United States or Canada whose standards are substantially equivalent to those established by the Board and who reciprocate with the Commonwealth.
- (2) Graduated from an approved osteopathic medical college.
- (3) Received a passing score on the National Board Examination, FLEX or a written state or territorial examination developed by the NBOME or otherwise acceptable to the Board.
- (4) Received a passing score on the practical examination in osteopathic diagnosis and manipulative therapy developed and administered by the Board or a designated professional testing organization.
- (5) Successfully completed an approved internship.
- (6) Complied with the malpractice insurance requirements of the Health Care Services Malpractice Act (40 P. S. §§ 1301.101—1301.1006) and regulations thereunder.
- (7) Completed an application obtained from the Board detailing education and experience and indicating compliance with the applicable provisions of the act and this chapter, submitted with the required fees.

Authority

The provisions of this § 25.242 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.242 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.243. Boundary license.

(a) A licensed osteopathic physician residing in or maintaining an office of practice in an adjoining state near the boundary line between that state and this Commonwealth whose practice extends into this Commonwealth shall apply for the privilege, in the form of a boundary license, to practice osteopathic medicine and surgery in this Commonwealth.

(b) Specific requirements for boundary licensure are as follows. The applicant shall:

- (1) Possess a valid, current and unrestricted license in the physician's state of residence and primary practice. The physician shall arrange for certification of licensure to be transmitted to the Board by the authorized licensing body of that state.

(2) Comply with the malpractice insurance requirements of the Health Care Services Malpractice Act (40 P. S. §§ 1301.101—1301.1006) and regulations thereunder.

(3) Submit an application obtained from the Board, together with the required fee.

(c) The issuance of a boundary license depends upon whether the adjoining state of licensure reciprocates by extending similar privileges to licensees of the Commonwealth.

(d) A record of persons granted a boundary license will be maintained in the office of the Board.

(e) Since a boundary license is invalidated by practice location changes, a person granted a boundary license shall inform the Board within 10 days of changes in residence or office of practice location which affect the maintenance of the license.

Authority

The provisions of this § 25.243 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.243 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.244. Temporary license.

(a) A temporary license is required of an osteopathic medical college graduate for permission to participate in an approved graduate osteopathic or medical training program in this Commonwealth.

(b) Specific requirements for temporary training licensure are as follows. The applicant shall have:

(1) Graduated from an approved osteopathic medical college.

(2) Submitted an application obtained from the Board, together with the required fee.

(c) The temporary training license permits the graduate to train only within the complex of the hospital and its affiliates where the graduate is engaged in an approved graduate osteopathic or medical training program.

(d) The temporary training license is valid for 1 year, after which it shall be surrendered to the Board. The Board may extend the validity of the temporary training license within its discretion.

Authority

The provisions of this § 25.244 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.244 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.245. Graduate training certificate.

(a) A graduate training certificate is required of an osteopathic physician licensed in this Commonwealth or another state or territory of the United States or Canada who has applied for training or certification in special departments of osteopathic medicine and surgery in AOA-approved institutions.

(b) Specific requirements for graduate training certification are as follows. The applicant shall:

(1) Possess a valid, current and unrestricted license in this Commonwealth or another state or territory of the United States or Canada. A physician not licensed in this Commonwealth shall arrange for certification of licensure to be transmitted to the Board by the authorized licensing body of the other jurisdiction.

(2) Submit an application obtained from the Board, together with the required fee.

(c) The graduate training certificate permits the physician to train only within the complex of the hospital and its affiliates or community hospitals where the physician is engaged in the training.

(d) The graduate training certificate is valid for 1 year, but may be renewed annually by the filing of a renewal form obtained from the Board and payment of the required fee.

Authority

The provisions of this § 25.245 issued under section 16 of the Osteopathic Medical Practice Act (63 P.S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P.S. § 1301.902(b)).

Source

The provisions of this § 25.245 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.246. Short-term camp physician license.

(a) A short-term license valid for a period not exceeding 3 months may be granted by the Board to an osteopathic physician licensed in good standing in another state or Canada who intends to practice osteopathic medicine and surgery in camps in this Commonwealth.

(b) Specific requirements for short-term camp licensure are as follows. The applicant shall:

(1) Possess a valid, current and unrestricted license in another state or territory of the United States or Canada. The physician shall arrange for certifica-

tion of licensure to be transmitted to the Board by the authorized licensing body of the other jurisdiction.

(2) Comply with the malpractice insurance requirements of the Health Care Services Malpractice Act (40 P. S. §§ 1301.101—1301.1006) and regulations thereunder.

(3) Submit an application obtained from the Board, together with the required fee.

Authority

The provisions of this § 25.246 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.246 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.247. Limited or restricted license.

A license or certificate may be limited or restricted by order of the Board under its disciplinary powers in section 15(c)(3) of the act (63 P. S. § 271.15(c)(3)).

Authority

The provisions of this § 25.247 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.247 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

LICENSURE EXAMINATIONS

§ 25.251. General requirements.

(a) An applicant is eligible for unrestricted licensure only if the applicant has passed the required written examination and the practical examination.

(b) An applicant shall apply directly to the NBOME for admission to the required parts of the National Board Examination and shall pay the required fees at the direction of the NBOME.

(c) An applicant for admission to the practical examination in osteopathic diagnosis and manipulative therapy shall be a graduate of an approved osteopathic medical college and shall fulfill the requirements of the act and this chapter.

(d) An applicant is eligible for admission to the practical examination after graduation from an approved osteopathic medical college, but is not eligible for unrestricted licensure until the applicant has completed an approved internship.

(e) An applicant for the practical examination and State written examination, if applicable, may obtain an application form by contacting the Board office at the following address: State Board of Osteopathic Medicine, Post Office Box 2649, Harrisburg, Pennsylvania 17105-2649.

Authority

The provisions of this § 25.251 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.251 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.252. Passing scores.

(a) A candidate who, prior to July 1, 1995, takes the State written examination, shall obtain the passing score established for each administration of the examination.

(b) A candidate who takes Parts I, II and III of the National Board Examination shall obtain the passing score established by the NBOME for each administration of the examination.

Authority

The provisions of this § 25.252 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.252 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.253. Failure on examination; reexamination.

A candidate who fails the State examination may be reexamined in compliance with section 8(d) of the act (63 P.S. § 271.8(d)) upon payment of the required fee. A candidate who fails any part of the National Board Examination may retake the failed parts in accordance with the requirements of the NBOME.

Authority

The provisions of this § 25.253 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.253 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.254. Frequency and content of examinations.

(a) A minimum of two written and four practical examinations shall be administered each year.

(b) The practical examination in osteopathic diagnosis and manipulative therapy shall test diagnostic and therapeutic techniques applicable to the entire body.

Authority

The provisions of this § 25.254 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.254 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

EDUCATION AND GRADUATE TRAINING PROGRAMS**§ 25.261. Approved osteopathic medical colleges.**

The Board will work cooperatively with the AOA under standards established by the Bureau of Professional Education of the AOA to evaluate and approve osteopathic medical colleges offering osteopathic training. AOA-approved osteopathic medical colleges are approved by the Board, but the Board may conduct or cause to be conducted inspections it deems necessary to assure educational quality.

Authority

The provisions of this § 25.261 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.261 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.262. Approved internships.

(a) The Board will work cooperatively with the AOA under standards established by the Committee on Post-Doctoral Training of the AOA to evaluate and approve internship programs prerequisite to unrestricted licensure in this Commonwealth. AOA-approved programs are approved by the Board, but the Board may conduct or cause to be conducted inspections it deems necessary to assure educational quality.

(b) Internship programs which have not been approved by the AOA Board of Trustees may be approved by the Board at its discretion, in the event of exigent circumstances wherein a sufficient number of AOA-approved internship positions

are not available to accommodate osteopathic medical school graduates desiring to obtain unrestricted licensure in this Commonwealth.

Authority

The provisions of this § 25.262 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.262 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

Cross References

This section cited in 49 Pa. Code § 25.264 (relating to approval dates).

§ 25.263. Other approved graduate training programs.

The Board will work cooperatively with the AOA under standards established by the Committee on Post-Doctoral Training of the AOA to evaluate and approve other supervised graduate training programs leading to certification in a medical specialty by the appropriate specialty board of the AOA. AOA-approved programs are approved by the Board, but the Board may conduct or cause to be conducted inspections it deems necessary to assure educational quality.

Authority

The provisions of this § 25.263 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.263 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.264. Approval dates.

(a) On and after July 1, 1992, internships prerequisite to unrestricted licensure shall have been approved in accordance with § 25.262 (relating to approved internships).

(b) A candidate for unrestricted licensure applying on or after July 1, 1993, shall have completed an AOA-approved internship in accordance with § 25.262, or an internship which had been approved by the Board at the time the candidate participated in the program.

Authority

The provisions of this § 25.264 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.264 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

LICENSURE RENEWAL AND CONTINUING EDUCATION**§ 25.271. Requirements for renewal.**

(a) A licensee shall biennially renew his license by completing a form obtained from the Board in advance of October 31 of every even-numbered year, and by paying the required fee. The application shall indicate the following:

(1) Other states where the applicant is licensed.

(2) Disciplinary action taken against the applicant by the licensing boards in other states.

(3) A verdict of guilty, guilty plea or plea of nolo contendere by the applicant to a felony, crime of moral turpitude or crime related to the practice of osteopathic medicine in this or another jurisdiction occurring within the 2 years immediately preceding renewal.

(b) A penalty fee as specified by § 25.231 (relating to schedule of fees) will be imposed on a licensee who continues to practice without having timely renewed his license. The licensee may also be subject to other criminal, civil or administrative penalties.

(c) Proof of completion of 100 credit hours of continuing medical education in the preceding biennial period will be required for licensure renewal for osteopathic physicians.

(1) Beginning with the licensure renewal period commencing November 1, 2006, at least 20 credit hours shall be completed in AOA category 1-A approved activities. At least 12 credit hours shall be completed in Category 1 or Category 2 approved activities in the area of patient safety and risk management. Approved activities in the area of patient safety and risk management may include topics such as improving medical records and recordkeeping, reducing medical errors, professional conduct and ethics, improving communications, preventative medicine and healthcare quality improvement. The remaining credit hours shall be completed in any Category 1 or Category 2 approved activities. Credit will not be granted for courses in office management or practice building.

(2) Physicians shall retain official documentation of attendance for 2 years after renewal, and shall certify completed activities on a form provided by the Board for that purpose, to be filed with the biennial renewal form. Official documentation proving attendance shall be produced, upon Board demand, pursuant to random audits of reported credit hours. Electronic submission of documentation is permissible to prove compliance with this subsection. Non-compliance may result in disciplinary proceedings under section 15(a)(6) of the act (63 P.S. § 271.15(a)(6)).

(3) The following exemptions apply for certain physicians:

(i) A physician applying for licensure in this Commonwealth for the first time shall be exempt from the continuing medical education requirement for the biennial renewal period following initial licensure.

(ii) A physician holding a current temporary training license shall be exempt from the continuing medical education requirement.

(iii) A retired physician who provides care only to immediate family members shall be exempt from the continuing medical education requirement.

(iv) A physician who is on inactive status shall be exempt from the continuing medical education requirement, except that a physician who is seeking to reinstate an inactive or lapsed license shall show proof of compliance with the continuing education requirement for the preceding biennium.

(4) A physician suspended for disciplinary reasons is not exempt from the requirements of this section.

(5) Waiver of the requirements may be permitted, as follows:

(i) The Board may grant a hardship waiver of all or a part of the continuing medical education requirement in cases of serious illness, military service or other good cause provided that the public's safety and welfare will not be jeopardized by the granting of the waiver.

(ii) Requests for waiver must be made in writing, with appropriate documentation, and include a description of circumstances sufficient to show why compliance is impossible.

(iii) Waiver requests will be evaluated by the Board on a case-by-case basis. The Board will send written notification of its approval or denial of a waiver request.

Authority

The provisions of this § 25.271 issued under section 16 of the Osteopathic Medical Practice Act (63 P.S. § 271.16); section 902(b) of the Health Care Services Malpractice Act (40 P.S. § 1301.902(b)); amended under sections 10(d) and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.10(d) and 271.16); amended under section 910 of the Medical Care Availability and Reduction of Error Act (40 P.S. § 1303.910).

Source

The provisions of this § 25.271 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209; amended December 16, 1994, effective December 17, 1994, 24 Pa.B. 6296; amended May 20, 2005, effective May 21, 2005, 35 Pa.B. 3021. Immediately preceding text appears at serial pages (238299) to (238300).

Cross References

This section cited in 49 Pa. Code § 25.605 (relating to biennial renewal); and 49 Pa. Code § 25.906 (relating to biennial renewal of genetic counselor license).

§ 25.272. Name and address changes.

It is the responsibility of each licensee to notify the Board of a change in name or mailing address within 10 business days of the change.

Authority

The provisions of this § 25.272 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.272 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

HEALTH CARE SERVICES MALPRACTICE ACT**§ 25.281. Malpractice insurance requirements.**

An applicant for original licensure or a licensee applying for biennial renewal shall maintain the required amount of professional liability insurance or an approved self-insurance plan and shall have paid the required fees and surcharges as set forth in the Health Care Services Malpractice Act (40 P. S. §§ 1301.101—

1301.1006), and regulations thereunder. A licensee practicing solely as a Federal employe and a licensee who provides no medical services in this Commonwealth are not required to comply with the insurance requirements of the Health Care Services Malpractice Act. Proof of nonpractice shall be furnished by notarized statement.

Authority

The provisions of this § 25.281 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.281 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.282. Original license.

Upon issuance of an original license, a licensee may not enter upon the practice of osteopathic medicine and surgery in this Commonwealth unless the licensee is in compliance with the Health Care Services Malpractice Act (40 P. S. §§ 1301.101—1301.1006).

Authority

The provisions of this § 25.282 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.282 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

§ 25.283. Biennial renewal of license.

A licensee applying for biennial renewal may not continue to practice osteopathic medicine and surgery in this Commonwealth unless the licensee is in compliance with the Health Care Services Malpractice Act (40 P. S. §§ 1301.101—1301.1006).

Authority

The provisions of this § 25.283 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.283 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

Cross References

This section cited in 49 Pa. Code § 25.605 (relating to biennial renewal).

§ 25.284. Penalty.

Failure to comply with the Health Care Services Malpractice Act (40 P. S. §§ 1301.101—1301.1006), regulations thereunder and this subchapter may result in the suspension or revocation of a license after a formal hearing before the Board.

Authority

The provisions of this § 25.284 issued under section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16); and section 902(b) of the Health Care Services Malpractice Act (40 P. S. § 1301.902(b)).

Source

The provisions of this § 25.284 adopted January 10, 1992, effective January 11, 1992, 22 Pa.B. 209.

Subchapter H. STATEMENTS OF POLICY

Sec.
25.291. Disclosure of financial or ownership interest.

§ 25.291. Disclosure of financial or ownership interest.

(a) *Purpose.* This statement of policy provides guidelines for compliance with the act of May 26, 1988 (Act 66) (P. L. 403, No. 66) (35 P. S. §§ 449.21—449.23).

(b) *General rule.* Act 66 requires an osteopathic physician referring a patient for health-related services, tests, pharmaceuticals, appliances or devices to a facility or entity in which he has an ownership interest to disclose that interest prior to making the referral, and to notify the patient of his freedom to choose an alternate provider. Ownership interests will be considered by the Board to include proprietary or beneficial interests through which the physician earns or has the potential to earn income, or which produce a direct or indirect economic benefit.

(c) *Compliance.* An osteopathic physician holding or benefiting from this ownership interest may comply with the requirements of Act 66 by providing both general and specific notice to his patients.

(1) *General notice.* A printed notice, legible from 3 feet, may be posted in the patient waiting area, substantially in the following form:

ACT 66 OF 1988 REQUIRES US TO NOTIFY YOU THAT YOUR PHYSICIAN MAY REFER YOU FOR A MEDICAL SERVICE, PRODUCT OR DEVICE TO A FACILITY OR BUSINESS IN WHICH HE OR SHE HAS A FINANCIAL INTEREST. IF THAT HAPPENS, WE WILL LET YOU KNOW. YOU WILL ALWAYS HAVE THE FREEDOM TO CHOOSE AN ALTERNATE PROVIDER.

(2) *Specific notice.* When a physician makes such a referral, the physician or the physician's delegate may retain a signed document in the patient's medical records, substantially in the following form:

I have been referred to _____ for _____ . I understand that my physician has a financial interest in this business, and that I am free to choose an alternate provider.

(Signature of Patient)

(Signature of Physician/Delegate)

(Date)

(d) *Referrals for certain patients.* Specific disclosures for referrals for patients who are minors, unconscious or legally incompetent, may be made to a parent, legal guardian or custodial adult or adult next of kin.

(e) *Civil penalty.* Failure to comply with Act 66 may result in the imposition of a civil penalty, not to exceed \$1,000, for each violation, after formal proceedings before the Board.

(f) *Exception.* Compliance with Act 66 will not be required in the event of an emergency.

Source

The provisions of this § 25.291 adopted April 3, 1992, effective April 4, 1992, 22 Pa.B. 1574.

Subchapter I. REGISTRATION AND PRACTICE OF ACUPUNCTURISTS

- Sec.
25.301. Definitions.
25.302. Registration as an acupuncturist and as an acupuncturist supervisor.
25.303. Requirements for registration as an acupuncturist and an acupuncturist supervisor.
25.304. Biennial registration requirements.
25.305. Practice responsibilities of acupuncturist who is not an osteopathic physician.
25.306. Responsibilities of acupuncturist supervisor.
25.307. Notice responsibilities.
25.308. Disciplinary and corrective measures.

Authority

The provisions of this Subchapter I issued under the Acupuncture Registration Act (63 P. S. §§ 1801—1807); and section 13a(d) of the Osteopathic Medical Practice Act (63 P. S. § 271.13a(d)), unless otherwise noted.

Source

The provisions of this Subchapter I adopted January 21, 1994, effective January 22, 1994, 24 Pa.B. 514, unless otherwise noted.

§ 25.301. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Acupuncture—The stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or alleviate the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain diseases or dysfunctions of the body.

Acupuncture examination—An examination offered or recognized by the Board to test whether an individual has accumulated sufficient academic knowledge with respect to the practice of acupuncture to qualify for the privilege of practicing as an acupuncturist. The term includes the combination of the NCCA examinations in acupuncture and sterilization procedures. The Board may approve other examinations acceptable to it.

Acupuncture medical program—An academic or clinical program of study in acupuncture which is acceptable to the Board and has been given category I or II continuing education credit in an institution accredited or recognized by the AOA or the Accreditation Council on Continuing Medical Education to conduct these courses.

Acupuncture program—An academic and clinical program of study in acupuncture which has been approved by the Board or by an accrediting body recognized by the Board.

Acupuncturist—An individual registered to practice acupuncture by the Board.

Acupuncturist supervisor—An osteopathic physician registered with the Board as a supervisor of acupuncturists.

General supervision—An acupuncturist supervisor doing the following in supervising an acupuncturist:

- (i) Performing a medical diagnostic examination or reviewing the results of a recently performed medical diagnostic examination with respect to an ailment or condition to be treated by acupuncture prior to the treatment.
- (ii) Being personally available to the acupuncturist for consultation on the premises or being available by telephone contact, chart review or other means approved by the Board.
- (iii) Placing conditions and restrictions on the course of treatment if that action is required as a matter of sound osteopathic medical practice.

NCCA—The National Commission for the Certification of Acupuncturists.

Cross References

This section cited in 49 Pa. Code § 5.81 (relating to unprofessional and immoral conduct).

§ 25.302. Registration as an acupuncturist and as an acupuncturist supervisor.

(a) An osteopathic physician who intends to practice acupuncture and other individuals who intend to practice acupuncture at the direction and under the supervision of an osteopathic physician shall register with the Board as an acupuncturist.

(b) Only an osteopathic physician registered as an acupuncturist supervisor may delegate the performance of acupuncture services to an acupuncturist. An acupuncturist who is not an osteopathic physician may only perform acupuncture services under the direction and supervision of an acupuncturist supervisor, unless otherwise authorized by statute.

Cross References

This section cited in 49 Pa. Code § 5.81 (relating to unprofessional and immoral conduct).

§ 25.303. Requirements for registration as an acupuncturist and an acupuncturist supervisor.

(a) The Board will register as an acupuncturist a nonosteopathic physician who satisfies the following requirements:

(1) Has successfully completed an acupuncture program which includes a course in needle sterilization techniques.

(i) If the acupuncture education program is taken within the United States, the applicant shall complete 2 academic years of acupuncture training and shall complete 2 academic years of a college level educational program.

(ii) If the educational program is taken outside of the United States, an applicant shall graduate from a college with a program of study including Oriental medicine and document 300 class hours of study in acupuncture training.

(2) Has obtained a passing grade on an acupuncture examination or has been certified by NCCA by credential review. The Board accepts the passing grade on the certifying examination of the NCCA as determined by the NCCA, and accepts a passing grade on any state's acupuncture examination taken prior to January 1, 1987, as determined by the licensing or registering authority in the other state. If the examination was not taken in English, but is otherwise acceptable and a passing score was secured, the Board will accept the examination result if the applicant has also secured a score of 550 on the test of English as a Foreign Language (TOEFL).

(3) Submits an application to register as an acupuncturist accompanied by the required fee.

(b) The Board will register as an acupuncturist an osteopathic physician who satisfies the following requirements:

(1) Has successfully completed 200 hours of training in acupuncture medical programs including examinations required by those programs or has

engaged in clinical acupuncture practice for at least 3 years prior to January 1, 1987, documented to the satisfaction of the Board.

(2) Submits an application to register as an acupuncturist accompanied by the required fee.

(c) The Board will register as an acupuncturist supervisor an osteopathic physician who satisfies the following requirements:

(1) Possesses a license without restriction.

(2) Submits an application to register as an acupuncturist supervisor accompanied by the required fee.

Cross References

This section cited in 49 Pa. Code § 5.81 (relating to unprofessional and immoral conduct).

§ 25.304. Biennial registration requirements.

(a) An acupuncturist shall register biennially and submit the appropriate registration fee to engage in the practice of acupuncture for the biennial period.

(b) There is no biennial registration requirement for an acupuncturist supervisor.

Cross References

This section cited in 49 Pa. Code § 5.81 (relating to unprofessional and immoral conduct).

§ 25.305. Practice responsibilities of acupuncturist who is not an osteopathic physician.

(a) *Responsibilities to patient.* In relation to the acupuncture patient, the acupuncturist shall comply with the following:

(1) Receive, in writing, from the acupuncturist supervisor, approval to initiate acupuncture treatment.

(2) Comply strictly with conditions or restrictions that may be placed on the course of acupuncture treatment by the acupuncturist supervisor.

(3) Not diagnose a physical or mental ailment or condition or prescribe or dispense a drug.

(4) Comply strictly with sterilization standards relative to aseptic practices.

(b) *Responsibility to acupuncturist supervisor.* In relation to the acupuncturist supervisor, the acupuncturist shall comply with the following:

(1) Consult promptly with the acupuncturist supervisor regarding a new ailment or condition or a worsened ailment or condition of an acupuncture patient.

(2) Consult with the acupuncturist supervisor upon request of either the acupuncturist supervisor or the acupuncture patient.

(3) Practice acupuncture only under the general supervision of an acupuncturist supervisor.

(c) *Scope of acupuncturist's responsibility.*

(1) An acupuncturist is responsible solely for acupuncture evaluation and acupuncture treatment. The medical diagnosis is the responsibility of the acupuncturist supervisor.

(2) An acupuncturist is not required to practice acupuncture in the physical presence of the acupuncturist supervisor or at the location where the acupuncturist supervisor provides osteopathic medical services. Where the acupuncturist may provide acupuncture services without the acupuncture supervisor being physically present, shall be determined by the acupuncture supervisor.

(d) *Identification of acupuncturist.* An acupuncturist who is not an osteopathic physician shall wear a tag or badge with lettering clearly visible to the patient bearing his name and the title “acupuncturist.”

Cross References

This section cited in 49 Pa. Code § 5.81 (relating to unprofessional and immoral conduct).

§ 25.306. Responsibilities of acupuncturist supervisor.

(a) *Responsibility to acupuncture patient.* In relation to the acupuncture patient, the acupuncturist supervisor shall comply with the following:

(1) Perform or review the results of a recently performed medical diagnostic examination with respect to an ailment or condition to be treated by acupuncture before the treatment.

(2) Advise the patient of the results of the medical diagnostic examination and the treatment alternatives.

(3) Place conditions or restrictions on the course of treatment in acupuncture to be provided by the acupuncturist, if conditions or restrictions are required as a matter of sound osteopathic medical practice.

(4) Advise the patient in writing that he is available at reasonable times for consultation by appointment or by telephone. The written notice shall contain an address and telephone number at which the acupuncture supervisor may be reached.

(5) If he is not an acupuncturist, advise the patient in writing that he is not an acupuncturist, that he is not qualified to direct the course of acupuncture treatment and that he does not have responsibility for the course of acupuncture treatment.

(6) Monitor the patient’s progress under acupuncture treatment and comply with normal responsibilities to a patient if the patient does not respond to treatment within the anticipated time.

(b) *Responsibility to acupuncturist.* In relation to the supervised acupuncturist, the acupuncturist supervisor shall satisfy the following:

(1) Advise the acupuncturist of the results of the medical diagnostic examination that are relevant to acupuncture treatment and of conditions or restrictions that are to be placed on the course of acupuncture treatment.

(2) Not delegate to the acupuncturist the right to prescribe or dispense drugs or the responsibility for diagnosing a physical or mental ailment or condition.

(3) Confer promptly with the acupuncturist in the event of the following:

(i) The acupuncturist supervisor decides to impose conditions or restrictions on the course of acupuncture treatment.

(ii) The patient has requested further consultation with the acupuncturist supervisor.

(iii) The patient's condition is not improving or the patient requires emergency medical treatment.

(4) Designate an alternative acupuncturist supervisor to provide general supervision of the acupuncturist during periods in which the acupuncturist supervisor is unable to provide general supervision, if the substitute acupuncturist supervisor agrees to accept the responsibility set forth in this section.

(c) *Scope of acupuncturist supervisor's responsibility.*

(1) In providing general supervision to the acupuncturist, the acupuncturist supervisor maintains the diagnostic responsibility and the physician-patient relationship. It is the responsibility of the acupuncturist and not of the acupuncturist supervisor to conduct an acupuncture evaluation and perform acupuncture treatment.

(2) An acupuncturist supervisor may not provide general supervision to more than two acupuncturists without applying for and receiving specific approval from the Board.

Cross References

This section cited in 49 Pa. Code § 5.81 (relating to unprofessional and immoral conduct).

§ 25.307. Notice responsibilities.

(a) The nonosteopathic physician acupuncturist and the acupuncturist supervisor shall provide written notice to the Board prior to the date when the acupuncturist supervisor is to begin general supervision of the acupuncturist. The written notice shall comply with the following:

(1) Be filled out on a form supplied by the Board.

(2) Provide the name of the acupuncturist supervisor and the acupuncturist and a current address and telephone number at which each can be reached.

(3) Contain an acknowledgment by the acupuncturist supervisor that he understands and agrees to accept his responsibilities to the supervised acupuncturist and the acupuncture patient as set forth in this subchapter.

(4) Contain an acknowledgment by the acupuncturist that he understands and accepts his responsibility to the acupuncturist supervisor and the acupuncture patient as set forth in this subchapter.

(5) Contain the verified signatures of the acupuncturist supervisor and the supervised acupuncturist.

(b) Written notice of termination of an arrangement between an acupuncturist supervisor and an acupuncturist shall be given to the Board by both individuals within 10 days following termination of the relationship. Notice may be provided by both through one document or by each through separate documents.

Cross References

This section cited in 49 Pa. Code § 5.81 (relating to unprofessional and immoral conduct).

§ 25.308. Disciplinary and corrective measures.

(a) The Board may refuse, revoke, suspend, limit or attach conditions to the registration of an acupuncturist for engaging in conduct prohibited by section 15 of the act (63 P. S. § 271.15) for Board-regulated practitioners.

(b) The Board will order the emergency suspension of the registration of an acupuncturist who presents an immediate and clear danger to the public health and safety, as required by section 14(a) of the act (63 P. S. § 271.14(a)).

(c) The Board will notify an acupuncturist of the automatic suspension of registration upon the acupuncturist's commitment to a mental institution or conviction of a drug felony, as required by section 14(b) of the act (63 P. S. § 271.14(b)).

Cross References

This section cited in 49 Pa. Code § 5.81 (relating to unprofessional and immoral conduct).

Subchapter J. CHILD ABUSE REPORTING REQUIREMENTS

GENERAL

Sec.
25.401. Definitions.

CHILD ABUSE REPORTING REQUIREMENTS

- 25.411. Suspected child abuse—mandated reporting requirements.
- 25.412. Photographs, medical tests and X-rays of child subject to report.
- 25.413. Suspected death as a result of child abuse—mandated reporting requirement.
- 25.414. Immunity from liability.
- 25.415. Confidentiality—waived.
- 25.416. Noncompliance.

Authority

The provisions of this Subchapter J issued under the Child Protective Services Law, 23 Pa.C.S. § 6383(b)(2); and section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16), unless otherwise noted.

Source

The provisions of this Subchapter J adopted November 8, 1996, effective November 9, 1996, 26 Pa.B. 5400, unless otherwise noted.

GENERAL**§ 25.401. Definitions.**

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Child abuse—A term meaning any of the following:

- (i) A recent act or failure to act by a perpetrator which causes nonaccidental serious physical injury to a child under 18 years of age.
- (ii) An act or failure to act by a perpetrator which causes nonaccidental serious mental injury to or sexual abuse or sexual exploitation of a child under 18 years of age.
- (iii) A recent act, failure to act or series of acts or failures to act by a perpetrator which creates an imminent risk of serious physical injury to or sexual abuse or sexual exploitation of a child under 18 years of age.
- (iv) Serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide the essentials of life, including adequate medical care, which endangers a child's life or development or impairs the child's functioning.

ChildLine—An organizational unit of the Department of Public Welfare which operates a 24-hour a day Statewide toll free telephone system for receiving reports of suspected child abuse, referring reports for investigation and maintaining the reports in the appropriate file.

Individual residing in the same home as the child—An individual who is 14 years of age or older and who resides in the same home as the child.

Perpetrator—A person who has committed child abuse and is a parent of the child, a person responsible for the welfare of a child, an individual residing in the same home as a child or a paramour of a child's parent.

Person responsible for the child's welfare—A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control. The term does not include a person who is employed by or provides services or programs in a public or private school, intermediate unit or area vocational-technical school.

Recent acts or omissions—Acts or omissions committed within 2 years of the date of the report to the Department of Public Welfare or county agency.

Serious mental injury—A psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that does one or more of the following:

(i) Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened.

(ii) Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks.

Serious physical injury—An injury that causes a child severe pain or significantly impairs a child's physical functioning, either temporarily or permanently.

Sexual abuse or exploitation—The employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another person to engage in sexually explicit conduct or a simulation of sexually explicit conduct for the purpose of producing a visual depiction, including photographing, videotaping, computer depicting or filming, of sexually explicit conduct or the rape, sexual assault, involuntary deviate sexual intercourse, aggravated indecent assault, molestation, incest, indecent exposure, prostitution, statutory sexual assault or other form of sexual exploitation of children.

CHILD ABUSE REPORTING REQUIREMENTS**§ 25.411. Suspected child abuse—mandated reporting requirements.**

(a) *General rule.* Under 23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse), osteopathic physicians, physician assistants or certified respiratory care therapists who, in the course of their employment, occupation or practice of their profession, come into contact with children shall report or cause a report to be made to the Department of Public Welfare when they have reasonable cause to suspect on the basis of their professional or other training or experience, that a child coming before them in their professional or official capacity is a victim of child abuse.

(b) *Staff members of public or private agencies, institutions and facilities.* Osteopathic physicians, physician assistants or certified respiratory care therapists who are staff members of a medical or other public or private institution, school, facility or agency, and who, in the course of their employment, occupation or practice of their profession, come into contact with children shall immediately notify the person in charge of the institution, school, facility or agency or the designated agent of the person in charge when they have reasonable cause to suspect on the basis of their professional or other training or experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Upon notification by the osteopathic physician, physician assistant or certified respiratory care therapist, the person in charge or the designated agent shall assume the responsibility and have the legal obligation to report or cause a report to be made in accordance with subsections (a), (c) and (d).

(c) *Reporting procedure.* Reports of suspected child abuse shall be made by telephone and by written report.

(1) *Oral reports.* Oral reports of suspected child abuse shall be made immediately by telephone to ChildLine, (800) 932-0313.

(2) *Written reports.* Written reports shall be made within 48 hours after the oral report is made by telephone. Written reports shall be made on forms available from a county children and youth social service agency.

(d) *Written reports.* Written reports shall be made in the manner and on forms prescribed by the Department of Public Welfare. The following information shall be included in the written reports, if available:

(1) The names and addresses of the child and the parents or other person responsible for the care of the child, if known.

(2) Where the suspected abuse occurred.

(3) The age and sex of the subjects of the report.

(4) The nature and extent of the suspected child abuse including any evidence of prior abuse to the child or siblings of the child.

(5) The name and relationship of the persons responsible for causing the suspected abuse, if known, and any evidence of prior abuse by those persons.

(6) Family composition.

- (7) The source of the report.
- (8) The person making the report and where that person can be reached.
- (9) The actions taken by the reporting source, including the taking of photographs and X-rays, removal or keeping of the child or notifying the medical examiner or coroner.
- (10) Other information which the Department of Public Welfare may require by regulation.

Cross References

This section cited in 49 Pa. Code § 25.415 (relating to confidentiality—waived); and 49 Pa. Code § 25.416 (relating to noncompliance).

§ 25.412. Photographs, medical tests and X-rays of child subject to report.

An osteopathic physician, physician assistant or certified respiratory care therapist may take or cause to be taken photographs of the child who is subject to a report and, if clinically indicated, cause to be performed a radiological examination and other medical tests on the child. Medical summaries or reports of the photographs, X-rays and relevant medical tests taken shall be sent to the county children and youth social service agency at the time the written report is sent or as soon thereafter as possible. The county children and youth social service agency shall have access to actual photographs or duplicates and X-rays and may obtain them or duplicates of them upon request.

Cross References

This section cited in 49 Pa. Code § 25.415 (relating to confidentiality—waived); and 49 Pa. Code § 25.416 (relating to noncompliance).

§ 25.413. Suspected death as a result of child abuse—mandated reporting requirement.

An osteopathic physician, physician assistant or certified respiratory care therapist who has reasonable cause to suspect that a child died as a result of child abuse shall report that suspicion to the coroner of the county where death occurred or, in the case where the child is transported to another county for medical treatment, to the coroner of the county where the injuries were sustained.

Cross References

This section cited in 49 Pa. Code § 25.415 (relating to confidentiality—waived); and 49 Pa. Code § 25.416 (relating to noncompliance).

§ 25.414. Immunity from liability.

Under 23 Pa.C.S. § 6318 (relating to immunity from liability) an osteopathic physician, physician assistant or certified respiratory care therapist who participates in good faith in the making of a report, cooperating with an investigation, testifying in a proceeding arising out of an instance of suspected child abuse or

the taking of photographs shall have immunity from civil and criminal liability that might result by reason of the osteopathic physician's, physician assistant's or certified respiratory care therapist's actions. For the purpose of any civil or criminal proceeding, the good faith of the osteopathic physician, physician assistant or certified respiratory care therapist shall be presumed. The Board will uphold the same good faith presumption in any disciplinary proceeding that might result by reason of an osteopathic physician's, physician assistant's or certified respiratory care therapist's actions in participating in good faith in the making of a report, cooperating with an investigation, testifying in a proceeding arising out of an instance of suspected child abuse or the taking of photographs.

§ 25.415. Confidentiality—waived.

To protect children from abuse, the reporting requirements of §§ 25.411—25.413 (relating to suspected child abuse—mandated reporting requirements; photographs, medical tests and X-rays of child subject to report; and suspected death as a result of child abuse—mandated reporting requirement) take precedence over the confidentiality provisions in § 25.213(c) (relating to medical records) and any other ethical principle or professional standard that might otherwise apply to osteopathic physicians, physician assistants or certified respiratory care therapists.

§ 25.416. Noncompliance.

(a) *Disciplinary action.* An osteopathic physician, physician assistant or certified respiratory care therapist who willfully fails to comply with the reporting requirements in §§ 25.411—25.413 (relating to suspected child abuse—mandated reporting requirements; photographs, medical tests and X-rays of child subject to report; and suspected death as a result of child abuse—mandated reporting requirement) will be subject to disciplinary action under section 15(a)(6) or (b)(7) of the act (63 P. S. § 271.15(a)(6) or (b)(7)).

(b) *Criminal penalties.* Under 23 Pa.C.S. § 6319 (relating to penalties for failure to report), an osteopathic physician, physician assistant or certified respiratory care therapist who is required to report a case of suspected child abuse who willfully fails to do so commits a summary offense for the first violation and a misdemeanor of the third degree for a second or subsequent violation.

Subchapter K. RESPIRATORY THERAPISTS

Sec.	
25.501.	Purpose.
25.502.	Definitions.
25.503.	[Reserved].
25.504.	Licensure of respiratory therapists; practice; exceptions.
25.505.	Functions of respiratory therapists.
25.506.	Temporary permits.

- 25.507. Criteria for licensure as a respiratory therapist.
- 25.508. Change of name or address.
- 25.509. Renewal of licensure.
- 25.509a. Requirement of continuing education.
- 25.509b. Approved educational programs.
- 25.510. Inactive status.

Authority

The provisions of this Subchapter K issued under sections 13.1(c) and 36.1 of the Medical Practice Act of 1985 (63 P.S. §§ 422.13a(c) and 422.36a); and sections 10.1(c) and 10.2 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.10a(c) and 271.10b), unless otherwise noted.

Source

The provisions of this Subchapter K adopted November 15, 1996, effective November 16, 1996, 26 Pa.B. 5641, unless otherwise noted.

§ 25.501. Purpose.

This subchapter implements sections 10.1 and 10.2 of the act (63 P. S. §§ 271.10a and 271.10b), which were added by section 3 of the act of July 2, 1993 (P. L. 418, No. 59) to provide for the licensure of respiratory therapists.

Authority

The provisions of this § 25.501 amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.501 amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial page (324178).

§ 25.502. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

AARC—American Association for Respiratory Care, an organization which provides continuing professional development programs.

AMA—American Medical Association, an organization which provides continuing professional development programs.

AOA—American Osteopathic Association, an organization which provides continuing professional development programs.

Act—The Osteopathic Medical Practice Act (63 P. S. §§ 271.1—271.18).

CoARC—The Committee on Accreditation for Respiratory Care, an organization which accredits respiratory care programs.

CSRT—Canadian Society of Respiratory Therapists, an organization which provides continuing professional development programs.

NBRC—The National Board for Respiratory Care, the agency recognized by the Board to certify respiratory therapists.

Practice building—Marketing or any other activity that has as its primary purpose increasing the business volume or revenue of a licensee or the licensee’s employer.

Respiratory therapist—A person who has been licensed in accordance with the act and this subchapter.

Authority

The provisions of this § 25.502 amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.10(f) and (h), 10.1a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.502 amended November 25, 2006, effective November 26, 2006, 36 Pa.B. 7137; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial pages (324178) to (324179).

§ 25.503. [Reserved].

Authority

The provisions of this § 25.503 amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16); reserved under section 16 of the Osteopathic Medical Practice Act (63 P.S. § 271.16).

Source

The provisions of this § 25.503 amended January 28, 2000, effective January 29, 2000, 30 Pa.B. 533; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589; reserved August 14, 2020, effective August 15, 2020, 50 Pa.B. 4133. Immediately preceding text appears at serial page (370265).

§ 25.504. Licensure of respiratory therapists; practice; exceptions.

(a) A person may not practice or hold himself out as being able to practice as a respiratory therapist in this Commonwealth unless the person holds a valid, current temporary permit or license issued by the Board, or the State Board of Medicine under Chapter 18 (relating to State Board of Medicine—practitioners other than medical doctors), or is exempted under section 10.1(e) of the act (63 P. S. § 271.10a(e)) or section 13.1(e) of the Medical Practice Act of 1985 (63 P. S. § 422.13a(e)).

(b) A person may not use the words “licensed respiratory therapist” or “respiratory care practitioner,” the letters “LRT,” “RT” or “RCP” or similar words and related abbreviations to imply that respiratory care services are being provided, unless the services are provided by a respiratory therapist who holds a

valid, current temporary permit or license issued by the Board or the State Board of Medicine and only while working under the supervision of a licensed physician.

Authority

The provisions of this § 25.504 amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.504 amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial page (324179).

§ 25.505. Functions of respiratory therapists.

(a) Under section 10.1(d) of the act (63 P. S. § 271.10a(d)), a respiratory therapist may implement direct respiratory care to an individual being treated by either a licensed medical doctor or a licensed doctor of osteopathic medicine, upon prescription or referral by a physician, certified registered nurse practitioner or physician assistant, or under medical direction and approval consistent with standing orders or protocols of an institution or health care facility. This care may constitute indirect services such as consultation or evaluation of an individual and also includes, but is not limited to, the following services:

- (1) Administration of medical gases.
- (2) Humidity and aerosol therapy.
- (3) Administration of aerosolized medications.
- (4) Intermittent positive pressure breathing.
- (5) Incentive spirometry.
- (6) Bronchopulmonary hygiene.
- (7) Management and maintenance of natural airways.
- (8) Maintenance and insertion of artificial airways.
- (9) Cardiopulmonary rehabilitation.
- (10) Management and maintenance of mechanical ventilation.
- (11) Measurement of ventilatory flows, volumes and pressures.
- (12) Analysis of ventilatory gases and blood gases.

(b) Under section 10.1(d) of the act, a respiratory therapist may perform the activities listed in subsection (a) only upon prescription or referral by a physician, certified registered nurse practitioner or physician assistant or while under medical direction consistent with standing orders or protocols in an institution or health care facility.

Authority

The provisions of this § 25.505 amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P.S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.505 amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial pages (324179) to (324180).

§ 25.506. Temporary permits.

(a) A temporary permit will be issued to an applicant, who is not yet a licensee, who submits evidence satisfactory to the Board, on forms supplied by the Board, that the applicant has met one or more of the following criteria:

- (1) Has graduated from a respiratory care program approved by the CoARC.
- (2) Is enrolled in a respiratory care program approved by the CoARC and expects to graduate within 30 days of the date of application to the Board for a temporary permit.
- (3) Meets the applicable requirements and is recognized as a credentialed respiratory therapist by the NBRC.

(b) A temporary permit is valid for 12 months and for an additional period as the Board may, in each case, specially determine except that a temporary permit expires if the holder fails the entry level credentialing examination. An applicant who fails the entry level credentialing examination may apply to retake it.

Authority

The provisions of this § 25.506 amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.506 amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial page (324180).

§ 25.507. Criteria for licensure as a respiratory therapist.

The Board will approve for licensure as a respiratory therapist an applicant who:

- (1) Submits evidence satisfactory to the Board, on forms supplied by the Board, that the applicant has met one or more of the following criteria:
 - (i) Has graduated from a respiratory care program approved by the CoARC and passed the entry level credentialing examination as determined by the NBRC.
 - (ii) Holds a valid license, certificate or registration as a respiratory therapist in another state, territory or the District of Columbia which has been issued based on requirements substantially the same as those required by the Commonwealth, including the examination requirement.
- (2) Has paid the appropriate fee in a form acceptable to the Board.

Authority

The provisions of this § 25.507 amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.507 amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial pages (324180) to (324181).

§ 25.508. Change of name or address.

A licensee shall inform the Board in writing within 10 days of a change of name or mailing address.

Authority

The provisions of this § 25.508 amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.508 amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial page (324181).

§ 25.509. Renewal of licensure.

(a) A license issued under this subchapter expires on December 31 of every even-numbered year unless renewed for the next biennium.

(b) Biennial renewal forms and other forms and literature to be distributed by the Board will be forwarded to the last mailing address given to the Board.

(c) To retain the right to engage in practice, the licensee shall renew licensure in the manner prescribed by the Board, pay the required fee and comply with the continuing education requirement of § 25.509a (relating to requirement of continuing education), prior to the expiration of the current biennium.

(d) When a license is renewed after December 31 of an even-numbered year, a penalty fee of \$5 for each month or part of a month of practice beyond the renewal date will be charged in addition to the renewal fee.

Authority

The provisions of this § 25.509 amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.509 amended November 24, 2006, effective November 25, 2006, 36 Pa.B. 7137; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial page (324181).

§ 25.509a. Requirement of continuing education.

(a) An applicant for biennial renewal or reactivation of licensure is required to complete a minimum of 30 hours of continuing education as set forth in section 10.2(f)(2) of the act (63 P. S. § 271.10b(f)(2)) subject to the following:

(1) At least 10 continuing education hours shall be obtained through traditional continuing education such as classroom lecture, clinical presentation, real-time web-cast or other live sessions where a presenter is involved. For

nontraditional continuing education such as prerecorded presentations, Internet-based presentations and journal review programs, to qualify for credit, the provider shall make available documented verification of completion of the course or program.

(2) One hour must be completed in medical ethics, and 1 hour must be completed in patient safety.

(3) Credit will not be given for continuing education in basic life support, including basic cardiac life support and cardiopulmonary resuscitation. In any given biennial renewal period, a licensee may receive credit for no more than 8 continuing education hours in advanced life support, including advanced cardiac life support, neonatal advanced life support/neonatal resuscitation and pediatric advanced life support.

(4) A licensee will not receive continuing education credit for participating in a continuing education activity with objectives and content identical to those of another continuing education activity within the same biennial renewal period for which credit was granted.

(b) An individual applying for the first time for licensure in this Commonwealth is exempt from completing the continuing education requirements during the initial biennial renewal period in which the license is issued.

(c) The Board may waive all or a portion of the requirements of continuing education in cases of serious illness, undue hardship or military service. It shall be the duty of each licensee who seeks a waiver to notify the Board in writing and request the waiver prior to the end of the renewal period. The request must be made in writing, with appropriate documentation, and include a description of circumstances sufficient to show why the licensee is unable to comply with the continuing education requirement. The Board will grant, deny or grant in part the request for waiver and will send the licensee written notification of its approval or denial of the waiver request. A licensee who requests a waiver may not practice as a respiratory therapist after the expiration of the licensee's current license until the Board grants the waiver request.

(d) A licensee shall maintain the information and documentation concerning compliance with the continuing education requirement or the waiver granted for a period of at least 2 years after the end of the biennial renewal period to which the continuing education or waiver applies, the date of completion of the continuing education or grant of the waiver, whichever is latest, and provide the information and documentation to representatives of the Board upon request.

Authority

The provisions of this § 25.509a issued under section 10.2(f) Osteopathic Medical Practice Act (63 P. S. § 271.10b(f); amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.509a adopted November 24, 2006, effective November 25, 2006, 36 Pa.B. 7137; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial pages (324181) and (324182).

Cross References

This section cited in 49 Pa. Code § 25.509 (relating to renewal of licensure).

§ 25.509b. Approved educational programs.

(a) The Board approves respiratory care continuing education programs designated for professional development credits by the AARC, the AMA, the AOA and the CSRT.

(1) Qualifying AMA continuing education programs must be in AMA PRA Category I credits, as defined in § 25.1 (relating to definitions).

(2) Qualifying AOA continuing education programs must be in Category I-A or I-B credits, as defined in § 25.1.

(b) Advanced course work in respiratory care successfully completed at a degree-granting institution of higher education approved by the United States Department of Education which offers academic credits are also approved for continuing education credit by the Board. Advanced course work is course work beyond the academic requirements necessary for licensure as a respiratory therapist.

(c) The Board will not accept courses of study which do not relate to the actual provision of respiratory care. Examples of unacceptable courses are those in office management or practice building.

Authority

The provisions of this § 25.509b issued under section 10.2(f) of the Osteopathic Medical Practice Act (63 P. S. § 271.10(f); amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.509b adopted November 24, 2006, effective November 25, 2006, 36 Pa.B. 7137; amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial pages (324182) to (324183).

§ 25.510. Inactive status.

(a) A licensee who does not intend to practice in this Commonwealth and who does not desire to renew licensure shall inform the Board in writing. Written confirmation of inactive status will be forwarded to the licensee.

(b) A licensee shall notify the Board, in writing, of the licensee's desire to reactivate the license.

(c) A licensee who is applying to return to active status is required to pay fees which are due for the current biennium and submit a sworn statement stating the period of time during which the licensee was not engaged in practice in this Commonwealth.

(d) The applicant for reactivation will not be assessed a fee or penalty for preceding biennial periods in which the applicant did not engage in practice in this Commonwealth.

Authority

The provisions of this § 25.510 amended under sections 10(f) and (h), 10.1(c), 10.2(f) and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.10(f) and (h), 271.10a(c), 271.10b(f) and 271.16).

Source

The provisions of this § 25.510 amended January 31, 2014, effective February 1, 2014, 44 Pa.B. 589. Immediately preceding text appears at serial page (324183).

Subchapter L. VOLUNTEER LICENSE

Sec.	
25.601.	Purpose and definitions.
25.602.	Volunteer license.
25.603.	Applications.
25.604.	Validity of license.
25.605.	Biennial renewal.
25.606.	Return to active practice.
25.607.	Disciplinary provisions.

Authority

The provisions of this Subchapter L issued under section 5 of the Volunteer Health Services Act (35 P. S. § 449.45); and section 16 of the Osteopathic Medical Practice Act (63 P. S. § 271.16), unless otherwise noted.

Source

The provisions of this Subchapter L adopted November 28, 1997, effective November 29, 1997, 27 Pa.B. 6216, unless otherwise noted.

§ 25.601. Purpose and definitions.

(a) This subchapter implements the Volunteer Health Services Act (35 P. S. §§ 449.41—449.50) and provides for the issuance of a volunteer license to a qualified Board-regulated practitioner as defined in section 2 of the act (63 P. S. § 271.2), who retires from active practice and seeks to provide professional services as a volunteer. A volunteer license authorizes the holder to practice only in an organized community-based clinic without remuneration.

(b) The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Approved clinic—An organized community-based clinic offering primary health care services to individuals and families who cannot pay for their care, to Medical Assistance clients or to residents of medically underserved areas or health professionals shortage areas. The term may include a State health center, nonprofit community-based clinic and Federally qualified health center, as designated by Federal rulemaking or as approved by the Department of Health or the Department of Public Welfare.

Unrestricted license—A license which is not restricted or limited by order of the Board under its disciplinary power.

§ 25.602. Volunteer license.

A volunteer license may be issued to a Board-regulated practitioner who documents to the satisfaction of the Board that the applicant will practice without personal remuneration in approved clinics and meets one of the following conditions:

- (1) Holds a currently renewed, active, unrestricted license, registration or certificate in this Commonwealth and retires from active practice at the time the applicant applies for a volunteer license.

(2) Retires from the active practice in this Commonwealth in possession of an unrestricted license which was allowed to lapse by not renewing it. A retired licensee, registrant or certificateholder shall meet any requirements of the act or the regulations pertaining to continued education or continued competency to be eligible for renewal.

§ 25.603. Applications.

An applicant for a volunteer license shall complete an application obtained from the Board. In addition to providing information requested by the Board, the applicant shall provide:

- (1) An executed verification on forms provided by the Board certifying that the applicant intends to practice exclusively:
 - (i) Without personal remuneration for professional services.
 - (ii) In an approved clinic.

(2) A letter signed by the director or chief operating officer of an approved clinic that the applicant has been authorized to provide volunteer services in the named clinic by the governing body or responsible officer of the clinic.

§ 25.604. Validity of license.

A volunteer license shall be valid for the biennial period for which it is issued, subject to biennial renewal. During each biennial renewal period, the volunteer license holder shall notify the Board of any change in clinic or volunteer status within 30 days of the date of a change, or at the time of renewal, whichever occurs first.

§ 25.605. Biennial renewal.

A volunteer license shall be renewed biennially on forms provided by the Board.

(1) As a condition of biennial renewal, the applicant shall satisfy the same continuing education requirements as the holder of an active, unrestricted license under § 25.271 (relating to requirements for renewal).

(2) The applicant shall be exempt from § 25.231 (relating to schedule of fees) pertaining to the biennial renewal fee and shall be exempt from § 25.283 (relating to biennial renewal of license) with regard to the maintenance of liability insurance coverage under section 701 of the Health Care Services Malpractice Act (40 P. S. § 1301-701).

§ 25.606. Return to active practice.

A volunteer license holder who desires to return to active practice shall notify the Board and apply for biennial registration on forms provided by the Board.

§ 25.607. Disciplinary provisions.

A volunteer license holder shall be subject to the disciplinary provisions of the act and this chapter. Failure of the licensee to comply with the Volunteer Health Services Act (35 P. S. §§ 449.41—449.50) or this subchapter may also constitute grounds for disciplinary action.

Subchapter M. ATHLETIC TRAINERS

Sec.	
25.701.	Purpose.
25.702.	Definitions.
25.703.	Licensure requirement.
25.704.	Application for licensure.
25.705.	Educational requirements.
25.706.	Examination requirement.
25.707.	Temporary license.
25.708.	Renewal of license.
25.709.	Practice standards for athletic trainers.

25.710. Refusal, suspension or revocation of license.

25.711. Continuing education.

Authority

The provisions of this Subchapter M issued under section 7.1(d) of the Osteopathic Medical Practice Act (63 P. S. § 271.7a(d)); amended under sections 2, 7.1 and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.2, 271.7a and 271.16), unless otherwise noted.

Source

The provisions of this Subchapter M adopted July 13, 2007, effective July 14, 2007, 37 Pa.B. 3230; amended April 19, 2013, effective April 20, 2013, 43 Pa.B. 2147, unless otherwise noted. Immediately preceding text appears at serial pages (328715) to (328720).

§ 25.701. Purpose.

This subchapter implements section 7.1 of the act (63 P. S. § 271.7a) to provide for the licensure of athletic trainers.

§ 25.702. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

Approved athletic training education programs—An athletic training education program that is accredited by a Board-approved Nationally recognized accrediting agency.

Athletic training services—The management and provision of care of injuries to a physically active person, with the direction of a licensed physician.

(i) The term includes the rendering of emergency care, development of injury prevention programs and providing appropriate preventative and supportive devices for the physically active person.

(ii) The term also includes the assessment, management, treatment, rehabilitation and reconditioning of the physically active person whose conditions are within the professional preparation and education of a licensed athletic trainer.

(iii) The term also includes the use of modalities such as: mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, and the use of therapeutic exercise, reconditioning exercise and fitness programs.

(iv) The term does not include surgery, invasive procedures or prescription of any medication or controlled substance.

BOC—The Board of Certification, Inc., a National credentialing organization for athletic trainers.

Direction—Supervision over the actions of a licensed athletic trainer by means of referral by prescription to treat conditions for a physically active person from a licensed physician, dentist or podiatrist or written protocol approved by a supervising physician, except that the physical presence of the supervising physician, dentist or podiatrist is not required if the supervising physician, dentist or podiatrist is readily available for consultation by direct communication, radio, telephone, facsimile, telecommunications or by other electronic means.

Licensed athletic trainer—A person who is licensed to perform athletic training services by the Board or the State Board of Medicine.

Physically active person—An individual who participates in organized, individual or team sports, athletic games or recreational sports activities.

Referral—An order from a licensed physician, dentist or podiatrist to a licensed athletic trainer for athletic training services. An order may be written or oral, except that an oral order must be reduced to writing within 72 hours of issuance.

Standing written prescription—A portion of the written protocol or a separate document from a supervising physician, which includes an order to treat approved individuals in accordance with the protocol.

Written protocol—A written agreement or other document developed in conjunction with one or more supervising physicians, which identifies and is signed by the supervising physician and the licensed athletic trainer, describes the manner and frequency in which the licensed athletic trainer regularly communicates with the supervising physician and includes standard operating procedures, developed in agreement with the supervising physician and licensed athletic trainer, which the licensed athletic trainer follows when not directly supervised onsite by the supervising physician.

§ 25.703. Licensure requirement.

(a) A person may not use the title of “athletic trainer” or “licensed athletic trainer” or use any abbreviation including “A.T.L.,” “L.A.T.” or “A.T.” or any similar designation to indicate that the person is an athletic trainer unless that person has been licensed by the Board.

(b) Except as otherwise provided by this subsection, a person may not perform the duties of an athletic trainer unless that person has been licensed by the Board. This provision is not intended to prevent the following:

(1) A person trained and licensed or certified under any other law from engaging in the licensed or certified practice in which the person is trained.

(2) An athletic trainer from another state, province, territory or the District of Columbia, who is employed by an athletic team or organization that is competing in this Commonwealth on a visiting basis, who provides athletic training services to the members of their respective athletic team or organization.

(3) An athletic training student who practices athletic training that is coincidental to required clinical education and is within the scope of the student’s education and training.

(c) Athletic trainers licensed by the State Board of Medicine are deemed licensed by the Board.

§ 25.704. Application for licensure.

(a) The applicant shall submit the following on forms supplied by the Board:

- (1) A completed application and the fee set forth in § 25.231 (relating to schedule of fees).
 - (2) Verification of professional education in athletic training in accordance with § 25.705 (relating to educational requirements).
 - (3) Documentation of passage of the National examination in accordance with § 25.706 (relating to examination requirement).
 - (4) Documentation of practice as an athletic trainer, if licensed or certified in another jurisdiction, and verification as to whether there has been disciplinary action taken in that jurisdiction.
- (b) To qualify for licensure, an applicant shall be at least 20 years of age and may not be addicted to alcohol or hallucinogenic, narcotic or other drugs which tend to impair judgment or coordination.

§ 25.705. Educational requirements.

An applicant for licensure shall comply with one of the following:

- (1) Be a graduate of an approved athletic training education program.
- (2) Hold current credentialing as a Certified Athletic Trainer (ATC) from the BOC or another credentialing body approved by the Board.

Cross References

This section cited in 49 Pa. Code § 25.704 (relating to application for licensure).

§ 25.706. Examination requirement.

An applicant for a license to practice as a licensed athletic trainer shall submit to the Board written evidence that the applicant has passed the BOC examination for athletic trainers or its equivalent, as determined by the Board.

Cross References

This section cited in 49 Pa. Code § 25.704 (relating to application for licensure).

§ 25.707. Temporary licensure.

An applicant who is a graduate of an approved athletic training education program and who has applied to take the examination may be granted a temporary license to practice athletic training under the onsite direct supervision of a licensed athletic trainer. The temporary license expires 1 year from issuance or upon licensure as an athletic trainer by the Board, whichever comes first, and may not be renewed.

§ 25.708. Renewal of license.

(a) A license issued under this subchapter shall be renewed biennially. An application form will be mailed to the most recent address of the licensee as it appears on the records of the Board. The licensee shall complete the renewal application and return it to the Board with a renewal fee before December 31 of the year in which the application was received. Licenses other than temporary licenses expire on December 31 of each even-numbered year. Upon receipt of an

application and renewal fee, the Board will verify the accuracy of the application and issue to the applicant a license of renewal for the next biennial period.

(b) When a license is renewed after December 31 of an even-numbered year, a penalty fee of \$5 for each month or part of a month of practice beyond the renewal date will be charged in addition to the renewal fee, as set forth in section 225 of the Bureau of Professional and Occupational Affairs Fee Act (63 P. S. § 1401-225).

(c) As a condition of renewal, a licensee shall comply with the continuing education requirements in § 25.711 (relating to continuing education).

§ 25.709. Practice standards for athletic trainers.

(a) Athletic trainers licensed by the Board or certified or licensed by the proper licensing or certification authority of another state, province, territory or the District of Columbia shall comply with the following:

(1) Ensure that the physically active person has secured a written referral or prescription from a licensed physician, dentist or podiatrist or is subject to a written protocol for treatment by a certified or licensed athletic trainer from a licensed physician.

(2) Comply strictly with conditions or restrictions that may be placed on the course of athletic training services by the referring physician, dentist or podiatrist.

(3) Ensure that the physically active person has undergone a medical diagnostic examination or has had the results of a recently performed medical diagnostic examination reviewed by the referring physician, dentist or podiatrist.

(4) Keep a copy of the referral or prescription and the results of the medical diagnostic examination in the physically active person's file.

(5) Consult promptly with the referring physician, dentist or podiatrist regarding a new ailment or condition or a worsened ailment or condition of the physically active person.

(6) Consult with the referring physician, dentist or podiatrist upon request of either the referring physician, dentist or podiatrist or the physically active person.

(7) Refer a physically active person with conditions outside the scope of athletic training services to a licensed physician, dentist or podiatrist.

(b) Athletic trainers licensed by the Board or certified or licensed by the proper licensing authority of another state, province, territory or the District of Columbia who are working in a team setting, treating injuries which arise in the course of practices or team sports events, may treat the participant at the events under the conditions of the referral, the standing written prescription or written protocol.

(c) An athletic trainer shall obtain the standing written prescription or written protocol annually from the supervising physician and review it at least annually. This standing written prescription or protocol must be in writing and retained at

or near the treatment location or facility. An individual referral or prescription from a referring physician, dentist or podiatrist is required in the absence of a written protocol.

§ 25.710. Refusal, suspension or revocation of license.

(a) The Board may refuse to issue a license, and after notice and hearing, may suspend or revoke the license of a person who is subject to disciplinary action under section 15(b) of the act (63 P. S. § 271.15(b)).

(b) Actions taken by the Board regarding the refusal, suspension or revocation of a license are taken subject to the right of notice, hearing and adjudication and appeal under 2 Pa.C.S. §§ 501—508 and 701—704 (relating to Administrative Agency Law).

§ 25.711. Continuing education.

(a) Beginning with the biennial period commencing on the next biennial renewal period following July 14, 2007, athletic trainers shall complete the continuing education requirements prescribed by the BOC.

(b) Applicants for renewal of a license shall provide a signed statement verifying that the continuing education requirement has been met.

(c) Proof of completion of the required continuing education shall be retained for 4 years after completion.

Cross References

This section cited in 49 Pa. Code § 25.708 (relating to renewal of license).

Subchapter N. PERFUSIONISTS

Sec.	
25.801.	Purpose.
25.802.	Definitions.
25.803.	Application for perfusionist license.
25.804.	Application for temporary graduate perfusionist license.
25.805.	Application for temporary provisional perfusionist license.
25.806.	Registration of temporary emergency perfusionist service.
25.807.	Renewal of perfusionist license.
25.808.	Inactive and expired status of perfusionist license; reactivation of inactive or expired license.
25.809.	Disciplinary action for licensed perfusionist.
25.810.	Continuing education for licensed perfusionist.
25.811.	Professional liability insurance coverage for licensed perfusionist.

Authority

The provisions of this Subchapter N issued under sections 13.3 and 16 of the Osteopathic Medical Practice Act (63 P. S. §§ 271.13c and 271.16), unless otherwise noted.

Source

The provisions of this Subchapter N adopted August 2, 2013, effective August 3, 2013, 43 Pa.B. 4336, unless otherwise noted.

§ 25.801. Purpose.

This subchapter implements section 13.3 of the act (63 P. S. § 271.13c), regarding perfusionists.

§ 25.802. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

ABCP—The American Board of Cardiovascular Perfusion.

Accredited perfusion program approved by the Board—A perfusion program accredited by a Nationally-recognized accrediting agency approved by the Board.

CAAHEP—The Commission on Accreditation of Allied Health Education Programs.

Extracorporeal circulation—The diversion of a patient's blood through a heart-lung machine or similar device that assumes the functions of the patient's heart, lung, kidney, liver or other organ.

Hour of continuing education—At least 50 minutes of instruction, including relevant question and answer sessions, in an approved course of continuing education or an equivalent time that an online or correspondence course would be presented live.

Nationally-recognized accrediting agency approved by the Board—CAAHEP or other organization for which the Board publishes notice that the organization is approved by the Board as an accrediting agency for perfusionists.

Nationally-recognized certifying agency approved by the Board—ABCP or other organization for which the Board publishes notice that the organization is approved by the Board as a certifying agency for perfusionists.

Out-of-State perfusionist—An individual who holds a current license as a perfusionist in another state, the District of Columbia or a territory of the United States or has obtained certification by a certifying agency approved by a Nationally-recognized accrediting agency.

Perfusion—The functions necessary for the support, treatment, measurement or supplementation of the cardiovascular system or other organs, or a combination of those functions, and for ensuring the safe management of physiologic functions by monitoring and analyzing the parameters of the systems under the supervision of a physician licensed under the act or the Medical Practice Act of 1985 (63 P. S. §§ 422.1—422.51a).

Perfusionist—An individual who is licensed to practice perfusion by the Board or the State Board of Medicine.

Ventricular assist device—

(i) A mechanical device used to partially or completely replace the function of a failing heart through connections to the heart and great vessels that may be located intracorporeally or extracorporeally.

(ii) The term includes a device that is placed intravascularly or extravascularly and provides support through direct means or through counterpulsation.

§ 25.803. Application for perfusionist license.

(a) An applicant for a license to practice as a perfusionist shall submit, on forms made available by the Board, a completed application, including the necessary supporting documents, for a license to practice as a perfusionist and pay the fee in § 25.231 (relating to schedule of fees) for application for a perfusionist license.

(b) The Board may issue a license to practice as a perfusionist to an applicant who:

(1) Demonstrates that the applicant holds a current certification by a certifying agency approved by a Nationally-recognized accrediting agency approved by the Board.

(2) Demonstrates that the applicant has graduated from an accredited perfusion program approved by the Board.

(3) Demonstrates that the applicant is at least 18 years of age and of good moral character.

(4) Demonstrates that the applicant has obtained professional liability insurance as required under section 13.3(k) of the act (63 P. S. § 271.13c(k)).

(5) Otherwise complies with this subchapter.

(c) The Board may deny an application for licensure as a perfusionist upon the grounds for disciplinary action in § 25.809 (relating to disciplinary action for licensed perfusionist).

Cross References

This section cited in 49 Pa. Code § 25.806 (relating to registration of temporary emergency perfusionist service).

§ 25.804. Application for temporary graduate perfusionist license.

(a) An applicant for a temporary graduate perfusionist license shall submit, on forms made available by the Board, a completed application, including the necessary supporting documents, and pay the fee in § 25.231 (relating to schedule of fees) for an application for a temporary graduate perfusionist license.

(b) The Board may grant a temporary graduate perfusionist license, which authorizes the license holder to practice only under the supervision and direction of a perfusionist licensed under the act, to an applicant who:

- (1) Demonstrates that the applicant is eligible for and has applied to sit for the examination of a certifying agency approved by a Nationally-recognized accrediting agency approved by the Board.
 - (2) Demonstrates that the applicant has graduated from an accredited perfusion program approved by the Board.
 - (3) Demonstrates that the applicant is at least 18 years of age and of good moral character.
 - (4) Demonstrates that the applicant has obtained professional liability insurance as required under section 13.3(k) of the act (63 P. S. § 271.13c(k)).
 - (5) Otherwise complies with this subchapter.
- (c) The Board may deny an application for a temporary graduate perfusionist license upon the grounds for disciplinary action in § 25.809 (relating to disciplinary action for licensed perfusionist).
- (d) A temporary graduate perfusionist license expires 2 years after the date of issuance and may not be renewed.
- (e) A temporary graduate perfusionist license expires upon notice to the Board that the holder has failed the Nationally-recognized certifying agency's certification examination. The holder of a temporary graduate perfusionist license who fails the examination shall immediately cease practicing and return the license to the Board.

Cross References

This section cited in 49 Pa. Code § 25.806 (relating to registration of temporary emergency perfusionist service).

§ 25.805. Application for temporary provisional perfusionist license.

- (a) An applicant for a temporary provisional perfusionist license shall submit, on forms made available by the Board, a completed application, including the necessary supporting documents, and pay the fee in § 25.231 (relating to schedule of fees) for application for a temporary provisional perfusionist license.
- (b) The Board may grant a temporary provisional perfusionist license to an applicant who:
 - (1) Demonstrates that the applicant holds a current license in good standing under the laws of another state, the District of Columbia or a territory of the United States that includes certification by a certifying agency approved by a Nationally-recognized accrediting agency.
 - (2) Demonstrates that the applicant has graduated from an accredited perfusion program approved by the Board.
 - (3) Demonstrates that the applicant is at least 18 years of age and of good moral character.
 - (4) Demonstrates that the applicant has obtained professional liability insurance as required under section 13.3(k) of the act (63 P. S. § 271.13c(k)).
 - (5) Otherwise complies with this subchapter.

(c) The Board may deny an application for temporary provisional perfusionist licensure upon the grounds for disciplinary action in § 25.809 (relating to disciplinary action for licensed perfusionist).

(d) A temporary provisional perfusionist license expires 1 year after the date of issuance and may not be renewed.

Cross References

This section cited in 49 Pa. Code § 25.806 (relating to registration of temporary emergency perfusionist service).

§ 25.806. Registration of temporary emergency perfusionist service.

(a) An out-of-State perfusionist shall register with the Board in accordance with this section prior to providing temporary emergency perfusionist service in this Commonwealth in accordance with section 13.3(j) of the act (63 P. S. § 271.13c(j)).

(b) The out-of-State perfusionist or another person acting on behalf of the out-of-State perfusionist shall submit, on forms made available by the Board, a completed registration form with the questions fully answered which shall be verified by the out-of-State perfusionist by personal or electronic signature. The completed registration form shall be submitted by electronic means, including computer-to-computer, computer-to-facsimile machine or e-mail transmission.

(c) Although not limited to a single procedure or single patient or group of related patients, an out-of-State perfusionist may provide temporary emergency perfusionist services in this Commonwealth for no longer than 72 hours.

(d) An out-of-State perfusionist may not provide temporary emergency perfusionist service in this Commonwealth more than once without being licensed in accordance with § 25.803, § 25.804 or § 25.805 (relating to application for perfusionist license; application for temporary graduate perfusionist license; and application for temporary provisional perfusionist license).

(e) A registration for an out-of-State perfusionist is not complete unless the health care facility licensed by the Department of Health has submitted the certification required under section 13.3(j)(1)(ii) of the act to the Board by electronic means, including computer-to-computer, computer-to-facsimile machine or e-mail transmission.

§ 25.807. Renewal of perfusionist license.

(a) The license of a perfusionist expires biennially on December 31 of each even-numbered year. It is the responsibility of the licensee to notify the Board of a change in name or mailing address within 10 business days of the change. A perfusionist may not practice after December 31 of an even-numbered year unless the perfusionist has completed the biennial registration process and the Board has issued a renewed registration.

(b) As a condition of biennial registration, a perfusionist shall:

(1) Submit a completed application, including payment of the biennial renewal fee in § 25.231 (relating to schedule of fees), for application for biennial renewal of a perfusionist license.

(2) Disclose on the application a license to practice as a perfusionist in another state, district, territory, possession or country.

(3) Disclose on the application disciplinary action pending before or taken by the appropriate health care licensing authority in another jurisdiction or taken since the most recent application for renewal, whether or not licensed to practice in that other jurisdiction.

(4) Disclose on the application pending criminal charges and a finding or verdict of guilt, admission of guilt, plea of nolo contendere or other criminal conviction since the most recent application for renewal.

(5) Verify on the application that the licensed perfusionist has complied with the continuing education requirements mandated under section 13.3(n) of the act (63 P. S. § 271.13c(n)) during the biennial period immediately preceding the period for which renewal is sought in accordance with § 25.810 (relating to continuing education for licensed perfusionist).

(6) Verify on the application that, if practicing as a perfusionist in this Commonwealth, the licensee maintains professional liability insurance coverage in accordance with section 13.3(k) of the act.

§ 25.808. Inactive and expired status of perfusionist license; reactivation of inactive or expired license.

(a) A perfusionist license will become inactive if the licensee requests in writing that the Board place the license on inactive status. The Board will provide written confirmation of inactive status to the licensee at the licensee's last known address on file with the Board.

(b) A perfusionist license will be classified as expired if the licensee fails to renew the certificate by the expiration of the renewal period on December 31 of each even-numbered year. The Board will provide written notice to a licensee who fails to renew by sending a notice to the licensee's last known address on file with the Board.

(c) A perfusionist whose license has become inactive or expired may not practice as a perfusionist in this Commonwealth until the license has been reactivated.

(d) To reactivate an inactive or expired license, the licensee shall apply on forms made available by the Board with the questions fully answered. The licensee shall:

(1) Include the documentation required under § 25.810(b) (relating to continuing education for licensed perfusionist) for the immediately preceding biennium, which may be completed during the current biennium. Unless waived by the Board under section 13.3(n)(4) of the act (63 P. S. § 271.13c(n)(4)), the

Board will not reactivate a license until the required continuing education for the preceding biennium has been successfully completed.

(2) Pay the current renewal fee and the reactivation application fee in § 25.231 (relating to schedule of fees).

(3) Verify that the licensee did not practice as a perfusionist in this Commonwealth while the license was inactive or expired except as provided in subsection (e).

(e) A licensee who has practiced with an inactive or expired license and who cannot make the verification required under subsection (d)(3) shall also pay the fees required under this subsection. Payment of a late fee does not preclude the Board from taking disciplinary action for practicing as a perfusionist without a current license.

(1) A licensee whose license was active at the end of the immediately preceding biennial renewal period and who practiced after the license became inactive or expired shall pay a late fee of \$5 for each month or part of a month from the beginning of the current biennium until the date the reactivation application is filed.

(2) A licensee whose license has been inactive or expired since before the beginning of the current biennium shall pay the renewal fee for each biennial renewal period during which the licensee practiced and pay a late fee of \$5 for each month or part of a month from the first date the licensee practiced as a perfusionist in this Commonwealth after the license became inactive or expired until the date the reactivation application is filed.

§ 25.809. Disciplinary action for licensed perfusionist.

(a) A licensed perfusionist, including a perfusionist holding a temporary graduate license or a temporary provisional license, is subject to disciplinary action under section 15(b) of the act (63 P. S. § 271.15(b)). Following a final determination subject to the right of notice, hearing and adjudication and the right of appeal in accordance with 2 Pa.C.S. §§ 501—508 and 701—704 (relating to Administrative Agency Law), the Board may impose a corrective action in section 15(c) of the act.

(b) Unprofessional conduct includes:

(1) Engaging in conduct prohibited by § 25.216 (relating to sexual misconduct).

(2) Performing an act in a health care profession in a fraudulent, incompetent or negligent manner.

(3) Violating a provision of the act or this chapter setting a standard of professional conduct.

(4) Engaging in health care practice beyond the licensee's authority to practice.

(5) Representing oneself to be a physician, physician assistant, certified registered nurse practitioner or other health care practitioner whose profession the perfusionist is not licensed to practice.

(6) Practicing while the licensee's ability to do so is impaired by alcohol, drugs, physical disability or mental instability.

(7) Revealing personally identifiable facts obtained as the result of a practitioner-patient relationship without the prior consent of the patient, except as authorized or required under statute or regulation.

(8) Failing to provide supervision as required under section 13.3(e)(2) of the act (63 P. S. § 271.13c(e)(2)) of a perfusion student or failing to provide supervision as required under section 13.3(e)(3) of the act of a perfusion graduate who is not otherwise licensed by the Board to perform perfusion in this Commonwealth.

(c) Immoral conduct includes:

(1) Misrepresenting or concealing a material fact in obtaining a license issued by the Board or renewal, reactivation or reinstatement thereof.

(2) Being convicted of a crime involving moral turpitude, dishonesty or corruption in the courts of the Commonwealth, the United States, another state, the District of Columbia, a territory of the United States or another country.

(3) Committing an act involving moral turpitude, dishonesty or corruption.

Cross References

This section cited in 49 Pa. Code § 25.803 (relating to application for perfusionist license); 49 Pa. Code § 25.804 (relating to application for temporary graduate perfusionist license); and 49 Pa. Code § 25.805 (relating to application for temporary provisional perfusionist license).

§ 25.810. Continuing education for licensed perfusionist.

(a) *Credit hour requirements.* A licensed perfusionist shall satisfy the following continuing education credit hour requirements.

(1) As a condition for biennial registration, a licensee shall complete at least 30 hours of continuing education applicable to the practice of perfusion, including at least 10 hours of category I continuing education. A licensee is not required to complete continuing education during the biennium in which the licensee is first licensed.

(2) Except when reactivating an inactive license, when the Board has granted a waiver or when ordered by the Board, continuing education credits may be used to satisfy the continuing education credit hour requirements only for the biennial period in which the credits were earned. An hour of continuing education may not be used to satisfy the requirement of paragraph (1) for more than 1 biennium.

(3) A licensee may request a waiver of the continuing education credit hour requirements because of serious illness, military service or other demonstrated hardship by submitting a request for waiver with supporting documentation to the Board at least 90 days prior to the end of the biennial registration period

for which the waiver is sought. The Board may grant the waiver request in whole or in part and may extend the deadline by which the credit hour requirements shall be met.

(4) A licensee may be subject to disciplinary sanction as provided in section 15 of the act (63 P. S. § 271.15), including the suspension or revocation of the license, imposition of a civil penalty or other corrective measure as determined by the Board if the licensee either submits false information to the Board regarding completion of the continuing education credit hour requirements to complete biennial registration or fails to complete the continuing education hour requirements and practices as a perfusionist after the end of the biennial period.

(b) *Documentation of continuing education.* Continuing education shall be documented in the following manner.

(1) Proof of attendance at an ABCP-approved perfusion meeting consists of a certified record issued by the provider, including:

- (i) The name of the participant.
- (ii) The name of the provider.
- (iii) The date or dates of the course.
- (iv) The name of the course.
- (v) The number of hours of continuing education credit.

(2) Proof of a perfusion-related publication consists of the complete citation reference to the book, chapter or paper in a professional publication.

(3) Proof of presentation at an ABCP-approved or international perfusion meeting consists of a copy of the program agenda.

(4) Proof of participation in an ABCP knowledge base survey consists of a letter from ABCP.

(5) Proof of reading or viewing medical journals, audio-visual or other educational materials consists of a list of the complete citation reference for the materials read or reviewed.

(6) Proof of participation in a perfusion-related self-study module or electronic forum consists of a copy of the printed completion document supplied by the provider.

(7) Proof of participation in a perfusion-related journal club consists of the meeting agenda with topic and date.

(8) Proof of completion of an academic course consists of a copy of the official college or university transcript.

(9) Proof of presentation of a perfusion topic at a meeting that is not approved by the ABCP consists of a copy of the meeting agenda.

(10) Proof of participation as a clinical or didactic instructor in an accredited program consists of a letter of confirmation of the instructor's status from the program director.

(11) Proof of participation in a site visitors' workshop or as an official site visitor consists of a letter from the ABCP.

(c) *Proof of completion of continuing education.* A licensee shall retain proof of completion of continuing education for 5 years after completion of the continuing education or after the completion of the biennial renewal period during which the continuing education was required, whichever is later.

(d) *Verification of compliance.* The Board may audit licensees to verify compliance with continuing education requirements. A licensee shall submit proof of continuing education activities upon request by the Board.

(e) *Continuing education activities.* Credit for continuing education may be earned in the following activities.

(1) Category I continuing education may be earned by:

(i) Attendance at an ABCP-approved perfusion meeting. One continuing education credit may be earned for each hour of continuing education.

(ii) Publication of a perfusion-related book, chapter or paper in a professional publication. Five continuing education credits may be earned for each publication.

(iii) Presentation at an ABCP-approved or international, National, regional, state or local perfusion meeting. Five continuing education credits may be earned for each presentation. Two credits may be earned for each poster presentation or exhibit.

(iv) Completion of an ABCP knowledge base survey. Five continuing education hours may be earned for completing the continuing education activity. The activity may only be counted for credit once in a biennial period.

(2) In addition to category I, continuing education may also be earned by:

(i) Reading or viewing medical journals, audio-visual or other educational materials. One continuing education credit may be earned for each medical journal, audio-visual or other educational material read or viewed with a maximum of ten credits biennially.

(ii) Participation in perfusion-related self-study modules or electronic forums. One continuing education credit may be earned for each 50- to 60-minute period of the activity with a maximum of ten credits biennially.

(iii) Participation in a perfusion-related journal club. One continuing education credit may be earned for each 50- to 60-minute period of the activity, with a maximum of ten credits biennially.

(iv) Completion of a science or health care-related academic course at a regionally accredited college or university. One continuing education credit may be earned biennially.

(v) Presentation of a perfusion topic at a meeting that is not approved by ABCP. One continuing education credit may be earned biennially.

(vi) Working as a clinical or didactic instructor in an accredited school of perfusion. Two continuing education credits may be earned for teaching a single course with a maximum of four credits biennially.

(vii) Participation in a site visitors' workshop or as an official site visitor for perfusion program accreditation. Five continuing education credits may be earned for participation in a site visitor's workshop or as an official site visitor for perfusion program accreditation. The activity may only be counted for credit once in a biennial period.

(3) Continuing education credit may not be earned in a course in office management.

Cross References

This section cited in 49 Pa. Code § 25.807 (relating to renewal of perfusionist license); and 49 Pa. Code § 25.808 (relating to inactive and expired status of perfusionist license; reactivation of inactive or expired license).

§ 25.811. Professional liability insurance coverage for licensed perfusionist.

(a) A licensed perfusionist shall maintain a level of professional liability insurance coverage as required under section 13.3(k) of the act (63 P.S. § 271.13c(k)).

(b) Proof of professional liability insurance coverage may include:

(1) A certificate of insurance or copy of the declaration page from the insurance policy setting forth the effective date, expiration date and dollar amounts of coverage.

(2) Evidence of a plan of self-insurance approved by the Insurance Commissioner of the Commonwealth under regulations of the Insurance Department in 31 Pa. Code Chapter 243 (relating to medical malpractice and health-related self-insurance plans).

(c) A license that was issued in reliance upon a letter from the applicant's insurance carrier indicating that the applicant will be covered against professional liability effective upon the issuance of the applicant's license as permitted under section 13.3(k)(2) of the act will become inactive as a matter of law 30 days after the date of issuance of the license if the licensee has not provided proof of professional liability insurance coverage and will remain inactive until the licensee provides proof of insurance coverage.

(d) A licensee who does not have professional liability insurance coverage as required under section 13.3(k) of the act may not practice as a perfusionist in this Commonwealth.

Subchapter O. GENETIC COUNSELORS

Sec.	
25.901.	Purpose.
25.902.	Definitions.
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- 25.906. Biennial renewal of genetic counselor license.
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- 25.908. Disciplinary action for applicants and genetic counselors.
- 25.909. Continuing education for genetic counselors.
- 25.910. Professional liability insurance coverage for genetic counselors.

Authority

The provisions of this Subchapter O issued under section 10.3 of the Osteopathic Medical Practice Act (63 P.S. § 271.10c), unless otherwise noted.

Source

The provisions of this Subchapter O adopted March 11, 2016, effective March 12, 2016, 46 Pa.B. 1316, unless otherwise noted.

§ 25.901. Purpose.

This subchapter implements section 10.3 of the act (63 P.S. § 271.10c), regarding genetic counselors.

§ 25.902. Definitions.

The following words and terms, when used in this subchapter, have the following meanings, unless the context clearly indicates otherwise:

ABGC—The American Board of Genetic Counseling or an equivalent successor.

ABMG—The American Board of Medical Genetics or an equivalent successor.

Active candidate status—The designation awarded to an individual who has received approval from the ABGC or the ABMG to sit for his respective certification examination.

Genetic counseling—The provision of services to individuals, couples, families and organizations by one or more appropriately trained individuals to address the physical and psychological issues associated with the occurrence or risk of occurrence of a genetic disorder, birth defect, or genetically influenced condition or disease in an individual or a family.

Genetic counselor—An individual who is licensed to practice genetic counseling by the Board or the State Board of Medicine.

Graduate genetic counselor—An individual who has been issued a temporary provisional genetic counselor license by the Board under § 25.905 (relating to application for temporary provisional genetic counselor license) to practice under the supervision of a physician or a genetic counselor.

Hour of continuing education—At least 50 minutes of instruction, including relevant question and answer sessions, in an approved course of continuing education or an equivalent time that an online or correspondence course would be presented live.

NSGC—The National Society of Genetic Counselors or an equivalent successor.

§ 25.903. Application for genetic counselor license.

(a) An applicant for a license to practice as a genetic counselor shall submit, on forms made available by the Board, a completed application for a license to practice as a genetic counselor, including the necessary supporting documents, and pay the application fee in § 25.231 (relating to schedule of fees).

(b) The Board may issue a license to practice as a genetic counselor to an applicant who demonstrates that the applicant:

(1) Is at least 21 years of age and of good moral character, as required under section 10.3(e)(1) and (2) of the act (63 P.S. § 271.10c(e)(1) and (2)).

(2) Has received a master's degree or doctoral degree in human genetics or genetic counseling from an ABGC-accredited or ABMG-accredited educational program or has met the requirements for certification by the ABGC or the ABMG. Proof of the degree, if applicable, shall be sent directly from the applicant's education program and include an official transcript.

(3) Has passed the examination for certification as a genetic counselor by the ABGC or the ABMG or has passed the examination for certification as a Ph.D. medical geneticist by the ABMG. Proof that the applicant has passed the examination shall be sent directly from the ABGC or the ABMG and may include proof of current certification.

(4) Has obtained professional liability insurance, or is exempt from the requirement to obtain professional liability insurance, as set forth in § 25.910 (relating to professional liability insurance coverage for genetic counselors).

(c) The Board may deny an application for licensure as a genetic counselor upon the grounds for disciplinary action in § 25.908 (relating to disciplinary action for applicants and genetic counselors).

Cross References

This section cited in 49 Pa. Code § 25.905 (relating to application for temporary provisional genetic counselor license).

§ 25.904. Application for genetic counselor license by noncertified persons.

(a) An applicant for a license to practice as a genetic counselor who has never passed the ABGC or ABMG certification examination shall submit, on forms made available by the Board, a completed application for a license to practice as a genetic counselor, including the necessary supporting documents, and pay the application fee in § 25.231 (relating to schedule of fees).

(b) The Board may issue a license to practice as a genetic counselor to a noncertified applicant who:

(1) Submits an application to the Board, along with any required supporting documentation, by February 20, 2015.

(2) Demonstrates that the applicant is at least 21 years of age and of good moral character as required under section 10.3(e)(1) and (2) of the act (63 P.S. § 271.10c(e)(1) and (2)).

(3) Demonstrates that the applicant has received a master's degree or higher in genetics or a related field of study and has worked as a genetic counselor for a minimum of 3 continuous years preceding December 22, 2011, or has received a bachelor's degree in genetics or a related field of study and has been employed as a genetic counselor for at least 10 continuous years prior to December 22, 2011.

(i) Proof of the degree shall be sent directly from the applicant's educational program and include an official transcript.

(ii) Related fields of study must include core courses in genetics.

(iii) Proof of employment as a genetic counselor may include Federal income tax forms or notarized letters from the applicant's employer.

(4) Submits at least three letters of recommendation, including one from a genetic counselor certified by the ABGC or the ABMG and one from either a clinical geneticist or medical geneticist certified by the ABMG. A person who submits a letter of recommendation shall have worked with the applicant in an employment setting sometime during the previous 10 continuous years and be able to attest to the applicant's competency in providing genetic counseling services.

(5) Demonstrates that the applicant has obtained professional liability insurance, or is exempt from the requirement to obtain professional liability insurance, as set forth in § 25.910 (relating to professional liability insurance coverage for genetic counselors).

§ 25.905. Application for temporary provisional genetic counselor license.

(a) An applicant for a temporary provisional genetic counselor license shall submit, on forms made available by the Board, a completed application, including the necessary supporting documents, and pay the fee in § 25.231 (relating to schedule of fees) for an application for a temporary provisional genetic counselor license.

(b) The Board may grant a temporary provisional genetic counselor license, which authorizes the license holder to practice only under the supervision of a genetic counselor or physician licensed under the act or under the Medical Practice Act of 1985 (63 P.S. §§ 422.1—422.51a), to an applicant who:

(1) Demonstrates that the applicant has been granted active candidate status establishing eligibility to sit for the next available certification examination offered by the ABGC.

(2) Demonstrates that the applicant is at least 21 years old, of good moral character and has completed an application form provided by the Board, and paid the appropriate fee in § 25.231.

(3) Otherwise complies with this subchapter.

(c) The Board may deny an application for a temporary provisional genetic counselor license upon the grounds in § 25.908 (relating to disciplinary action for applicants and genetic counselors).

(d) A temporary provisional genetic counselor license will expire upon the close of the second examination period for which the holder is eligible to test following issuance of the temporary provisional license and may not be renewed.

(e) A temporary provisional genetic counselor license will expire upon notice to the Board that the holder has not passed the certification examination within two examination cycles after receiving the temporary provisional license. The holder of a temporary provisional genetic counselor license who fails to pass the examination within two examination cycles shall immediately cease practicing and return the license to the Board. An individual whose temporary provisional genetic counselor license has expired under subsection (d) or this subsection may apply for a genetic counselor license when the individual can demonstrate the qualifications in § 25.903 (relating to application for genetic counselor license).

(f) The holder of a temporary provisional genetic counselor license may not use the title “genetic counselor.” The holder of a temporary provisional genetic counselor license may use the title “graduate genetic counselor” but may not use an abbreviation of the title.

(g) A graduate genetic counselor shall inform clients that the graduate genetic counselor holds a temporary provisional license and practices under supervision.

Cross References

This section cited in 49 Pa. Code § 25.902 (relating to definitions).

§ 25.906. Biennial renewal of genetic counselor license.

(a) The license of a genetic counselor will expire biennially on October 31 of each even-numbered year in accordance with § 25.271 (relating to requirements for renewal). A genetic counselor may not practice after October 31 of an even-numbered year unless the genetic counselor has completed the biennial renewal process and the Board has issued a renewed license.

(b) As a condition of biennial renewal, a genetic counselor shall:

(1) Submit a completed application, including payment of the biennial renewal fee in § 25.231 (relating to schedule of fees).

(2) Disclose on the application any license to practice as a genetic counselor in another state, territory, possession or country.

(3) Disclose on the application disciplinary action pending before or taken by the appropriate health care licensing authority in any other jurisdiction since the most recent application for biennial renewal, whether or not licensed to practice in that other jurisdiction.

(4) Disclose on the application pending criminal charges and any finding or verdict of guilt, admission of guilt, plea of nolo contendere, probation without verdict, disposition in lieu of trial or accelerated rehabilitative disposition in any criminal matter since the most recent application for biennial renewal.

(5) Verify on the application that the genetic counselor has complied with the continuing education requirements mandated by section 10.3(j) of the act (63 P.S. § 271.10c(j)) during the biennial period immediately preceding the period for which renewal is sought in accordance with § 25.909 (relating to continuing education for genetic counselors).

(6) Verify on the application that, if practicing as a genetic counselor in this Commonwealth, the licensee maintains professional liability insurance coverage in accordance with § 25.910 (relating to professional liability insurance coverage for genetic counselors).

§ 25.907. Inactive status of genetic counselor license; reactivation of inactive license.

(a) A genetic counselor license will become inactive upon either of the following:

(1) The licensee requests in writing that the Board place the license on inactive status. Written confirmation of inactive status will be forwarded to the licensee.

(2) The licensee fails to renew the license by the expiration of the biennial renewal period, that is, by October 31 of each even-numbered year.

(b) A genetic counselor whose license has become inactive may not practice as a genetic counselor in this Commonwealth until the license has been reactivated.

(c) To reactivate an inactive license, the licensee shall apply on forms made available by the Board. The licensee shall:

(1) Include the documentation required under § 25.909 (relating to continuing education for genetic counselors) for the immediately preceding biennium. Unless waived by the Board under section 10.3(j)(3) of the act (63 P.S. § 271.10c(j)(3)), the Board will not reactivate a license until the required continuing education for the preceding biennium has been successfully completed.

(2) Pay the current biennial renewal fee and the reactivation application fee specified in § 25.231 (relating to schedule of fees).

(3) Except as provided in subsection (e), verify that the licensee did not practice as a genetic counselor in this Commonwealth while the license was inactive.

(d) A licensee whose license has been inactive for 4 years or more shall demonstrate continued competence by showing current certification by the ABGC.

(e) A licensee who has practiced with an inactive license, and who cannot make the verification required under subsection (c)(3), shall also pay the late fees required under section 225 of the Bureau of Professional and Occupational Affairs Fee Act (63 P.S. § 1401-225) as more fully set forth in this subsection. Payment of a late fee does not preclude the Board from taking disciplinary action for practicing as a genetic counselor without a current active license.

(1) A licensee whose license was active at the end of the immediately preceding biennial renewal period and who practiced after the license became inactive shall pay a late fee of \$5 for each month or part of a month from the beginning of the current biennium until the date the reactivation application is filed.

(2) A licensee whose license has been inactive since before the beginning of the current biennium shall pay the biennial renewal fee for each biennial period during which the licensee practiced and shall pay a late fee of \$5 for each month or part of a month from the first date the licensee practiced as a genetic counselor in this Commonwealth after the license became inactive until the date the reactivation application is filed.

§ 25.908. Disciplinary action for applicants and genetic counselors.

(a) A genetic counselor, graduate genetic counselor or applicant for a license under this subchapter is subject to refusal of license or disciplinary action under

section 15 of the act (63 P.S. § 271.15). Following a final determination subject to the right of notice, hearing and adjudication and the right of appeal therefrom in accordance with 2 Pa.C.S. §§ 501—508 and 701—704 (relating to Administrative Agency Law), the Board may refuse licensure or impose any of the corrective actions of section 15(c) of the act.

(b) A genetic counselor, graduate genetic counselor or applicant for licensure is subject to discipline under section 15(a)(6) and (8) of the act for violating this chapter and for being guilty of immoral or unprofessional conduct. Unprofessional conduct includes:

- (1) Engaging in conduct prohibited under § 25.216 (relating to sexual misconduct).
- (2) Performing an act in a health care profession in a fraudulent, incompetent or negligent manner.
- (3) Violating a provision of the act or this chapter setting a standard of professional conduct.
- (4) Engaging in health care practice beyond the licensee's authority to practice.
- (5) Representing oneself to be a physician or other health care practitioner whose profession the genetic counselor is not licensed to practice.
- (6) Practicing while the licensee's ability to do so is impaired by alcohol, drugs, physical disability or mental instability.
- (7) Revealing personally identifiable facts obtained as the result of a practitioner-patient relationship without the prior consent of the patient, except as authorized or required by statute or regulation.
- (8) Failing to provide appropriate supervision to a genetic counselor student or a graduate genetic counselor practicing under a temporary provisional license. For purposes of this paragraph, appropriate supervision of a genetic counselor student means that the student is under the overall direction of the chair or director of the educational program. For purposes of this paragraph, appropriate supervision of a graduate genetic counselor means that the graduate genetic counselor is under the overall direction of the area supervisor and the supervisor conducts periodic review of the work of the graduate genetic counselor.
- (9) Practicing outside the scope of practice for a genetic counselor as set forth in section 10.3(c) of the act (63 P.S. § 271.10c(c)).
- (10) Failing to inform a client that the graduate genetic counselor holds a temporary provisional license and practices under supervision.

(c) Immoral conduct includes:

- (1) Misrepresenting or concealing a material fact in obtaining a license issued by the Board or renewal, reactivation or reinstatement thereof.
- (2) Being convicted of a crime involving moral turpitude, dishonesty or corruption in the courts of the Commonwealth, the United States, another state, the District of Columbia, a territory of the United States or another country.
- (3) Committing an act involving moral turpitude, dishonesty or corruption.

Cross References

This section cited in 49 Pa. Code § 25.903 (relating to application for genetic counselor license); and 49 Pa. Code § 25.905 (relating to application for temporary provisional genetic counselor license).

§ 25.909. Continuing education for genetic counselors.

(a) *Credit hour requirements.* A genetic counselor shall satisfy the following continuing education credit hour requirements:

(1) As a condition for biennial renewal, a genetic counselor shall complete at least 30 hours of continuing education applicable to the practice of genetic counseling; credit will not be given for a course in office management or practice building. A genetic counselor is not required to complete continuing education during the biennium in which the licensee was first licensed if licensure occurred within 3 years of completion of the degree.

(2) Except when reactivating an inactive license, when the Board has granted a waiver or when ordered by the Board, continuing education credits may be used to satisfy the continuing education credit hour requirements only for the biennial period in which the credits were earned. No hour of continuing education may be used to satisfy the requirement of paragraph (1) for more than one biennium.

(3) A genetic counselor may request a waiver of the continuing education credit hour requirements because of serious illness, military service or other demonstrated hardship by submitting a request for waiver with the supporting documentation to the Board at least 90 days prior to the end of the biennial renewal period for which the waiver is sought. The Board may grant the waiver request in whole or in part and may extend the deadline by which the credit hour requirements shall be met.

(4) A genetic counselor may be subject to disciplinary sanction as provided in section 15 of the act (63 P.S. § 271.15), including the suspension or revocation of the license, imposition of a civil penalty or other corrective measure as determined by the Board, if the licensee either submits false information to the Board regarding completion of the continuing education credit hour requirements to complete biennial renewal, or fails to complete the continuing education hour requirements and practices as a genetic counselor after the end of the biennial period.

(b) *Continuing education activities.* Credit for continuing education may be earned for activities approved by the ABGC or the NSGC.

(c) *Documentation of continuing education.* Continuing education shall be documented with a certificate of attendance or completion issued by the activity provider. The certificate must include the name of the course provider, the name and date of the course, the name of the licensee, the number of credit hours based on a 50-minute hour and the category of continuing education, if applicable.

Cross References

This section cited in 49 Pa. Code § 25.906 (relating to biennial renewal of genetic counselor license); and 49 Pa. Code § 25.907 (relating to inactive status of genetic counselor license; reactivation of inactive license).

§ 25.910. Professional liability insurance coverage for genetic counselors.

(a) A genetic counselor practicing in this Commonwealth shall maintain a level of professional liability insurance coverage in the minimum amount of \$1 million per occurrence or claims made as required under section 10.3(k) of the act (63 P.S. § 271.10c(k)).

(b) Proof of professional liability insurance coverage may include:

(1) A certificate of insurance or copy of the declaration page from the insurance policy setting forth the effective date, expiration date and dollar amounts of coverage. The policy may be personally purchased liability insurance or professional liability insurance coverage provided by the genetic counselor's employer.

(2) Evidence of a plan of self-insurance approved by the Insurance Commissioner of the Commonwealth under regulations of the Insurance Department in 31 Pa. Code Chapter 243 (relating to medical malpractice and health-related self-insurance plans).

(c) A license that was issued in reliance upon a letter from the applicant's insurance carrier indicating that the applicant will be covered against professional liability effective upon the issuance of the applicant's license as permitted under section 10.3(k)(3) of the act will become inactive as a matter of law 30 days after the date of issuance of the license if the licensee has not provided proof of professional liability insurance coverage and will remain inactive until the licensee provides proof of insurance coverage.

(d) A licensee who does not have professional liability insurance coverage as required under section 10.3(k)(1) of the act may not practice as a genetic counselor in this Commonwealth.

Cross References

This section cited in 49 Pa. Code § 25.903 (relating to application for genetic counselor license); 49 Pa. Code § 25.904 (relating to application for genetic counselor license by noncertified persons); and 49 Pa. Code § 25.906 (relating to biennial renewal of genetic counselor license).

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