

<h2 style="margin: 0;">Regulatory Analysis Form</h2> <p style="margin: 0;">(Completed by Promulgating Agency)</p> <p style="margin: 0;"><small>(All Comments submitted on this regulation will appear on IRRC's website)</small></p>		<p style="margin: 0;">INDEPENDENT REGULATORY REVIEW COMMISSION</p> <div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0; font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="margin: 5px 0 0 0;">JUN 15 2020</p> <p style="margin: 0; font-size: 0.8em;">Independent Regulatory Review Commission</p> </div>
<p>(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Osteopathic Medicine</p>		<p>IRRC Number: 3254</p>
<p>(2) Agency Number: 16A Identification Number: 5334</p>		
<p>(3) PA Code Cite: 49 Pa. Code § 25.231 and 25.503</p>		
<p>(4) Short Title: Fees</p>		
<p>(5) Agency Contacts (List Telephone Number and Email Address):</p> <p>Primary Contact: Kenneth J. Suter, Board Counsel, State Board of Osteopathic Medicine, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 717-787-0251) ksuter@pa.gov</p> <p>Secondary Contact: Jacqueline A. Wolfgang, Acting Senior Regulatory Counsel, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 717-787-0251) jawolfgang@pa.gov</p>		
<p>(6) Type of Rulemaking (check applicable box):</p> <p><input checked="" type="checkbox"/> Final Regulation</p>		<p><input type="checkbox"/> Emergency Certification Regulation;</p> <p><input type="checkbox"/> Certification by the Governor</p> <p><input type="checkbox"/> Certification by the Attorney General</p>
<p>(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)</p> <p>The State Board of Osteopathic Medicine ("Board") amends § 25.231 (relating to schedule of fees) and to rescind § 25.503 (relating to fees) to read as set forth in Annex A. The rulemaking provides for graduated application fees increases for: osteopathic physicians, short-term camp osteopathic physicians, temporary training licenses or graduate training certificates, physician assistants, supervising osteopathic physicians, acupuncturists and physician acupuncturist, respiratory therapists, athletic trainers, perfusionists, reactivation of perfusionist licenses, temporary graduate perfusionist licenses, temporary provisional perfusionist licenses, genetic counselors, genetic counselor reactivations and temporary provisional genetic counselors.</p> <p>The rulemaking also implements graduated biennial renewal fee increases for osteopathic physicians, physician assistants, acupuncturists, perfusionists, athletic trainers, respiratory therapists and genetic counselors.</p>		

(8) State the statutory authority for the regulation. Include specific statutory citation.

Under section 16 of the Osteopathic Medical Practice Act (act) (63 P.S. § 271.16), the Board has the “power to adopt and revise such regulations as are reasonably necessary to carry out the purposes of this act in conformity with the provisions of the act of July 31, 1968 (P.L. 769, No. 240), known as the “Commonwealth Documents Law.” Under section 13.1(a) act, (63 P.S. § 271.13a(a)), the Board is required to support its operations from the revenue it generates from fees, fines and civil penalties. Under the act, all fees required pursuant to the act shall be fixed by the board by regulation and shall be subject to the act of June 25, 1982 (P.L.633, No.181), known as the “Regulatory Review Act.” If the revenues raised by fees, fines and civil penalties imposed under this act are not sufficient to meet expenditures over a two-year period, the board shall increase those fees by regulation so that the projected revenues will meet or exceed projected expenditures. 63 P.S. § 271.13a((a). All “fees, fines and penalties imposed . . . shall be for the exclusive use by the board in carrying out the provisions of this act and shall be annually appropriated for that purpose.” 63 P.S. § 271.13a(c).

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

Yes. Section 13.1(a) of the act mandates a fee increase when expenditures outpace revenue.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The act requires the Board to set fees by regulation so that revenues meet or exceed expenditures. The general operating expenses of the Board are borne by the licensee population through revenue generated by applications and the biennial renewal of licenses. The final-form rulemaking ensures the fiscal integrity of the Board and allows the Board to carry out its mission.

The majority of the Board’s costs are personnel related, and much of those costs are not within the Board’s control. Staff are generally employees of the Commonwealth, most of whom are civil service personnel, and many are union positions. For these employees, the Board is bound by the negotiated contract. Personnel costs associated with investigation and enforcement depend largely on the number of complaints received that need to be investigated, and the number of those matters that result in disciplinary action. The Board has no control over the number of complaints that are filed against licensees and unlicensed individuals, nor may they control which matters are or are not prosecuted.

Over the last few fiscal years, the Board has had some sizable increases to expenses for a variety of reasons. One of the largest financial impacts for the Board was the incorporation of The Pennsylvania Justice Network (JNET), due in part to the enactment of act of February 15, 2018 (P.L. 14, No. 6) (Act 6 of 2018), which requires mandatory self-reporting of criminal convictions. The Board uses JNET to identify criminal convictions of licensees and to verify compliance with Act 6 of 2018’s mandatory reporting requirement. Initially, the Board was one of three (3) boards under the Bureau that incorporated JNET criminal notifications into their business processes. Across the three (3) boards, there was a sizable 27.5% average increase in the number of complaints being processed and opened for prosecution. With the additional complaints,

increased expenses due to higher prosecutions, investigations, expert witness usage, and hearings resulted. Since incorporation of JNET, expenses have been relatively steady in all of these cost categories. More than likely, this new level of legal workload is one that will be part of the financial picture for the Board going forward.

In addition to the legal increases, all 29 boards and commissions under the Bureau have undergone an information technology transformation upgrade with the incorporation of the Pennsylvania Licensure System (PALS). Expenses associated with PALS, including the initial build as well as ongoing maintenance, are proportionately spread across all entities based on licensee population as a way to effectively share costs per licensee. While the initial build is in the past, it has contributed to higher administrative expenses for all boards during the last few fiscal years. Due to PALS' high functioning database with enhanced features over the Department's previous License 2000 platform, maintenance for this system requires a larger financial commitment from all boards and commissions than the previous system.

One of the major reasons this Board requires considerable increases is due to it being a standalone appropriation without any reliance on the Professional Licensure Augmentation Account (PLAA). In the early 2000's, this Board, along with the State Board of Medicine, increased fees to handle the potential influx of cases under the Medical Care Availability and Reduction of Error Act (MCARE Act) (40 P.S. §§ 1303.101—1303.910). Thankfully, the Board did not incur the amount of expenses initially projected, leaving the Board with larger than normal revenue surpluses. In 2011, the Board decided to reduce biennial renewal fees to level the large surpluses in their respective restricted account. While this was a short-term solution, expenses outlined previously, had quickly tipped the scales and left the Board in a situation where revenues were no longer meeting expenditures.

The Board receives an annual report from the Department of State's Bureau of Finance and Operations (BFO) regarding the Board's income and expenses. Currently, the Board's revenue and expenses for fiscal years (FY) 2016-2017 and 2017-18 and the projected revenue and expenses through FY 2027-2028 are as follows: during FY 2016-2017 through 2017-2018, the Board received revenue of \$2,128,270.14 and incurred expenses of \$3,221,243.36 and ended with a remaining balance of \$1,712,593.53. For FY 2018-2019 through 2019-2020, the Board projects receiving revenue of \$2,233,122.60 and projects incurring expenses of \$3,545,185.74. At the end of FY 2019-2020, BFO projects a remaining balance of \$400,530.39, which is only enough to cover approximately 3 months of expenditures. For FY 2020-2021 through FY 2021-2022, without an increase in fees, the Board projects revenue of \$2.339 million and projects expenses of \$3.804 million, with a deficit balance in FY 2021-2022 of (\$1,064,469.61). Thus, BFO's data demonstrates that the Board's revenue is not sufficient to meet or exceed its expenditures over a 2-year period in fiscal year 2019-2020 or thereafter. Seven graduated biennial renewal fee increases will be implemented under the final-form rulemaking. Biennial renewal fee increases will be implemented for: osteopathic physicians, physician assistants, acupuncturists, respiratory therapists, athletic trainers, perfusionists, and genetic counselors. Approximately 12,721 individuals who possess current licenses, certificates and registrations will be required to pay more for biennial renewals. While licensed individuals will be impacted economically, the graduated increase as opposed to a flat fee increase will ensure that fees charged coincide more closely with the projected expenses for each biennium.

As a part of the Board's rulemaking, the Board reviewed the fees charged for licensure applications and determined that the current application fees do not accurately reflect the actual cost of processing applications. Accordingly, the Board also adopted increases in application fees

so that the application fees more accurately reflect the cost of processing applications. Increasing the application fees, however, does not produce sufficient revenue to meet or exceed the Board's projected expenditures. The rulemaking will increase licensure application fees to reflect updated costs of processing applications. The following application fee increases will be implemented under the final-form rulemaking: osteopathic physicians, short-term camp osteopathic physicians, temporary training licenses or graduate training certificates, physician assistants, supervising osteopathic physicians, acupuncturists and physician acupuncturist, respiratory therapists, athletic trainers, perfusionists, reactivation of perfusionist licenses, temporary graduate perfusionist licenses, temporary provisional perfusionist licenses, genetic counselors, genetic counselor reactivations, and temporary provisional genetic counselors. Approximately 2,600 applicants will be impacted by this regulation. While applicants will be impacted economically, the graduated increase as opposed to a flat fee increase to ensure that fees charged to licensees are reflective of costs for processing each application.

The new fee structure is projected to produce biennial revenues of: \$3.949 million in FY 2020-2021 through 2021-2022, which will allow the Board to meet or exceed its projected expenditures of \$3.804 million; \$4.938 million in FY 2022-2023 through 2023-2024, which will allow the Board to meet or exceed its projected expenditures of \$3.918 million; and \$5.314 million in FY 2024-2025 through 2025-2026, which will allow the Board to meet or exceed its projected expenditures of \$4.036 million, and will return the Board to a fiscally sound position. The Board believes that the fees will be adequate to cover operating expenses through at least fiscal year 2025-2026.

The fee increases for application and biennial renewal fees will enable the Board to continue to create a small surplus in funds in their restricted account should there be any additional unknown financial impacts. The final-form rulemaking will benefit every citizen of the Commonwealth in that it ensures the fiscal integrity of the Board so that it can carry out its mission. The costs to applicants and licensees are outweighed by the Board's duty to license and regulate the practice of osteopathic medicine in the public interest.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

No, there are no federal licensure standards for osteopathic medicine.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

In 2018, the Commissioner of the Bureau of Professional and Occupational Affairs (Bureau) issued an executive report on the Review of State Professional and Occupational Licensure Board Requirements and Processes. The report compares professional licensing in Pennsylvania to states in the Northeast Region (Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Rhode Island, Vermont and West Virginia). The report can be found at:

<https://www.dos.pa.gov/ProfessionalLicensing/Documents/EO2017-03-Executive-Report-Occupational-Licensing.pdf>

The Board reviewed the Commissioner's report and the U.S. Osteopathic Licensure Summary by American Osteopathic Association (September 2019). Based upon the Board's review of other

states' initial application fees as compared to the Board's fee increases, the rulemaking will not put Pennsylvania at a competitive disadvantage with other states.

Osteopathic Physician - Pennsylvania, Maine, Vermont and West Virginia are the only states in the Northeast Region that have separate osteopathic physician licensing boards. Of this group, based upon the Board's application fee of \$170, Pennsylvania would have the lowest initial licensing/registration fee, compared to Maine at \$350, Vermont at \$500 and West Virginia at \$400. Even comparing the other states' current fees to the Board's 2022 increase to \$185 and 2024 increase to \$205, the Board's fees will be less than fees charged by the other states.

Pennsylvania's biennial renewal fee of \$330 (effective with the 2020-2022 biennial renewal) is lower than Maine at \$500, West Virginia at \$400, and Vermont at \$350. Even comparing the other states' current renewal fees to the Board's 2022-2024 and 2024-2026 biennial renewal fee increases, the Board's renewal fees of \$420 and \$450 are in line with fees charged in the other states.

Physician Assistant – Pennsylvania's application fee is \$115 in 2020, \$125 in 2022, and \$140 in 2024. Pennsylvania would have a competitive application fee of \$115, equal to New Hampshire and New York fees of \$115. The current fees for other states in the Northeast Region are: Rhode Island at \$110, Connecticut at \$190, Delaware at \$253, Maine at \$250, Maryland at \$225, Massachusetts at \$250, New Jersey at \$362.50, Ohio at \$503.50, Vermont at \$225 and West Virginia at \$250. Most of the surrounding states charge higher fees than Pennsylvania's fee of \$115, and the remaining states are comparable to Pennsylvania's initial increase. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's fees of \$125 (in 2022) and \$140 (in 2024) are less than or comparable to other states.

Pennsylvania's biennial renewal fee of \$40 (effective with the 2020-2022 biennial renewal) is lower than, or comparable to, neighboring states. By comparison, the current renewal fees for other states are Connecticut at \$155, Delaware at \$188, Maine at \$200, Maryland at \$186, Massachusetts at \$150, New Hampshire at \$65, Rhode Island at \$110, Ohio at \$203.50, Vermont at \$215, West Virginia at \$100, and New Jersey and New York at \$45. Even comparing the other states' current renewal fees to the Board's subsequent renewal fee increases that will take place in 2022-2024 (\$75) and 2024-2026 (\$80), the Board's new renewal fees are less than, or comparable to, renewal fees charged by the other states.

Acupuncturist and Physician Acupuncturist - Pennsylvania's application fee is \$100 in 2020, \$110 in 2022, and \$120 in 2024. Initial application fees in other states are: Connecticut at \$200, Delaware at \$188, Maine at \$396, Maryland at \$525, Massachusetts at \$300, New Hampshire at \$110, New Jersey at \$370, New York at \$788, Ohio at \$173.50, Rhode Island at \$310, Vermont at \$100, and West Virginia at \$500. Most of the surrounding states' fees are either comparable to or higher than Pennsylvania's new fees. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's new fees of \$110 (in 2022) and \$120 (in 2024) are less than most of the states.

Pennsylvania's biennial renewal fee of \$40 (effective with the 2020-2022 biennial renewal) is significantly lower than the other comparison states. The current renewal fees for other states are Connecticut at \$255, Delaware at \$188, Maine at \$195, Maryland at \$551, Massachusetts at \$200, New Hampshire at \$110, New York at \$288, Rhode Island at \$310, New Jersey at \$270, Ohio at \$100, Vermont at \$200, and West Virginia at \$425. Even comparing the other states' current

renewal fees to the Board's subsequent renewal fee increases that will take place in 2022-2024 (\$75) and 2024-2026 (\$80), the Board's renewal fees are less than other states.

Respiratory Therapists - Pennsylvania's application fee is \$100 in 2020, \$110 in 2022, and \$120 in 2024. Initial application fees in other states are: Connecticut at \$190, Delaware at \$108, Maine at \$86; both Maryland and West Virginia at \$200; Massachusetts at \$260, New Hampshire at \$170, New Jersey at \$285, and New York at \$294, Ohio at \$75, Rhode Island at \$60 and Vermont at \$100. By comparison, Pennsylvania's fees are less than, or comparable to, other fees in the Northeast Region. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's fees of \$110 (in 2022) and \$120 (in 2024) are less than most other states.

Pennsylvania's renewal fee of \$40 (effective with the 2021-2022 biennial renewal) would be lower than the other comparison states. Renewal fees for other states are: Connecticut at \$105, Delaware at \$108, Maine at \$65, Maryland at \$176, both Massachusetts and New Hampshire at \$110, New Jersey at \$160, New York at \$179, Ohio at \$75, Rhode Island at \$60, Vermont at \$200, and West Virginia at \$55. Even comparing the other states' current renewal fees to the Board's subsequent renewal fee increases that will take place in 2023-2024 and 2025-2026, the Board's renewal fees of \$55 and \$60 would be lower than most of the other states.

Athletic Trainer – Pennsylvania's application fee is \$100 in 2020, \$110 in 2022, and \$120 in 2024. Pennsylvania would have a competitive application fee as compared to other states. The fees in other states are: Connecticut at \$190, Delaware at \$198, Maine at \$196, Maryland at \$200, Massachusetts at \$259, New Hampshire at \$170, New Jersey at \$140 to \$180, depending on biennial year, New York at \$158, Ohio and Vermont at \$100, and West Virginia at \$125. Rhode Island has the lowest fee of \$60. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's fees of \$110 (in 2022) and \$120 (in 2024) are less than or comparable to fees charged in other states.

Pennsylvania's biennial renewal fee of \$50 (effective with the 2021-2022 biennial renewal) is lower than Connecticut at \$205, Delaware at \$198, Maine at \$150, Maryland at \$161, Massachusetts at \$100, New Hampshire at \$110, New Jersey at \$80, New York at \$50 (triennial renewal), Ohio at \$70, Rhode Island at \$60, Vermont at \$200 and West Virginia at \$75. Even comparing the other states' current renewal fees to the Board's subsequent renewal fee increases that will take place in 2023-2024 (\$70) and 2025-2026 (\$75), the Board's renewal fees are less than or comparable to other states.

Perfusionist - Pennsylvania's application fee is \$120 in 2020, \$130 in 2022, and \$145 in 2024. Delaware, Maine, New Hampshire, Ohio, Rhode Island, Vermont and West Virginia do not issue licenses to perfusionists. Of those states that do license perfusionists, the current fees are: Connecticut at \$315, Maryland at \$300, Massachusetts at \$225, New Jersey at \$370, and New York at \$200. By comparison, Pennsylvania will have the lowest application fee in the Northeast Region. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's fees of \$130 (in 2022) and \$145 (in 2024) are less than other states.

Pennsylvania's biennial renewal fee of \$75 (effective with the 2021-2022 biennial renewal) is significantly lower than the other comparison states, for example, Connecticut at \$320, Maryland at \$247, Massachusetts at \$150, New Jersey at \$150, and New York at \$150. Even comparing the other states' current renewal fees to the Board's subsequent renewal fee increases that will take

place in 2023-2024 and 2025-2026, the Board's renewal fees of \$80 and \$85 are less than other states.

Genetic Counselor - Pennsylvania's application fee is \$120 in 2020, \$130 in 2022, and \$145 in 2024. Maine, Maryland, New York, Rhode Island, Vermont and West Virginia do not issue licenses to genetic counselors. Of those states that do license genetic counselors, the current fees are: Connecticut at \$315, Delaware at \$253, Massachusetts at \$300, New Hampshire at \$170, New Jersey at \$250, and Ohio at \$203.50. By comparison, Pennsylvania would have the lowest initial licensing/application fee of \$120 in the Northeast Region. Even comparing the other states' current fees to the Board's subsequent application fee increases, the Board's fees of \$130 (in 2022) and \$145 (in 2024) are less than other states.

Pennsylvania's renewal fee of \$125 (effective with the 2021-2022 biennial renewal) renewal fee would be lower than other states. The current renewal fees for other states are: Connecticut at \$190, Delaware at \$188, Massachusetts at \$300, New Jersey at \$220 and Ohio at \$153.50. New Hampshire has the lowest fee of \$110. Even comparing the other states' current renewal fees to the Board's subsequent renewal fee increases that will take place in 2023-2024 and 2025-2026, the Board's renewal fees of \$155 and \$160 are less than or comparable to other states.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

The Board released an exposure draft of a proposed annex reflecting fee increases for public comment from stakeholders, interested parties and representatives of the licensed professions on May 8, 2018. The Board also discussed the proposed rulemaking on February 14, 2018, April 11, 2018, August 22, 2018, October 24, 2018, February 13, 2019, August 14, 2019, and December 11, 2019, during the Board's regularly scheduled meetings which are routinely attended by representatives of the regulated community. Notice of the proposed rulemaking was published at 50 Pa.B. 1364 (March 7, 2020). Publication was followed by a 30-day public comment period during which the Board received 36 public comments, including comments from the Pennsylvania Osteopathic Medicine Association (POMA) and the Pennsylvania Medical Society (PAMED). In addition, the House Professional Licensure Committee (HPLC) submitted comments, and the Independent Regulatory Review Commission (IRRC) also submitted comments. The Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) did not submit comments. The Board reviewed all comments during its regularly scheduled meeting on June 10, 2020 and adopted the final rulemaking after consideration of the comments. A list of the public commenters is attached as Attachment "A."

Regarding comments received, POMA and PAMED were generally supportive of the proposed regulation, but voiced concern about the timing of the regulation and whether there was sufficient time to promulgate the regulation prior to the upcoming November 1, 2020—October

31, 2022 biennial renewal period. While the Board acknowledges that the turnaround time between the proposed rulemaking and the final rulemaking is ambitious, the Board remains committed to do the work necessary to promulgate the regulations within sufficient time to process renewal notices for the November 1, 2020—October 31, 2022 biennial renewal period. The Board has historically sent out renewal notices approximately 60 days prior to the date of the expiration of licenses. The Board anticipates sending renewal notices by the beginning of September. Assuming both IRRC and the Office of Attorney General approve the rulemaking, the Board believes it will be able to promulgate the regulation in time to send the renewal notices out within the 60-day period.

Almost all of the public comments were from physicians and most physicians opposed the increase in physician fees or asked the Board to decrease the size of the fee increase. Regarding application fees, the increase in physician application fees is designed to cover the cost to process applications. This fee is borne by individual applicants. Subsequent increases are calculated at a 9.5% increase as pay increases for staff that process applications are 2.5% in July and 2.25% in January or 4.75% annually (9.5% biennially) and the fee is almost entirely dependent upon personnel-related costs. For osteopathic physicians, the \$45 application fee has been in place since January 29, 2000. Raising the application fees for physicians to \$170 reflects the cost of processing the application. This fee increase is appropriate so that the applicants, and not existing licensees, bear the cost of processing those applications.

Regarding the increase in biennial renewal fees, the Board is dutybound to ensure that the Board is fiscally sound. By the end of FY 2021-2022, BFO anticipates that the Board will be in a deficit, and thus, increasing fees is critical to sustain the operations of the Board. The Board is statutorily obligated to increase fees by regulation when revenues raised by fees, fines and civil penalties under the act are insufficient to meet expenditures over a two-year period. The Board meets this criterion, and thus, is required to increase its fees. Notwithstanding the need to increase fees, given some changes in the Board's expenditures and revenues due in part to the COVID-19 pandemic, BFO reviewed updated fiscal revenue and expenditures data after the proposed rulemaking was published. BFO found that, in addition to increases in the revenue and licensee count, the expenses incurred by the Board during the pandemic have decreased. While the fee increases are still needed prior to the next renewal period for the Board to remain solvent, the Board was able to decrease the renewal fees for physicians to ease the burden. As reflected in Annex A, the biennial renewal fees for osteopathic physicians were adjusted down from \$350 to \$330 in the November 1, 2020—October 31, 2022 biennial renewal period; from \$425 to \$420 in the November 1, 2022—October 31, 2024 biennial renewal period; from \$475 to \$450 in the November 1, 2024—October 31, 2026 biennial renewal period.

The Board received several public comments opposing the increases in fees because of the COVID-19 pandemic. Commenters suggest to the Board that fees should not be raised during the pandemic. Some commenters opined that raising fees for physicians would cause financial hardship, in part, because physicians have suffered a negative financial impact due to the pandemic as a result of cancelled appointments, cancelled elective surgeries, and laying off staff. PAMED and one commenter asked if the Board was prepared to delay or cancel the fee increase. IRRC also commented and expressed concern that the fee increases will cause financial harm during the pandemic and asked the Board to withdraw the rulemaking and resubmit it at a later date. Similarly, the HPLC submitted a comment recommending that the fee increases contained in the proposed regulation be delayed until after the end of the COVID-19 emergency.

While the Board understands the impact the pandemic has had on its licensees, including the

negative financial impact that has occurred to the regulated community, the Board's work in proposing the fee increase began long before the pandemic. The Board is statutorily mandated to increase fees by regulation if the projected revenues will not meet or exceed projected expenditures. Delaying the collection of fees is not fiscally feasible because the Board projects that it will be in a deficit situation by the end of FY 2020-2021. As indicated above, the fee increase is necessary due to expected increases in personnel costs, sizable increases to expenses, including the implementation of JNET notifications which caused a 27.5% average increase in the number of complaints across the three boards (including the Board) that implemented the JNET notifications, and technology upgrades and maintenance of the new database. The fee increases for application and biennial renewal fees will enable the Board to continue to create a small surplus in funds in their restricted account should there be any additional unknown financial impacts.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

On an annual basis, approximately 2,600 applicants will be affected by the following increased application fees: osteopathic physicians, short-term camp osteopathic physicians, temporary training licenses or graduate training certificates, physician assistants, supervising osteopathic physicians, acupuncturists and physician acupuncturist, respiratory therapists, athletic trainers, perfusionists, reactivation of perfusionist licenses, temporary graduate and provisional perfusionist licenses, genetic counselors, genetic counselor reactivations, and temporary provisional genetic counselors.

A total of approximately 12,721 licensees will be affected by the biennial renewal fee increases, comprising of approximately 9,009 physicians and supervisors, 2,603 physician assistants, 159 acupuncturists, 560 respiratory therapists, 39 perfusionists, 25 genetic counselors and 326 athletic trainers.

According to the Small Business Administration (SBA), there are approximately 1,041,905 businesses in Pennsylvania; of which 1037,737 are small businesses. Of the 1,037,737 small businesses, 225,847 are small employers (those with fewer than 500 employees) and the remaining 811,890 are non-employers. Thus, the vast majority of businesses in Pennsylvania are considered small businesses.

According to the Pennsylvania Department of Labor and Industry, based on data collected in 2016, about half of physicians work in physicians' offices. Others work in hospitals, in academia, or for the government. Physicians held about 713,800 jobs in 2016. Many physician assistants work in primary care specialties, such as general internal medicine, pediatrics, and family medicine. Specifically, the majority of physician assistants work in offices of physicians (56%) while a minority work in hospitals, state, local, and private (23%), outpatient care centers (8%), educational services: state, local, and private (3%), and employment services (3%). The largest employers of athletic trainers are educational services- state, local, and private (38%), while others are employed in offices of physical, occupational and speech therapists, and audiologists (15%), hospitals- state, local, and private (15%), fitness and recreational sports centers (10%), and self-employed (6%). The largest employers of genetic counselors are hospitals - state, local, and private (33%), while others are employed in offices of physicians (20%), medical and

diagnostic laboratories (18%), colleges, universities, and professional schools- state, local, and private (11%), and self-employed (8%). Respiratory therapists held about 130,200 jobs in 2016. The largest employers of respiratory therapists were as follows: hospitals; state, local, and private (81%), nursing care facilities (skilled nursing facilities) (5%), offices of physicians (2%). Respiratory therapists work closely with registered nurses, physicians, and medical assistants. There is no specific data collected for acupuncturists or perfusionists.

For the business entities listed above collectively, small businesses are defined in Section 3 of the Regulatory Review Act, (71 P.S. § 745.3) which provides that a small business is defined by the SBA's Small Business Size Regulations under 13 CFR Ch. 1 Part 121. These size standards have been established for types of businesses under the North American Industry Classification System (NAICS). In applying the NAICS standards to osteopathic medicine, the standard set for offices of physicians (NAICS Code 621111) to qualify as a small business is \$12 million or less in average annual receipts. Also, in the NAICS category for general medical and surgical hospitals (NAICS Code 622110) to qualify as a small business is \$41.5 million or less in average annual receipts. Other businesses in the NAICS small business category include colleges, universities and professional schools (NAICS Code 611310) with annual receipts of \$30 million or less, all other outpatient care centers (NAICS Code 621498) with annual receipt of \$22 million or less, nursing care facilities (skilled nursing care facilities) (NAICS Code 623110) with annual receipts of \$30 million or less, offices of physical, occupational and speech therapists and audiologists (NAICS Code 621340) with annual receipts of \$8 million or less, fitness and recreational sports centers (NAICS Code 713940) with annual receipts of \$8 million or less, and medical laboratories (NAICS Code 621511) with annual receipts of \$35.0 million or less. Although the Board does not collect data regarding the size of businesses where its licensees work, in considering all of these small business thresholds set by NAICS, it is probable that most work in small businesses.

The regulation's impact should not extend to those businesses as there are no direct costs that would be passed on to the licensee's employer, unless the employer voluntarily assumes those costs. It would, therefore, be up to the business to determine the benefit of paying employee licensing fees.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

The amendments will increase the application and biennial renewal fees for all licensee/certificate holders of the Board. Specifically, those affected are:

APPLICANTS - Approximately 2,600 applicants will be impacted annually by the increased application fees, including: 1,200 osteopathic physicians; 600 temporary or graduate trainees; 60 short-term camp physicians; 500 physician assistants; 51 supervising physicians; 13 acupuncturists and physician acupuncturists; 10 perfusionists; 5 perfusionists seeking reactivation; 1 temporary graduate perfusionist; 3 temporary provisional perfusionist; 80 athletic trainers; 50 respiratory therapists; 10 genetic counselors; 5 genetic counselors seeking reactivation; and 15 temporary provisional genetic counselors.

LICENSEES/CERTIFICATE HOLDERS (Biennial Renewal) - There are approximately 12,721 individuals who will be required to pay more to renew their licenses, certifications and registrations, including: 9,009 physicians; 2,603 physician assistants; 159 acupuncturists and physician acupuncturists; 25 genetic counselors; 39 perfusionists; 326 athletic trainers and 560

respiratory therapists.

The fees may be paid by applicants, licensees, certificate holders or employers, if employers choose to pay these fees. The regulation should have no other fiscal impact on the private sector, the general public or political subdivisions of the Commonwealth.

The rulemaking will require the Board to alter its online applications to reflect the new fees; however, the amendments will not create additional paperwork for the regulated community or for the private sector.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The Board proposes to amend § 25.231 to update its fee schedules. The amendments will increase the application and biennial renewal fees for licensees of the Board.

Specifically, those affected are as follows:

APPLICANTS

Approximately 2,600 applicants will be impacted annually by the graduated application fee increase.

1,200 Osteopathic Physicians

FY 20-21: The fee increase (\$45 to \$170) will generate an additional \$150,000 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$150,000 in application fees.

FY 22-23: The fee increase (\$170 to \$185) will generate an additional \$18,000 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$18,000 in application fees.

FY 24-25: The fee increase (\$185 to \$205) will generate an additional \$24,000 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$24,000 in application fees.

60 Short-term Camp Physicians

FY 20-21: The fee increase (\$30 to \$100) will generate an additional \$4,200 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$4,200 in application fees.

FY 22-23: The fee increase (\$100 to \$110) will generate an additional \$600 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$600 in application fees.

FY 24-25: The fee increase (\$110 to \$120) will generate an additional \$600 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$600 in application fees.

600 Temporary Training License or Graduate Training Certificate

FY 20-21: The fee increase (\$30 to \$115) will generate an additional \$51,000 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$51,000 in application fees.

FY 22-23: The fee increase (\$115 to \$125) will generate an additional \$6,000 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$6,000 in application fees.

FY 24-25: The fee increase (\$125 to \$140) will generate an additional \$9,000 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$9,000 in application fees.

500 Physician Assistants

FY 20-21: The fee increase (\$30 to \$115) will generate an additional \$42,500 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$42,500 in application fees.

FY 22-23: The fee increase (\$115 to \$125) will generate an additional \$5,000 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$5,000 in application fees.

FY 24-25: The fee increase (\$125 to \$140) will generate an additional \$7,500 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$7,500 in application fees.

51 Supervising Physicians

FY 20-21: The fee increase (\$95 to \$145) will generate an additional \$2,550 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$2,550 in application fees.

FY 22-23: The fee increase (\$145 to \$160) will generate an additional \$765 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$765 in application fees.

FY 24-25: The fee increase (\$160 to \$175) will generate an additional \$765 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$765 in application fees.

13 Acupuncturists and Physician Acupuncturists

FY 20-21: The fee increase (\$30 to \$100) will generate an additional \$910 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$910 in application fees.

FY 22-23: The fee increase (\$100 to \$110) will generate an additional \$130 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$130 in application fees.

FY 24-25: The fee increase (\$110 to \$120) will generate an additional \$130 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$130 in application fees.

50 Respiratory Therapists

FY 20-21: The fee increase (\$30 to \$100) will generate an additional \$3,500 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$3,500 in application fees.

FY 22-23: The fee increase (\$100 to \$110) will generate an additional \$500 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$500 in application fees.

FY 24-25: The fee increase (\$110 to \$120) will generate an additional \$500 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$500 in application fees.

80 Athletic Trainers

FY 20-21: The fee increase (\$20 to \$100) will generate an additional \$6,400 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$6,400 in application fees.

FY 22-23: The fee increase (\$100 to \$110) will generate an additional \$800 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$800 in application fees.

FY 24-25: The fee increase (\$110 to \$120) will generate an additional \$800 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$800 in application fees.

10 Perfusionists

FY 20-21: The fee increase (\$50 to \$120) will generate an additional \$700 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$700 in application fees.
FY 22-23: The fee increase (\$120 to \$130) will generate an additional \$100 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$100 in application fees.
FY 24-25: The fee increase (\$130 to \$145) will generate an additional \$150 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$150 in application fees.

5 Perfusionist Reactivation Fee

FY 20-21: The fee increase (\$50 to \$105) will generate an additional \$275 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$275 in application fees.
FY 22-23: The fee increase (\$105 to \$115) will generate an additional \$50 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$50 in application fees.
FY 24-25: The fee increase (\$115 to \$125) will generate an additional \$50 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$50 in application fees.

1 Temporary Graduate Perfusionist

FY 20-21: The fee increase (\$50 to \$120) will generate an additional \$70 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$70 in application fees.
FY 22-23: The fee increase (\$120 to \$130) will generate an additional \$10 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$10 in application fees.
FY 24-25: The fee increase (\$130 to \$145) will generate an additional \$15 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$15 in application fees.

3 Temporary Provisional Perfusionist

FY 20-21: The fee increase (\$40 to \$80) will generate an additional \$100 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$100 in application fees.
FY 22-23: The fee increase (\$80 to \$88) will generate an additional \$20 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$20 in application fees.
FY 24-25: The fee increase (\$88 to \$95) will generate an additional \$18 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$18 in application fees.

10 Genetic Counselors

FY 20-21: The fee increase (\$50 to \$120) will generate an additional \$700 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$700 in application fees.
FY 22-23: The fee increase (\$120 to \$130) will generate an additional \$100 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$100 in application fees.
FY 24-25: The fee increase (\$130 to \$145) will generate an additional \$150 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$150 in application fees.

5 Genetic Counselor Reactivations

FY 20-21: The fee increase (\$50 to \$105) will generate an additional \$275 in application fees.

FY 21-22: The fee increase will continue to generate an additional \$275 in application fees.
FY 22-23: The fee increase (\$105 to \$115) will generate an additional \$50 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$50 in application fees.
FY 24-25: The fee increase (\$115 to \$125) will generate an additional \$50 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$50 in application fees.

15 Temporary Provisional Genetic Counselors

FY 20-21: The fee increase (\$50 to \$90) will generate an additional \$600 in application fees.
FY 21-22: The fee increase will continue to generate an additional \$600 in application fees.
FY 22-23: The fee increase (\$90 to \$100) will generate an additional \$150 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$150 in application fees.
FY 24-25: The fee increase (\$100 to \$105) will generate an additional \$75 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$75 in application fees.

Total Economic Impact to Applicants

Based upon the above application fee increases, the total economic impact per fiscal year is as follows:

FY 20-21: \$263,780
FY 21-22: \$263,780
FY 22-23: \$32,275
FY 23-24: \$32,275

FY 24-25: \$43,806
FY 25-26: \$43,806
Total: \$679,722

BIENNIAL RENEWAL FEES

Approximately 12,721 licensees will be impacted by the graduated biennial fee structure.

9,009 Osteopathic Physicians

FY 20-21: The fee increase (\$220 to \$330) will generate an additional \$990,990 in revenue.
FY 22-23: The fee increase (\$330 to \$420) will generate an additional \$810,810 in revenue.
FY 24-25: The fee increase (\$420 to \$450) will generate an additional \$270,270 in revenue.

2,603 Physician Assistants

FY 20-21: The fee increase (\$10 to \$40) will generate an additional \$78,090 in revenue.
FY 22-23: The fee increase (\$40 to \$75) will generate an additional \$91,105 in revenue.
FY 24-25: The fee increase (\$75 to \$80) will generate an additional \$13,015 in revenue.

159 Acupuncturists and Physician Acupuncturists

FY 20-21: The fee increase (\$25 to \$40) will generate an additional \$2,385 in revenue.

**FY 22-23: The fee increase (\$40 to \$75) will generate an additional \$5,565 in revenue.
FY 24-25: The fee increase (\$75 to \$80) will generate an additional \$795 in revenue.**

560 Respiratory Therapists

**FY 20-21: The fee increase (\$25 to \$40) will generate an additional \$8,400 in revenue.
FY 22-23: The fee increase (\$40 to \$55) will generate an additional \$8,400 in revenue.
FY 24-25: The fee increase (\$55 to \$60) will generate an additional \$2,800 in revenue.**

326 Athletic Trainers

**FY 20-21: The fee increase (\$37 to \$50) will generate an additional \$4,238 in revenue.
FY 22-23: The fee increase (\$50 to \$70) will generate an additional \$6,520 in revenue.
FY 24-25: The fee increase (\$70 to \$75) will generate an additional \$1,630 in revenue.**

39 Perfusionists

**FY 20-21: The fee increase (\$50 to \$75) will generate an additional \$975 in revenue.
FY 22-23: The fee increase (\$75 to \$80) will generate an additional \$195 in revenue.
FY 24-25: The fee increase (\$80 to \$85) will generate an additional \$195 in revenue.**

25 Genetic Counselors

**FY 20-21: The fee increase (\$75 to \$125) will generate an additional \$1,250 in revenue.
FY 22-23: The fee increase (\$125 to \$155) will generate an additional \$750 in revenue.
FY 24-25: The fee increase (\$155 to \$160) will generate an additional \$125 in revenue.**

Total Economic Impact to Licensees

Based upon the above biennial renewal fee increases, the economic impact is as follows:

**FYs 20-21: \$1,086,328
FYs 22-23: \$923,345*
FYs 24-25: \$288,830**
TOTAL: \$2,298,503**

** The amount in this fiscal year includes the additional costs incurred for this biennium only; this figure does not include the costs incurred as a result of the prior fiscal year increases in FY20-22.*

*** The amount in this fiscal year includes the additional costs incurred for this biennium only; this figure does not include the costs incurred as a result of the prior fiscal year increases in FY20-22 or FY22-24.*

The above application and renewal fees may be paid by applicants, licensees, registrants, certificate holders or employers, should employers choose to pay these fees. The Board does not expect this rulemaking to have any other financial, economic or social impact on individuals, small businesses, businesses or labor communities or other public or private organizations.

This increase is necessary to ensure the fiscal integrity of the Board and to ensure that the

Board's mandate to protect the health, safety and welfare of the public is carried out. The new fee structure for application fees is beneficial for licensees generally as the costs associated with each application will be paid by the applicant rather than distributed among the Board's licensees. Additionally, the Board's graduated fee approach is beneficial because the application fee increases are reflective of actual costs during each biennium and biennial renewal fees coincide more closely with the projected expenses for each biennium.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

The Board is a statutorily created board which has powers and duties set forth in the act, including power to: determine qualifications and fitness of applicants; adopt and revise regulations; refuse, revoke or suspend licensees; establish fees for the operation of the board; and conduct hearings. The Board's expenses include: Bureau administration, Commissioner's and Revenue office services, Departmental services, legal office services, hearing expenses, enforcement and investigation costs, Professional Compliance Office costs, board member expenses and Professional Health Monitoring Programs (PHMP) costs. Under section 13.1(a) of the act, the Board is required to support its operations from the revenue it generates from fees, fines and civil penalties. If the revenues raised by fees, fines and civil penalties imposed under this act are insufficient to meet expenditures over a two-year period, the board must increase those fees by regulation so that the projected revenues will meet or exceed projected expenditures.

The rulemaking would benefit every citizen of the Commonwealth in that it would ensure the fiscal integrity of the Board and allow the Board to carry out its mission. The costs to applicants and licensees are outweighed by the Board's duty to license and regulate the practice of osteopathic medicine in the public interest. Additionally, application fees will more accurately address the actual cost of resources devoted to processing applications.

(19) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

As reflected in the Board's response to question 17, the regulated community will incur additional costs as a result of the graduated application and biennial renewal fee increases. By adding the costs for the graduated application fees with biennial renewal fees per fiscal year, the Board estimates that the cost to licensees and applicants is as follows: FY 2020-2021 at \$1,350,108; FY 2021-2022 at \$263,780; FY 2022-2023 at \$955,620; FY 2023-2024 at \$32,275; FY 2024-2025 at \$332,636 and FY 2025-2026 at \$43,806. The Board does not anticipate additional administrative, legal, accounting or consulting costs to the Board, applicants or licensees by implementing the rulemaking. The regulatory amendment will permit the Board to continue to fund the costs of its operations. There are no other costs or savings to state government associated with compliance with the rulemaking.

(20) Provide a specific estimate of the costs and/or savings to the local governments associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs or savings to local governments associated with compliance with the

rulemaking.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

The Board will incur a minimal cost to revise its print and online application forms and online renewal platform to indicate the increased fees. The Board would incur no other increase in administrative costs by implementing the rulemaking. There are no other costs or savings to state government associated with implementation of the rulemaking.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

This rulemaking will not require any additional record keeping nor will there be any legal, accounting or consulting procedures required for implementation of the rulemaking. The new fees will require no additional paperwork, as these fees are being imposed to cover the Board's costs associated with services that are already being provided and paperwork that is already required.

(22a) Are forms required for implementation of the regulation? **Yes, the Board will have to revise its print and online application forms and online renewal platform to indicate the increased fees.**

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here.** If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported.

In October of 2016, the Bureau launched the Pennsylvania Licensing System (PALS), which provides for an online application and biennial renewal system. Most of the Board's applications and biennial renewals are in PALS. As reflected in Attachment "B," the only remaining hard copy forms are reactivations and application forms for supervising physicians. Regarding all the other initial applications, because the Board no longer uses paper applications, the Board is providing online "checklists" that correlate with each application. For biennial renewals, the Board has attached copies of biennial renewal forms that are reflective of the online content of the online content.

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY Year (19-20)	FY +1 Year (20-21)	FY +2 Year (21-22)	FY +3 Year (22-23)	FY +4 Year (23-24)	FY +5 Year (24-25)
SAVINGS:	\$0	\$0	\$0	\$0	\$0	\$0
Regulated	\$0	\$0	\$0	\$0	\$0	\$0

Community						
Local Government						
State Government						
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0
COSTS:	\$0	\$0	\$0	\$0	\$0	\$0
Regulated Community	\$0	\$1,350,108	\$263,780	\$955,620	\$32,275	\$332,636
Local Government						
State Government						
Total Costs	\$0	\$1,350,180	\$263,780	\$955,620	\$32,275	\$332,636
REVENUE LOSSES:						
Regulated Community	\$0	\$0				
Local Government						
State Government						
Total Revenue Losses	\$0	\$0	N/A	N/A	N/A	N/A

(23a) Provide the past three-year expenditure history for programs affected by the regulation.

Program	FY - 3 16-17 (Actual)	FY - 2 17-18 (Actual)	FY -1 18-19 (Projected)	Current FY 19-20 (Projected)
State Board of Osteopathic Medicine	\$1,554,198.23	\$1,667,045.13	\$1,935,000	\$2,015,000

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
- (c) A statement of probable effect on impacted small businesses.

- (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.
- (a) All “small businesses” as that term is defined by the Regulatory Review Act and the SBA, that employ licensees would be subject to the rulemaking. The Board does not collect data relating to the size of the businesses that employ its licensees. Please also see the response to Question 15.
- (b) There are no projected reporting or recordkeeping costs required for compliance. There are only negligible additional administrative costs required to revise online applications for increased fees.
- (c) The probable effect on impacted small businesses may be an increase in application and biennial renewal fees for applicants or licensees employed by small businesses, should the businesses choose to pay these fees for employees.
- (d) The Board has evaluated and considered increasing fees since 2016. As previously discussed, the Board’s expenditures exceed its revenue. Section 13.1(a) of the act mandates a fee increase when expenditures outpace revenue. Thus, based upon the insufficient revenue and continued reduction of remaining funds, the Board determined that fee increases are the only way to sustain operations, insuring public health and safety.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

No groups with particular needs have been identified.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

The Board considers the regulations to be the least burdensome and acceptable alternative, consistent with public health, safety and welfare. This increase is necessary to ensure the fiscal integrity of the Board and to assure that the Board’s mandate to protect the health, safety and welfare of the public is carried out. The new fee structure for application fees is beneficial for licensees generally as the costs associated with each application will be paid by the applicant rather than distributed among the Board’s licensees. The Board considered an alternative fee increase that did not include a graduated fee schedule. The Board believes the graduated application fee and biennial renewal fee increases are beneficial because the application fee increases are reflective of actual costs to process applications and biennial renewal fees coincide more closely with the projected expenses for each biennium. Additionally, after the proposed rulemaking, the Board asked BFO to review and update fiscal revenue and expenditures. BFO found that, in addition to increases in the revenue and licensee count, expenses incurred by the Board during the pandemic have decreased. While fee increases are still needed prior to the next renewal period for the Board to remain solvent, the Board was able to decrease the renewal fees for physicians to ease the burden. As reflected in Annex A, the biennial renewal fees for osteopathic physicians were adjusted down from \$350 to \$330 in the November 1, 2020—October 31, 2022 biennial renewal period; from \$425 to \$420 in the November 1, 2022—October 31, 2024 biennial renewal period; from \$475 to \$450 in the November 1, 2024—October 31, 2026 biennial

renewal period.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
- c) The consolidation or simplification of compliance or reporting requirements for small businesses;
- d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and
- e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

a) & b) All applicants pay the application fees at the time the application is submitted, and all licenses renew biennially. The Board did not consider less stringent reporting requirements or deadlines for small businesses or for licensees who work for small businesses.

c) There are no compliance or reporting requirements that could be consolidated or simplified. The application and biennial renewal processes are the same whether a particular licensee or applicant is, or is employed by, a small business or a large business.

d) The regulations do not contain design or operational standards that need to be altered for small businesses.

e) To exclude any applicants or licensees from the requirements contained in the rulemaking based on the size of the business would not be consistent with public health and welfare because it would prevent the Board from obtaining adequate revenue to meet projected expenditures and it would not be able to carry out its legislative mandate.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

The Board relied on data contained in the Bureau's executive report on the Review of State Professional and Occupational Licensure Board Requirements and Processes. The report can be found at:

<https://www.dos.pa.gov/ProfessionalLicensing/Documents/EO2017-03-Executive-Report-Occupational-Licensing.pdf>

The Board relied on data contained in the U.S. Osteopathic Licensure Summary by American Osteopathic Association (September 2019). (See, Attachment "C"). The Board also relied on financial records of the Board presented by BFO, including the BFO Financial Report and fee report forms that provide the breakdown of costs for application fees. (See, Attachment "D")

(29) Include a schedule for review of the regulation including:

- A. The length of the public comment period: 30 days from publication in the PA Bulletin
- B. The date or dates on which any public meetings or hearings will be held: The proposed rulemaking was discussed at public Board meetings in August 10, 2016 August 9, 2017, February 14, 2018, April 11, 2018, August 22, 2018, October 24, 2018, February 13, 2019, August 14, 2019, and December 11, 2019. On June 10, 2020, the Board, after publication of the proposed rulemaking, reviewed all comments and adopted the final rulemaking.
- C. The expected date of delivery of the final-form regulation: Summer 2020
- D. The expected effective date of the final-form regulation: Summer 2020
- E. The expected date by which compliance with the final-form regulation will be required: Upon publication in the PA Bulletin as final.
- F. The expected date by which required permits, licenses or other approvals must be obtained: N/A

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Board regularly evaluates the effectiveness of its regulations. Additionally, the Board regularly reviews requests by licensees and members of the public to amend its regulations causing the Board to evaluate the regulations' impact and necessity. The Board reviews all regulatory proposals at regularly scheduled meetings. The Board is scheduled to meet on the following dates in 2020: August 12, October 14 and December 9, 2020.

Attachment A

COMMENTERS

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16A-5334 – Fees

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16A-5334 – Fees

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Attachment B
(Part 1)

PHYSICIAN AND SURGEON

Evaluation results:
 Board/Commission: Osteopathic Medicine
 License Type: Osteopathic Physician and Surgeon
 Obtained By: Application

2020

CheckList Name	Instructions
Application	Please follow all directions. Any discrepancies will cause a delay in the issuance of a license. If this application is not completed within six months, updates of certain sections and supporting documents will be required. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license.
Application Fee	An application fee of \$45.00 is required. Please note that all fees are non-refundable. \$170.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal</p>

CheckList Name	Instructions
	Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.
Databank Report	A self query disclosure report from the National Practitioner Data Bank (NPDB) is required.
Graduate Training	Verification of AOA Approved Internship Form must be received DIRECTLY from the hospital where you have completed your first year of training.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
National Examination	National Board scores (NBOME/COMLEX) must be received DIRECTLY from the National Board of Osteopathic Medical Examiners, Inc.
Opioid CE	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.lewis.state.pa.us/cfdocs/Lewis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191</p> <p>The Board's Regulations are available on the Board's website.</p>
Pennsylvania Exam	Osteopathic Manipulation Test (OMT) scores must be received DIRECTLY from the testing service.
Record of Graduation	Verification of Medical Education must be received DIRECTLY from the medical school.
Resume/Curriculum Vitae	Curriculum Vitae listing ALL periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

Evaluation results:
 Board/Commission: Osteopathic Medicine
 License Type: Osteopathic Physician and Surgeon
 Obtained By: Application

July 1, 2022

CheckList Name	Instructions
Application	Please follow all directions. Any discrepancies will cause a delay in the issuance of a license. If this application is not completed within six months, updates of certain sections and supporting documents will be required. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license.
Application Fee	An application fee of \$45.00 is required. Please note that all fees are non-refundable. \$185.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identify History Summary Check, available at https://www.fbi.gov/services/cjis/identify-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal</p>

CheckList Name	Instructions
	Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.
Databank Report	A self query disclosure report from the National Practitioner Data Bank (NPDB) is required.
Graduate Training	Verification of AOA Approved Internship Form must be received DIRECTLY from the hospital where you have completed your first year of training.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
National Examination	National Board scores (NBOME/COMLEX) must be received DIRECTLY from the National Board of Osteopathic Medical Examiners, Inc.
Opioid CE	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txt1vpe=HTM&vr=2014&sessInd=0&smthLwInd=0&act=191</p> <p>The Board's Regulations are available on the Board's website.</p>
Pennsylvania Exam	Osteopathic Manipulation Test (OMT) scores must be received DIRECTLY from the testing service.
Record of Graduation	Verification of Medical Education must be received DIRECTLY from the medical school.
Resume/Curriculum Vitae	Curriculum Vitae listing ALL periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

Evaluation results:
 Board/Commission: Osteopathic Medicine
 License Type: Osteopathic Physician and Surgeon
 Obtained By: Application

July 1, 2024

CheckList Name	Instructions
Application	Please follow all directions. Any discrepancies will cause a delay in the issuance of a license. If this application is not completed within six months, updates of certain sections and supporting documents will be required. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license.
Application Fee	An application fee of \$45.00 is required. Please note that all fees are non-refundable. \$205.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal</p>

CheckList Name	Instructions
	Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.
Databank Report	A self query disclosure report from the National Practitioner Data Bank (NPDB) is required.
Graduate Training	Verification of AOA Approved Internship Form must be received DIRECTLY from the hospital where you have completed your first year of training.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
National Examination	National Board scores (NBOME/COMLEX) must be received DIRECTLY from the National Board of Osteopathic Medical Examiners, Inc.
Opioid CE	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txt1'vpe=HTM&vr=2014&sessInd=0&smthLwInd=0&act=191</p> <p>The Board's Regulations are available on the Board's website.</p>
Pennsylvania Exam	Osteopathic Manipulation Test (OMT) scores must be received DIRECTLY from the testing service.
Record of Graduation	Verification of Medical Education must be received DIRECTLY from the medical school.
Resume/Curriculum Vitae	Curriculum Vitae listing ALL periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

SHORT-TERM CAMP PHYSICIAN

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Short Term Camp Physician

Obtained By: Application

2020

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of \$30.00 , made payable by credit/debit card. \$100.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside; AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Letter from Backup Physician	<p>Complete Section 1 of the Collaborating/Back-Up Physician Form and submit to the collaborating/back-up physician for completion of Section 2. The form will be available for download and printing when the application is submitted.</p>

CheckList Name	Instructions
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, a letter from an insurance company which verifies malpractice insurance coverage at the camp during the dates of practice in Pennsylvania. This letter must include the policy number. If self-insured, provide a statement to this effect.
Opioid CE	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider; or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191. The Board's Regulations are available on the Board's website.</p>

CheckList Name	Instructions
Position Verification	Complete Section 1 of the Camp Verification Form and submit to the camp for completion of Section 2. The form will be available for download and printing when the application is submitted.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

Evaluation results:
Board/Commission: Osteopathic Medicine
License Type: Short Term Camp Physician
Obtained By: Application

July 1, 2022

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of \$30.00 , made payable by credit/debit card. \$110.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside; AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application: The report will need to be uploaded, where prompted, in order to submit your application.</p>
Letter from Backup Physician	<p>Complete Section 1 of the Collaborating/Back-Up Physician Form and submit to the collaborating/back-up physician for completion of Section 2. The form will be available for download and printing when the application is submitted.</p>

CheckList Name	Instructions
<p>Letter of Good Standing (LOGS)</p>	<p>Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.</p>
<p>Malpractice Insurance</p>	<p>You will need to upload, where prompted, a letter from an insurance company which verifies malpractice insurance coverage at the camp during the dates of practice in Pennsylvania. This letter must include the policy number. If self-insured, provide a statement to this effect.</p>
<p>Opioid CE</p>	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191. The Board's Regulations are available on the Board's website.</p>

CheckList Name	Instructions
Position Verification	Complete Section 1 of the Camp Verification Form and submit to the camp for completion of Section 2. The form will be available for download and printing when the application is submitted.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

Evaluation results:
Board/Commission: Osteopathic Medicine
License Type: Short Term Camp Physician
Obtained By: Application

July 1, 2024

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of \$30.00 , made payable by credit/debit card. \$ 120.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside; AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Letter from Backup Physician	<p>Complete Section 1 of the Collaborating/Back-Up Physician Form and submit to the collaborating/back-up physician for completion of Section 2. The form will be available for download and printing when the application is submitted.</p>

CheckList Name	Instructions
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, a letter from an insurance company which verifies malpractice insurance coverage at the camp during the dates of practice in Pennsylvania. This letter must include the policy number. If self-insured, provide a statement to this effect.
Opioid CE	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191. The Board's Regulations are available on the Board's website.</p>

CheckList Name	Instructions
Position Verification	Complete Section 1 of the Camp Verification Form and submit to the camp for completion of Section 2. The form will be available for download and printing when the application is submitted.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

GRADUATE TRAINING LICENSE

2020

08/2017

Regular Mailing Address
STATE BOARD OF OSTEOPATHIC MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-4868
Email: sl-osteopathic@pa.gov

Courier Delivery Address
STATE BOARD OF OSTEOPATHIC MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

APPLICATION FOR A GRADUATE TRAINING LICENSE FOR GRADUATES OF OSTEOPATHIC MEDICAL SCHOOLS

**THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE TRAINING LICENSE
DO NOT USE TO RENEW
APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE START OF TRAINING**

APPLICANTS MUST COMPLETE THE FOLLOWING:

1. Submit the \$30 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEE'S ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.
2. Complete pages 1 and 3 of the application.
3. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).
4. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
5. Complete Section 1 of the Verification of Medical Education and forward to your medical school for completion of Section 2. The school must return the completed verification directly to the Board in an official school envelope. The form may be completed ONLY three months prior to graduation. However, if graduation DOES NOT take place, the school must notify the Board immediately.
6. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that **EFFECTIVE JANUARY 1, 2015**, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.
7. Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.

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8. Applicants may also use the FCVS credentials verification service through the Federation of State Medical Boards to verify their medical education and examination scores. The Board will accept FCVS if primary source verification is provided. However, you will need to meet all Pennsylvania licensure requirements. Additional documents are required by the Board that are NOT included in the FCVS report but are listed in the application instructions. It is the applicant's responsibility to ensure that these additional documents are provided to the Board as outlined in the application instructions.

PLEASE NOTE: If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

IMPORTANT INFORMATION

1. PLEASE ALLOW AT LEAST 30-60 DAYS FOR PROCESSING.
2. PLEASE FOLLOW ALL DIRECTIONS. ANY DISCREPANCIES WILL CAUSE A DELAY IN THE ISSUANCE OF A LICENSE. IT IS YOUR RESPONSIBILITY TO CONTACT THE HOSPITAL REGARDING THE STATUS OF YOUR APPLICATION. THE BOARD WILL BE IN DIRECT CORRESPONDENCE WITH THE HOSPITAL.
3. IF THIS APPLICATION IS NOT COMPLETED WITHIN SIX MONTHS, UPDATES OF CERTAIN SECTIONS AND/OR SUPPORTING DOCUMENTS WILL BE REQUIRED.
4. IT IS YOUR RESPONSIBILITY TO MAINTAIN A COPY OF THIS APPLICATION AND ALL DOCUMENTS SUBMITTED TO THE BOARD OR RECEIVED FROM THE BOARD.
5. YOU MAY NOT PRACTICE IN THE COMMONWEALTH OF PENNSYLVANIA UNTIL THE PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE HAS ISSUED A LICENSE. THE LICENSE IS ONLY VALID FOR THE DATES, SPECIALTY, PGY LEVEL, AND HOSPITAL THAT ARE LISTED ON THE LICENSE.
6. EFFECTIVE JAN. 1, 2017, ACT 191 OF 2014 REQUIRES ALL PRESCRIBERS AND DISPENSERS TO REGISTER FOR THE PENNSYLVANIA PRESCRIPTION DRUG MONITORING PROGRAM (PA PDMP). PRESCRIBERS ARE REQUIRED TO QUERY THE PA PDMP SYSTEM FOR EACH PATIENT THE FIRST TIME THE PATIENT IS PRESCRIBED A CONTROLLED SUBSTANCE BY THE PRESCRIBER, WHEN THERE IS CLINICAL CONCERN THAT THE PATIENT MAY BE ABUSING OR DIVERTING A CONTROLLED SUBSTANCE(S), AND/OR EACH TIME THE PATIENT IS PRESCRIBED AN OPIOID DRUG PRODUCT OR A BENZODIAZEPINE. TO LEARN MORE AND TO REGISTER, PLEASE VISIT WWW.DOH.PA.GOV/PDMP.

July 1, 2022

(08/2017)

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HARRISBURG, PA 17105-2649
717-783-4858
Email: st-osteopathic@pa.gov

Courier Delivery Address
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2601 NORTH THIRD STREET
HARRISBURG, PA 17110

APPLICATION FOR A GRADUATE TRAINING LICENSE FOR GRADUATES OF OSTEOPATHIC MEDICAL SCHOOLS

**THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE TRAINING LICENSE
DO NOT USE TO RENEW
APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE START OF TRAINING**

\$125 **APPLICANTS MUST COMPLETE THE FOLLOWING:**

1. Submit the ~~\$30~~ fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEEES ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.
2. Complete pages 1 and 3 of the application.
3. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e.; marriage license, divorce decree, naturalization, etc.).
4. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
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6. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that **EFFECTIVE JANUARY 1, 2015**, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Child Abuse Continuing Education Providers Information can be found here.
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<p>PLEASE NOTE: If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.</p> <p>In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.</p>	

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July 1, 2024

(08/2017)

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**APPLICATION FOR A GRADUATE TRAINING LICENSE FOR
GRADUATES OF OSTEOPATHIC MEDICAL SCHOOLS**

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DO NOT USE TO RENEW
APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE START OF TRAINING**

APPLICANTS MUST COMPLETE THE FOLLOWING:

1. Submit the \$20 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEEs ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.
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PHYSICIAN ASSISTANT

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Physician Assistant

Obtained By: Application

2020

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of \$30.00 , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary. \$115.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Education and forward to your physician assistant program for completion of Section 2. The school must return the completed verification <u>directly</u> to the Board. The form will be available for download and printing when the application is submitted.</p>

CheckList Name	Instructions
Exam Results	Contact the National Commission on Certification of Physician Assistants, Inc. (NCCPA) and arrange for your exam scores to be sent directly to the Board.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Opioid CE	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191. The Board's Regulations are available on the Board's website.</p>

CheckList Name	Instructions
Resume/Curriculum Vitae	You will need to upload, where prompted, a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from the physician assistant program to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. If you are a new graduate with no employment, you will need to provide a statement to this effect. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Physician Assistant

Obtained By: Application

July 1, 2022

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of \$38.00 , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary. \$125.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Education and forward to your physician assistant program for completion of Section 2. The school must return the completed verification <u>directly</u> to the Board. The form will be available for download and printing when the application is submitted.</p>

CheckList Name	Instructions
Exam Results	Contact the National Commission on Certification of Physician Assistants, Inc. (NCCPA) and arrange for your exam scores to be sent directly to the Board.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board:
Opioid CE	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191. The Board's Regulations are available on the Board's website.</p>

CheckList Name	Instructions
Resume/Curriculum Vitae	<p>You will need to upload, where prompted, a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from the physician assistant program to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. If you are a new graduate with no employment, you will need to provide a statement to this effect. The resume/curriculum vitae will need to be uploaded, in order to submit your application.</p>

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Physician Assistant

Obtained By: Application

July 1, 2024

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of \$35.00 , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary. \$140.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Education and forward to your physician assistant program for completion of Section 2. The school must return the completed verification directly to the Board. The form will be available for download and printing when the application is submitted.</p>

CheckList Name	Instructions
Exam Results	Contact the National Commission on Certification of Physician Assistants, Inc. (NCCPA) and arrange for your exam scores to be sent directly to the Board.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Opioid CE	<p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/ approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191. The Board's Regulations are available on the Board's website.</p>

CheckList Name	Instructions
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SUPERVISING PHYSICIAN

2020

(01/2017)

Regular Mailing Address
STATE BOARD OF OSTEOPATHIC MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-4858
Email: st-osteopathic@pa.gov

Courier Delivery Address
STATE BOARD OF OSTEOPATHIC MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

THIS APPLICATION IS FOR USE ONLY BY A PRIMARY SUPERVISING PHYSICIAN LICENSED BY THE PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE.

PLEASE PRINT OR TYPE ALL INFORMATION. If the written agreement is identical for all supervisors, submit one application for each physician assistant. Attach the fee and written agreement.

FEE. Submit the ~~\$95.00~~ fee. Make check or money order payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** The fee cannot be transferred to another application. **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment. **\$115.00**

PLEASE NOTE: If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.

PLEASE NOTE: Upon receipt of a complete application, the Board will issue a letter authorizing the physician assistant to temporarily commence practice in accordance with the pending written agreement submitted with this application. A complete application includes the below items. Failure to provide one or more of the following items will result in a denial of temporary approval, and the application will require additional processing time.

- Correct fee.
- Completion of a current and correct application form with all requested information including signatures, dates, and complete answers to all questions with supporting documentation.
- Proof of current liability insurance coverage for the physician assistant.

The temporary authorization to practice is valid for 120 days **ONLY** while the written agreement is being evaluated for final Board approval.

Provide proof of professional liability insurance coverage for the physician assistant through self-insurance, personally purchased insurance or insurance provided by the employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include the physician assistant's name and indicate that they are covered under this policy while performing physician assistant services in the Commonwealth of Pennsylvania. Proof of insurance must be provided in order for the Board to issue temporary authorization to practice.

PLEASE ALLOW AT LEAST 120 DAYS FOR PROCESSING OF THE WRITTEN AGREEMENT FINAL APPROVAL

PLEASE NOTE: A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD ISSUING A TEMPORARY AUTHORITY TO PRACTICE

PRIMARY SUPERVISING PHYSICIAN NAME:	Last	First	Middle
PRIMARY SUPERVISING PHYSICIAN LICENSE NUMBER:	PRACTICE TELEPHONE NUMBER:		
PRACTICE ADDRESS:	Street		
City	State	Zip	
SUBSTITUTE SUPERVISOR NAME:	Last	First	Middle
SUBSTITUTE SUPERVISOR'S LICENSE NUMBER:			
PHYSICIAN ASSISTANT NAME:	Last	First	Middle
PHYSICIAN ASSISTANT LICENSE NUMBER:			

PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION

LIST YOUR SPECIALTIES:

DO YOU HOLD HOSPITAL STAFF PRIVILEGES?

Yes

No

IF YES, LIST HOSPITAL(S):

VERIFICATION

- I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Osteopathic Medicine.
- I verify that I have reviewed the Osteopathic Medical Practice Act and Regulations of the State Board of Osteopathic Medicine.
- I recognize that I am obligated to comply with all provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant.
- I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.
- I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief.
- I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.
- I will provide all substitute supervising physicians with a copy of the approved supervising written agreement.
- The physician assistant identified in this application will only work with the primary supervising physician and his/her substitute physician assistant supervisor(s).
- The physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) and WILL NOT practice if the supervising physician or an authorized substitute supervisor is not available.

PRIMARY SUPERVISING PHYSICIAN
(Printed Name):

Date

PRIMARY SUPERVISING PHYSICIAN SIGNATURE:

Date

PHYSICIAN ASSISTANT (Printed Name):

Date

PHYSICIAN ASSISTANT SIGNATURE:

Date

PLEASE NOTE: The primary supervisor's responsibilities include:

- Providing a copy of the final Board approved written agreement to all substitute supervisors.
- Maintaining a current list of all locations where the physician assistant will perform duties.
- Maintaining a current list of all substitute supervisors under which the physician assistant will work.
- Notifying the Board of changes to the primary practice location utilizing a written agreement change form.
- Ensuring that the physician assistant will not practice without supervision by either the primary supervisor or an authorized substitute supervisor.

PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

WRITTEN AGREEMENT

NAME - PRIMARY SUPERVISING PHYSICIAN:	Last	First	Middle
NAME - SUBSTITUTE SUPERVISING PHYSICIAN:	Last	First	Middle
NAME - PHYSICIAN ASSISTANT:	Last	First	Middle

INSTRUCTIONS: Please provide the following information (typed) for question 1 on 8.5" x 11" sheets of paper and attach to this form. The information on this agreement must be agreed to by all supervisors (primary and substitute).

1.	Describe the functions/tasks to be delegated to the physician assistant.
2.	Provide the details describing the time, place and manner of supervision and direction you will provide the physician assistant, including the frequency of personal contact with the physician assistant.
3.	If the physician assistant will practice in a hospital and/or a surgical center, provide the name and address of each hospital/surgical center below. If more than three hospitals/surgical centers, please provide this information on a separate sheet of paper.

Name of Hospital/Surgical Center	Address
Name of Hospital/Surgical Center	Address
Name of Hospital/Surgical Center	Address

4.	Will the physician assistant prescribe and dispense drugs/therapeutic devices?	Yes	No
----	--	-----	----

If yes, please identify which categories of controlled substances may be prescribed and dispensed?

None Schedule II Schedule III Schedule IV Schedule V

List below any specific drugs that the physician assistant WILL NOT be permitted to prescribe/dispense.

5.	Proof of professional liability insurance coverage for the physician assistant named above (\$1,000,000 per occurrence or claims made) is included with this written agreement application.	Yes	No

PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

PATIENT RECORD REVIEW PLAN

NAME – PRIMARY SUPERVISING PHYSICIAN:	Last	First	Middle
NAME – PHYSICIAN ASSISTANT:	Last	First	Middle

The supervising physician, whether primary or secondary, must countersign 100% of the patient records completed by the physician assistant within a reasonable time, which shall not exceed 10 days during each of the following cases:

- The first 12 months of the physician assistant's practice post graduation and after obtaining licensure.
- The first 12 months of the physician assistant's practice in a new specialty.
- The first 6 months of the physician assistant's practice in the same specialty under a new primary supervisor (unless, the new primary supervisor was registered as a substitute supervisor for at least six months under another written agreement).

INSTRUCTIONS: If you answer Yes in Section A you do not need to complete Section B. If you answer No in Section A then you must complete Section B.

SECTION A

I will countersign 100% chart review of the physician assistant's patient records within the required 10 day period.

Yes	No
-----	----

SECTION B

I have been registered as a substitute supervisor for the above identified physician assistant's practice in the same specialty for at least six months and I intend to deviate from the 100% chart review of the physician assistant's patient records within the required 10 day period?

Yes	No
-----	----

If you intend to deviate from the 100% chart review, provide specific details below regarding how you will select patient records for review and with what frequency you will review patient records. This information should include specifics such as the percentage of patient charts, specific types or categories of patient cases, etc. Use additional 8 1/2" x 11" paper, if necessary.

I affirm that the number of patient records reviewed shall be sufficient to assure adequate review of the physician assistant's practice. Deviation from 100% chart review will require Board approval PRIOR TO IMPLEMENTING THE NEW REVIEW PLAN.

DO NOT SUBMIT CHANGES TO PATIENT RECORD REVIEW PLAN PRIOR THE COMPLETION OF THE INITIAL PERIOD OF THE NEW SUPERVISION AGREEMENT.

NAME – PRIMARY SUPERVISING PHYSICIAN:	Last	First	Middle
PRIMARY SUPERVISING PHYSICIAN SIGNATURE:			Date

July 1, 2022

(01/2017)

Regular Mailing Address
STATE BOARD OF OSTEOPATHIC MEDICINE
 P.O. BOX 2649
 HARRISBURG, PA 17105-2649
 717-783-4858
 Email: st-osteopathic@pa.gov

Courier Delivery Address
STATE BOARD OF OSTEOPATHIC MEDICINE
 2601 NORTH THIRD STREET
 HARRISBURG, PA 17110

APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

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FEE. Submit the ~~\$25.00~~ fee. Make check or money order payable to the "Commonwealth of Pennsylvania." **FEEES ARE NOT REFUNDABLE.** The fee cannot be transferred to another application. **Notes:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment. **\$160.00**

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- Correct fee.
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- Proof of current liability insurance coverage for the physician assistant.

The temporary authorization to practice is valid for 120 days **ONLY** while the written agreement is being evaluated for final Board approval.

Provide proof of professional liability insurance coverage for the physician assistant through self-insurance, personally purchased insurance or insurance provided by the employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include the physician assistant's name and indicate that they are covered under this policy while performing physician assistant services in the Commonwealth of Pennsylvania. Proof of insurance must be provided in order for the Board to issue temporary authorization to practice.

PLEASE ALLOW AT LEAST 120 DAYS FOR PROCESSING OF THE WRITTEN AGREEMENT FINAL APPROVAL

PLEASE NOTE: A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD ISSUING A TEMPORARY AUTHORITY TO PRACTICE

PRIMARY SUPERVISING PHYSICIAN NAME:	Last	First	Middle
PRIMARY SUPERVISING PHYSICIAN LICENSE NUMBER:	PRACTICE TELEPHONE NUMBER:		
PRACTICE ADDRESS:	Street		
City	State	Zip	
SUBSTITUTE SUPERVISOR NAME:	Last	First	Middle
SUBSTITUTE SUPERVISOR'S LICENSE NUMBER:			
PHYSICIAN ASSISTANT NAME:	Last	First	Middle
PHYSICIAN ASSISTANT LICENSE NUMBER:			

PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION

LIST YOUR SPECIALTIES:

DO YOU HOLD HOSPITAL STAFF PRIVILEGES?

Yes

No

IF YES, LIST HOSPITAL(S):

VERIFICATION

- I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Osteopathic Medicine.
- I verify that I have reviewed the Osteopathic Medical Practice Act and Regulations of the State Board of Osteopathic Medicine.
- I recognize that I am obligated to comply with all provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant.
- I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.
- I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief.
- I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.
- I will provide all substitute supervising physicians with a copy of the approved supervising written agreement.
- The physician assistant identified in this application will only work with the primary supervising physician and his/her substitute physician assistant supervisor(s).
- The physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) and WILL NOT practice if the supervising physician or an authorized substitute supervisor is not available.

PRIMARY SUPERVISING PHYSICIAN
(Printed Name):

PRIMARY SUPERVISING PHYSICIAN SIGNATURE:

Date

PHYSICIAN ASSISTANT (Printed Name):

PHYSICIAN ASSISTANT SIGNATURE:

Date

PLEASE NOTE: The primary supervisor's responsibilities include:

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PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

WRITTEN AGREEMENT

NAME – PRIMARY SUPERVISING PHYSICIAN:	Last	First	Middle
NAME – SUBSTITUTE SUPERVISING PHYSICIAN:	Last	First	Middle
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INSTRUCTIONS: Please provide the following information (typed) for question 1 on 8.5" x 11" sheets of paper and attach to this form. The information on this agreement must be agreed to by all supervisors (primary and substitute).			
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Name of Hospital/Surgical Center		Address	
Name of Hospital/Surgical Center		Address	
Name of Hospital/Surgical Center		Address	
4.	Will the physician assistant prescribe and dispense drugs/therapeutic devices?	Yes	No
If yes, please identify which categories of controlled substances may be prescribed and dispensed?			
<input type="checkbox"/> None <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule III <input type="checkbox"/> Schedule IV <input type="checkbox"/> Schedule V			
List below any specific drugs that the physician assistant WILL NOT be permitted to prescribe/dispense.			
5.	Proof of professional liability insurance coverage for the physician assistant named above (\$1,000,000 per occurrence or claims made) is included with this written agreement application.	Yes	No

PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

PATIENT RECORD REVIEW PLAN

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INSTRUCTIONS: If you answer Yes in Section A you do not need to complete Section B. If you answer No in Section A then you must complete Section B.

SECTION A

I will countersign 100% chart review of the physician assistant's patient records within the required 10 day period.

Yes	No
-----	----

SECTION B

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PRIMARY SUPERVISING PHYSICIAN SIGNATURE:			Date

July 1, 2024 (01/2017)

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 P.O. BOX 2649
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PRIMARY SUPERVISING PHYSICIAN LICENSE NUMBER:	PRACTICE TELEPHONE NUMBER:		
PRACTICE ADDRESS:	Street		
City	State	Zip	
SUBSTITUTE SUPERVISOR NAME:	Last	First	Middle
SUBSTITUTE SUPERVISOR'S LICENSE NUMBER:			
PHYSICIAN ASSISTANT NAME:	Last	First	Middle
PHYSICIAN ASSISTANT LICENSE NUMBER:			

PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:

LIST YOUR SPECIALTIES:

DO YOU HOLD HOSPITAL STAFF PRIVILEGES?

Yes

No

IF YES, LIST HOSPITAL(S):

VERIFICATION

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- I verify that I have reviewed the Osteopathic Medical Practice Act and Regulations of the State Board of Osteopathic Medicine.
- I recognize that I am obligated to comply with all provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant.
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- I verify that the statements in this application and written agreement are true and correct to the best of my knowledge, information and belief.
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PRIMARY SUPERVISING PHYSICIAN
(Printed Name):

PRIMARY SUPERVISING PHYSICIAN SIGNATURE:

Date

PHYSICIAN ASSISTANT (Printed Name):

PHYSICIAN ASSISTANT SIGNATURE:

Date

PLEASE NOTE: The primary supervisor's responsibilities include:

- Providing a copy of the final Board approved written agreement to all substitute supervisors.
- Maintaining a current list of all locations where the physician assistant will perform duties.
- Maintaining a current list of all substitute supervisors under which the physician assistant will work.
- Notifying the Board of changes to the primary practice location utilizing a written agreement change form.
- Ensuring that the physician assistant will not practice without supervision by either the primary supervisor or an authorized substitute supervisor.

PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

WRITTEN AGREEMENT

NAME – PRIMARY SUPERVISING PHYSICIAN:	Last	First	Middle
NAME – SUBSTITUTE SUPERVISING PHYSICIAN:	Last	First	Middle
NAME – PHYSICIAN ASSISTANT:	Last	First	Middle

INSTRUCTIONS: Please provide the following information (typed) for question 1 on 8.5" x 11" sheets of paper and attach to this form. The information on this agreement must be agreed to by all supervisors (primary and substitute).

- Describe the functions/tasks to be delegated to the physician assistant.
- Provide the details describing the time, place and manner of supervision and direction you will provide the physician assistant, including the frequency of personal contact with the physician assistant.
- If the physician assistant will practice in a hospital and/or a surgical center, provide the name and address of each hospital/surgical center below. If more than three hospitals/surgical centers, please provide this information on a separate sheet of paper.

Name of Hospital/Surgical Center	Address
Name of Hospital/Surgical Center	Address
Name of Hospital/Surgical Center	Address

4. Will the physician assistant prescribe and dispense drugs/therapeutic devices? Yes No

If yes, please identify which categories of controlled substances may be prescribed and dispensed?

None
 Schedule II
 Schedule III
 Schedule IV
 Schedule V

List below any specific drugs that the physician assistant WILL NOT be permitted to prescribe/dispense.

5. Proof of professional liability insurance coverage for the physician assistant named above (\$1,000,000 per occurrence or claims made) is included with this written agreement application. Yes No

PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE

PATIENT RECORD REVIEW PLAN

NAME – PRIMARY SUPERVISING PHYSICIAN:	Last	First	Middle
	Last	First	Middle

The supervising physician, whether primary or secondary, must countersign 100% of the patient records completed by the physician assistant within a reasonable time, which shall not exceed ten days during each of the following cases:

- The first 12 months of the physician assistant's practice post-graduation and after obtaining licensure.
- The first 12 months of the physician assistant's practice in a new specialty.
- The first 6 months of the physician assistant's practice in the same specialty under a new primary supervisor (unless, the new primary supervisor was registered as a substitute supervisor for at least six months under another written agreement).

INSTRUCTIONS: If you answer Yes in Section A you do not need to complete Section B. If you answer No in Section A then you must complete Section B.

SECTION A

I will countersign 100% chart review of the physician assistant's patient records within the required 10 day period.

Yes	No
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SECTION B

I have been registered as a substitute supervisor for the above identified physician assistant's practice in the same specialty for at least six months and I intend to deviate from the 100% chart review of the physician assistant's patient records within the required 10 day period?

Yes	No
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If you intend to deviate from the 100% chart review, provide specific details below regarding how you will select patient records for review and with what frequency you will review patient records. This information should include specifics such as the percentage of patient charts, specific types or categories of patient cases, etc. Use additional 8 1/2" x 11" paper, if necessary.

I affirm that the number of patient records reviewed shall be sufficient to assure adequate review of the physician assistant's practice. Deviation from 100% chart review will require Board approval PRIOR TO IMPLEMENTING THE NEW REVIEW PLAN.

DO NOT SUBMIT CHANGES TO PATIENT RECORD REVIEW PLAN PRIOR THE COMPLETION OF THE INITIAL PERIOD OF THE NEW SUPERVISION AGREEMENT.

NAME – PRIMARY SUPERVISING PHYSICIAN:	Last	First	Middle
PRIMARY SUPERVISING PHYSICIAN SIGNATURE:			Date

ACUPUNCTURIST

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Acupuncturist

Obtained By: Application

2020

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of \$30.00 , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary. \$100.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
<p>Criminal History Check</p>	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
<p>Databank Report</p>	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>

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Educational Transcripts	Request that your school provide an official transcript <u>directly</u> to the Board . If the official transcript does not provide detailed information regarding the courses attended from which the applicant's eligibility is determined, the Board retains the right to request a copy of the acupuncture school curriculum: All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language.
Exam Results	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Board. The NCCAOM must also verify completion of the Clean Needle Technique Course. If the exam was not taken in English, arrange for TOEFL (Test of English as a Foreign Language) scores to be submitted directly to the Board.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing acupuncture services in the Commonwealth of Pennsylvania.

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Evaluation results:
Board/Commission: Osteopathic Medicine
License Type: Osteopathic Acupuncturist
Obtained By: Application

July 1, 2022

CheckList Name	Instructions
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Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

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Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>

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Exam Results	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Board. The NCCAOM must also verify completion of the Clean Needle Technique Course. If the exam was not taken in English, arrange for TOEFL (Test of English as a Foreign Language) scores to be submitted directly to the Board.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing acupuncture services in the Commonwealth of Pennsylvania.

CheckList Name	Instructions
Resume/Curriculum Vitae	You will need to upload, where prompted, a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from acupuncture school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Acupuncturist

Obtained By: Application

July 1, 2024

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of \$36.00 , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary. \$120.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

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Educational Transcripts	Request that your school provide an official transcript <u>directly</u> to the Board. If the official transcript does not provide detailed information regarding the courses attended from which the applicant's eligibility is determined, the Board retains the right to request a copy of the acupuncture school curriculum. All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language.
Exam Results	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Board. The NCCAOM must also verify completion of the Clean Needle Technique Course. If the exam was not taken in English, arrange for TOEFL (Test of English as a Foreign Language) scores to be submitted directly to the Board.
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PHYSICIAN ACUPUNCTURIST

10/31/2019

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Acupuncturist

Obtained By: Application

2020

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of \$30.00 , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary. \$100.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

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Exam Results	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Board. The NCCAOM must also verify completion of the Clean Needle Technique Course. If the exam was not taken in English, arrange for TOEFL (Test of English as a Foreign Language) scores to be submitted directly to the Board.
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Evaluation results:
Board/Commission: Osteopathic Medicine
License Type: Osteopathic Acupuncturist
Obtained By: Application

July 1, 2022

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Resume/Curriculum Vitae	You will need to upload, where prompted, a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from acupuncture school to present. The list must be in chronological order; include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

Evaluation results:
 Board/Commission: Osteopathic Medicine
 License Type: Osteopathic Acupuncturist
 Obtained By: Application

July 1, 2024

CheckList Name	Instructions
Application	All applications are processed in order of submission. If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary.
Application Fee	NON REFUNDABLE FEE in the amount of \$30.00 , made payable by credit/debit card. If the application has not been completed within one year from the date it was received, applicants will be required to submit a new application (<u>another application processing fee</u>) and supporting documents, as necessary. \$120.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason; it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>

CheckList Name	Instructions
Education Verification	Complete Section 1 of the Verification of Education (Form 2) and forward to your school for completion of Section 2. The school must return the completed verification directly to the Board . All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language. The form will be available for download and printing when the application is submitted.
Educational Transcripts	Request that your school provide an official transcript directly to the Board . If the official transcript does not provide detailed information regarding the courses attended from which the applicant's eligibility is determined, the Board retains the right to request a copy of the acupuncture school curriculum. All documents must be in ENGLISH or an official translation must be submitted to the Board from an official translation agency or professor of the language.
Exam Results	Request the NCCAOM or state Board office to submit the certifying examination scores directly to the Board. The NCCAOM must also verify completion of the Clean Needle Technique Course. If the exam was not taken in English, arrange for TOEFL (Test of English as a Foreign Language) scores to be submitted directly to the Board.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing acupuncture services in the Commonwealth of Pennsylvania.

CheckList Name	Instructions
Resume/Curriculum Vitae	You will need to upload, where prompted, a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from acupuncture school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. The resume/curriculum vitae will need to be uploaded, in order to submit your application.

RESPIRATORY THERAPIST

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Respiratory Therapist

Obtained By: Application

2020

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
Application Fee	An application fee of \$26.00 is required. Please note that all fees are non-refundable. \$100.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
Exam Results	<p>Contact the NBRC and arrange for your "credential verification" to be sent directly to the Board.</p>

CheckList Name	Instructions
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Respiratory Therapist

Obtained By: Application

July 1, 2022

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
Application Fee	An application fee of \$30.00 is required. Please note that all fees are non-refundable. \$110.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board,</p>
Exam Results	<p>Contact the NBRC and arrange for your "credential verification" to be sent directly to the Board</p>

CheckList Name	Instructions
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Respiratory Therapist

Obtained By: Application

July 1, 2024

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
Application Fee	An application fee of \$30.00 is required. Please note that all fees are non-refundable. \$120.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
Exam Results	<p>Contact the NBRC and arrange for your "credential verification" to be sent directly to the Board.</p>

CheckList Name	Instructions
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

ATHLETIC TRAINER

Evaluation results:
Board/Commission: Osteopathic Medicine
License Type: Athletic Trainer
Obtained By: Application

2020

CheckList Name	Instructions
Application	<p>If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.</p>
Application Fee	<p>An application fee of \$20.00 is required. Please note that all fees are non-refundable. \$100.00</p>
Child Abuse CE	<p>All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.</p>

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Exam Eligibility	<p>Contact the BOC and request an official verification of examination registration letter to be submitted directly to the Board. This is only required if you are applying for a temporary athletic trainer license.</p>

CheckList Name	Instructions
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
National Certification	Contact the BOC and request an official verification of certification letter be sent directly to the Board.
Record of Graduation	Complete Section 1 of the Verification of Graduation from an Approved Athletic Trainer Program Form and forward to your athletic trainer education program for completion of Section 2. The school must return the completed verification directly to the Board. The form will be available for download and printing when the application is submitted.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (<u>include the month and year</u>), and description of the practice activity

Evaluation results:
 Board/Commission: Osteopathic Medicine
 License Type: Athletic Trainer
 Obtained By: Application

July 1, 20

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
Application Fee	An application fee of \$28.00 is required. Please note that all fees are non-refundable. \$110.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Exam Eligibility	<p>Contact the BOC and request an official verification of examination registration letter to be submitted directly to the Board. This is only required if you are applying for a temporary athletic trainer license.</p>

CheckList Name	Instructions
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
National Certification	Contact the BOC and request an official verification of certification letter be sent directly to the Board.
Record of Graduation	Complete Section 1 of the Verification of Graduation from an Approved Athletic Trainer Program Form and forward to your athletic trainer education program for completion of Section 2. The school must return the completed verification directly to the Board. The form will be available for download and printing when the application is submitted.
Resumé/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (<u>include the month and year</u>), and description of the practice activity

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Athletic Trainer

Obtained By: Application

July 1, 2024

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
Application Fee	An application fee of \$20.00 is required. Please note that all fees are non-refundable. \$120.00
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Exam Eligibility	<p>Contact the BOC and request an official verification of examination registration letter to be submitted directly to the Board. This is only required if you are applying for a temporary athletic trainer license.</p>

CheckList Name	Instructions
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
National Certification	Contact the BOC and request an official verification of certification letter be sent directly to the Board.
Record of Graduation	Complete Section 1 of the Verification of Graduation from an Approved Athletic Trainer Program Form and forward to your athletic trainer education program for completion of Section 2. The school must return the completed verification <u>directly</u> to the Board. The form will be available for download and printing when the application is submitted.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (<u>include the month and year</u>), and description of the practice activity

PERFUSIONIST

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist 2020

CheckList Name	Instructions
Application	<p>If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization</p> <p style="text-align: right;">\$120.00</p>
Application Fee	<p>An application fee of \$50 is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of \$40 is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;">\$80.00</p>
Certification of Supervisor	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
Child Abuse CE	<p>All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.</p>

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.
National Certification	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (<u>include the month and year</u>), and description of the practice activity.

July 1, 2022

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	Instructions
Application	<p>If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization</p> <p style="text-align: right;">\$130.00</p>
Application Fee	<p>An application fee of \$50 is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of \$40 is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;">\$88.00</p>
Certification of Supervisor	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
Child Abuse CE	<p>All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.</p>

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.
National Certification	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

July 1, 2024

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	Instructions
Application	<p>If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization</p> <p style="text-align: right;">\$145.00</p>
Application Fee	<p>An application fee of \$50 is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of \$40 is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;">\$95.00</p>
Certification of Supervisor	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
Child Abuse CE	<p>All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.</p>

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.
National Certification	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (<u>include the month and year</u>), and description of the practice activity.

PERFUSIONIST REACTIVATION

2020

(08/2017)

**STATE BOARD OF OSTEOPATHIC MEDICINE
REACTIVATION or STATUS CHANGE APPLICATION – ALLIED HEALTH PROFESSIONALS**

Send to: STATE BOARD OF OSTEOPATHIC MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 <u>www.dos.pa.gov/ost</u> or 2801 NORTH THIRD STREET HARRISBURG, PA 17110	Full Name	Last	First	Middle
	Address			
	Address			
	Address	City	State	Zip
	Email:			
	License No.			Telephone No.

For a name change, indicate new name below and attach an 8 1/2 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaking of a maiden name, etc.).

New Name: _____

LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE

REQUESTING INACTIVE STATUS:

CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS

I do not wish to practice my profession in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry, clinical skills assessment as required by the Board.

- Complete pages 1 and 3 of the application.
- Return your "Active" wall and wallet licenses.
- No fee is required

APPLICANTS MUST COMPLETE THE FOLLOWING:

Enclose a check or money order, in the appropriate amount listed below, made payable to the "Commonwealth of Pennsylvania". If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month.

FEES ARE NOT REFUNDABLE. Check or money order must be in "US funds." Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

1.
 - Acupuncturist ——— \$25
 - Athletic Trainer ——— \$37
 - Genetic Counselor ——— \$125
 - Perfusionist ——— \$100
 - Physician Assistant ——— \$10
 - Respiratory Therapist ——— \$25
- \$180**
 *Fee includes \$75 renewal fee + \$50 reactivation fee.
\$75 **\$105**
 *Fee includes \$50 renewal fee + \$50 reactivation fee.

2. Complete the legal questionnaire.
3. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).
4. Complete the Verification of Practice / Non-Practice form.
5. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from the expiration date of the license to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

6.	Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. <u>You should make a copy for your records.</u>
Continuing Education	
7.	ALL HEALTH-RELATED LICENSEES: Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at www.dos.pa.gov . For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. <u>Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.</u>
8.	FOR ATHLETIC TRAINERS ONLY: In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current BOC certification.
9.	FOR GENETIC COUNSELORS, PERFUSIONISTS, & RESPIRATORY THERAPISTS: In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide proof of meeting the Board's continuing education requirements. Continuing education requirements can be found at www.dos.pa.gov/osj .
10.	<p>FOR PHYSICIAN ASSISTANTS ONLY: In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current NCCPA certification.</p> <p>Opioid Continuing Education: Section 9.1(a)(2) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, complete at least two hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids as a portion of the total continuing education required. The required continuing education is part of the total required and must be taken from a Board-approved continuing education provider.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/legis/L/luconsCheck.cfm?bdType=HTML&yr=2014&sessInd=0&smthLwInd=0&act=191</p>
Professional Liability Insurance	
11.	ALL Acupuncturists & Genetic Counselors: Shall provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing services governed by your license in the Commonwealth of Pennsylvania.
IMPORTANT INFORMATION	
If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required.	
Effective Jan. 1, 2017, act 191 of 2014 requires all prescribers and dispensers to register for the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). Prescribers are required to query the PA PDMP System for each patient the first time the patient is prescribed a controlled substance by the prescriber, when there is clinical concern that the patient may be abusing or diverting a controlled substance(s), and/or each time the patient is prescribed an opioid drug product or a benzodiazepine. To learn more and to register, please visit www.doh.pa.gov/pdmp .	

LEGAL QUESTIONS

THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents. Sign and date below.

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If you answered yes; provide the profession and state or jurisdiction. LIST: _____		
2.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted, (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and <u>the date you were served</u> . Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint(s) to the Board provide the docket number(s): _____		

VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)			Date

VERIFICATION OF PRACTICE / NON-PRACTICE

VERIFICATION OF PRACTICE / NON-PRACTICE

***** Your reactivation cannot be processed unless this page is completed *****

Full Name	Last	First	Middle
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License No.	Telephone No.
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Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license/certificate you are reactivating. THEN answer the following questions.

	Yes	No
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1.	Have you engaged in or practiced in your profession in Pennsylvania since your license or certification lapsed or since you placed it on inactive status?		
2.	Have you been employed by the federal government in the practice of your profession since your Pennsylvania license or certification lapsed or since you placed it on inactive status?		

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Signature of Licensee	Date
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July 1, 2022

(09/2017)

**STATE BOARD OF OSTEOPATHIC MEDICINE
REACTIVATION or STATUS CHANGE APPLICATION - ALLIED HEALTH PROFESSIONALS**

Send to: STATE BOARD OF OSTEOPATHIC MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 <u>www.dos.pa.gov/ost</u> or 2801 NORTH THIRD STREET HARRISBURG, PA 17110	Full Name	Last	First	Middle
	Address			
	Address			
	Address	City	State	Zip
	Email			
	License No.	Telephone No.		

For a name change, indicate new name below and attach an 8 1/2 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaining of a maiden name, etc.).

New Name: _____

LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE

REQUESTING INACTIVE STATUS:

CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS

I do not wish to practice my profession in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry, clinical skills assessment as required by the Board.

- Complete pages 1 and 3 of the application.
- Return your "Active" wall and wallet licenses.
- No fee is required

APPLICANTS MUST COMPLETE THE FOLLOWING:

Enclose a check or money order, in the appropriate amount listed below, made payable to the "Commonwealth of Pennsylvania." If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month.

FEEs ARE NOT REFUNDABLE. Check or money order must be in "US funds." Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

1.

- Acupuncturist ——— \$25
- Athletic Trainer ——— \$37
- Genetic Counselor ——— \$125
- Perfusionist ——— ~~\$100~~
- Physician Assistant ——— \$10
- Respiratory Therapist ——— \$25

\$195

**Fee includes \$75 renewal fee + \$50 reactivation fee.
**Fee includes \$50 renewal fee + \$50 reactivation fee.

\$80 \$115

2.

Complete the legal questionnaire.

3.

If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).

4.

Complete the Verification of Practice / Non-Practice form.

5.

Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from the expiration date of the license to present. The list must be in chronological order. Include the month and year, and indicate the state/territory in which the employment occurred.

6. Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. You should make a copy for your records.

Continuing Education

7. **ALL HEALTH-RELATED LICENSEES:** Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at www.dos.pa.gov. For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.
8. **FOR ATHLETIC TRAINERS ONLY:** In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current BOC certification.
9. **FOR GENETIC COUNSELORS, PERFUSIONISTS, & RESPIRATORY THERAPISTS:** In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide proof of meeting the Board's continuing education requirements. Continuing education requirements can be found at www.dos.pa.gov/ost.
10. **FOR PHYSICIAN ASSISTANTS ONLY:** In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current NCCPA certification.
- Opioid Continuing Education:** Section 9.1(a)(2) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, complete at least two hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids as a portion of the total continuing education required. The required continuing education is part of the total required and must be taken from a Board-approved continuing education provider.
- *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: <http://www.legis.state.pa.us/cfdocs/legis/LI/uconsCheck.cfm?bdType=HTML&yr=2014&sessInd=0&smthLwInd=0&act=191>

Professional Liability Insurance

11. **ALL Acupuncturists & Genetic Counselors:** Shall provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing services governed by your license in the Commonwealth of Pennsylvania.

IMPORTANT INFORMATION

If this application is not completed within six months, updates of certain sections and/or supporting documents will be required.

Effective Jan. 1, 2017, act 191 of 2014 requires all prescribers and dispensers to register for the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). Prescribers are required to query the PA PDMP System for each patient the first time the patient is prescribed a controlled substance by the prescriber, when there is clinical concern that the patient may be abusing or diverting a controlled substance(s), and/or each time the patient is prescribed an opioid drug product or a benzodiazepine. To learn more and to register, please visit www.doh.pa.gov/pdmp.

LEGAL QUESTIONS

THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents. Sign and date below.

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled <i>nolo contendere</i>), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint(s) to the Board provide the docket number(s): _____		

VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)			Date

VERIFICATION OF PRACTICE / NON-PRACTICE

VERIFICATION OF PRACTICE / NON-PRACTICE

***** Your reactivation cannot be processed unless this page is completed *****

Full Name	Last	First	Middle
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License No.	Telephone No.
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Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license/certificate you are reactivating. THEN answer the following questions.

	Yes	No
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1.	Have you engaged in or practiced in your profession in Pennsylvania since your license or certification lapsed or since you placed it on inactive status?		
2.	Have you been employed by the federal government in the practice of your profession since your Pennsylvania license or certification lapsed or since you placed it on inactive status?		

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Signature of Licensee	Date
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July 1, 2024

(09/2017)

**STATE BOARD OF OSTEOPATHIC MEDICINE
REACTIVATION or STATUS CHANGE APPLICATION – ALLIED HEALTH PROFESSIONALS**

Send to: STATE BOARD OF OSTEOPATHIC MEDICINE P.O. BOX 2849 HARRISBURG, PA 17105-2849 <u>www.dos.pa.gov/ost</u> OR 2801 NORTH THIRD STREET HARRISBURG, PA 17110	Full Name	Last	First	Middle
	Address			
	Address			
	Address	City	State	Zip
	Email:			
	License No.	Telephone No.		

For a name change, indicate new name below and attach an 8 1/4 x 11 photocopy of a legal document verifying the name change. (i.e., marriage certificate, divorce decree, legal document indicating taking of a maiden name, etc.)

New Name: _____

LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE

REQUESTING INACTIVE STATUS:

CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS

I do not wish to practice my profession in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry/clinical skills assessment as required by the Board.

- Complete pages 1 and 3 of the application.
- Return your "Active" wall and wallet licenses.
- No fee is required

APPLICANTS MUST COMPLETE THE FOLLOWING:

Enclose a check or money order, in the appropriate amount listed below, made payable to the "Commonwealth of Pennsylvania." If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month.

FEES ARE NOT REFUNDABLE. Check or money order must be in "US funds." Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

1.

- Acupuncturist ——— \$25
- Athletic Trainer ——— \$37
- Genetic Counselor ——— \$125 **\$210** *Fee includes \$75 renewal fee + \$50 reactivation fee.
- Perfusionist ——— \$100 **\$185** *Fee includes \$50 renewal fee + \$50 reactivation fee.
- Physician Assistant ——— \$10
- Respiratory Therapist ——— \$25 **\$85** **\$125**

2. Complete the legal questionnaire.
3. If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).
4. Complete the Verification of Practice / Non-Practice form.
5. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from the expiration date of the license to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

6.	Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. <u>You should make a copy for your records.</u>
Continuing Education	
7.	ALL HEALTH-RELATED LICENSEES: Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at www.dos.pa.gov . For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. <u>Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.</u>
8.	FOR ATHLETIC TRAINERS ONLY: In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current BOC certification.
9.	FOR GENETIC COUNSELORS, PERFUSIONISTS, & RESPIRATORY THERAPISTS: In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide proof of meeting the Board's continuing education requirements. Continuing education requirements can be found at www.dos.pa.gov/ost .
10.	<p>FOR PHYSICIAN ASSISTANTS ONLY: In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current NCCPA certification.</p> <p><u>Opioid Continuing Education:</u> Section 9.1(e)(2) of ABC-MAP^a requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, complete at least two hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids as a portion of the total continuing education required. The required continuing education is part of the total required and must be taken from a Board-approved continuing education provider.</p> <p>^aThe Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/legis/LI/uconsCheck.cfm?bitType=HTM&vr=2014&sessInd=0&smthLwind=0&act=191</p>
Professional Liability Insurance	
11.	ALL Acupuncturists & Genetic Counselors: Shall provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing services governed by your license in the Commonwealth of Pennsylvania.
IMPORTANT INFORMATION	
If this application is not completed <u>within six months</u> , updates of certain sections and/or supporting documents will be required.	
Effective Jan. 1, 2017, act 191 of 2014 requires all prescribers and dispensers to register for the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). Prescribers are required to query the PA PDMP System for each patient the first time the patient is prescribed a controlled substance by the prescriber, when there is clinical concern that the patient may be abusing or diverting a controlled substance(s), and/or each time the patient is prescribed an opioid drug product or a benzodiazepine. To learn more and to register, please visit www.doh.pa.gov/pdmp .	

LEGAL QUESTIONS

THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents. Sign and date below.

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint(s) to the Board, provide the docket number(s): _____		

VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)	Date		

VERIFICATION OF PRACTICE / NON-PRACTICE

VERIFICATION OF PRACTICE / NON-PRACTICE

***** Your reactivation cannot be processed unless this page is completed *****

Full Name	Last	First	Middle
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License No.	Telephone No.
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Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license/certificate you are reactivating. THEN answer the following questions.

		Yes	No
1.	Have you engaged in or practiced in your profession in Pennsylvania since your license or certification lapsed or since you placed it on inactive status?		
2.	Have you been employed by the federal government in the practice of your profession since your Pennsylvania license or certification lapsed or since you placed it on inactive status?		

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Signature of Licensee	Date
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Attachment B
(Part 2)

**PERFUSIONIST
TEMPORARY GRADUATE**

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist 202

CheckList Name	Instructions
Application	<p>If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization</p> <p style="text-align: right;">\$120.00</p>
Application Fee	<p>An application fee of \$50 is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of \$40 is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;">\$80.00</p>
Certification of Supervisor	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
Child Abuse CE	<p>All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website:</p>

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance; personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.
National Certification	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

July 1, 2022

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	Instructions
Application	<p>If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization</p> <p style="text-align: right;">\$130.00</p>
Application Fee	<p>An application fee of \$50 is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of \$40 is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;">\$88.00</p>
Certification of Supervisor	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
Child Abuse CE	<p>All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.</p>

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.
National Certification	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

July 1, 2024

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	Instructions
Application	<p>If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization</p> <p style="text-align: right;">\$145.00</p>
Application Fee	<p>An application fee of \$50 is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of \$40 is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;">\$95.00</p>
Certification of Supervisor	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
Child Abuse CE	<p>All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website:</p>

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.
National Certification	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

**PERFUSIONIST
TEMPORARY PROVISIONAL**

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist 2020

CheckList Name	Instructions
Application	<p>If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization</p> <p style="text-align: right;">\$120.00</p>
Application Fee	<p>An application fee of \$50 is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of \$40 is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;">\$80.00</p>
Certification of Supervisor	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
Child Abuse CE	<p>All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.</p>

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.
National Certification	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

July 1, 2022

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization \$130.00
Application Fee	An application fee of \$50 is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of \$40 is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable. \$88.00
Certification of Supervisor	Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.
National Certification	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

July 1, 2024

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Perfusionist + Temporary Graduate Perfusionist

Obtained By: Application + Temporary Provisional Perfusionist

CheckList Name	Instructions
Application	<p>If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization</p> <p style="text-align: right;">\$145.00</p>
Application Fee	<p>An application fee of \$50 is required for Osteopathic Temporary Graduate Perfusionist license and full Osteopathic Perfusionist license. An application fee of \$40 is required for the Osteopathic Temporary Provisional Perfusionist license. Please note that all fees are non-refundable.</p> <p style="text-align: right;">\$95.00</p>
Certification of Supervisor	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Graduate Perfusionist Form and forward to your supervisor for completion of Section 2. This is only required if you are applying for a Temporary Graduate Perfusionist license</p>
Child Abuse CE	<p>All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.</p>

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Complete Section 1 of the Verification of Perfusionist Education form and forward to your school for completion of Section 2. The program must return the completed verification directly to the board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABCP or other Nationally-recognized certifying agency and request an official verification that you are eligible and have applied to sit for the certification examination to be sent directly to the Board. This is only required if you are applying for a Temporary Graduate Perfusionist or Temporary provisional perfusionist license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing perfusion services in the Commonwealth of Pennsylvania.
National Certification	Contact the American Board of Cardiovascular Perfusion (ABCP) or other Nationally-recognized certifying agency and arrange for your "credential verification" to be sent directly to the Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

GENETIC COUNSELOR

10/31/2018

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Genetic Counselor

Obtained By: Application

2020

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
Application Fee	An application fee of \$50.00 is required. Please note that all fees are non-refundable. \$120.00
Certification of Supervisor	
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
Educational Transcripts	<p>Request that your school provide an official transcript <u>directly</u> to the Board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABGC or AMBG and request an official verification of active candidate status be sent directly to the Board. This is only required if you are applying for a provisional genetic counselor license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.
National Certification	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent directly to the Pennsylvania Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

10/31/2019

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Genetic Counselor

Obtained By: Application

July 1, 2022

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
Application Fee	An application fee of \$50.00 is required. Please note that all fees are non-refundable. \$130.00
Certification of Supervisor	
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
Educational Transcripts	<p>Request that your school provide an official transcript <u>directly</u> to the Board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABGC or AMBG and request an official verification of active candidate status be sent directly to the Board. This is only required if you are applying for a provisional genetic counselor license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.
National Certification	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent directly to the Pennsylvania Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Genetic Counselor

Obtained By: Application

July 1, 2024

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.
Application Fee	An application fee of \$50.00 is required. Please note that all fees are non-refundable. \$145.00
Certification of Supervisor	
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
Educational Transcripts	<p>Request that your school provide an official transcript <u>directly to the Board</u>.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABGC or AMBG and request an official verification of active candidate status be sent directly to the Board. This is only required if you are applying for a provisional genetic counselor license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.
National Certification	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent directly to the Pennsylvania Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

**GENETIC COUNSELOR
REACTIVATION**

2020

(08/2017)

STATE BOARD OF OSTEOPATHIC MEDICINE REACTIVATION or STATUS CHANGE APPLICATION - ALLIED HEALTH PROFESSIONALS

Send to: STATE BOARD OF OSTEOPATHIC MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 <u>www.dos.pa.gov/osi</u> OR 2501 NORTH THIRD STREET HARRISBURG, PA 17110	Full Name	Last	First	Middle	
	Address				
	Address				
	Address	City	State	Zip	
	Email:				
	License No.			Telephone No.	

For a name change, indicate new name below and attach an 8 1/2 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaining of a maiden name, etc.).

New Name: _____

LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE

REQUESTING INACTIVE STATUS:

CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS

I do not wish to practice my profession in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry clinical skills assessment as required by the Board.

- Complete pages 1 and 3 of the application.
- Return your "Active" wall and wallet licenses.
- No fee is required

APPLICANTS MUST COMPLETE THE FOLLOWING:

- Enclose a check or money order, in the appropriate amount listed below, made payable to the "Commonwealth of Pennsylvania." If you have been practicing in Pennsylvania beyond the expiration date, include a late fee of \$5 per month or part of a month.
FEEs ARE NOT REFUNDABLE. Check or money order must be in "US funds." Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.
 - Acupuncturist — \$25 **\$230.00**
 - Athletic Trainer — \$37 **\$125.00**
 - Genetic Counselor — \$125 **\$105.00**
 - Perfusionist — \$100 ****Fee includes \$75 renewal fee + \$50 reactivation fee.**
 - Physician Assistant — \$10 ****Fee includes \$50 renewal fee + \$50 reactivation fee.**
 - Respiratory Therapist — \$25
- Complete the legal questionnaire.
- If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).
- Complete the Verification of Practice / Non-Practice form.
- Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from the expiration date of the license to present. The list must be in chronological order. Include the month and year, and indicate the state/territory in which the employment occurred.

6. Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. You should make a copy for your records.

Continuing Education

7. **ALL HEALTH-RELATED LICENSEES:** Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at www.dos.pa.gov. For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.

8. **FOR ATHLETIC TRAINERS ONLY:** In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current BOC certification.

9. **FOR GENETIC COUNSELORS, PERFUSIONISTS, & RESPIRATORY THERAPISTS:** In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide proof of meeting the Board's continuing education requirements. Continuing education requirements can be found at www.dos.pa.gov/ost.

10. **FOR PHYSICIAN ASSISTANTS ONLY:** In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current NCCPA certification.

Opioid Continuing Education: Section 9.1(a)(2) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, complete at least two hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids as a portion of the total continuing education required. The required continuing education is part of the total required and must be taken from a Board-approved continuing education provider.

*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: <http://www.legis.state.pa.us/cfdocs/legis/LU/uconsCheck.cfm?bdType=HTM&yr=2014&sessInd=0&smthLwnd=0&act=191>

Professional Liability Insurance

11. **ALL Acupuncturists & Genetic Counselors:** Shall provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing services governed by your license in the Commonwealth of Pennsylvania.

IMPORTANT INFORMATION

If this application is not completed within six months, updates of certain sections and/or supporting documents will be required.

Effective Jan. 1, 2017, act 191 of 2014 requires all prescribers and dispensers to register for the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). Prescribers are required to query the PA PDMP System for each patient the first time the patient is prescribed a controlled substance by the prescriber, when there is clinical concern that the patient may be abusing or diverting a controlled substance(s), and/or each time the patient is prescribed an opioid drug product or a benzodiazepine. To learn more and to register, please visit www.doh.pa.gov/pdmp.

LEGAL QUESTIONS

THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents. Sign and date below.

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12.	Since May 10, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint(s) to the Board provide the docket number(s):		

VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)			Date

VERIFICATION OF PRACTICE / NON-PRACTICE

VERIFICATION OF PRACTICE / NON-PRACTICE

***** Your reactivation cannot be processed unless this page is completed *****

Full Name	Last	First	Middle
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License No.	Telephone No.
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Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license/certificate you are reactivating. THEN answer the following questions.

	Yes	No
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- | | | | |
|----|--|--|--|
| 1. | Have you engaged in or practiced in your profession in Pennsylvania since your license or certification lapsed or since you placed it on inactive status? | | |
| 2. | Have you been employed by the federal government in the practice of your profession since your Pennsylvania license or certification lapsed or since you placed it on inactive status? | | |

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Signature of Licensee	Date
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July 1, 2022

(08/2017)

**STATE BOARD OF OSTEOPATHIC MEDICINE
REACTIVATION or STATUS CHANGE APPLICATION – ALLIED HEALTH PROFESSIONALS**

Send to: STATE BOARD OF OSTEOPATHIC MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2849 <u>www.dos.pa.gov/dost</u> OR 2601 NORTH THIRD STREET HARRISBURG, PA 17110	Full Name	Last	First	Middle
	Address			
	Address			
	Address	City	State	Zip
	Email:			
	License No.	Telephone No.		

For a name change, indicate new name below and attach an 8 1/2 x 11 photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree, legal document indicating retaining of a maiden name, etc.).

New Name: _____

LICENSES EXPIRE EVERY EVEN NUMBERED YEAR REGARDLESS OF REINSTATEMENT DATE

REQUESTING INACTIVE STATUS:

CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS

I do not wish to practice my profession in the Commonwealth of Pennsylvania and wish to place my license on an inactive status. I understand that to reactivate my license, I will need to meet the continuing education requirements, obtain professional liability insurance, and meet any re-entry, clinical skills assessment as required by the Board.

- Complete pages 1 and 3 of the application.
- Return your "Active" wall and wallet licenses.
- No fee is required

APPLICANTS MUST COMPLETE THE FOLLOWING:

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FEEES ARE NOT REFUNDABLE. Check or money order must be in "US funds." Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

- Acupuncturist ——— \$25
 - Athletic Trainer ——— \$37 **\$270.00** **\$155.00** **\$115.00**
 - Genetic Counselor ——— \$125 ****Fee includes \$75 renewal fee + \$50 reactivation fee.**
 - Perfusionist ——— \$100 ****Fee includes \$50 renewal fee + \$50 reactivation fee.**
 - Physician Assistant ——— \$10
 - Respiratory Therapist ——— \$25

- Complete the legal questionnaire.
- If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).
- Complete the Verification of Practice / Non-Practice form.
- Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from the expiration date of the license to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

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Continuing Education	
7.	ALL HEALTH-RELATED LICENSEES: Act 31 of 2014 requires that licensees complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements. Details can be found at www.dos.pa.gov . For a list of Board-approved providers, choose the "Act 31 Mandated Child Abuse Reporter Training" link. <u>Verification of completion must be sent electronically directly from the course provider. Please note that it may take 7-10 days for the provider to submit the records to the Board office.</u>
8.	FOR ATHLETIC TRAINERS ONLY: In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current BOC certification.
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10.	<p>FOR PHYSICIAN ASSISTANTS ONLY: In order to reactivate your license and be in compliance with the Board's continuing education requirements, you will need to provide a copy of your current NCCPA certification.</p> <p>Opioid Continuing Education: Section 8.1(a)(2) of ABC-MAP[®] requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, complete at least two hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids as a portion of the total continuing education required. The required continuing education is part of the total required and must be taken from a Board-approved continuing education provider.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP) (Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/legis/LU/uconsCheck.cfm?btType=HTM&vr=2014&sessInd=0&smthLwInd=0&act=191</p>
Professional Liability Insurance	
11.	ALL Acupuncturists & Genetic Counselors: Shall provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing services governed by your license in the Commonwealth of Pennsylvania.
IMPORTANT INFORMATION!	
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5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
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7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
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Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		Date
Signature (Mandatory)			Date

VERIFICATION OF PRACTICE/NGN-PRACTICE

VERIFICATION OF PRACTICE / NON-PRACTICE

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Full Name	Last	First	Middle
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Signature of Licensee	Date
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July 1, 2024

(08/2017)

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REACTIVATION or STATUS CHANGE APPLICATION -- ALLIED HEALTH PROFESSIONALS**

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	Address			
	Address			
	Address	City	State	Zip
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- Genetic Counselor ——— \$125 **\$125.00**
- Perfusionist ——— \$100 ****Fee includes \$75 renewal fee + \$50 reactivation fee.**
- Physician Assistant ——— \$10
- Respiratory Therapist ——— \$25

2.

Complete the legal questionnaire.

3.

If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, etc.).

4.

Complete the Verification of Practice / Non-Practice form.

5.

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<http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?btType=HTM&yr=2014&sessInd=0&smthLwJnd=0&act=191>

Professional Liability Insurance

11. **ALL Acupuncturists & Genetic Counselors:** Shall provide proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing services governed by your license in the Commonwealth of Pennsylvania.

IMPORTANT INFORMATION

If this application is not completed within six months, updates of certain sections and/or supporting documents will be required.

Effective Jan. 1, 2017, act 191 of 2014 requires all prescribers and dispensers to register for the Pennsylvania Prescription Drug Monitoring Program (PA PDMP). Prescribers are required to query the PA PDMP System for each patient the first time the patient is prescribed a controlled substance by the prescriber, when there is clinical concern that the patient may be abusing or diverting a controlled substance(s), and/or each time the patient is prescribed an opioid drug product or a benzodiazepine. To learn more and to register, please visit www.doh.pa.gov/pdmp.

LEGAL QUESTIONS

THE FOLLOWING LICENSE REACTIVATION QUESTIONS MUST BE ANSWERED. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents. Sign and date below.

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12.	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint(s) to the Board provide the docket number(s): _____		

VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Full Name	Last	First	Middle
Social Security #	Date of Birth		
Name of University or School	Year of Graduation		
Signature (Mandatory)			Date

VERIFICATION OF PRACTICE/NON-PRACTICE

VERIFICATION OF PRACTICE / NON-PRACTICE

***** Your reactivation cannot be processed unless this page is completed *****

Full Name	Last	First	Middle
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License No.	Telephone No.
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Be sure that you are familiar with the definition of your profession from the licensing law which pertains to the license/certificate you are reactivating. THEN answer the following questions.

	Yes	No
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1.	Have you engaged in or practiced in your profession in Pennsylvania since your license or certification lapsed or since you placed it on inactive status?		
2.	Have you been employed by the federal government in the practice of your profession since your Pennsylvania license or certification lapsed or since you placed it on inactive status?		

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Signature of Licensee	Date
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**GENETIC COUNSELOR
TEMPORARY PROVISIONAL**

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Genetic Counselor + Temp Provisional

Obtained By: Application Genetic Counselor

2020

CheckList Name	Instructions
Application	<p>If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.</p>
Application Fee	<p>An application fee of \$50.00 is required. Please note that all fees are non-refundable. \$120.00</p>
Certification of Supervisor	<p>An application fee of \$90.00 is required for Osteopathic Temp Provisional Genetic Counselor license</p>
Child Abuse CE	<p>All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.</p>

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjjs/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
Educational Transcripts	<p>Request that your school provide an official transcript <u>directly to the Board</u>.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABGC or AMBG and request an official verification of active candidate status be sent directly to the Board. This is only required if you are applying for a provisional genetic counselor license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.
National Certification	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent directly to the Pennsylvania Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

10/31/2019

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Genetic Counselor + Temp Provisional

Obtained By: Application Genetic Counselor

July 1, 2022

CheckList Name	Instructions
Application	If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization. <i>for full Osteopathic Genetic Counselor</i>
Application Fee	An application fee of \$50.00 is required. Please note that all fees are non-refundable. <i>\$130.00</i>
Certification of Supervisor	An application fee of \$100.00 is required for <i>Osteopathic Temp Provisional Genetic Counselor license</i>
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website:

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
Educational Transcripts	<p>Request that your school provide an official transcript <u>directly</u> to the Board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABGC or AMBG and request an official verification of active candidate status be sent directly to the Board. This is only required if you are applying for a provisional genetic counselor license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.
National Certification	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent directly to the Pennsylvania Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

Evaluation results:

Board/Commission: Osteopathic Medicine

License Type: Osteopathic Genetic Counselor + Temp Provisional

Obtained By: Application Genetic Counselor

July 1, 2024

CheckList Name	Instructions
Application	<p>If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization.</p> <p style="text-align: right;"><i>for full Osteopathic Genetic Counselor.</i></p>
Application Fee	<p>An application fee of \$50.00 is required. Please note that all fees are non-refundable. <i>\$145.00</i></p>
Certification of Supervisor	<p>An application fee of \$105.00 is required for Osteopathic Temp Provisional Genetic Counselor license.</p>
Child Abuse CE	<p>All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website.</p>

CheckList Name	Instructions
Criminal History Check	<p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p>
Education Verification	<p>Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board.</p>
Educational Transcripts	<p>Request that your school provide an official transcript <u>directly</u> to the Board.</p>

CheckList Name	Instructions
Exam Eligibility	Contact the ABGC or AMBG and request an official verification of active candidate status be sent directly to the Board. This is only required if you are applying for a provisional genetic counselor license.
Letter of Good Standing (LOGS)	Contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.
Malpractice Insurance	You will need to upload, where prompted, proof of professional liability insurance coverage through self-insurance, personally purchased insurance or insurance provided by your employer for the minimum amount of \$1,000,000.00 per occurrence or claims made. This proof of insurance/certificate must include your name and indicate that you are covered under this policy while performing genetic counseling services in the Commonwealth of Pennsylvania.
National Certification	National Certification from the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is required. Proof of certification must be sent directly to the Pennsylvania Board.
Resume/Curriculum Vitae	Please upload a Curriculum Vitae/Resume listing all periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from your highest level of education to present (the education completed which qualifies you for this license). The list must be in chronological order, including the name, city and state of the employer, dates of employment or advanced education/training (include the month and year), and description of the practice activity.

**OSTEOPATHIC PHYSICIAN
RENEWAL**

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

2020

RENEWAL APPLICATION – PHYSICIAN AND SURGEON (DO)

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.
- I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements, except for completion of the 2 hours of Board-approved continuing education in child abuse recognition and reporting and 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids. Renewal must be completed and fee required.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2028.
- THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and <u>the date you were served</u> . **If you previously reported the complaint to the Board provide the docket number
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/osj . Click on General Board Information. If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020.
		15. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: 2020

EXPIRATION DATE: →	October 31, 2020
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$220.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
\$330	
LATE FEE – \$5.00 per month, or part of a month will be assessed if postmarked AFTER 10-31-18	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES RETURN BY: OCTOBER 1, 2018	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

2022

RENEWAL APPLICATION – PHYSICIAN AND SURGEON (DO)

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

- ADDRESS CHANGE** – The address above is a new address and not on file with the Board.
- NAME CHANGE** – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. **Form must still be completed – questions answered, signed and dated.**
- I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements, except for completion of the 2 hours of Board-approved continuing education in child abuse recognition and reporting and 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids. Renewal must be completed and fee required.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/psj. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2024.
- THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and <u>the date you were served</u> . **if you previously reported the complaint to the Board provide the docket number
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost . Click on General Board Information. If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020.
		15. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: 2022

EXPIRATION DATE: →	October 31, 2018
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$420.00 (NON REFUNDABLE)
<p>Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.</p> <p>\$420</p> <p>LATE FEE – \$5.00 per month, or part of a month will be assessed if postmarked AFTER 10-31-18</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</p> <p>RETURN BY: OCTOBER 1, 2018</p>	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

2024

RENEWAL APPLICATION – PHYSICIAN AND SURGEON (DO)

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. **Form must still be completed – questions answered, signed and dated.**
- I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements, except for completion of the 2 hours of Board-approved continuing education in child abuse recognition and reporting and 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids. Renewal must be completed and fee required.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/osl. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2025.
- THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and <u>the date you were served</u> . **If you previously reported the complaint to the Board provide the docket number
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost . Click on General Board Information. If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020.
		15. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: 2024

EXPIRATION DATE: →	October 31, 2024
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$200 :00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
\$450	
LATE FEE – \$5.00 per month, or part of a month will be assessed if postmarked AFTER 10-31-18	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES RETURN BY: OCTOBER 1, 2024	

**PHYSICIAN ASSISTANT
RENEWAL**

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

2020

RENEWAL APPLICATION – PHYSICIAN ASSISTANT

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

RETURN TO:

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

Check if appropriate

ADDRESS CHANGE – The address above is a new address and not on file with the Board.

NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/oa. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020. ²²
- THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST:
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payer or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the immoderate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . *If you previously reported the complaint to the Board provide the docket number.
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.
		14. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		15. Do you hold current certification with the NCCPA?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

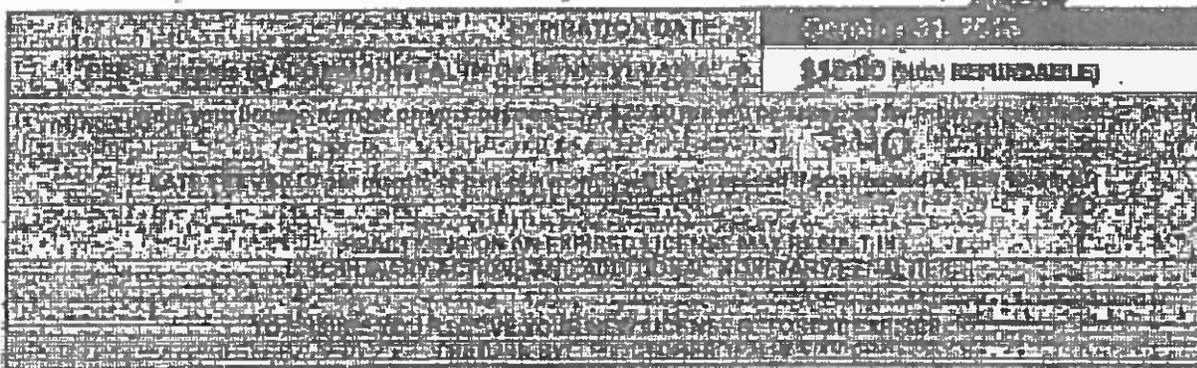
SECTION B - VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4811.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____

Date: _____



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2022

RENEWAL APPLICATION – PHYSICIAN ASSISTANT

RETURN TO:

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

- ADDRESS CHANGE** – The address above is a new address and not on file with the Board.
- NAME CHANGE** – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ocj. Click on General Board information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2025.
- **THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED.**

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST:
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and <u>the date you were served</u> . **If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.
		14. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		15. Do you hold current certification with the NCCPA?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

SECTION B - VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: 2022



YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. **If you previously reported the complaint to the Board provide the docket number
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.
		14. Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		15. Do you hold current certification with the NCCPA?
		16. Have you registered with the Pennsylvania Prescription Drug Monitoring Program?

SECTION B - VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____

Date: _____



ACUPUNCTURIST RENEWAL

2020

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

RENEWAL APPLICATION - ACUPUNCTURIST

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

- ADDRESS CHANGE - The address above is a new address and not on file with the board.
- NAME CHANGE - The name above is the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed - questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020.
- THE FOLLOWING QUESTIONS MUST BE ANSWERED:

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. **If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: _____

2020

EXPIRATION DATE	October 31, 2018
FEE - Payable to COMMONWEALTH OF PENNSYLVANIA	\$25.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
\$40	
LATE FEE - \$5.00 per month or part of a month will be assessed if postmarked AFTER 10/31/18.	
20	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY: OCTOBER 1, 2018	

20

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2022

RENEWAL APPLICATION – ACUPUNCTURIST

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

<p>Check if appropriate</p> <p><input type="checkbox"/> ADDRESS CHANGE – The address above is a new address and not on file with the board.</p> <p><input type="checkbox"/> NAME CHANGE – The name above is the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)</p>

I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/qs. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2022.
- **THE FOLLOWING QUESTIONS MUST BE ANSWERED**

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . *If you previously reported the complaint to the Board provide the docket number
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: _____

2022

EXPIRATION DATE	October 31, 2018
FEE - Payable to COMMONWEALTH OF PENNSYLVANIA	\$25.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
\$75	
LATE FEE - \$5.00 per month or part of a month will be assessed if postmarked AFTER 10-31-18	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY	OCTOBER 31, 2018

22

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2024

RENEWAL APPLICATION – ACUPUNCTURIST

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

- ADDRESS CHANGE** – The address above is a new address and not on file with the board.
- NAME CHANGE** – The name above is the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/osj. Click on General Board information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2026.
- **THE FOLLOWING QUESTIONS MUST BE ANSWERED**

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the ones you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . "If you previously reported the complaint to the Board provide the docket number _____"
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

SECTION B - VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: _____

2024

EXPIRATION DATE	October 31, 2015
FEE - Payable to COMMONWEALTH OF PENNSYLVANIA	\$25.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
\$ 80	
LATE FEE - \$5.00 per month or part of a month will be assessed if postmarked AFTER 10-31-15	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY OCTOBER 1, 2015	

24

**PHYSICIAN ACUPUNCTURIST
RENEWAL**

2020

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

RENEWAL APPLICATION - ACUPUNCTURIST

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

RETURN TO:

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

Check if appropriate

- ADDRESS CHANGE - The address above is a new address and not on file with the board.
- NAME CHANGE - The name above is the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed - questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/osl. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2026.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST:
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled not to contend), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . *If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

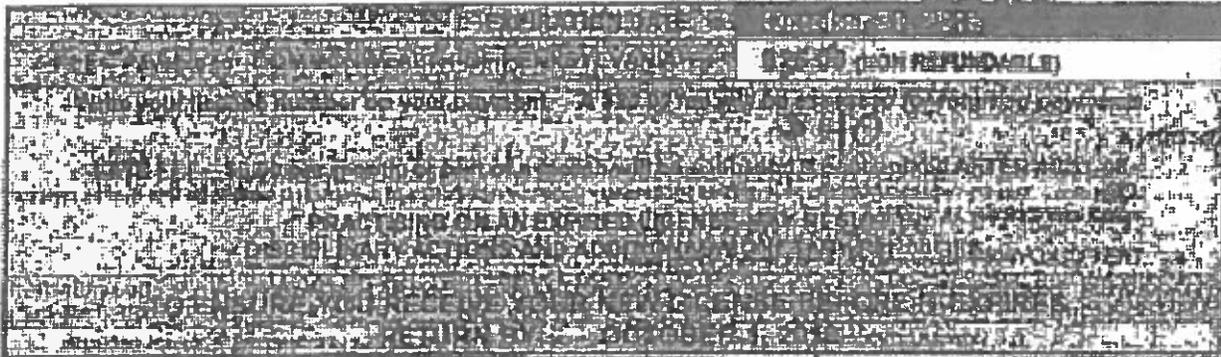
SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4811.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: _____

2020



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2022

RENEWAL APPLICATION – ACUPUNCTURIST

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

- ADDRESS CHANGE – The address above is a new address and not on file with the board.
- NAME CHANGE – The name above is the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaining of a maiden name, etc.)

- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/os. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2024.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST:
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntarily surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or occasional rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
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		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

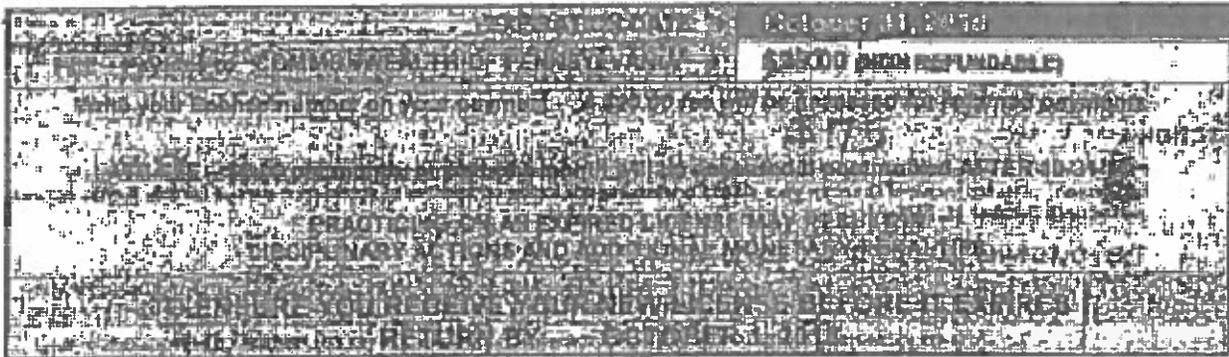
YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . *If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

SECTION B – VERIFICATION OF INFORMATION

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Signature of Licensee (Mandatory): _____ Date: 2022



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2024

RENEWAL APPLICATION - ACUPUNCTURIST

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
 PO Box 8417
 Harrisburg, PA 17105-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

- ADDRESS CHANGE - The address above is a new address and not on file with the board.
- NAME CHANGE - The name above is the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaining of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed - questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/bsa. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2025.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payer or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		11. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>fine date</u> and the <u>date you were served</u> . **If you previously reported the complaint to the Board provide the docket number
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

SECTION B -- VERIFICATION OF INFORMATION

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Signature of Licensee (Mandatory): _____ Date: _____

2024

EXPIRATION DATE	October 31, 2015
FEE Payable to COMMONWEALTH OF PENNSYLVANIA	\$25.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
LATE FEES: \$100 per month or part of a month will be assessed if postmarked AFTER 10/31/15.	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY:	OCTOBER 14, 2015

24

**RESPIRATORY THERAPIST
RENEWAL**

2020

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

RENEWAL APPLICATION – RESPIRATORY THERAPIST

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

RETURN TO:

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

Check if appropriate

- ADDRESS CHANGE** – The address above is a new address and not on file with the Board
- NAME CHANGE** – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/osj. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2023.
- THE FOLLOWING QUESTIONS MUST BE ANSWERED**

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
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		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
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YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
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		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . ***If you previously reported the complaint to the Board provide the docket number _____
		13. Have you met your continuing education requirements?

SECTION B - VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: _____

EXPIRATION DATE: December 31, 2018	2020
FEE - Payable to: COMMONWEALTH OF PENNSYLVANIA	\$25.00 (NON REFUNDABLE)
<small>Write your license number on your payment. A \$25.00 fee will be assessed for returned payments.</small>	
<small>LATE FEE - \$5.00 per month, or part of a month, will be assessed if postmarked AFTER 12/31/18.</small>	
<small>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.</small>	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY: 11 DECEMBER 11, 2018	

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2022

RENEWAL APPLICATION – RESPIRATORY THERAPIST

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
 PO Box 8417
 Harrisburg, PA 17106-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

ADDRESS CHANGE – The address above is a new address and not on file with the Board

NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/os. Click on General Board Information. You are required to obtain your official continuing education certificates of completion earned for this license renewal period until October 31, 2025.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 1 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? <u>If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served.</u>
		**If you previously reported the complaint to the Board provide the docket number _____
		13. Have you met your continuing education requirements?

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____

Date: _____

EXPIRATION DATE	December 31, 2023
FEE Payable to COMMONWEALTH OF PENNSYLVANIA	\$25.00 (NON REFUNDABLE)
<small>Write your license number on your payment. A \$25.00 fee will be assessed for returned payments.</small> <small>LATE FEE: \$2.00 per month, or part of a month, will be assessed if postmarked AFTER 12-31-23</small> <small>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</small> TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES RETURN BY: DECEMBER 11, 2023	

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2024

RENEWAL APPLICATION – RESPIRATORY THERAPIST

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

RETURN TO:

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

Check if appropriate

- ADDRESS CHANGE** – The address above is a new address and not on file with the Board
- NAME CHANGE** – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaining of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2026.

• **THE FOLLOWING QUESTIONS MUST BE ANSWERED**

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . **If you previously reported the complaint to the Board provide the docket number
		13. Have you met your continuing education requirements?

SECTION B - VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____

Date: _____

2024

EXPIRATION DATE	December 31, 2018
FEE - Payable to COMMONWEALTH OF PENNSYLVANIA	\$25.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
LATE FEE - \$500.00 (non-refundable) will be assessed if payment is received AFTER 12/31/17.	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY: DECEMBER 1, 2018	

21

ATHLETIC TRAINER RENEWAL

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

2020

RENEWAL APPLICATION – ATHLETIC TRAINER

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

RETURN TO:

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

Check if appropriate

- ADDRESS CHANGE – The address above is a new address and not on file with the Board
- NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2020.
- THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . **If you previously reported the complaint to the Board provide the docket number
		13. Do you hold current certification with the Board of Certification (BOC) for Athletic Trainers?

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: _____

2020

EXPIRATION DATE	December 31, 2016
FEE - Payable to: COMMONWEALTH OF PENNSYLVANIA	\$37.00 (NON REFUNDABLE)
<small>Write your license number on your payment. A \$20.00 fee will be assessed if returned without a license number.</small> <small>LATE FEE - \$2.00 per month, or part of a month, will be assessed if postmarked AFTER 12/31/16.</small> PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES. TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES RETURN BY: DECEMBER 11, 2016	

20

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2022

RENEWAL APPLICATION – ATHLETIC TRAINER

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
 PO Box 8417
 Harrisburg, PA 17105-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

- ADDRESS CHANGE – The address above is a new address and not on file with the Board
- NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating taking of a maiden name, etc.)

I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2026.

29

- THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . **If you previously reported the complaint to the Board provide the docket number _____
		13. Do you hold current certification with the Board of Certification (BOC) for Athletic Trainers?

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: _____

2022

EXPIRATION DATE:	December 31, 2018
FEE - Payable to COMMONWEALTH OF PENNSYLVANIA	\$37.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
LATE FEE - \$6.00 per month or part of a month will be assessed if postmarked AFTER 12:31 PM	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY: DECEMBER 1, 2018	

22

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2024

RENEWAL APPLICATION – ATHLETIC TRAINER

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

RETURN TO:

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

Check if appropriate

- ADDRESS CHANGE** – The address above is a new address and not on file with the Board
- NAME CHANGE** – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dps.pa.gov/ost. Click on General Board information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2026.

26

- THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. **If you previously reported the complaint to the Board provide the docket number
		13. Do you hold current certification with the Board of Certification (BOC) for Athletic Trainers?

SECTION B – VERIFICATION OF INFORMATION

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I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: _____

2024



PERFUSIONIST RENEWAL

2020

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

RENEWAL APPLICATION – PERFUSIONIST

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

- ADDRESS CHANGE – The address above is a new address and not on file with the Board
- NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2021.
- THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payer or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . **If you previously reported the complaint to the Board provide the docket number
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements?

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____

Date: _____

EXPIRATION DATE: 5	December 31, 2016
FEE - Payable to: COMMONWEALTH OF PENNSYLVANIA 5	\$50.00 (NON REFUNDABLE)
<p>Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.</p> <p>LATE FEE - \$5.00 per month, or part of a month will be assessed if postmarked AFTER 12-31-16</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.</p> <p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</p> <p>RETURN BY: DECEMBER 1, 2016</p>	

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2022

RENEWAL APPLICATION – PERFUSIONIST

 Full Name

 Street Address

 City State Zip Code

 Email Address

 License Number

RETURN TO:
 State Board of Osteopathic Medicine
 PO Box 8417
 Harrisburg, PA 17105-8417

Check if appropriate

ADDRESS CHANGE – The address above is a new address and not on file with the Board

NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaining of a maiden name, etc.)

I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2023.
- THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST:
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . **If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements?

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____

Date: _____

2022

EXPIRATION DATE →	December 31, 2018
FEE - Payable to COMMONWEALTH OF PENNSYLVANIA →	\$50.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - \$5.00 per month or part of a month will be assessed if postmarked AFTER 12/31/18. PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES. TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES RETURN BY: DECEMBER 1, 2018	

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

July 1, 2024

RENEWAL APPLICATION – PERFUSIONIST

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

RETURN TO:

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

Check if appropriate

- ADDRESS CHANGE** – The address above is a new address and not on file with the Board
- NAME CHANGE** – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)
- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2025.
- THE FOLLOWING QUESTIONS MUST BE ANSWERED**

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . *If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements?

SECTION B – VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911:

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____

Date: _____

2024

EXPIRATION DATE	December 31, 2023
FEE – Payable to COMMONWEALTH OF PENNSYLVANIA	\$50.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
LATE FEE – \$6.00 per month, or part of a month, will be assessed if postmarked AFTER 12/31/2023.	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY:	DECEMBER 1, 2023

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**GENETIC COUNSELOR
RENEWAL**

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

2020

RENEWAL APPLICATION – GENETIC COUNSELOR

Full Name _____

RETURN TO:

Street Address _____

State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

City _____ State _____ Zip Code _____

Email Address _____

License Number _____

Check if appropriate

ADDRESS CHANGE – The address above is a new address and not on file with the Board

NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2020.

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- THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . *If you previously reported the complaint to the Board provide the docket number
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements?

SECTION B -- VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Standard): _____ Date: 2020

EXPIRATION DATE	December 31, 2015
FEE - PENNSYLVANIA COMMONWEALTH OF PENNSYLVANIA	\$75.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	\$125
LATE FEE - \$1.00 per month, or part of a month, will be assessed if payment is received after the 15th.	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY: DECEMBER 1, 2015	

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . **If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements?

SECTION B - VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4811.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: 2022

EXPIRATION DATE →	December 31, 2016
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" →	\$70.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
LATE FEE - \$5.00 per month, or part of a month, will be assessed if postmarked AFTER 12/31/16.	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY: DECEMBER 1, 2016	

July 1, 2024

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

RENEWAL APPLICATION – GENETIC COUNSELOR

Full Name _____
Street Address _____
City _____ State _____ Zip Code _____
Email Address _____
License Number _____

RETURN TO:
State Board of Osteopathic Medicine
PO Box 8417
Harrisburg, PA 17105-8417

Check if appropriate

ADDRESS CHANGE – The address above is a new address and not on file with the Board

NAME CHANGE – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.

SECTION A

- Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/ost. Click on General Board Information. You are required to retain your official continuing education certificates of completion earned for this license renewal period until October 31, 2026.
- THE FOLLOWING QUESTIONS MUST BE ANSWERED .

YES	NO	If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.
		1. With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, please provide the profession and state or jurisdiction. LIST: _____
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational licenses, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
		8. Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		10. Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

YES	NO	<i>If you answer yes to questions 2 through 12, provide details AND attach copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
		11. Since your initial application or last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . **If you previously reported the complaint to the Board provide the docket number _____
		13. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No" please provide an explanation or reason for an exemption request.
		14. Have you met your continuing education requirements?

SECTION B - VERIFICATION OF INFORMATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): _____ Date: 2014

EXPIRATION DATE	December 31, 2016
FEE - Payable to COMMONWEALTH OF PENNSYLVANIA	\$75.00 (NON REFUNDABLE)
Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.	
\$160	
LATE FEE - \$5.00 per month, or part of a month, will be assessed if postmarked AFTER 12/31/16	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.	
TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES	
RETURN BY: DECEMBER 1, 2016	

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Attachment C



AMERICAN OSTEOPATHIC ASSOCIATION

TREATING OUR FAMILY AND YOURS

U.S. OSTEOPATHIC LICENSURE SUMMARY

SEPTEMBER 2019

HOW TO USE THIS SUMMARY

INTRODUCTION

The Osteopathic Licensing Summary contains relevant information about the licensing requirements in each state. DOs who graduated more than 25 years ago, with fewer "standardized" credentials, may be subject to different standards of eligibility for licensure. Their questions should be addressed to the specific licensing board involved.

Generally, a license can be obtained in one of two ways:

1. Examination administered by the board. The board may prepare its own examination or administer an examination that has been prepared and purchased from a specialized agency. Today, the United States Medical Licensing Examination (USMLE) and the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) are the most widely used tests.
2. Reciprocity or endorsement of a license previously received from another state. No applicant is ever entitled to automatic reciprocity, for all licensing boards reserve the right to exercise discretion individually in evaluating an applicant's personal, professional, and moral qualifications. Also, the license presented for reciprocity or endorsement must usually have been issued on the basis of a written examination. Many licensing boards are not specific about the states with which they would reciprocate; while we have attempted to list as much reciprocity information as we have, DOs having a question about the eligibility of a particular state's license should address it to the specific board, giving details. At one time a majority of states had basic science requirements and administered a written examination. This explains why certain boards will reciprocate with certificates once issued by states that have now abolished their basic science law.

Pre-professional education requirements are not described, although they are retained in many licensing statutes. Some statutes even continue to specify the extent of a high school education that an applicant must have. The admissions requirements of all accredited osteopathic colleges serve to insure that virtually all recipients of the DO degree now have a minimum of three years in college, and most have a BA or BS degree.

Fees have been given where information was available, but since fees change more frequently than any other requirement, users should expect to find occasional changes, and should, of course, rely on the latest information supplied by a particular board.

MEANING OF TERMS

Scope of practice - Many states do not adequately define the scope of a physician's practice rights in their licensing statute, be he/she a DO or a MD. Depending on the state, a DO may receive a license to practice "medicine and surgery," "osteopathic medicine and surgery," "osteopathy and surgery," or "osteopathy," and all may convey the same rights. For brevity, the AOA uses the term "unlimited" practice rights, which for practical purposes, means the treatment of human ailments, etc., by any and all methods; and can be comparably described as the same rights received by MDs. If the scope of practice is not listed under an individual state's requirements, it is "unlimited."

Educational requirements - As previously indicated, this heading is usually limited to summarizing the state's definition of an approved osteopathic college. As a practical matter, graduation from an AOA accredited college should satisfy the professional educational requirements of all states.

Postgraduate training - This section details the number of years and the type of programs that will satisfy the postgraduate training requirement. All states require at least one year of postgraduate training. Some states require two or three years of training.

Board - This term refers to the licensing board empowered to recommend or actually issue osteopathic licenses. There are basically three types of boards: (1) DO - composed entirely of osteopathic physicians and has the responsibility of granting unlimited licenses to DOs; (2) MD - composed entirely of MDs but having responsibility for granting unlimited licenses to both DOs and MDs; (3) Composite - composed of DOs and MDs in varying ratios, but usually with a majority of MDs, and has the responsibility of granting unlimited licenses to DOs and MDs. In addition to the physicians who sit on state licensing boards, public members are now included on the board, regardless of the board composition.

Board address - This section lists the official name, contact person, address and phone number for each state's licensing board.

Osteopathic members - Those DOs who sit on the state licensing boards are included in this section.

Sunset laws - Many states include "sunset" provisions when enacting licensing boards. In such cases, the authority of the board expires, or "sunssets," on a given date unless specifically re-authorized by the legislature.

Examinations accepted - This section lists the examinations accepted by state licensing boards. Currently, the two national examinations recognized by state licensing boards are the COMLEX-USA and the USMLE. Both the COMLEX exam and the USMLE are three-part national examinations consisting of both written examinations and clinical skills examinations. COMLEX Level 1 or USMLE Step 1 is usually taken during the second year of medical school; COMLEX Level 2 or USMLE Step 2, both the written portion and the Performance Evaluation, is usually taken in the fourth year of medical school; and COMLEX Level 3 or USMLE Step 3 can be taken during the first year of postgraduate training. So when it states that an examination, i.e., COMLEX, USMLE, etc., is recognized, it means all the Levels or Steps must be successfully passed.

The National Board of Osteopathic Medical Examiners (NBOME) develops and administers a complete and comprehensive examination program for DOs -- the Comprehensive Osteopathic Medical Licensing Examination (COMLEX). The COMLEX replaced the NBOME exam. The United States Medical Licensing Examination (USMLE) is the one, single medical licensing examination for allopathic physicians and replaced the Federation Licensing Examination (FLEX) and the National Board Medical Examination (NBME).

License fee - This area contains the cost for securing an unlimited license. Fees change more frequently than any other requirement, so be sure to check with the specific licensing board for exact amounts.

Federation Credentials Verification Service (FCVS) - The Federation of State Medical Boards (FSMB) created the FCVS to verify a physician's core credentials -- identity, medical education and training, and examination history. While a majority of states will accept the FCVS, there are some licensure jurisdictions that will not accept the FCVS. These jurisdictions that will not accept the FCVS require direct source verification for physician licensure.

Reciprocity or Endorsement - See the appropriate paragraph in the Introduction.

Special licenses - This section lists information about availability of temporary permits granting practice privileges pending the issuance of unlimited license.

Renewal - States require periodical re-registration. Dates and fees are given when known.

CME requirement - Continuing medical education shall be in an area of the physician's practice, reflect the professional needs of the licensee in order to meet the health care needs of the public and include at least one contact hour of training or education in each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) risk management, (C) sexual assault, and (D) domestic violence. Additionally, for registration periods beginning on and after October 1, 2010, coursework in cultural competency is also required.

Osteopathic Continuous Certification (OCC) - OCC is a process in which AOA board certified DOs can maintain currency and demonstrate competency in their specialty area. Each AOA specialty certifying board developed OCC requirements implemented as of Jan. 1, 2013. OCC is comprised of 5 components: 1) unrestricted licensure; 2) lifelong learning and continuing medical education; 3) cognitive assessment; 4) practice performance assessment and improvement; and 5) continuous AOA membership. Some states have begun to accept OCC, or the related Maintenance of Certification (MOC), requirements as acceptable in place of CME requirements.

Malpractice insurance - Information regarding the state requirements for and availability of malpractice insurance coverage has been provided by some states. For information about specific insurance carriers, contact the divisional osteopathic society in the appropriate state.

Those interested in additional information about states' licensing requirements may contact the individual licensing boards or AOA's Director of State Government Affairs, 142 East Ontario, Chicago IL 60611; (800)-621-1773 ext. 8185.

STATE REQUIREMENTS

ALABAMA

Educational Requirements: Graduation from osteopathic college approved by medical board

Postgraduate Training: 1 year of approved AOA or ACGME training for graduates of accredited schools; 3 years for graduates of schools not accredited

Board: 15 MDs

Board Address: Alabama Board of Medical Examiners, Sarah H. Moore, Executive Secretary, 848 Washington Avenue, Montgomery, AL 36101-0946 Phone (334) 242-4116 or (800) 227-2606 Fax (334) 242-4155

Osteopathic Member: Gary R. Hill, DO

Website: www.albme.org

Sunset Law: Yes

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, NBME, state examinations administered before FLEX (except Florida & Puerto Rico)

License Fee: \$75; application fee - \$175; application packet - \$20; criminal background check - \$65 (total fee - \$335)

Federation Credentials Verification Service (FCVS): Will accept

Endorsement: SPEX examination required if applicant has not passed a written certification exam for licensure or has not been Board certified or re-certified by an AOA or an ABMS member within the last 10 years.

Special Licenses: No temporary permits

Re-registration: Annual, by December 31 - \$300; Effective May 25, 2012, grace period (January 1 through January 31) additional \$100 fee

CME Requirements: 25 hours of Category 1 every year; OCC/MOC not accepted as a substitute

Malpractice Insurance: Not required

ALASKA

Educational Requirements: Graduation from osteopathic college approved by state medical board

Postgraduate Training: 1 year in AOA or AMA approved hospital if graduated prior to January 1, 1995; 2 years if the graduation date is after January 1, 1995.

Board: 5 physicians, 2 public members, 1 PA

Board Address: Alaska State Medical Board, Debra Stovem, Executive Administrator, State Medical Board, 550 West Seventh Avenue -- Suite 1500, Anchorage, AK 99501. Phone (907) 269-8163 Fax (907) 269-8196

Osteopathic Member: Sai-Ling Liu, DO; Joy M. Neyhart, DO

Website: www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx

Sunset Law: Yes

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

Other Requirements: In person interview requested at the discretion of the Board

License Fee: \$300; application fee - \$200 (total fee - \$500)

Federation Credentials Verification Service (FCVS): accepts

Reciprocity or Endorsement: SPEX may be required

Special Licenses: Temporary permit until board meets to consider endorsement application, \$75; Locum Tenens permit to substitute for Alaskan physician, \$100 + \$100 non-refundable application fee

Renewal: Biennial, December 31 of even numbered years - active - \$300; inactive - \$125

CME Requirements: Require 25 hours in AOA or AMA Category 1 per year; (OCC/MOC not accepted as substitute) and at least two (2) hours must be devoted to pain management and opioid use and addiction.

Malpractice Insurance: Not required

ARIZONA

Educational Requirements: Graduation from an AOA approved college of osteopathic medicine.

Postgraduate Training: 1 year approved by AOA or ACGME

Board: 5 DOs, 2 public members

Board Address: Arizona Board of Osteopathic Examiners in Medicine and Surgery, Justin Bohall, Executive Director, 1740 W. Adams Street, Suite 2410, Phoenix, AZ 85007 Phone (480) 657-7703 Fax (480) 657-7715

Osteopathic Members: Douglas Cunningham, DO; Martin B. Reiss, DO; Christopher Spiekerman, DO; Gary Erbstoesser, DO; Jonathan Maitem, DO

Website: www.azdo.gov

Sunset Law: Yes

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX (75% or better on both components)

License Fee: application fee - \$400 plus pro-rated licensure fee

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: Arizona allows doctors to be licensed based on "continuous practice". If a physician passed the licensing exam more than 7 years ago and has been in advanced training (residency or fellowship) or in practice continuously from the date of first licensure in any State, the physician can substitute "continuous practice" for having recent exam scores. The same application form is used. Personal interview may be required; interview given intermittently.

Special Licenses: Temporary License – No fee at this time. Must have applied for a full license. Expires 250 days after issued or on approval or denial of a full license; Accept applications for the Interstate Medical Licensure Compact; Locum Tenens issued for 90 day period - \$300; can be renewed once for another 90 days - \$300; Education Teaching Permit \$318; Training Permit for individuals in accredited internship, residency or clinical fellowship training programs - \$50; Short Term Permit for individuals in accredited internship, residency or clinical fellowship training programs in Arizona for the purpose of CME - \$50.

Renewal: First year on December 31, thereafter every 2 years from date of license issuance on or before January 1st- \$636

CME Requirements: Arizona requires that licensees receive 40 hours of CME during the two preceding years before the licensing renewal date, which must include at least 24 hours of category 1A AOA CME or that licensee has participated in an approved internship, residency, or fellowship; OCC/MOC not accepted as substitute.

Malpractice Insurance: Not required

ARKANSAS

Educational Requirements: Graduation from an AOA approved college

Postgraduate Training: 1 year in an AOA or ACGME accredited program

Board: 11 MDs, 1 DO, 2 public members

Board Address: Arkansas State Medical Board, Amy Embry, Interim Executive Director, Victory Building, 1401 West Capitol Avenue, Suite 340, Little Rock, AR 72201 Phone (501) 296-1802 Fax (501) 296-1805

Osteopathic Member: Veryl D. Hodges, DO

Website: www.armedicalboard.org

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, NBME, State Board exam taken prior to 1975

Other Requirements: Criminal background checks

License Fee: application fee - \$400; CCVS fee - \$100 (total fee - \$500); temporary permit fee also required - \$50

Federation Credentials Verification Service (FCVS): Yes.

Reciprocity or Endorsement: No

Special Licenses: Temporary permit can be issued after every detail of the application process has been completed and is ready for Board approval. Temporary Permits must be requested in writing with required fee - \$50

Renewal: Effective January 2014: Annual - \$220, due in month of birth. License expires on the last day of the applicant's birth month.

CME Requirements: 20 credit hours of AOA or AMA Category 1 or 2 per year; 10 hours must be Category 1 and in the area of the physician's primary practice; OCC/MOC not accepted as substitute; but hours are granted for time spent in preparation for specialty board certification or recertification examination.

Malpractice Insurance: Not required

CALIFORNIA

Educational Requirements: Graduation from an AOA and California Board approved college

Postgraduate Training: 1 year approved by AOA or ACGME, which includes at least 4 months of direct patient care medicine in an approved postgraduate training program. Effective January 1, 2020—36 months of AOA or ACGME accredited training. At least 24 consecutive months are required in the same training program.

However, if an applicant has satisfactorily completed at least 1 year of approved postgraduate training, is certified by a specialty board authorized by the AOA or approved by the American Board of Medical Specialties and has held an unlimited license as a physician and surgeon in another state(s) for a period of 4 years or more, not including any time spent in approved postgraduate training, he or she may be eligible for licensure.

Basic Science Board: Yes

Board: 5 DOs, 4 public members

Board Address: Osteopathic Medical Board of California, Mark M. Ito, Executive Director, 1300 National Drive, Suite 150, Sacramento, CA 95834-1991 Phone (916) 928-8390 Fax (916) 928-8392

Osteopathic Members: Cyrus Buhari, DO; Elizabeth Jensen-Blumberg, DO; Joseph Zammuto, DO

Website: www.omb.ca.gov/

Sunset Law: Yes

Examinations Accepted: COMLEX: Levels 1-3 and Performance Evaluation (PE) completed and passed; COMLEX: Levels 1 & 2 plus FLEX; COMVEX; or an equivalent state written exam that tests for osteopathic principles.

Other Requirement: Applicants should allow 16 weeks for fingerprint card to clear proper channels.

License Fee: application fee - \$200; fingerprint check fee - \$49 (total fee - \$249)

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: No reciprocity or endorsement with any other state.

Special Licenses: Effective January 1, 2020, a Postgraduate Training License (PTL) will be required for all residents participating in an AOA or ACGME accredited postgraduate training program in California in order to practice medicine as part of their training program. A PTL must be obtained within 180 days after enrollment in the program and will not be required to be renewed. The profile of a holder of a PTL will be displayed on the Board's website for public view.

Any resident participating in an accredited postgraduate training program at the time the law goes in effect, and who is not eligible for full physician licensure (requires completion of 36 months of postgraduate training, 24 consecutive months of which must be completed in a single training program), will need a PTL by June 30, 2020, to continue in the program. Applicants may apply for their PTL as soon as they

have graduated from osteopathic medical school, completed COMLEX Level 1 and 2 and received confirmation of acceptance into an AOA or ACGME accredited California program.

The PTL is valid for a (nonrenewable) period of 39 months, which includes a 90 day grace period following completion of 36 months of postgraduate training, during which time residents must obtain a full license in order to continue in their program.

Renewal: Biennial renewable every other year in the applicant's birth month (even birth month i.e. February, April, June, etc... renew in even year and odd birth month i.e. January, March, May, etc...renew in odd year): Active - \$400

CME Requirements: Each licensed osteopathic physician and surgeon shall complete a minimum of 100 hours of AOA continuing education hours during each two year cycle, of which 40 hours must be completed in AOA Category 1A or 1B continuing education hours as a condition for renewal of an active license. In addition, all physicians must complete a one-time requirement of 12 hours of CME in subjects of pain management and the treatment of terminally ill and dying patients within 4 years of being licensed or by the 2nd renewal whichever occurs first. Pathology and Radiology specialists are exempt. If the CME is listed on the certificate as AMA, it will count as AOA Category 2. OCC/MOC not accepted as substitute. In addition, physicians may receive .5 units of Category 2 CME for each individual journal read.

Malpractice Insurance: Not required. However, a physician is required to carry liability insurance in an outpatient surgery setting pursuant to Business and Professions Code section 2216.2. A physician must also follow the reporting requirements cited in Business and Professions Code section 802 in regard to lawsuit settlements and arbitration awards.

COLORADO

Educational Requirements: Graduation from a recognized osteopathic college

Postgraduate Training: 1 year in a hospital approved by the AOA or ACGME

Board: 8 MDs, 3 DOs, 1 PA-C, and 4 Public Members

Board Address: Colorado Medical Board, Paula E. Martinez, Program Director, 1560 Broadway, Suite 1300, Denver, CO 80202 Phone (303) 894-7690 Fax (303) 894-7692

Osteopathic Members: Donna M. Baldwin, DO; Teresa K. Braden, DO; Scott Strauss, DO

Website: https://www.colorado.gov/pacific/dora/Medical_Board

Sunset Law: Yes

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, State Examinations and LMCC

License Fee: \$412

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: Endorsement

Special Licenses: Physician Training License

Renewal: Biennial odd number years, April 30 - \$140 + \$250 = \$390 (Renewal Fee subject to change)

CME Requirements: None

Malpractice Insurance: Insurance companies that write malpractice insurance in Colorado are required to report all settlements or judgments against physicians licensed by the state. Physicians practicing medicine in Colorado must meet financial responsibility standards in the amount of \$1,000,000 per incident and \$3,000,000 annual aggregate per year.

CONNECTICUT

Educational Requirements: Graduated with the MD or DO degree from a medical school accredited by the LCME or the AOA

Postgraduate Training: Completed at least 2 years of progressive, post graduate medical training as a resident physician in a program accredited by the ACGME or the AOA

Board: 12 MDs, 1 DO, 1 PA, 7 public members

Board Address: Connecticut Medical Examining Board, Jeffrey Kardys, Administrative Hearings Specialist Board Liaison, 410 Capitol Ave., MS#13PHO, P.O. Box 340308, Hartford, CT 06134 Phone (860) 509-7648 Fax (860) 509-7553. **Examination and Licensure,** Stephen Carragher, Public Health Services Manager, 410 Capitol Ave, 12 APP, Hartford, CT 06134-0308 Phone (860) 509-7590.

Osteopathic Member: Andrew Yuan, DO; Maie Eugene, DO

Website: www.ct.gov/dph

Sunset Law: Yes

Examinations Accepted: NBOME, USMLE, FLEX, NBME, LMCC, state board licensing exam before June 1, 1979

License Fee: \$565

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: None

Special Licenses: None

Renewal: Annually, the first birth month following issuance. Renewal fee - \$570; reinstatement fee - \$565

CME Requirements: A licensed physician shall earn a minimum of 50 contact hours of qualifying continuing medical education every 2 years commencing on the first date of license renewal; 1 contact hour means a minimum of 50 minutes of continuing education activity. Once every 6 years, 1 CME hour in each of the following topics: (A) Infectious diseases, including, but not limited to, acquired immune deficiency syndrome and human immunodeficiency virus, (B) risk management, (C) sexual assault, (D) domestic violence, (E) cultural competency, and (F) behavioral health. Beginning January 1, 2020, such behavioral health CME must include at least 2 contact hours on diagnosing and treating (i) cognitive conditions, including, but not limited to, Alzheimer's disease, dementia, delirium, related cognitive impairments and geriatric depression, or (ii) mental health conditions, including, but not limited to, those common to veterans and family members of veterans such as post-traumatic stress, risk of suicide, depression and grief. OCC/MOC not accepted as substitute.

Malpractice Insurance: Each DO licensed to practice osteopathic medicine that provides direct patient care services shall maintain professional liability insurance or other indemnity against liability for malpractice. The insurance must be no less than \$500,000 for one person, per occurrence, with an aggregate of not less than \$1,500,000.

DELAWARE

Educational Requirements: Graduation from an AOA or AMA approved medical school

Postgraduate Training: 1 year in an AOA or AMA approved hospital; if foreign-trained, 3 years is required

Board: 7 MDs, 2 DOs (must include at least 1 DO), 7 public members

Board Address: Delaware Board of Medical Licensure and Discipline, Devashree Singh, Executive Director, Cannon Building, 861 Silver Lake Blvd., Suite 203, Dover, DE 19904 Phone (302) 744-4500 Fax (302) 739-2711

Osteopathic Member: Joseph M. Parise, DO; Barry L. Bakst, DO

Website: www.dpr.delaware.gov

Sunset Law: Yes

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, state examinations taken prior to January, 1973

Other Requirements: Recommendation from Chief of Staff, verification of licensure in good standing on all licenses, and self-query from the NPDB and HIPDB, and criminal background check. Also required, service letters at each facility for the past 3 years; and sex offender and adult abuse registries.

License Fee: \$354

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: No

Special Licenses: No

Renewal: Biennial, renewal by March 31 every odd year

CME Requirements: 40 hours every 2 years - must be Category 1 AMA or AOA; OCC/MOC not accepted as substitute.

Malpractice Insurance: State law provides for revision of judicial process in health care malpractice claims, appropriation for implementing malpractice review panels, and establishment of Health Care Injury Insurance Study Commission. No minimum insurance requirement.

DISTRICT OF COLUMBIA

Educational Requirements: The equivalent of 4 years of instruction and training at a school which is legally chartered or organized in the United States or Canada and was accredited at the time of the applicant's graduation by the Liaison Committee on Medical Education (LCME) of the American Medical Association (AMA), the American Osteopathic Association (AOA), or the Committee on the Accreditation of Canadian Medical Schools. Applicants must be in receipt of the degree of MD or DO

Postgraduate Training: All postgraduate clinical training must be at a hospital or health care facility licensed in the United States in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or in Canada accredited by the LMCC.

US Medical Graduates: All US medical school graduates must complete one year of postgraduate training to be eligible for full licensure.

Foreign Medical Graduates: All foreign medical school graduates must complete three years of postgraduate training to be eligible for full licensure.

Board: The Board, currently by statute, shall be composed of no more than fifteen (15) members appointed by the Mayor with the advice and consent of the Council. Ten (10) members must be licensed physicians in the District of Columbia, four (4) shall be consumer members, and one (1) member must be the Director of the Department of Health or his/her designee.

There are currently 11 members serving on the Board - 6 physician members, 1 Department Designee, and 4 consumer members. The Board meets the last Wednesday of every month unless noted otherwise.

Board Address: District of Columbia Board of Medicine, Frank B. Meyers, JD, Executive Director, 899 North Capitol Street, NE, 1st Floor, Washington, DC 20002; Phone (202) 724-4900 Fax (202) 442-8117.

Osteopathic Member: None

Website: <http://doh.dc.gov/bomed>

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, NBME, USMLE, FLEX, LMCC

Other Requirements: Beginning 2010 new applicants for a health care license, registration or certification in the District of Columbia will be required to undergo a criminal background check as part of the licensure process. Adverse information will be reviewed by the District of Columbia Board of Medicine for professions falling under the Board's purview.

License Fee: application and licensing fee - \$805; renewal fee - \$500

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: No reciprocity or endorsement; applicants may apply by "waiver of examination" if an accepted exam was successfully completed.

Special Licenses: No temporary permits, a postgraduate physician may practice medicine in a clinical training program approved by the AOA, ACGME, or the Board. Medical Training License for residents and fellows in training is currently under congressional review and the anticipated DC law date is March 21, 2012.

The Board does offer licensure by eminence. This provides a different pathway for practitioners who are of eminent qualifications from a foreign country and who would not meet normal licensure requirements (e.g., passage of exam, three (3) years of ACGME training, etc.).

Renewal: Biennial (even years), December 31 - \$500

CME Requirements: Physicians with an active DC license shall submit proof of having completed fifty (50) American Medical Association

Physician Recognition Award (AMA/PRA) Category I or Category I-equivalent hours, that includes the completion of two (2) hours in cultural competence or appropriate clinical treatment specifically for individuals who are lesbian, gay, bisexual, transgender, gender nonconforming, queer, or questioning their sexual orientation or gender identity and expression (LGBTQ).

Malpractice Insurance: Not required

FLORIDA

Educational Requirements: Graduation from an AOA accredited college

Postgraduate Training: 1 year AOA approved rotating first year. Any applicant who has not completed an AOA approved internship must apply to the AOA for approval of first year of the ACGME residency for educational equivalence. If the AOA approves the ACGME residency's first year for educational equivalency and denies the demonstration of good cause for having taken the ACGME residency, the Florida Board of Osteopathic Medicine shall review the applicant's demonstration of good cause.

Board: 5 DOs, 2 public members

Board Address: Florida Board of Osteopathic Medicine, Kama Monroe, JD, Executive Director, 4052 Bald Cypress Way, BIN #C-06, Tallahassee, FL 32399 Phone (850) 245-4161 Fax (850) 921-6184

Osteopathic Members: Michelle Mendez, DO; Joel Rose, DO; Sandra Schwemmer, DO; Anna Hayden, DO; Bridget Bellinger, DO

Website: www.floridasosteopathicmedicine.gov

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, COMVEX, state board exam

Other Requirements: Fingerprints – Fee to be determined (Each Livescan vendor charges different amounts for this service.)

License Fee: \$305 plus application fee - \$200 (total fee - \$505)

Federation Credentials Verification Service (FCVS): Yes, strongly recommended

Special Licenses: Limited and Faculty; Area of Critical Need; Osteopathic Expert Witness

Renewal: Biennial, March 31 every even year, Active - \$429 (and if licensed before 1/1/2013 \$405); Inactive - \$229 (and if licensed before 1/1/2013 \$205)

CME Requirements: 40 hours biennially; 20 hours must be AOA Category 1-A relating to the practice of osteopathic medicine or under osteopathic auspices. The following three CME credits must be obtain via live, participatory courses: 1 hour in Florida Laws and Rules/Professional and Medical Ethics, and 2 hours in Prevention of Medical Errors. In addition, licensees must complete a 2 hour Domestic Violence Course as part of every *third* biennial renewal; a *one-time* 1 hour HIV/AIDS course no later than upon the first biennial renewal; and licensees who are registered with the US DEA and authorized to prescribe controlled substances must complete a 2 hour course on prescribing controlled substances at *each* biennial renewal of licensure. The aforementioned 5 CME hours may be completed in a distance learning format (see F.A.C. Chapter 64B15-13 for detailed requirements and approved CME course providers).

For fellows, interns and residents in approved AOA, AMA or ACGME educational training programs, 10 CME credit hours shall be awarded for successful completion of each 6-month training program period. OCC/MOC not accepted as substitute.

Malpractice Insurance: Must carry at least \$100,000 in malpractice coverage to practice medicine, and must carry \$250,000 in malpractice coverage to have hospital privileges. Allows for no malpractice insurance if the physician posts a sign in his or her office indicating to patients that he or she does not carry medical malpractice insurance.

GEORGIA

Educational Requirements: Graduation from an osteopathic college in good standing with the board

Postgraduate Training: 1 year AOA or ACGME approved postgraduate internship/residency training

Board: 11 MDs, 2 DO, 2 consumer members, 1 Ex-Officio member

Board Address: Georgia Composite State Board, LaSham Hughes, MBA, Executive Director, 2 Peachtree Street, NW, 6th Floor, Atlanta, GA 30303 Phone (404) 656-3913 Fax (404) 656-9723

Osteopathic Members: Barby J. Simmons, DO

Website: www.medicalboard.georgia.gov

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, LMCC, STATE BOARD, NBME

License Fee: initial & reinstatement fee - \$500; renewal fee - \$230

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: No, must start at the beginning of the process

Special Licenses: Teacher's License - \$300; institutional physician renewal - \$80; provisional physician renewal - \$50

Renewal: Biennial, \$230. All active licenses must be renewed every two years, by the last day of the month in which the applicant's birthday falls, based on initial licensure; late fee-\$455 for 3 months after birth month (license revoked for non-renewal after 3 months)

CME Requirements: 40 hours over 2 years of AOA Category 1 or AMA Category 1, AAFP Prescribed Credit, ACOG Category 1 or ACEP Category 1. OCC/MOC not accepted as substitute. For physicians who do not hold a certification in pain management or palliative medicine, and whose opioid pain management patients comprise 50% or more of the patient population, 20 of the above hours must pertain to pain management or palliative medicine. Effective January 1, 2018, every physician not subject to the aforementioned requirement who maintains an active DEA certificate and prescribes controlled substances, except those holding a residency training permit, shall complete at least one time three or more hours of AMA/AOA Category 1 CME that is designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing guidelines, recognizing signs of the abuse or misuse of controlled substances, and controlled substance prescribing for chronic

pain management. Any controlled substances prescribing guidelines coursework taken within two years of the physician's last renewal will count toward this requirement. Completion of this requirement may count as three hours toward the CME requirement for license renewal.
Malpractice Insurance: Not required by state law, but physicians must disclose to the public if they do not carry malpractice insurance.

HAWAII

Educational Requirements: Graduation from an AOA approved college

Postgraduate Training: 1 year internship in AOA approved training program, ACGME accredited training program, Canadian training program accredited by Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.

Board: 7 MDs, 2 DOs, 2 public members

Board Address: Hawaii Medical Board, Ahlani K. Quiogue, Executive Officer, Department of Commerce and Consumer Affairs, 335 Merchant Street, Room 301, Honolulu, HI 96801 Phone (808) 586-2699 Fax (808) 586-2689

Osteopathic Members: Michael Jaffe, DO; Jone Geimer-Flanders, DO

Website: cra.hawaii.gov/pvl/boards/medical

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

License Fee: \$510 licensed July 1 even-numbered year to June 30 odd-numbered year / \$384 July 1 odd-numbered year to June 30 even-numbered year.

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: No; however, proposed legislation to allow for licensure by endorsement is making its way through the legislative process (as of 3/21/18).

Special Licenses: Board can issue temporary licenses to osteopathic residents.

Renewal: Biennial, June, even numbered years - \$312 (on time); \$392 (late)

CME Requirements: Complete 40 Category 1 or 1A CME hours during each 2 year licensing cycle (even years). OCC/MOC not accepted as substitute.

Malpractice Insurance: Not required

IDAHO

Educational Requirements: Graduation from an AOA approved college

Postgraduate Training: 1 year in an AOA or AMA hospital approved for internships -- for US graduates

Board: 5 MDs, 1 DO, 2 public members and the Director of Idaho State Police

Board Address: Idaho Board of Medicine, Anne K. Lawler, JD, RN, Executive Director, 345 Bobwhite Ct., Suite 150, Boise, ID 83706 Phone (208) 327-7000 Fax (208) 327-7005

Osteopathic Member: Mark Grajcar, DO

Website: iom.idaho.gov

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

Other Requirements: Interview may be required

License Fee: \$500

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: An expedited method of obtaining full physician licensure in Idaho that is available to all physicians who meet the Licensure Endorsement criteria, Section 53. Endorsement is not a temporary license process nor is it reciprocity.

Special Licenses: None

Renewal: Annual - \$250; Inactive - \$100

CME Requirements: 40 hours practice relevant to Category 1 every 2 years. OCC/MOC not mentioned, but the Board accepts certification or recertification with a board of the ABMS, AOA, or RCPSG in lieu of compliance with CME requirements.

Malpractice Insurance: Not required

ILLINOIS

Educational Requirements: Satisfactory completion of 6 year post-secondary course of study consisting of 2 academic years of a course of instruction in a college or university and 4 academic years of medical education from a medical or osteopathic college accredited by the Liaison Committee on Medical Education or the American Osteopathic Bureau on Professional Education.

Postgraduate Training: 12 months in hospital approved by state if applicant is a graduate of a medical or osteopathic college in the United States; 24 months if applicant is a graduate of a medical college outside of the United States.

Board: Illinois Medical Licensing Board: 5 MDs, 1 DO, 1 DC. Disciplinary Board: 5 MDs, 1 DC, 2 public members.

Board Address: Biran S. Zachariah, MD, MBA, Chief Medical Coordinator, 320 W. Washington, 3rd Floor, Springfield, IL 62786 Phone (217) 524-7534 Fax (217) 524-2169

Website: www.idfpr.com

Osteopathic Member: Nicholas Parise, DO; Karen O'Mara, DO

Sunset Law: Yes

Examinations: NBOME, USMLE, FLEX, LMCC, SPEX, COMVEX

License Fee: Before July 1, 2018, fee is \$700. Beginning July 1, 2018, fee is \$500.

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: Applicant must be currently licensed to practice medicine in all of its branches in another jurisdiction. Applicants considered on individual basis - Part 3 of USMLE may be required if not certified by an American specialty board, received special honors or awards, had articles published in reputable journals, or participated in the writing of textbooks on medicine. Interview and/or SPEX or COMVEX may be required.

Special Licenses: Temporary certificates for residency training programs - \$230; visiting physicians - \$100; visiting professors - \$300. An inactive category for retired or otherwise non-practicing physicians which contains provisions for reinstatement to active standing.

Renewal: Licenses expire every three years from July 31st, 1990. (Example: July 31st on the years 2017, 2020, 2023 etc.)- Beginning July 1, 2018, fee is \$501 for three years (in-state resident); and \$750 for three years (non-resident)

CME Requirement: Licensees are required to complete a total of 150 hours per pre-renewal period. A minimum of 60 hours of the total required hours should be obtained in formal CME programs; the remaining 90 hours shall be obtained in informal CME programs or activities. OCC/MOC not accepted as substitute. 1 hour of sexual harassment prevention is required for all physicians in order to renew a license. For physicians renewing a controlled substance license, 3 hours of safe opioid-prescribing education is also required. All physicians renewing this license will need to complete the opioid prescribing education offered or accredited by a state government agency, federal government agency or a professional association prior to renewal (no later than July 31, 2020).

Malpractice Insurance: Available through commercial carriers.

INDIANA

Educational Requirements: Diploma and transcript from recognized college

Postgraduate Training: 1 year, prior to licensure, AOA or ACGME approved; 2 years for graduates of foreign medical schools.

Board: 5 MDs, 1 DO, 1 public member

Board Address: Medical Licensing Board of Indiana, Darren R. Covington, JD, Board Director, 402 W. Washington Street, Room W072, Indianapolis, IN 46204 Phone (317) 234-2060 Fax (317) 233-4236

Osteopathic Member: Kirk Masten, DO

Website: www.in.gov/pla/medical.htm

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

License Fee: \$250

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: By endorsement on the basis of unlimited license, if equivalent to Indiana exam or passing National Boards - personal interview and/or SPEX may be required.

Special Licenses: Temporary Medical Permit (TMP) for postdoctoral training - \$100; renewal fee - \$50

Renewal: Biennial, October 31, odd years - \$200

CME Requirements: Beginning July 1, 2019, each physician or osteopathic physician applying for or renewing their controlled substances registration will need to have completed two (2) hours of continuing education in the topic of opioid prescribing and opioid abuse during the previous two (2) years. A list of approved continuing education organizations can be found at <https://www.in.gov/pla/4040.htm>.

Malpractice Insurance: Not required

IOWA

Educational Requirements: Diploma issued after May 10, 1963, by colleges of osteopathic medicine and surgery approved by the Board, or equivalent education approved by the Board. Those with diplomas issued before May 10, 1963, should write to the Board.

Postgraduate Training: 1 year in post graduate training program approved by the Board (2 years for IMG's only)

Board: 5 MDs, 2 DOs, 3 public members

Board Address: Iowa Board of Medicine, Kent Nebel, Executive Director, 400 S.W. 8th Street, Suite C, Des Moines, IA, 50309-4686 Phone (515) 281-7088 Fax (515) 281-8641, Email: ibm@iowa.gov

Osteopathic Members: Brian Wilson, DO

Website: www.medicalboard.iowa.gov

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, LMCC

Permanent License Fee: \$495

Federation Credentials Verification Service (FCVS): Will accept, but not required

Reciprocity or Endorsement: Applicants who meet the eligibility requirements for permanent licensure may qualify for expedited endorsement if they meet all of the following requirements:

- Hold at least one permanent U.S. state/jurisdiction or Canadian medical license
- Hold an unrestricted license in every jurisdiction in which the applicant is licensed
- Have no formal disciplinary actions or active or pending investigations by a board, licensing authority, medical society, professional society, hospital, medical school, federal agency, or institution staff sanctions in any state, country or jurisdiction
- Hold current specialty board certification by an AOA or ABMS specialty board - lifetime certification is excluded
- Have been in continuous active practice during the past five years - time spent in post-graduate training is not considered continuous active practice

Applicants who meet these criteria are not required to submit the certification of medical education, medical education transcript, copy of diploma, verification of post-graduate training or ECFMG Status Report in the application process.

A veteran with an unrestricted professional license in another jurisdiction, who does not meet the licensure requirements in Iowa, may

apply for licensure in Iowa through reciprocity. A military service applicant may apply for credit for verified military education, training, or service toward any experience or educational requirement for licensure by submitting a military service application form to the board office. A veteran or military service applicant must pass any examinations required for licensure to be eligible for licensure through reciprocity. A fully completed application for licensure submitted under this sub-rule by a veteran or military service applicant shall be given priority and shall be expedited (effective 1/28/15). Iowa joined the Interstate Medical Licensure Compact on July 2, 2015. The Compact offers a new, voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple member states. Interstate Medical Licensure FAQs, an Interactive Map, News and more can be found on the Interstate Medical Licensure Compact page: www.imlcc.org (effective April 2017).

Other Licenses:

- Administrative Medicine license, \$495, issued to advise organizations, both public and private, on health care matters; authorize and deny financial payments for care; organize and direct research programs; review care provided for quality; and other similar duties that do not require direct patient care. Administrative medicine does not include the authority to practice clinical medicine, examine, care for or treat patients, prescribe medications including controlled substances, or delegate medical acts or prescriptive authority to others.
- Resident physician's license, \$145, issued for practice in an Iowa program approved for residency training.
- Temporary license, \$145, issued for Board approved activities.
- Special license, \$345, issued to a physician who is an academic staff member of a college of medicine if that physician does not meet the qualifications for a permanent license. The physician should be held in high esteem for unique contributions they have made to medicine, and will make by practicing in Iowa.

Renewal: Biennial, first license can be issued for a shorter period of time in order to get the license expiration date into the birth month and year cycle. A physician born in an even year will have a license that expires on the first day of the physician's birth month in even years. Similarly a physician born on an odd year. Renewal Fee - \$450 online; \$550 paper. Exemption to the permanent licensure renewal fee for physicians on full-time duty in US Armed Forces, Reserves or National Guard (effective 8/28/13).

CME Requirement: 40 hours of AOA or AMA Category 1 required biennially, which include training for identifying and reporting abuse, chronic pain management and end-of-life care. For licensee who regularly provides primary health care to children: 2 hours of training in child abuse identification and reporting in the previous 5 years; for a licensee who regularly provides primary health care to adults: 2 hours of training in dependent adult abuse identification and reporting in the previous 5 years. For licensee who regularly provides primary health care to adults and children: separate courses of 2 hours each as outlined before or a combined 2 hour course that includes curricula for identifying and reporting child abuse and dependent adult abuse. Iowa-licensed physicians are required to complete 2 hours of Category 1 activity for chronic pain management and 2 hours of Category 1 activity for end-of-life care every five years. These requirements, which became effective August 17, 2011, are for physicians who provide primary care to patients (e.g., emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists, psychiatrists.) Exemption to the continuing education requirements for physicians on full-time duty in US Armed Forces, Reserves or National Guard (effective 8/28/13). No formal recognition of OCC/MOC, however, physicians who certifies or re-certifies with an ABMS or AOA specialty board during the license renewal period may claim 50 Category 1 credit hours.

Malpractice Insurance: Not required

KANSAS

Educational Requirements: Graduation from approved college of osteopathic medicine.

Postgraduate Training: 1 year AOA or Board approved

Board: 5 MDs, 1 DPM, 3 DOs, 3 public members, 3 DCs

Board Address: Kansas State Board of Healing Arts, Kathleen Selzer Lippert, JD, Executive Director, 800 SW Jackson, Lower Level-Suite A, Topeka, KS 66612 Phone (785) 296-7413 Fax (785) 296-0852

Osteopathic Members: Ronald M. Varner, DO

Website: www.ksbha.org

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX or state examination taken prior to FLEX

License Fee: \$300

Federation Credentials Verification Service (FCVS): Will accept for professional school, transcripts, diploma, residency, and score report

Reciprocity or Endorsement: SPEX may be required

Special Licenses: Temporary postgraduate permit - \$50; temporary full-practice - \$50

Renewal: Annual, expires June 30, Active - \$330; Exempt or Inactive - \$150

CME Requirements: 50 hours per 1 year period, 100 hours per 2 year period, 150 hours per 3 year period. OCC/MOC not accepted as substitute.

Malpractice Insurance: State requires physician to carry \$200,000 per occurrence, \$600,000 per annual aggregate.

KENTUCKY

Educational Requirements: Graduation from an AOA approved college

Postgraduate Training: 2 years AOA or ACGME approved postgraduate training

Board: 10 MDs, 2 DOs, 3 public members

Board Address: Kentucky Board of Medical Licensure, Michael S. Rodman, Executive Director, 310 Whittington Parkway, Suite 1B, Louisville, KY 40222 Phone (502) 429-7150 Fax (502) 429-7158

Osteopathic Member: Dana Shaffer DO, Randel Gibson, DO

Website: kbml.ky.gov

Sunset Law: No

Examinations: COMLEX, NBOME, USMLE, FLEX

License Fee: \$300; Graduates of Kentucky medical schools who remain in Kentucky for postgraduate training -\$175

Federation Credentials Verification Service (FCVS): Required

Reciprocity or Endorsement: None

Special Licenses: Temporary permits to those with an unlimited license in another state, \$75 (licensure fee required in full – must be paid online); an Institutional Practice Limited license (IP) or a Residency Training (R) license is required of all trainees in order to enter their second year of postgraduate training, \$75

Renewal: Annual, by March 31; Active - \$150 (online), \$160 (paper); Inactive - \$250

CME Requirements: 60 hours over 3 years; 30 hours must be AMA or AOA Category 1; and (2 hours must be AIDS/HIV every 10 year period.) No specific mention of OCC/MOC, however, a passing certification or recertification examination of one of the specialty boards that are members of the American Board of Medical Specialties or the AOA Bureau of Osteopathic Specialists counts for 60 credit hours.

Malpractice Insurance: Currently available to physicians in the state.

LOUISIANA

Educational Requirements: Graduation from a recognized osteopathic college

Postgraduate Training: 1 year. Those serving as interns/residents in Louisiana must register with State Board of Medical Examiners.

Board: 7 MDs

Board Address: Louisiana State Board of Medical Examiners; Vincent A. Culotta, Jr, MD, Executive Director, 630 Camp St, New Orleans, LA 70130 Phone (504) 568-6820 Fax (504) 568-5754

Osteopathic Member: None

Website: www.lsbme.louisiana.gov

Sunset Law: No

Examinations Accepted: USMLE, FLEX, COMLEX and NBOME

Other Requirements: Fingerprints - \$40.75; all physicians renewing their license for the FIRST time must attend a Board sponsored seminar prior to renewal. The orientation is available 4 times a year and acquaints new licensees with the Louisiana medical Practice Act, function of the Board and its rules, etc. Physicians residing and practicing in another state at the time of initial renewal are exempt.

License Fee: \$382

Federation Credentials Verification Service (FCVS): Required

Special Licenses: Postgraduate Year 1 Registration - \$50.

Reciprocity or Endorsement: Interview and/or SPEX may be required.

Renewal: Annual, on or before the last day of the month in which the licensee was born - \$332

CME Requirements: 20 hours of AOA or AMA Category 1 per year. OCC/MOC not specifically addressed, but physicians who have been certified or recertified within the past year by a member board of the American Board of Medical Specialties or specialty board recognized by the AOA are exempt from CME requirements.

Malpractice Insurance: Most hospitals have established minimum malpractice coverage requirements for staff physicians.

MAINE

Educational Requirements: DO degree received following a total of 36 months of professional study.

Postgraduate Training: 1 year, AOA or ACGME approved

Board: 6 DOs, 1 PA, 3 public members

Board Address: Maine Board of Osteopathic Licensure, Susan E. Strout, Executive Secretary, 142 State House Station, Augusta, ME 04333-0142 Phone (207) 287-2480 Fax (207) 536-5811

Osteopathic Members: John Brewer, DO; James Pisani, DO; Scott Thomas, DO; Brian J. Gills, DO; John F. Gaddis, DO; Ryan Smith, DO.

Website: www.maine.gov/osteo/

Sunset Law: Yes

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

Other Requirements: OPP is required if USMLE or FLEX was taken.

License Fee: \$350

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: On individual basis – no reciprocity

Special Licenses: Temporary registration for interns and residents - \$200; Locum Tenens - \$200; camp physicians - \$200; visiting instructor - \$150.

Renewal: Biennial. An original issue license goes from the date of the issue until their next birth date depending on whether the licensee is born in an even or odd year. Renewals are then every two years from issuance - \$525.

CME Requirements: 100 hours of Board approved CME per 2 year period; 40 hours must be AOA Category 1A for FP, FM, GP and IM. All specialists may obtain 40 hours of Category 1 CME in their specialty.

Malpractice Insurance: Not required

MARYLAND

Educational Requirements: Graduation from an LCME accredited college or any other medical school and have successfully completed the requirements for and obtained ECFMG certification.

Postgraduate Training: For AMGs, 1 year of postgraduate training in a program accredited by AOA, ACGME or the Royal College of Physicians and Surgeons of Canada. FMGs require 2 years of training.

Board: 12 MDs, 3 DOs, 1 Physician Assistant, 6 public members

Board Address: Maryland Board of Physicians, Christine A. Farrelly, Executive Director, PO Box 2571, Baltimore, MD 21215 Phone (410) 764-4777 or (800) 492-6836 Fax (410) 358-2252

Osteopathic Member: Damean Freas, DO; Ann Marie Stephenson, DO

Website: www.mbp.state.md.us

Sunset Law: Yes

Examinations Accepted: USMLE, NBME, NBOME, FLEX weighted average, FLEX components 1 and 2, MCC, and a passing score on all parts of the examination of any state board or the District of Columbia Board of Medicine in the United States.

License Fee: Graduates of medical schools in the U. S., its territories, Puerto Rico, and Canada - \$790; graduates of foreign medical schools - \$890 (includes foreign credentials evaluation - \$100).

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: Yes, reciprocity

Special Licenses: Limited license for postgraduate teaching for 1 year only for purpose of post graduate teaching; Conceded Eminence.

Renewal: Maryland licensure operates on a 24-month cycle. A physician whose last name begins with the letters A-L must renew his/her license by September 30, in even-numbered years; a physician whose last name begins with M-Z must renew his/her license by September 30, in odd-numbered years, Physician biennial license renewal - \$512 (subject to change)

CME Requirements: A physician applying for renewal shall earn at least 50 credit hours of Category 1 CME during the 2 year period immediately preceding the expiration of the physician's license. A physician applying for reinstatement shall earn at least 50 credit hours of Category 1 CME during the 2 year period immediately preceding the submission of the reinstatement application. OCC/MOC not specifically mentioned, but the rules recognize participation in a program of self-instruction to prepare for an approved specialty board certification or recertification examination under the ABMS which occurs solely within a 2 year period, on the basis of 5 hours of study equals 1 hour of CME Category 1 credit up to a maximum of 10 credit hours.

Malpractice Insurance: Physicians licensed in Maryland may obtain coverage from commercial insurance. Any physician practicing medicine in Maryland must provide written notification to a patient if the physician does not maintain medical professional liability insurance coverage (insurance) or if the insurance has lapsed for any period of time and has not been renewed.

MASSACHUSETTS

Educational Requirements: 4 years of not less than 32 weeks each in a legally chartered medical school.

Postgraduate Training: 2 years AOA or ACGME approved program or accredited Canadian program for US and Canadian graduates; 3 years for international medical graduates

Board: 5 MDs, 2 public members

Board Address: Massachusetts Board of Registration in Medicine, George Zachos, JD, Executive Director, 200 Harvard Mill Square, Suite 330, Wakefield, MA 01880 Phone (781) 876-8200 or (800) 377-0550 Fax (781) 876-8384

Osteopathic Member: None

Website: www.mass.gov/massmedboard

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

Other Requirements: Criminal background checks

License Fee: \$600

Federation Credentials Verification Service (FCVS): The Board accepts the FCVS for verification of core credentials which includes medical school (for primary source), postgraduate training, examination scores and ECFMG verification

Reciprocity or Endorsement: No

Special Licenses: Limited registration for fellows, interns, and medical officers - \$100. Temporary registration to a physician: 1) holding a faculty appointment at a teaching hospital (issued for no more than 12 months at a time and may be renewed twice); 2) substituting for a registered physician (no more than 3 months); and 3) enrolling in CME credits requiring licensure (to terminate at the end of the CME program or after 3 months, whichever comes first) - \$250.

Renewal: Biennial beginning on the date that the license is issued - \$600

CME/CPD Requirements: Beginning on January 1, 2018, whenever a licensee's next license renewal is due, a newly created CME Pilot Program will be effect for ONE biennial licensing period. During this time, the Board of Registration in Medicine will gather feedback with the goal of making some permanent regulatory amendments. The CME Pilot Program requires 50 credits of CME during the biennial licensing period, to include 2 CME credits in End-of-Life Care issues as a one-time requirement; 3 CME credits in opioid education and pain management if the physician prescribes controlled substances; 10 CME credits in Risk Management, which may be Category 1 or 2; 2 CME credits for studying each chapter of the Board's regulations, 243 CMR 1.00 - 3.00 and these credits may be applied to the Risk Management requirement; 3 CME credits in electronic health records as required under M.G.L. c. 112, § 2, a one-time requirement; the child abuse and neglect training required under M.G.L. c. 51A(k), a one-time requirement; the domestic violence and sexual violence training required under M.G.L. c. 112, § 264, a one-time requirement. Note: if a licensee has already satisfied a one-time-only requirement prior to January 1, 2018, there is no need to retake the requirement. During the Pilot Program, biennial CME credits required may be in

alternative learning formats such as quality assurance, self or practice audits, HEDIS® reports, meeting MACRA measures, etc. In addition, licensees may claim 1.00 credit for every hour of reading a journal or a point of care (POC) resource accessed in the process of delivering patient care or updating clinical knowledge. The Pilot Program applies to all active licensees who have a CME requirement. It does not apply to inactive or limited licensees. Full licensees serving active military duty in a uniformed service or the National Guard during a national emergency or crisis may be eligible for an exemption from the CME requirement.

All physicians who serve adult populations must complete a one-time CME course on the diagnosis, treatment and care of patients with cognitive impairments including Alzheimer's disease and dementia by November 6, 2022. The Board of Medicine is currently working to develop the course, and applicants who apply for a license between November 7, 2018 and March 1, 2019 are granted an administrative waiver of this requirement for this licensing cycle.

Malpractice Insurance: State requires physician to carry \$100,000 per occurrence, \$300,000 per annual aggregate.

Special Note: As a condition of granting or renewing a license, any physician who agrees to treat Medicare patients cannot charge more than the Medicare allowed amount for that treatment.

MICHIGAN

Educational Requirements: 4 years in AOA approved osteopathic college

Postgraduate Training: 1 post-graduate year of residency in a program accredited by the AOA or ACGME.

Board: 7 DOs, 3 public members, 1 PA

Board Address: Michigan Board of Osteopathic Medicine and Surgery, Cheryl W. Pezon, JD, Executive Director, 611 W. Ottawa St, 1st Floor, Lansing, MI 48933 Phone (517) 335-1001 Fax (517) 373-2179

Osteopathic Members: Diane L. Parrett, DO; Walker Foland, DO; Stephen Bell, DO; Kathleen Kudray, DO; Jennifer Cory Behler, DO; Craig S. Glines, DO; Jesse Guasco, DO; Stacey Beltz, DO

Website: www.michigan.gov/healthlicense

Sunset Law: No

Examinations Accepted: COMLEX or NBOME for initial licensure will be accepted for endorsement so long as applicant has passed an examination that tested the applicant on subjects substantially equivalent to subjects tested in Michigan in the same year.

License Fee: \$156

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: By endorsement with all states with substantially equivalent criteria

Special Licenses: Limited License, Interns and Residents - \$176.80 with Controlled Substance License; Controlled Substance License - \$88.40;

Military Spouse Temporary License; Special Volunteer License

Renewal: Every three years from issuance, December 31 - \$296.40, Controlled Substance - \$244.40

CME Requirements: 150 hours over 3 years - 60 hours must be earned through Category 1 CME, with a minimum of 40 hours earned in Category 1. A maximum of 90 hours may be earned in Category 2, OCC/MOC not recognized as substitute. Effective December 2017, requirement of Pain & Symptom Management - Minimum 3 hours per 3-year period (LARA R 338.143) - applies to all osteopathic physicians, including residents, whether or not they are in active practice (ex. retired, administrative, academic teaching, etc.). Also, one-time requirement, Training on Human Trafficking (LARA R 338.120)

Malpractice Insurance: Not required

MINNESOTA

Educational Requirements: Degree from osteopathic college recognized by the Board

Postgraduate Training: 1 year in graduate clinical medical training in a program accredited by the AOA or ACGME, or other graduate training approved by the Board.

Board: 1 MD, 1 DO, 5 public members

Board Address: Minnesota Board of Medical Practice, Ruth M. Martinez, MA, Executive Director, 2829 University Ave SE, Suite 500, Minneapolis, MN 55414-3246 Phone (612) 617-2130 Fax (612) 617-2166

Osteopathic Member: None

Website: www.bmp.state.mn.us

Sunset Law: Yes

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, LMCC

Other Requirements: Interview at Licensure Committee discretion.

License Fee: application fee - \$200; annual registration fee - \$192; criminal background check \$32

Federation Credentials Verification Service (FCVS): Accepted but not required

Reciprocity or Endorsement: With similar boards in states where license issued by examination with grade not less than 75 - SPEX will be required if physician is not currently board certified and has not taken a licensing examination within the last 10 years.

Special Licenses: Medical Faculty Physician, limited license option; and issuing licenses as a member board through the IMLC. Residency permits for physicians in postgraduate clinical training programs, \$20. Telemedicine registration is available to physicians providing telemedicine services from another state.

Renewal: Annual, month of birth - \$192

CME Requirements: 75 hours per 3 year period - must be AOA or AMA Category 1; OCC/MOC accepted in lieu of CME requirements.

Malpractice Insurance: Not required

MISSISSIPPI

Educational Requirements: Diploma from a college approved by AOA

Postgraduate Training: 1 year AOA or ACGME

Board: 8 MDs, 1 DOs, 3 Public Members

Board Address: Mississippi State Board of Medical Licensure, Kenneth E. Cleveland MD, Executive Director, 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216 Phone (601) 987-3079 Fax (601) 987-4159

Osteopathic Member: Kirk Kinard, DO

Website: www.msbl.ms.gov

Sunset Law: No

Examinations Accepted: COMLEX, NBOME (taken after Feb. 13, 1973), USMLE, FLEX

Other Requirements: Background check

License Fee: \$550 (online)

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: All states with equal requirements. SPEX may be required - exam given by the FSMB.

Special Licenses: Temporary licenses issued under extreme conditions by examination/reciprocity.

Renewal: Annual, June 30 - \$200

CME Requirements: 40 hours every 2 years of AOA Category 1A or AMA Category 1. OCC/MOC not recognized as substitute. If physician possesses a current DEA certificate, 5 hours must be in prescribing of controlled substances.

Malpractice Insurance: None

MISSOURI

Educational Requirements: Graduation from an AOA approved college

Postgraduate Training: 1 year for graduates of AOA approved schools

Board: 6 MDs, 1 DOs, 1 public member (Currently have 3 MDs and 2 DOs - can have up to 9 members.)

Board Address: Missouri Board of Registration for the Healing Arts, Connie Clarkston, Executive Director, 3605 Missouri Blvd., Jefferson City, MO 65102 Phone (573) 751-0098 Fax (573) 751-3166

Osteopathic members: James A. DiRenna, DO; David Tannehill, DO

Website: www.pr.mo.gov/healingarts.asp

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

Other Requirements: Medical jurisprudence examination

License Fee: \$75

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: With states granting equal practice rights, at the Board's discretion.

Special Licenses: Temporary permits for interns, residents, fellows - \$30

Renewal: Annual, January 31 - \$100. All physicians with Missouri licenses must renew by January 31 of each year.

CME Requirements: 50 hours biennially in AOA Category 1A and/or 2A, AMA Category 1, or American Academy of Family Practice Prescribed Credits. OCC/MOC not specifically addressed, but a licensee who obtained American Specialty Board certification or recertification during the reporting period shall be deemed to have obtained the required hours of CME.

Malpractice Insurance: A physician or surgeon on the medical staff of any hospital in a county that has a population of more than 75,000 people must (as a condition to his/her admission to or retention on the hospital medical staff) have a medical malpractice insurance policy of at least \$500,000. These requirements do not apply to physicians or surgeons who limit their practice exclusively to patients seen or treated at the hospital and are insured exclusively under the hospital's insurance policy or the hospital's self-insurance program.

MONTANA

Educational Requirements: Graduation from a school accredited by the AOA, LCME, WHO

Postgraduate Training: Completion of a residency. Graduates of medical school pre-2000 who did not complete residency can meet requirement with training and experience the Board determines is equivalent of an approved residency program. 3 years residency required for PMGs.

Board: 1 DO, 5 MDs, 1 DPM, 1 PA-C, 1 RD, 2 Public Members, 1 Volunteer ECP, 1 L.Ac

Board Address: Montana Board of Medical Examiners, Ian Marquand, Executive Director, PO Box 200513, Helena, MT 59620-0513 Phone (406) 841-2360 Fax (406) 841-2305

Osteopathic Member: Molly Biehl, DO

Website: www.medicalboard.mt.gov

Sunset Law: No, although Legislature can order review of boards. Last review in 2011.

Examinations Accepted: COMLEX, NBME, NBOME, USMLE, FLEX, LMCC, ECFMG

License Fee: New application fee - \$500; initial license via Interstate Compact: \$500

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: No reciprocity. Statute repealed in 2015.

Special Licenses: Resident license--1 yr, renewable as long as licensee remains in program. (MCA 37-3-301) Temporary and Telemedicine licenses repealed 2015. The Board can grant short-term non-disciplinary licenses at its discretion. (MCA 37-3-305).

Renewal: Biennial from the year of issuance, online renewals Feb 1 - March 31 - \$500 Active; \$400 Inactive; \$60 Montana Prescription

Drug Registry fee assessed at renewal for prescribers.

CME Requirements: None

Malpractice Insurance: Not required

NEBRASKA

Educational Requirements: Graduation after January 1, 1963, approved by the American Osteopathic Association Bureau of Professional Education, or prior to January 1963 upon Board approval.

Postgraduate Training: 1 year at an AOA or ACGME approved program.

Board: 5 MDs, 1 DO, 2 public members

Board Address: Nebraska Board of Medicine and Surgery, Jesse Cushinan, Program Manager, 301 Centennial Mall South, Lincoln, NE 68509 Phone (402) 471-2118 Fax (402) 472-8355

Osteopathic Member: Jodanne W. Hedrick, DO

Website: <http://dohs.ne.gov/Pages/default.aspx>

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

License Fee: \$300

Federation Credentials Verification Service (FCVS): Complete profiles may be submitted. The profile will be reviewed to determine if its components meet the documentation requirements for licensure. A profile is not automatic acceptance of the documentation verified by FCVS.

Reciprocity or Endorsement: For applicants who took a state board, upon Board approval

Special Licenses: None

Renewal: Biennial, even numbered years, October 1 - \$121

CME Requirements: 50 hours Category 1 every 2 years, approved by AOA or ACCME. OCC/MOC not recognized as substitute.

Malpractice Insurance: Not required, but requires mandatory reporting of cancelled professional liability insurance, or the decision not to carry professional liability insurance.

NEVADA

Educational Requirements: DO degree from college requiring actual attendance of 36 months, and offering courses specified in the statute.

Postgraduate Training: Prior to January 1, 1995: 1 year internship; after January 1 1995: 3 years of ACGME or AOA postgraduate training. A DO who is enrolled in a postgraduate training program in Nevada can receive an unlimited license to practice medicine after completion of 24 months of the program in this state and has committed, in writing, that he/she will complete the program.

Board: 5 DOs, 2 public members

Board Address: Nevada State Board of Osteopathic Medicine, Sandy L. Reed, MPA, Executive Director, 2275 Corporate Circle, Suite 210, Henderson, NV 89074 Phone (702)732-2147 Fax (702)732-2079

Osteopathic Members: Ronald Hedger, DO; Samir Pancholi, DO; Paul Mausling, DO; Richard Almaguer, DO; C. Dean Milne, DO

Website: www.bom.nv.gov

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, SPEX

Other Requirements: Criminal background check (fingerprints) and interview

License Fee: application and initial fee- \$670 (DO), \$470 (PA)

Federation Credentials Verification Service (FCVS): Required - DOs only, not PAs

Reciprocity or Endorsement: No reciprocity; we have license by endorsement.

Special Licenses: For residents

Renewal: Annual, January 1 - \$450 (DO), \$250 (PA), \$200 (Residents); Inactive - \$200

CME Requirements: 35 hours AOA, AMA or ACCME per year with at least 10 hours completed in Category 1A courses and two (2) hours that relate to the misuse and abuse of controlled substances, the prescribing of opioids or addiction. After July 1, 2018, within two (2) years after initial licensure and at least once every four (4) years thereafter, must take instruction on evidence-based suicide prevention and awareness.

Malpractice Insurance: Physicians licensed and actively practicing in Nevada must carry professional liability insurance in an amount of \$1,000,000 per person/\$3,000,000 per occurrence (not required by law).

NEW HAMPSHIRE

Educational Requirements: DO degree from an AOA approved college

Postgraduate Training: 2 years of formal postgraduate training at an institution accredited by the ACGME, the AOA, or its equivalent

Board: 5 MDs, 1 DO, 1 PA, 3 Public Members, the Commissioner or the Medical Director of the Department of Health and Human Services, or in the case of a vacancy in the Office of Medical Director, the Commissioner shall appoint a designee

Board Address: New Hampshire Board of Medicine, Penny Taylor, Board Administrator, Philbrook Building, 121 S. Fruit Street, Suite 301, Concord, NH 03301-2412 Phone (603) 271-1203 Fax (603) 271-6702

Osteopathic Member: John H. Wheeler, DO

Website: <https://www.oplc.nh.gov/medicine/>

Sunset Law: No

Examinations Accepted: NBME, NBOME, USMLE, FLEX, LMCC .

License Fee: \$300

Federation Credentials Verification Service (FCVS): Required

Reciprocity or Endorsement: Reviewed on an individual basis

Special Licenses: Locum Teneas - \$150

Renewal: Biennial, even years for licenses issued on even years and odd years for licenses issued on odd years, June 30 - \$350

CME Requirements: Proof at every biennial license renewal that the licensee has completed 100 hours of approved CME within the preceding 2 years. Licensees must complete 3 hours of online continuing education or pass an online examination, in the area of pain management and addiction disorder or a combination, as a condition for license renewal. OCC/MOC accepted, as licensees who show proof of being up to date on a program of maintenance of certification by the physician's specialty organization, deemed adequate by the Board, shall be considered to have completed their continuing medical education requirement for the preceding 2 years.

Malpractice Insurance: State law requires a consortium of companies to provide malpractice insurance to physicians in the state. It is not required for licensure.

NEW JERSEY

Educational Requirements: 4 years in board approved osteopathic college

Postgraduate Training: Graduated from medical school prior to July 1, 2003; 1 year AOA or ACGME-approved program; graduated after July 1, 2003; 2 years of AOA or ACGME approved postgraduate training and has signed a contract for a 3rd year (2 years must be in the same field or would, when considered together, be credited toward the criteria for certification by a single specialty board recognized by ABMS or AOA).

Board: 11 MDs, 2 DOs, 1 DPM, 1 lab director, 1 government member, 1 PA, 1 CNM, 3 public members, State Commissioner of Health

Board Address: New Jersey State Board of Medical Examiners, William V. Roeder, JD, Executive Director, 140 East Front Street, 3rd Floor, Trenton, NJ 08608 Phone (609) 826-7100 Fax (609) 826-7117

Osteopathic Members: Otto Sabando DO; John D'Angelo, DO; Joseph A. Racanelli, DO

Website: www.state.nj.us/lps/ca/bmc/index.html

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, individual state licensing examinations taken prior to December 31, 1972

License Fee: \$610

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: Applicants must start at beginning of application process. Interview may be required.

Special Licenses: None

Renewal: Biennial odd years, June 30th - \$580 if paid during 1st year of a biennial renewal period; \$290 in 2nd year of a biennial renewal period

CME Requirements: 100 hours of CME credits during each biennial license renewal cycle, with 40 of which being category 1 credits. OCC/MOC not accepted as substitute.

Malpractice Insurance: Physicians are required to show proof of carrying medical liability insurance. They are required to carry \$1,000,000/occurrence and \$3,000,000/year, and also to carry tail end coverage of \$500,000. Licensure applicants are required to provide the medical board a letter of credit from the insurer, and the law imposes penalties for those who don't. Certain exemptions are made for military physicians and temporary out of state physicians.

NEW MEXICO

Educational Requirements: Graduate of an AOA approved medical school of osteopathic medicine and surgery

Postgraduate Training: 1 year AOA or ACGME accredited internship program.

Board: 3 DOs, 2 public members

Board Address: New Mexico Board of Osteopathic Medicine, Roberta Perea, Board Administrator, P.O. Box 25101, Santa Fe, NM 87505 Phone (505) 476-4629 Fax (505) 476-4665

Osteopathic Members: William Barkman, DO; Jeremy Edmonds, DO; James Baum, DO; John Cruickshank, DO

Website: www.rld.state.nm.us/boards/Osteopathy.aspx

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

License Fee: \$400

Federation Credentials Verification Service (FCVS): Will accept, highly recommends

Reciprocity or Endorsement: All states having requirements equal to or greater than New Mexico. Need to meet all state requirements.

Special Licenses: Temporary permits granted until next meeting of the Board; osteopathic physician assistants

Renewal: Annual, on or before July 1 - \$200

CME Requirements: 75 hours of AOA or AMA Category 1 per 3 year period or active membership in AOA or certification or re-certification by a specialty board during the 3 year cycle or Passage of the SPEX with a score of 75, during the 3 year cycle. OCC/MOC not specifically addressed, however, physicians can satisfy CME requirements by completing certification or re-certification by a specialty board during the three year cycle. Included in the 75 hours are 6 hours of pain management or 2 hours per year.

Malpractice Insurance: State law requires a screening panel to review all liability suits and report to central disciplining board. Patients can collect maximum of \$200,000 from physician, \$600,000 total in liability action. Patient Compensation Fund pays the difference. Statute requires \$200,000 policy or at least \$600,000 in cash on file if provider wants protection of other provisions of the Medical Malpractice Act.

NEW YORK

Educational Requirements: Pre-professional education consists of satisfactory completion of 60 semester hours of college study from a New York State registered program or the equivalent as determined by the NYSED. Evidence of professional education may be: (1) satisfactory completion of a medical program registered by the NYSED as licensure-qualifying or accredited by the AOA or the LCME and have received the degree of MD, DO, or the equivalent, if graduating from a registered or accredited medical program, or (2) satisfactory completion of no less than 32 months in a medical program recognized as an acceptable educational program for physicians by the appropriate civil authorities of the country in which the school is located and have received the degree of MD, DO or the equivalent as determined by the licensure department and a satisfactory proficiency examination, such as the Educational Commission for Foreign Graduates (ECFMG) certification, if graduating from a non-accredited medical program.

Postgraduate Training: If graduating from a registered or accredited medical program, at least 1 year of postgraduate hospital training in an accredited residency program approved by the ACGME, the AOA, or the RCPSC; If graduating from a non-accredited medical program, at least 3 years of postgraduate hospital training in an accredited residency program approved by the 3 organizations listed above

Board: 2 DOs, 17 MDs, 2 PAs, 2 public members

Board Address: New York State Board for Medicine, Stephen J. Boese, Executive Secretary, 89 Washington Avenue, 2nd floor, West Wing, Albany, NY 12234 Phone (518) 474-3817 ext. 560 Fax (518) 486-4846

Osteopathic Members: Licensing Board: Lynn G. Mark, DO; Amit M. Shelat, DO

Website: <http://www.op.nysed.gov/prof/msd/>

Sunset Law: No

Examinations Accepted: NBOME/COMLEX, NBME, USMLE, FLEX

License Fee: \$735 (includes license fee and first registration)

Federation Credentials Verification Service (FCVS): Required for graduates of non LCME or AOA accredited or board approved medical schools

Reciprocity or Endorsement: Yes, at the discretion of the Board in limited circumstances

Special Licenses: Limited Permits to practice under the supervision of a New York State licensed and currently registered physician and only in a general hospital, nursing home, state operated psychiatric, developmental or alcohol treatment center, or incorporated, nonprofit institution for the treatment of the chronically ill - \$105; 3 year limited license, and waiver of the citizenship/permanent residence requirement, in exchange for the physician's service in a medically underserved area of New York State.

Renewal: Biennial starting on the first day of the physician's birth month - \$600

CME Requirements: For prescribers who have a DEA registration number to prescribe controlled substances, as well as medical residents who prescribe controlled substances under a facility DEA registration number, 3 hours of course work or training in pain management, palliative care and addiction must be completed between July 1, 2015 and July 1, 2017, and once every 3 years thereafter. The course work or training may be live or online, and must include the following 8 topics: New York State and federal requirements for prescribing controlled substances, pain management, appropriate prescribing, managing acute pain, palliative medicine, prevention, screening and signs of addiction, responses to abuse and addiction and end of life care. The topics can be completed in a single presentation or in individual segments for a total of at least 3 hours. Prescribers licensed on or after July 1, 2017, who have a DEA registration, as well as medical residents prescribing controlled substances under a facility DEA registration, shall complete the course work or training within 1 year of registration, and once within each 3-year period thereafter. A prescriber who obtains a DEA number after July 1, 2017 must complete the coursework within one year of DEA registration and once within each 3-year period thereafter. This requirement also applies to a prescriber who is licensed in New York, and who has a DEA registration number (regardless of the location for which it was issued), who practices in another state, or who is not currently practicing in New York. Board certification or recertification is not a substitute for the required coursework or training; however, course work or training completed to obtain board certification or recertification may be applicable to 1 or more of the 8 required topic areas, and toward the minimum of 3 hours in duration.

Malpractice Insurance: Not required

NORTH CAROLINA

Educational Requirements: Except for graduates of foreign medical schools, applicants must have graduated from a medical school accredited by the Liaison Committee on Medical Education (LCME), the American Osteopathic Association (AOA) or the Committee for the Accreditation of Canadian Medical Schools.

Postgraduate Training: 1 year

Board: 8 MDs; 1 who is either a DO, a full-time NC medical school faculty member who utilizes integrative medicine in that person's clinical practice, or a member of The Old North State Medical Society; 3 public members; 1 PA and 1 nurse practitioner

Board Address: North Carolina Medical Board, R. David Henderson, JD, Chief Executive Officer, PO Box 20007, Raleigh, NC 27619 Phone (919) 326-1100 Fax (919) 326-1131

Osteopathic Member: Barbara E. Walker, DO; Christine Khandelwal, DO

Website: www.ncmedboard.org

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, NBME, LMCC, MCQUE, state board written exam

Other Requirements: Physicians who have been out of clinical practice for 2 or more years may be required to develop a "re-entry" plan as part of their application.

License Fee: \$440 (includes criminal background record check fee - \$38)

Federation Credentials Verification Service (FCVS): Required for IMGs plus \$2.00 fee for NPDB report and anyone with a completed FCVS profile

Reciprocity or Endorsement: Must pass an examination for license testing general medical knowledge (examination determined by the Board to be equivalent to the Board's examination). Original certification of passing scores must be provided to the Board from the examination source. Interview may be required. SPEX may be required. Certification or re-certification from a specialty board recognized by ABMS or AOA within the last 10 years may exempt applicant from taking the SPEX.

Special Licenses: Resident's Training License - \$138; Medical School Faculty License - \$440; Retired Volunteer - no fee; Special Purpose - \$440; Ltd Volunteer - no fee. All licensure fees include criminal background record check fee - \$38 plus \$2.00 fee for NPDB report.

Renewal: Annual, within 30 days of birth date - \$250

CME Requirements: All physicians, except those holding a residency training license, shall complete at least 60 hours of AOA or AMA Category 1 CME relevant to the physician's current or intended specialty or area of practice every three years. Beginning on July 1, 2017, every physician who prescribes controlled substances, except those holding a residency training license, shall complete at least three hours of CME, from the required 60 hours of Category 1 CME, that is designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing practices, recognizing signs of the abuse or misuse of controlled substances, and controlled substance prescribing for chronic pain management. A physician who is continuously engaged in a program of recertification, or maintenance of certification, from an ABMS, AOA or RCPSC specialty board shall be deemed to have satisfied his or her entire CME requirement for that three year cycle. Any physician who qualifies for the aforementioned exemption and who, as part of their recertification or maintenance of certification process, completed CME that specifically satisfies the controlled substance prescribing CME requirement is not required to take controlled-substance prescribing CME beyond that included in their MOC process.

Malpractice Insurance: Not required, but mandated reporting to the Board of any damage award or settlement of a malpractice claim within 30 days of such award or settlement.

NORTH DAKOTA

Educational Requirements: Graduation from an osteopathic college located in the United States

Postgraduate Training: 1 year in approved AMA, AOA postgraduate training program or by an accrediting body approved by the board.

Board: 9 MDs, 1 DO, 1 PA, 2 public members

Board Address: North Dakota Board of Medicine, Bonnie Stohakken, JD, Executive Secretary, 418 E. Broadway Avenue, Suite 12, Bismarck, ND 58501 Phone (701) 328-6500 Fax (701) 328-6505

Osteopathic Member: Thomas D. Carver, DO

Website: www.ndbom.org

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, and state written exams

License Fee: \$200 plus criminal background check fee - \$40 (total fee - \$240)

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: None

Special Licenses: Temporary permits pending possible interview before the Board (only after application process is complete). Locum Tenens permits for period not to exceed 3 months.

Renewal: Annual. Expiration dates are annually on the physicians birthday - \$205 (online); \$250 (paper)

CME Requirements: 60 hours of AOA or AMA Category 1 per 3 year reporting period. OCC/MOC not accepted as substitute.

Malpractice Insurance: Not required

OHIO

Educational Requirements: Diploma from AOA approved osteopathic college

Postgraduate Training: 1 year, AOA or ACGME-approved

Board: 7 MDs, 1 DO, 1 DPM, 3 public members

Board Address: State Medical Board of Ohio, Anthony J. Groeber, MBA, Executive Director, 30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127 Phone (614) 466-3934 Fax (614) 728-5946

Osteopathic Member: Sherry Johnson, DO

Website: www.med.ohio.gov

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

License Fee: \$305

Federation Credentials Verification Service (FCVS): Required

Reciprocity or Endorsement: None

Special Licenses: Initial Training Certificates for interns, residents, and fellows in approved programs - \$130 for three (3) years; one renewal permitted - \$100; Special Activity Certificate - \$125; Clinical Research Faculty Certificate - \$375; Telemedicine Certificate - \$305; Volunteer's Certificate - no fee.

Renewal: Each person holding a license issued under this chapter to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery wishing to renew that license shall apply to the board for renewal. Applications shall be submitted to the board in a manner prescribed by the board. Each application shall be accompanied by a biennial renewal fee of \$305.

Applications shall be submitted according to the following schedule:

- (a) Persons whose last name begins with the letters "A" through "B," on or before the first day of July of every odd-numbered year;
- (b) Persons whose last name begins with the letters "C" through "D," on or before the first day of April of every odd-numbered year;

- (c) Persons whose last name begins with the letters "E" through "G," on or before the first day of January of every odd-numbered year ;
- (d) Persons whose last name begins with the letters "H" through "K," on or before the first day of October of every even-numbered year ;
- (e) Persons whose last name begins with the letters "L" through "M," on or before the first day of July of every even-numbered year ;
- (f) Persons whose last name begins with the letters "N" through "R," on or before the first day of April of every even-numbered year ;
- (g) Persons whose last name begins with the letter "S," on or before the first day of January of every even-numbered year ;
- (h) Persons whose last name begins with the letters "T" through "Z," on or before the first day of October of every odd-numbered year .

The clinical research Faculty Certificate is still renewed every three years

CME Requirements: 100 hours over 2 year period; at least 40 hours must be AOA Category 1 with the remaining 60 hours in Category 1 or 2. OCC/MOC not accepted as substitute. Clinical Research Faculty Certificate – 150 hours over 3 year period.

Malpractice Insurance: Not required, but must provide patients with a written notice of the physician's lack of insurance coverage prior to providing the patient with nonemergency care.

OKLAHOMA

Educational Requirements: Graduation from an osteopathic college that is accredited by the Bureau of Professional Education of the American Osteopathic Association.

Postgraduate Training: Completion of a 1 year AOA-approved rotating internship or its equivalent thereof, in an accredited internship or residency program acceptable to the Board. If an applicant has completed an ACGME accredited residency training program and become specialty board eligible or attained specialty board certification, the Board may consider this standing as equivalent training.

Board: 6 DOs, 2 public members

Board Address: Oklahoma State Board of Osteopathic Examiners, George Robinson Stratton, III, Executive Director, 4848 N Lincoln Blvd, Suite 100, Oklahoma City, OK 73105-3321 Phone (405)528-8625 Fax (405)557-0653

Osteopathic Members: Carl B. Pettigrew, DO; Jay D. Cunningham, DO; Dennis J. Carter, DO; Bret Langerman, DO; Duane Koehler, DO; Leroy Young, DO

Website: www.ok.gov/osboe/

Sunset Law: Yes

Examinations Accepted: COMLEX, NBOME

License Fee: \$575

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: With states having equal requirements, at the discretion of the Board - interview may be required.

Special Licenses: None

Renewal: Annual, July 1 - \$225 (in-state); \$150 (out-of-state)

CME Requirements: 16 hours per year in AOA Category 1 A or B, 1 hour of which every other year must be in the area of proper prescribing of controlled dangerous substances. OCC/MOC not accepted substitute, however, the Oklahoma State Board of Medical Licensure and Supervision does accept specialty board certification or recertification that was obtained during the three year reporting period, by an ABMS specialty board.

Malpractice Insurance: Not required

OREGON

Educational Requirements: Graduation from an AOA approved college

Postgraduate Training: 1 year AOA or ACGME, as approved by Board

Board: 7 MDs, 2 DOs, 1 DPM, 2 public members = 13 Board members

Board Address: Oregon Medical Board, Nicole A. Krishnaswami, JD, Executive Director, 1500 SW 1st Avenue, Suite 620, Portland, OR 97201-5815 Phone (971) 673-2700 Fax (971) 673-2670

Osteopathic Members: K. Dean Gubler, DO; Christoffer Poulsen, DO

Website: www.oregon.gov/OMB

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

Other Requirements: Board is authorized to conduct nationwide criminal records background check and fingerprints on applicants and licensees.

License Fee: Application fee - \$375; criminal background check - \$48 (total fee - \$423)

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: No reciprocity. Expedited Endorsement request reviewed on an individual basis. Committee/Board review may be required prior to issuance of licensure. SPEX may be required.

Special Licenses: No longer offered

Renewal: Biennial - \$556, must be received on or before December 31 of each odd-numbered year.

CME Requirements: 60 hours of AOA or AMA Category 1 every two years; note: 15 hours of AOA or AMA Category 1 every two years for OCC/MOC compliant applicants

Malpractice Insurance: Not required.

PENNSYLVANIA

Educational Requirements: Graduation from board approved osteopathic college meeting statutory criteria

Postgraduate Training: 1 year AOA approved rotating internship

Board: 6 DOs, 2 public members, 1 respiratory care practitioner or PA, or a certified athletic trainer, or a licensed perfusionist, Commissioner of Professional & Occupational Affairs, Department of Health Representative

Board Address: Pennsylvania State Board of Osteopathic Medicine, Aaron Hollinger, Administrator, 2601 N. 3rd Street, Harrisburg, PA 17110 Phone (717) 783-4858 Fax (717) 787-7769

Osteopathic Members: Frank Tursi, DO; Christopher Poggi, DO; John Bulger, DO; Randy Litman, DO; Burton Mark, DO; William Swallow, DO

Website: www.dos.state.pa.us

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, FLEX

Other Requirements: Examination in OMT required for licensure, fee \$250. Deadline date for application, 60 days prior to examination. Effective March 29, 2006, DOs who have passed COMLEX-USA Level 2-PE, the Osteopathic Clinical Skills Examination, are now exempt from taking the state board's OMT examination. Effective March 12, 2008 the Board addressed the issue of whether an applicant for licensure would be required to complete the OMT examination if applicant had already successfully completed an osteopathic board certification examination, that included an OMT component or who already successfully completed an OMT examination as a requirement for another state license. The applicants would be deemed to have met the Board's OMT examination requirement if the applicant can provide proof to the Board that he/she has completed an osteopathic certification examination that included an OMT component or provide proof that the applicant completed an OMT examination as a requirement for another state license. The Board will review these requests on a case-by-case basis.

License Fee: \$45; Applicants requiring the state board's OMT examination: first time OMT examination fee - \$250 (The exam is now administered through PearsonVUE. All exam fees are paid directly to PearsonVUE. Their website is <http://www.pearsonvue.com/pa/osteopathic-medicine/>). Repeat examination fee - \$170 (additional state board's OMT examination information and application available on Professional Credential Services (testing agency web site at www.pcsdq.com) Applicants not required to complete the state board's OMT examination fee - \$45

Federation Credentials Verification Service (FCVS): Yes

Reciprocity or Endorsement: By endorsement with states having equal requirements, provided applicant has not previously failed a Pennsylvania written examination. All applications reviewed on an individual basis.

Special Licenses: Graduate training certificate - is a renewable 1 year temporary certificate granted to osteopathic physicians licensed in the Commonwealth or another state who applies for training or certification in AOA approved institutions that allows them to practice only within the complex of the hospital and its affiliates or the community hospital where the physician is engaged in training. Temporary License - is a temporary license valid for 1 year that is granted to osteopathic medical college graduates for permission to participate in an approved graduate osteopathic or medical training program in the Commonwealth, and only permits the licensee to train only within the complex of the hospital and its affiliates where the licensee is engaged in an approved training program. Short-term camp physician license - valid for a period not exceeding 3 months, may be granted to an osteopathic physician licensed in good standing in another state or Canada who intends to practice in a camp; must comply with malpractice insurance requirements.

Renewal: Biennial, before October 31 of every even-numbered year - \$220

CME Requirements: Completion of 100 credit hours of continuing medical education in the preceding 2 year period, which runs from November 1 of the even year through October 31 of the next even year. At least 20 of the 100 credit hours must be completed in AOA Category 1-A activities. At least 12 credit hours shall be completed in Category 1 or 2 approved activities in the area of patient safety/risk management. At least two hours of a Board approved child abuse recognition and reporting continuing education will be required. At least two hours must be completed in pain management, the identification of addiction, or the practices of prescribing or dispensing of opioids. The remaining credit hours shall be completed in any Category 1 or Category 2 approved activities. OOC/MOC not accepted as substitute.

Malpractice Insurance: Physicians conducting more than 50% of their practice in state must carry insurance with limits of \$500,000 per occurrence/\$1,500,000 per annual aggregate in compliance with the professional liability insurance requirements under 711 of the Medical Care Availability and Reduction of Error (Mcare) Act No. 13 of 2002.

RHODE ISLAND

Educational Requirements: Graduation from AOA accredited osteopathic college

Postgraduate Training: Two years in hospital or equivalent postgraduate training approved by AOA or ACGME

Board: 4 MDs; 2 DOs; 5 Public members, one of whom is an attorney with experience as plaintiff's counsel in the presentation or prosecution of medical malpractice matters, and one of whom is a member of the general public, not associated with the medical field, who is at least 60 years of age; 1 hospital administrator; director of RI Department of Health

Board Address: Rhode Island Board of Medical Licensure and Discipline, James V. McDonald, MD, MPH, Chief Administrative Officer, Department of Health, 3 Capitol Hill, Room 401, Providence, RI 02908-5097 Phone (401) 222-3855 Fax (401) 222-2158

Osteopathic Members: Alexios Carayannopoulos, DO; Catherine DeGood, DO

Website: <http://www.health.ri.gov>

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, LMCC

Other Requirements: OPP may be required if USMLE or FLEX is presented for licensure; interview.

License Fee: \$1090, Controlled Substance Registration fee \$200

Federation Credentials Verification Service (FCVS): Required

Reciprocity or Endorsement: Full application process

Special Licenses: Limited licenses for training, intern, resident, fellow - \$65

Renewal: Biennial, before the 1st of July of each even-numbered year, - \$1090

CME Requirements: 40 hours of Category 1 per 2 year-period, at least 4 hours of continuing medical education shall be earned on topics of current concern as determined by the director of the Rhode Island Department of Health. Current topics include: ethics, risk management, opioid pain management/chronic pain management, end of Life/palliative care and antimicrobial stewardship.

Malpractice Insurance: Requires proof of liability insurance, but does not specify a particular amount.

SOUTH CAROLINA

Educational Requirements: Graduated from a school of osteopathic medicine accredited by the Commission on Osteopathic College Accreditation (COCA).

Postgraduate Training: 1 year, as approved by the Board

Board: 7 physicians [MD or DO] [representing each of the 7 SC Congressional Districts], 2 at-large members [MD or DO], 1 DO [permanently designated seat], 3 Lay [public/non-physician] members

Board Address: South Carolina Board of Medical Examiners, Sheridan H. Spoon, Esq., Administrator, 110 Centerview Drive, Suite 202, Columbia, SC 29210 Phone (803) 896-4500 Fax (803) 896-4515

Osteopathic Members: Ronald Januchowski, DO

Website: www.lhr.state.sc.us/pol/medical

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

License Fee: \$580

Federation Credentials Verification Service (FCVS): Required

Reciprocity or Endorsement: Interview required – SPEX or COMVEX may be required.

Special Licenses: Temporary License - \$75 per quarter; Limited License - \$150 per fiscal year.

Renewal: Biennial renewal every two years, odd years - \$155; Academic License - \$150; 14 day Limited License - \$75; Special Volunteer Limited License - no fee.

CME Requirements: 40 hours of AOA or AMA Category 1 CME every 2 years, with a minimum of 30 hours related directly to the licensee's practice area and 2 hours of which must be in approved procedures of prescribing and monitoring of controlled substances.

OCC/MOC not addressed, but the Board recognizes as equivalent to CME requirements certification of added qualifications or recertification after examination by a national specialty board recognized by the American Board of Medical Specialties or American Osteopathic Association or another approved specialty board certification.

Malpractice Insurance: Not required

SOUTH DAKOTA

Educational Requirements: Primary source verification from a Board approved AOA program

Postgraduate Training: Applicants as of July 1, 1987 must successfully complete an approved residency program in its entirety which would be no less than 3 years.

Board: 6 MDs, 1 DO, 2 non-physician members

Board Address: South Dakota Board of Medical and Osteopathic Examiners, Margaret B. Hansen, PA-C, MPAS, CMBE, Executive Director, 101 N. Main Avenue, Suite 301, Sioux Falls, SD 57104 Phone (605) 367-7781 Fax (605) 367-7786

Osteopathic Member: Philip E. Meyer, DO

Website: www.sdbmoe.gov

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

License Fee: \$400 (2-year renewal)

Federation Credentials Verification Service (FCVS): Highly recommended

Reciprocity or Endorsement: None

Special Licenses: None – there is no "inactive" license status – if license is not renewed, that license forfeits by law due to non-renewal.

Renewal: As of July 1, 2018, two (2) year renewal in odd numbered years; the initial reinstatement, and biennial renewal license fees for physicians were all increased to \$400 as required.

CME Requirements: None required for license renewal

Malpractice Insurance: Not required

TENNESSEE

Educational Requirements: Graduation from recognized osteopathic college

Postgraduate Training: 1 year AOA or ACGME training

Board: 5 DOs, 1 Public member

Board Address: Tennessee Board of Osteopathic Examination, Angela M. Lawrence, MSM, Executive Director, 665 Mainstream Drive Nashville, TN 37243-0001, Nashville, TN 37243-0001 Phone (615) 532-3202 Fax (615) 253-4484

Osteopathic Members: Michael Wieting, DO; Jeffrey L. Hamre, DO; Shannon Kilkelly, DO; Jan Day Zieren, DO; Shant H. Garabedian, DO

Website: <http://tn.gov/health/topic/osteo-board>

Sunset Law: Yes

Examinations Accepted: COMLEX, NBOME for initial or reciprocal licensure - USMLE and FLEX accepted for reciprocity only. The Board will accept any of the following examinations or combinations of examinations:

- (a) The NBOME or COMLEX or any combination of their parts; or

- (b) FLEX Components I and II; or
- (c) Predecessor FLEX Days I, II and III; or
- (d) FLEX Component I plus USMLE Step 3; or
- (e) NBME Part I or USMLE Step 1, plus NBME Part II or USMLE Step 2 plus NBME Part III or USMLE Step 3; or
- (f) NBME Part I or USMLE Step 1 plus NBME Part II or USMLE Step 2 plus FLEX Component II
- (g) Combinations of the Predecessor FLEX Days I, II and III are not allowed with any other examination.

License Fee: Non-refundable application fee - \$410

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: On an individual basis with any other state

Special Licenses: Training license for osteopathic interns, residents and fellows; telemedicine license; special volunteer license; and locum tenens license. Dean of program must submit application to the board.

Renewal: Biennial, \$305. The due date for license renewal is its expiration date which is the last day of the month in which a license holder's birthday falls pursuant to the Division of Health Related Boards "biennial birthdate renewal system." The Division establishes a system of license renewal at alternative intervals which will allow for the distribution of the license workload as uniformly as is practicable throughout the calendar year. Licenses issued under the alternative method are valid for twenty-four (24) months, and expire on the last day of the last month of the license period.

CME Requirements: 40 hours of AOA Category I-A, II-A and/or I-B or AMA Category 1-A and 2-A every 2 years. Two (2) of the 40 hours shall be a course designed specifically to address prescribing practices, must include instruction in controlled substance prescribing. Providers of intractable pain management must have specialized CME in pain management (AOA 1-A or 2-A). OCC/MOC not accepted as substitute.

Malpractice Insurance: Not required

TEXAS

Educational Requirements: Graduation from college approved by the Board at the time DO or MD degree conferred.

Postgraduate Training: 1 year for U.S./Canada graduates

Board: 9 MDs, 3 DOs, 7 public members

Board Address: Texas Medical Board, Stephen Brint Carlton, JD, Executive Director, 333 Guadalupe Street, Tower 3, Suite 610, Austin, TX 78701 Phone (512) 305-7010 Fax (512) 305-7051

Osteopathic Members: James "Scott" Holliday, DO; Kandace Farmer, DO; George De Loach, DO

Website: www.tmb.state.tx.us

Sunset Law: Yes

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX all parts within 7 years. Ten Year Rule Exception: Complete within the last ten years either the SPEX with score over 75 within 3 attempts; or current certification by AOA, ABMS or American Board of Oral and Maxillofacial Surgery, with a passing score on a specialty certification examination, maintenance of certification examination, or continuous certification examination. Can also complete unique training equal to specialty certification if approved by board. COMVEX not recognized. State examinations before 1977.

Other Requirements: Medical jurisprudence exam (tests on medical laws in Texas)

License Fee: \$1017

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: None -- must start at the beginning of the process.

Special Licenses: Provisional License -\$107 (limited license to practice for 270 days in a medically underserved area while full application is in process). Physicians in training permit required for training if not otherwise licensed - \$212 (fee covers all training at the same institution). Changes to other institutions fee - \$141

Renewal: Initial biennial permit--\$856, Subsequent biennial permit--\$852, Even number licenses expire in even number years and odd number licenses expire in odd number years. Renewal periods are February 28, May 31, August 31 or November 30 -- these registration periods are assigned by the Texas Medical Board at the time of licensure.

CME Requirements: 12 hours formal CME (24 hours of AOA or AMA Category 1) plus 12 hours informal per year; MOC may be acceptable to meet these requirements -- see Board Rule for specifics; 1 hour of the formal ethics must be in the area of ethics and/or professional responsibility; 10 credits pain management for those who practice in a pain clinic (AOA 1-A) and 1 hour of formal credit in EMS medical direction for those who registered as an offline medical director for an EMS service. A licensee shall be presumed to have complied with all CME requirements if in the preceding 36 months the licensee becomes board certified or recertified by a specialty board approved by the ABMS or the AOA.

Malpractice Insurance: Not required. However, many hospitals will require physicians to carry medical malpractice insurance in order to have hospital privileges.

UTAH

Educational Requirements: Degree of DO earned from an AOA approved medical school or college

Postgraduate Training: 24 months of progressive ACGME or AOA resident training or completion of 12 months in an ACGME or AOA resident training program and continuing on in a progressive resident training program in Utah.

Board: 4 DOs; 1 public member

Board Address: Utah Osteopathic Physicians & Surgeons Licensing Board, Larry Marx, Bureau Manager, 160 East 300 South, 4th Floor, Salt Lake City, UT 84111 Phone (801) 530-6628 Fax (801) 530-6511

Osteopathic Members: Lynsey J. Drew, DO; Michael J. Dear, DO; Jacob Jessop, DO; Tricia Ferrin, DO

Website: www.dopl.utah.gov

Sunset Law: Yes

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

Other Requirements: Utah Physician Controlled Substance Examination - \$100

License Fee: \$200

Federation Credentials Verification Service (FCVS): Required

Reciprocity or Endorsement: By endorsement with all states

Special Licenses: No temporary permits. Effective July 1, 2018, a Restricted Associate Physician license is for a medical student graduate who has passed Step 1 and Step 2 of the USMLE and has not matched to a residency.

58-68-302.5 Restricted licensing of an associate physician.

(1) An individual may apply for a restricted license as an associate physician if the individual:

(a) meets the requirements described in Subsections 58-68-302(1)(a) through (c), (1)(d)(i), and (1)(g) through (i);

(b) successfully completes Step 1 and Step 2 of the United States Medical Licensing Examination or the equivalent steps of another board-approved medical licensing examination:

(i) within three years after the day on which the applicant graduates from a program described in Subsection 58-68-302(1)(d)(i); and

(ii) within two years before applying for a restricted license as an associate physician; and (c) is not currently enrolled in and has not completed a residency program.

(2) Before a licensed associate physician may engage in the practice of medicine as described in Subsection (3), the licensed associate physician shall:

(a) enter into a collaborative practice arrangement described in Section 58-68-807 within six months after the associate physician's initial licensure; and

(b) receive division approval of the collaborative practice arrangement.

(3) An associate physician's scope of practice is limited to primary care services to medically underserved populations or in medically underserved areas within the state. Enacted by Chapter 299, 2017 General Session

Renewal: May 31, even numbered year - \$183, Controlled Substance - \$78. The renewal fee may change July 1, of any year as the legislature makes changes during the legislative session.

CME Requirements: 40 hours of AOA or ACCME Category 1 every 2 years. OCC/MOC not recognized as substitute.

Malpractice Insurance: Not required

VERMONT

Educational Requirements: Graduate of an accredited school or college of osteopathic college

Postgraduate Training: 1 year post graduate rotating internship or a 3 year residency approved by the AOA or the ACGME

Board: 3 DOs, 2 Public Members

Board Address: Vermont Board of Osteopathic Physicians & Surgeons, Office of Professional Regulation, 89 Main Street, 3rd Floor, Montpelier, VT 05620-3402 Phone (802) 828-1502 Fax (802) 828-2465

Osteopathic Members: Daniel K. Wilson, DO; Jesper Brickley, DO; Matthew Gilbert, DO

Website: www.sec.state.vt.us/

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, FLEX, USMLE

Other Requirements: If FLEX was taken, the applicant is only required to take and pass the osteopathic principles and practice (OPP) portion of the state osteopathic licensure examination

License Fee: \$500

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: With other states whose licensing requirements are substantially equivalent and if the applicant has graduated from an accredited school or a college of osteopathic medicine at the Board's discretion; personal interview before the board may be required.

Special Licenses: Limited Temporary License - \$50; annual renewal fee - \$100

Renewal: Biennial - \$500, renewal every two years from date of issuance.

CME Requirements: 30 hours per 2 year license renewal period - 40% must be osteopathic CME. OCC/MOC not accepted as substitute.

Malpractice Insurance: Not required

VIRGINIA

Educational Requirements: Diploma from an AOA approved college

Postgraduate Training: 1 year of AOA or ACGME approved training required

Board: 11 MDs, 1 DO, 1 DC, 1 DPM, 4 public members at large

Board Address: Virginia Board of Medicine, William L. Harp, MD, Executive Director, Perimeter Center, 9960 Mayland Drive, Suite 300 Henrico, VA 23233-1463 Phone (804) 367-4600 Fax (804) 527-4426

Osteopathic Member: Jacob W. Miller, DO

Website: www.dhp.virginia.gov

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, State exam from 1969 or earlier and state exam, 1970 and beyond with specialty board certification

License Fee: \$302

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsements: None

Special Licenses: Limited, Training, Continuing Education, Summer Camp, and Volunteer in Free Clinics, Restricted Volunteer License

Renewal: Birth month, even-numbered year - \$270 (late renewal fee - \$115)

CME Requirements: 60 hours of CME within the 2 years immediately preceding renewal. A minimum of 30 of the 60 hours shall be in Category 1. OCC/MOC not specifically addressed, but proof of recertification by a specialty board is accepted as a substitute by the Virginia Board of Medicine.

Malpractice Insurance: Not required

WASHINGTON

Educational Requirements: Diploma from an AOA approved college

Postgraduate Training: 1 year in AOA or ACGME approved training program

Board: 8 DOs, 2 public members, 1 osteopathic PA

Board Address: Washington Board of Osteopathic Medicine and Surgery, Blake T. Maresh, MPA, Executive Director, Department of Health, 111 Israel Road SE, Tumwater, WA 98501 Phone (360) 236-4700 Fax (360) 236-2901

Osteopathic Members: Catherine Hunter, DO; Shannon Phipps, DO; John Finch, DO; Kevin Ware, DO; Alex Sobel, DO; Roger Ludwig Jr, DO, Kimberly Morrisette, DO; Lisa Galbraith, DO

Website: www.doh.wa.gov

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX, state examination if substantially equivalent

Other Requirements: If applicant has taken a state exam, USMLE or FLEX, then additional OPP exam is required

License Fee: \$441

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: Applicants who have been examined and licensed to practice osteopathic medicine and surgery in another state, can gain licensure after complying with administrative procedures, administrative requirements, paying a fee, and filing a copy of their license with the state. The board may require completion of an additional special purpose examination, such as SPEX

Special Licenses: Limited License for Post Graduate Training; Retired Active License

Renewal: Osteopathic physicians must renew their license every year on or before their birthday. Licensee is required to submit the appropriate fee (1-year renewal - \$466.00 expired license reissuance - \$225.00) and renewal card.

CME Requirements: 150 hours every 3 years; 60 hours must be in Category 1. OCC/MOC not specifically addressed, however, both the Washington State Board of Osteopathic Medicine and Surgery and the Washington State Medical Quality Assurance Commission accept original certification or recertification by a specialty board as equivalent to the CME requirements.

Malpractice Insurance: Not required by state law but highly recommended. Available from commercial carriers in the state and the Washington State Medical Association.

WEST VIRGINIA

Educational Requirements: Evidence of graduation from a medical school approved by AOA

Postgraduate Training: 1 year AOA or ACGME postgraduate clinical training. If candidate presents ACGME he or she must also present 40 hours of AOA Category 1A to include OMM and OMT.

Board: 4 DOs, 1 PA, 2 public members

Board Address: West Virginia Board of Osteopathic Medicine, Diana K. Shepard, Executive Director, 405 Capitol Street, Suite 402, Charleston, WV 25301 Phone (304) 558-6095 Fax (304) 558-6096

Osteopathic Members: Tiffany Thymius, DO; Jimmy Adams, DO; Andy Tanner, DO

Website: www.wvbdosteop.org

Sunset Law: No

Examinations Accepted: COMLEX, NBOME

Other Requirements: Interview

License Fee: \$400

Federation Credentials Verification Service (FCVS): Does accept

Reciprocity or Endorsement: If applicant has taken another state's state exam and the content is comparable to the exam previously administered by West Virginia.

Special Licenses: Educational training permit - \$100

Renewal: Biennial - \$400. A license is valid for a term of 2 years. Licensure must be renewed by June 30th of the second year of licensing

CME Requirements: 32 hours of approved AOA CME, and at least half of the hours must be AOA Category 1. DOs renewing their license for the first time need to have 3 hours completed in a Board approved program on best practice prescribing and drug diversion in pain management. West Virginia Board of Osteopathic Medicine does not require OCC.

Malpractice Insurance: Not required

WISCONSIN

Educational Requirements: Graduation from a recognized osteopathic college

Postgraduate Training: 2 years at an AOA or ACGME approved training facility

Board: 9 MDs, 1 DO, 3 public members

Board Address: Wisconsin Medical Examining Board, Thomas H. Ryan, JD, MPA, Executive Director, 4822 Madison Yards Way, Madison, WI 53705 Phone (608) 266-2112 Fax (608) 267-3816

Osteopathic Member: Mary Jo Capodice, DO

Website: dps.wi.gov

Sunset Law: No

Examinations Accepted: COMLEX, NBME; USMLE, FLEX, LMCC (taken after 1/1/78) state board examinations taken prior to 1972

License Fee: Endorsement of National Board Certificate (NBOME & NBME), FLEX, USMLE \$150; Reciprocity of state board exam taken prior to 1972 - \$198; Endorsement of LMCC taken after January, 1978 - \$150 (all fees include \$57 jurisprudence examination). Oral exam, if required, is an additional fee of \$266

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: Endorsement on individual basis; oral exam may be required.

Special Licenses: Visiting Professor License - \$216 (includes jurisprudence); camp Physician - \$216 (includes jurisprudence); Locum Tenens - \$216 (includes jurisprudence).

Renewal: Biennial, March 1, even years - \$141

CME Requirements: 30 hours of AOA or AMA Category 1 every 2 years obtained between March 1 even year and February 28 even year.

OCC/MOC not accepted as substitute. NOTE: On November 10, 2016, emergency rules went into effect that revise Wisconsin Administrative Code Chapter Med 13 to provide that two of the required 30 hours of CME for the current biennium and the following biennium must be related to the opioid prescribing guideline issued by the Board. Physicians who do not hold a U.S. Drug Enforcement Administration number to prescribe controlled substances are exempted under the rules.

Malpractice Insurance: Physicians must carry insurance with limits of \$1,000,000 per occurrence/\$3,000,000 per annual aggregate.

WYOMING

Educational Requirements: Graduation from an AOA approved college

Postgraduate Training: 2 years in an AOA or ACGME accredited program

Board: 5 physicians (minimum 2 MDs and 1 DO), 2 public members, 1 PA

Board Address: Wyoming Board of Medicine, Kevin D. Bohnenblust, JD, CMBE, Executive Director, 130 Hobbs Avenue, Suite A Cheyenne, WY 82002 Phone (307) 778-7053 Fax (307) 778-2069

Osteopathic Member: Melinda Poyer, DO

Website: <http://wyomedboard.wyo.gov/>

Sunset Law: No

Examinations Accepted: COMLEX, NBOME, USMLE, FLEX

License Fee: \$600

Federation Credentials Verification Service (FCVS): Required

Reciprocity or Endorsement: At discretion of board, personal interview & oral examination may be required - SPEX may be required.

Special Licenses: None

Renewal: Annual, June 30 - \$250

CME Requirements: Beginning January 1, 2007, in order to renew, reinstate or reactivate a license, physicians must complete 60 hours of AOA Category 1, Category 2, a current Physician's Recognition Award from the AMA, a current certificate from any ABMS board every 3 years. OCC/MOC not accepted, but physicians that have within the past 3 years been certified or recertified by a member board of the ABMS are exempt. Effective July 1, 2019, physicians who are registered with the Board of Pharmacy to dispense a controlled substance in the state are required to complete 1 hour of CME related to the responsible prescribing of controlled substances or the treatment of substance abuse disorders every 2 years.

Malpractice Insurance: Not required by state law but available through the Wyoming Medical Society.

US TERRITORIES

GUAM

Educational Requirements: Earned DO degree - certificate of proficiency in the basic sciences is required, plus proof of not less than 1 year of training in a hospital registered and/or acceptable to the Commission on Licensure to Practice the Healing Art.

Board Address: Guam Board of Medical Examiners, Marlene Carbullido, Acting Administrator, Health Professional Licensing Office, 123 Chalan Karetta South Route 10, Mangilao, Guam 96913-6304 Phone (671) 735-7407 Fax (671) 735-7413

Website: www.dphsa.guam.gov

Postgraduate Training: 3 years or be ABMS Certified.

Examinations Accepted: USMLE, NBME, FLEX, SBE, LMCC, COMLEX

License Fee: Non-refundable fee - \$400- (checks or money orders should be made payable to Treasurer of Guam)

Federation Credentials Verification Service (FCVS): Will accept

Reciprocity or Endorsement: Possibly granted on the basis of existing license. SPEX required unless exam taken within 10 years or been out of practice for the past 7 years.

CME Requirements: Must have completed 100 CME credits within the past 2 years (50% must be Category 1) or complete ACGME PFT within the past year

PUERTO RICO

Educational Requirements: DO degree from an osteopathic college recognized by the Board of Medical Examiners

Board Address: Puerto Rico Board of Medical Licensure and Discipline; Irza Torres-Aguilar, Executive Director, Junta De Licenciamiento Y Disciplina Med, P.O. Box 13969, San Juan, PR 00908-Phone (787) 999-8989 Ext. 6579

Website: <http://www2.pr.gov/Pages/default.aspx>

Postgraduate Training: 1 year approved by Board; 6 months uninterrupted residence in Puerto Rico required

Examinations Accepted: In English or Spanish, at option of applicant. USMLE *, NBME, FLEX, NBOME, COMLEX (* must complete USMLE step I, II and III within 7 years of passing first step.)

License Fee: \$150

Federation Credentials Verification Service (FCVS): Not accepted

Reciprocity or Endorsement: For unlimited license, if granted by a US state having reciprocity with Puerto Rico. SPEX not accepted.

CME Requirements: 60 hours every 3 years; all must be Category 1.

VIRGIN ISLANDS

Educational Requirements: The licensing act governing the health professions in the Virgin Islands recognizes AOA approved schools.

Board Address: Virgin Islands Board of Medical Examiners, Deborah K. Richardson-Peter, MPA, Director, Professional Licensure & Health Planning, 3500 Estate Richmond, Christiansted, VI 00802-4370 Phone (340) 718-1311 ext. 3047 Fax (340) 718-1376

Website: Medical Licensure Requirements

Postgraduate training: 1 year AOA or AMA approved training

Examinations Accepted: USMLE, NBME, FLEX, SBE, LMCC, NBOME, COMLEX, SPEX required of all applicants plus oral exams must be taken in Virgin Islands, (must complete USMLE step I, II, and III within 7 years of passing the first step.)

License fee: \$800 (exam)

Reciprocity or Endorsement: None

Federation Credentials Verification Service (FCVS): Required

Renewal: \$500

CME Requirements: 25 hours every year; all must be Category 1

NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS, INC

The National Board of Osteopathic Medical Examiners (NBOME) is incorporated under the laws of the state of Indiana. It consists of not more than 25 members at-large from the osteopathic profession. Members must be osteopathic physicians in good standing of the American Osteopathic Association, educators/clinicians of recognized prominence and shall have been licensed to practice as an osteopathic physician for at least five years prior to appointment.

Board members are nominated by the directors of the National Board of Osteopathic Medical Examiners, approved by the Board of Trustees of the American Osteopathic Association, and elected by the National Board of Osteopathic Medical Examiners, to serve for a period of three years.

The officers of the Board consist of a President/CEO, Chief Operations Officer, Vice President of Testing & Research and Secretary-Treasurer, selected from and elected by the membership of the Board at each spring session, and serve until their successors are qualified and elected.

The Board has established an advisory panel or test committee of content experts for each examination. These experts must be duly nominated by a member and approved by the Board. They are appointed annually to serve under the direction of the respective test construction committee chairman.

REGULATIONS AND REQUIREMENTS

The Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) examination is divided into three levels. With the exception of Level 2 – PE, all parts of the exam are computer-based.

COMLEX-USA Level 1

Constructed according to the COMLEX-USA examination blueprint. Candidates are expected to demonstrate basic science knowledge relevant to medical problems as defined by the Level 1 blueprint. Level 1 emphasizes the scientific concepts and principles necessary for understanding the mechanisms of health, medical problems and disease processes.

Level 1, taken in one-day, is a problem- and symptom-based assessment integrating the basic medical sciences of anatomy, behavioral science, biochemistry, microbiology, osteopathic principles, pathology, pharmacology, physiology and other areas of medical knowledge as they are relevant to solving medical problems. The examination consists of two four-hour test sessions, each containing questions related to diverse clinical presentations and principles.

COMLEX-USA Level 2

COMLEX Level 2 consists of two-parts: the Cognitive Evaluation (CE) and the Performance Evaluation (PE):

COMLEX-USA Level 2-CE

Constructed according to the COMLEX-USA examination blueprint. Candidates are expected to demonstrate knowledge of clinical concepts and principles involved in all steps of medical problem-solving as defined by Dimension II. Level 2-CE emphasizes the medical concepts and principles necessary for making appropriate medical diagnoses through patient history and physical examination findings.

Level 2-CE, taken in one-day, is a problem-based and symptom-based assessment integrating the clinical disciplines of emergency medicine, family medicine, internal medicine, obstetrics/gynecology, osteopathic principles, pediatrics, psychiatry, surgery, and other areas necessary to solve medical problems as defined by the Level 2-CE blueprint. A similar problem-symptom based approach is used in Level 2 and in Level 1. The examination consists of two four-hour test sessions, each containing questions related to diverse clinical presentations and principles.

COMLEX-USA Level 2-PE

For case selection, Level 2-PE applies the Dimension I categories from the COMLEX-USA blueprint. The content (case selection) of Level 2-PE is crossed with the following axes:

Patient Presentation Axis

Standardized patients present in simulated ambulatory medical settings with problems and symptoms that are either acute, chronic, or provide opportunities for health promotion and disease prevention. In addition, the patients encountered are balanced to meet the examination specifications for patient gender and age as a reflection of national osteopathic physician practice patterns based on national survey data as well as expert judgment. In addition, the demographic and cultural profiles of patients are instrumental considerations in the case development process.

Osteopathic Medical Practice Axis

In any examination form, the following clinical skills are evaluated in the majority of the standardized patient encounters:

Biomedical/Biomechanical Domain

- Osteopathic Principles and/or Osteopathic Manipulative Treatment
- History-taking and Physical Examination Skills
- Integrated Differential Diagnosis and Clinical Problem-Solving
- Written Communication and Synthesis of Clinical Findings (SOAP note format)

Humanistic Domain

- Physician-Patient Communication, Interpersonal Skills, and Professionalism

Successful passage of the two distinctive domains is required to pass COMLEX-USA Level 2-PE.

Clinical Content Axis

Based on Dimension I of the COMLEX-USA blueprint, expert judgment, and national survey data of osteopathic physician practice patterns, candidates will encounter standardized patients presenting with the symptoms, problems, or complaints that are common to primary care osteopathic medical practice. These include:

- Patients with Neuromusculoskeletal Symptoms/Problems
- Patients with Respiratory Symptoms/Problems
- Patients with Gastrointestinal Symptoms/Problems
- Patients with Cardiovascular Symptoms/Problems
- Patients with Other Symptoms/Problems

COMLEX-USA Level 2-PE

A one-day examination of clinical skills where each candidate will encounter twelve standardized patients over the course of a seven-hour examination day. The examination takes place at NBOME's National Center for Clinical Skills Testing in Conshohocken, Pennsylvania (bordering Philadelphia, Pennsylvania). Examination design, test specifications, testing format and other details are available in the *2005-2006 Orientation Guide for COMLEX-USA Level 2-PE* on the NBOME's website. A 28-minute DVD Instructional Program on COMLEX-USA Level 2-PE has been provided to the Office of the Dean at each of the Colleges of Osteopathic Medicine, and is also available for viewing on NBOME's website.

Level 2-PE is the clinical skills component of the COMLEX-USA. Consistent with NBOME's mission to protect the public, Level 2-PE helps to fulfill the public and licensing authority mandate for enhanced patient safety through the documentation of the clinical skills proficiency of graduates from osteopathic medical schools. The Performance Evaluation augments the written COMLEX-USA-Level 2-CE of osteopathic medical knowledge by providing an assessment of clinical skills. These clinical skills are: doctor-patient communication, interpersonal skills and professionalism, medical history-taking and physical examination skills, osteopathic principles and osteopathic manipulative treatment, and written communication skills (including synthesis of clinical findings, integrated differential diagnosis and formulation of a diagnostic and treatment plan). These patient-centered skills are evaluated in the context of clinical encounters with standardized patients, and are required to be personally performed as appropriate in a timely, efficient, safe, and effective manner.

COMLEX-USA Level 3

Constructed according to the COMLEX-USA examination blueprint. Candidates are expected to demonstrate knowledge of clinical concepts and principles necessary for solving medical problems as independently practicing osteopathic generalist physicians.

Level 3 emphasizes the medical concepts and principles required to make appropriate patient management decisions. Level 3, taken in one-day, is a problem-based and symptom-based assessment integrating the clinical disciplines of emergency medicine, family medicine, internal medicine, obstetrics/gynecology, osteopathic principles, pediatrics, psychiatry, surgery, and other areas necessary to solve medical problems as defined by the Level 3 blueprint.

Level 3, like Level 2-CE and Level 1, are problem-based and symptom-based in presentation. The examination consists of two four-hour test sessions, each containing questions related to diverse clinical presentations and principles.

ELIGIBILITY REQUIREMENTS

COMLEX-USA Level 1

A candidate is eligible to take the COMLEX-USA Level 1 examination upon compliance with the following requirements:

1. Must have satisfactorily completed the first half of the second year in a medical school accredited by the American Osteopathic Association's Commission on Osteopathic College Accreditation (AOA COCA).
2. Must be in good standing with a medical school accredited by the AOA COCA when application for the examination is made and the examination is administered, or must have graduated from a medical school accredited by the AOA COCA.
3. Must have his or her name submitted by the office of the dean or his or her designate as eligible to test in order to register online. Alternatively, if the candidate has graduated, a notarized copy of his or her medical school diploma will be accepted.

COMLEX-USA Level 2-CE (Cognitive Evaluation)

A candidate is eligible to take the COMLEX-USA Level 2-CE examination upon compliance with the following requirements:

1. Must have passed the COMLEX-USA Level 1 examination within the NBOME requirements.
2. Must have satisfactorily completed the third year in a medical school accredited by the AOA COCA.
3. Must be in good standing with a medical school accredited by the AOA COCA when application for the examination is made and the examination is administered, or must have graduated from a medical school accredited by the AOA COCA.
4. Must have his or her name submitted by the office of the dean or his or her designate as eligible to test in order to register online. Alternatively, if the candidate has graduated, a notarized copy of his or her medical school diploma will be accepted.

COMLEX-USA Level 2-PE (Performance Evaluation)

Eligibility requirements to take COMLEX-USA Level 2-PE are identical to those required to take COMLEX-USA Level 2-CE (see above). However, candidates who are unsuccessful in passing COMLEX-USA Level 2-PE cannot re-take the examination for a period of 90 full days after their prior examination date, and may only re-take the examination a maximum of three times in any 12-month period. COMLEX-USA Level 2-PE may be taken before or after COMLEX-USA Level 2-CE. Both COMLEX-USA Level 2-CE and COMLEX-USA Level 2-PE must be passed independently in order to establish eligibility for COMLEX-USA Level 3.

COMLEX-USA Level 3

A candidate is eligible to take the COMLEX-USA Level 3 examination upon compliance with the following requirements:

1. Must have passed the COMLEX-USA Level 1, COMLEX-USA Level 2-CE and Level 2-PE examinations within the NBOME requirements.
2. Must have graduated from a medical school accredited by the AOA COCA with an earned D.O. degree.
3. Must be currently participating in and in good standing with an AOA Post graduate Education and Training Review Committee (PTRC) approved internship, or ACGME-approved PGY1, or must have successfully completed such an internship or program. Must submit verification from the Director of Medical Education or Program Director that the candidate is in good standing with an AOA Post graduate Education and Training Review Committee (PTRC) approved internship or ACGME-approved PGY1. Candidates who have completed an internship or program must submit a notarized copy of the internship certificate or PGY1 certificate in lieu of the verification of good standing.

As of July 1, 2004, all candidates are required to pass COMLEX-USA Level 2-PE as a condition for eligibility to take COMLEX-USA Level 3, with the exception that candidates who graduated from a college of osteopathic medicine accredited by the AOA COCA prior to January 1, 2005 will be exempt from the requirement of passing COMLEX-USA Level 2-PE if they pass COMLEX-USA Level 2-CE prior to June 30, 2005. All other COMLEX-USA Level 3 eligibility requirements remain in effect. In addition, candidates who are unsuccessful in passing COMLEX-USA Level 2-PE cannot re-take the examination for a period of 90 days from their prior examination date, and may only re-take the examination a maximum of three times in any 12-month period.

The COMLEX-USA Levels must be taken in sequence. For example Level 2 cannot be taken before Level 1. However, Level 2-CE and Level 2-PE may be taken in any sequence. If a candidate has failed the CE Examination, he or she may still choose to take the PE Examination, and if the candidate has failed the PE Examination, he or she may still take the CE Examination. Both the CE and the PE Examinations must be passed in order to take Level 3.

REGISTRATION INFORMATION

Registration/ Scheduling

All candidates must use the online registration system to: register/pay for an examination, schedule or reschedule an examination, cancel or withdraw from an examination; receive refunds or credits, obtain the schedule of test dates, and choose a location at which to test. It is also where the candidate will find the most current information about policies and procedures applicable to testing and other items of interest to candidates.

Registration Code

After a list of candidates approved to take the COMLEX examination is received by the NBOME from the dean of an osteopathic school, an 11-digit secure code will be mailed to each candidate. This code is required only for the first access to the registration system at the NBOME website (www.nbome.org).

NBOME Registration

Upon entry of the registration code, a candidate will be prompted to create a username and a password and verify personal information. Registration will be completed once payment by credit card has been entered and approved. Payment must be completed online with a credit card before an examination date can be scheduled.

Scheduling an Examination Date and Test Center

Following registration at the NBOME website, a candidate may schedule an examination date (appointment) through the NBOME website. (Please note that there may be a slight delay between registering with the NBOME and the ability to schedule an examination date on the NBOME website). Candidates may register and schedule an examination as early as six (6) months in advance of a scheduled test date for COMLEX-USA Level 1, Level 2-CE, or Level 3, and up to 12 months in advance for COMLEX-USA Level 2-PE, provided that they are eligible. Candidates are strongly advised to schedule at least 90 days before their desired test session to maximize the chance of obtaining their desired testing date and site. Candidates may not schedule a test less than 120 hours in advance of the session test date under any circumstances.

COMPREHENSIVE OSTEOPATHIC MEDICAL VARIABLE PURPOSE EXAMINATION - USA (COMVEX-USA)

The COMVEX is an instrument offered to osteopathic physicians who need to demonstrate current osteopathic medical knowledge for licensing purposes. As a measurement tool, the COMVEX provides the state medical licensing boards with a clear evaluation of a candidate's knowledge of current osteopathic medical practices.

The COMVEX is available to candidates through the individual state licensing boards. The examination is created under the auspices of the National Board of Osteopathic Medical Examiners by test construction and review committees composed of a variety of osteopathic physicians from a range of medical disciplines.

SPECIAL PURPOSE EXAMINATION (SPEX)

The Federation of State Medical Boards administers the Special Purpose Examination (SPEX). The purpose of SPEX is to re-examine specific physicians for whom a licensing board determines the need for a demonstration of medical knowledge. It is a one-day examination composed of multiple choice questions, which are specially selected to test physicians who are five or more years beyond medical school graduation.

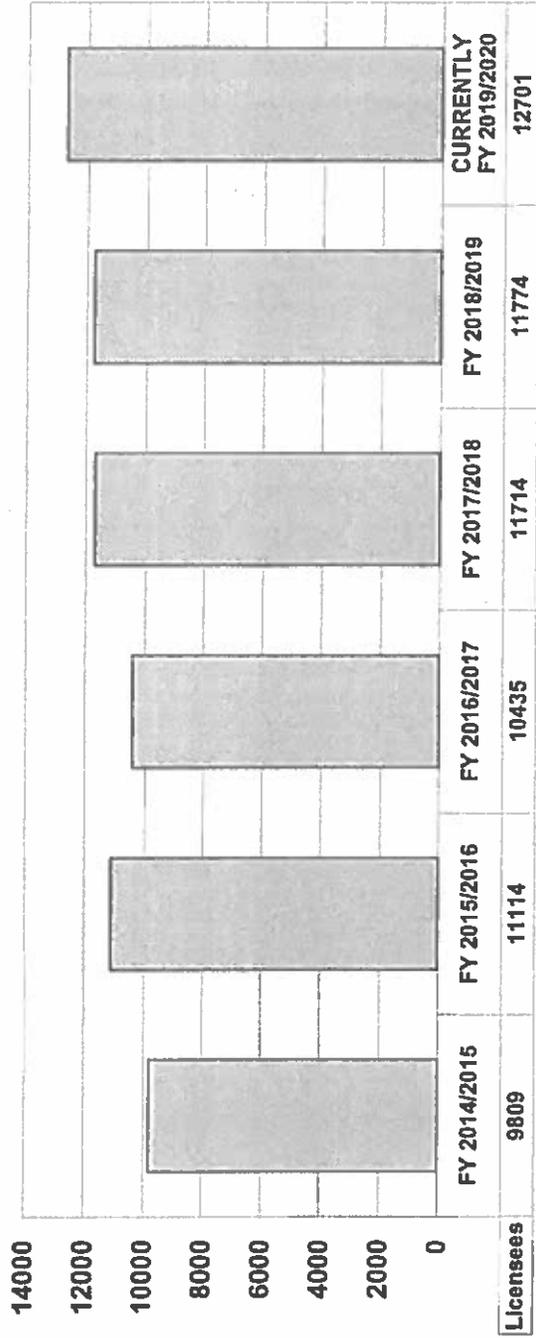
Attachment D

State Board of Osteopathic Medicine

Projected Biennial Revenue	\$2,233,123
Projected Biennial Budget/Expenses	\$3,545,186
Projected Biennial Balance	(\$1,312,063)

Projected biennial revenue and expenses from FY18-19 and FY19-20 were used to show anticipated biennial balance.

**STATE BOARD OF OSTEOPATHIC MEDICINE
RENEWABLE LICENSEE COUNTS**



LICENSEES BY CLASS

	FY 17-18	FY 18-19	FY 19-20
Osteopathic Physician & Surgeon	8,722	8,651	9,009
Osteopathic Physician Assistant	1,980	2,130	2,603
Osteopathic Acupuncturist	109	106	110
Osteopathic Respiratory Therapist	551	540	560
Osteopathic Perfusionist	37	30	39
Osteopathic Physician Acupuncturist	46	45	49
Osteopathic Genetic Counselor	9	11	25
Osteopathic Athletic Trainer	260	261	326
TOTAL	11,714	11,774	12,721

State Board of Medicine
Expense and Revenue History Comparison

Cost Center	Actual Expenses FY 12-13	Actual Expenses FY 13-14	Actual Expenses FY 14-15	Actual Expenses FYTD 15-16	Actual Expenses FY 16-17	Actual Expenses FY 17-18	Actual Expenses FY 18-19	Actual Expenses FYTD 19-20
BPOA Administration	102,876.48	280,026.21	248,988.66	347,964.44	262,875.50	378,875.28	483,031.07	250,413.51
Commissioner's Office	9,024.05	9,361.24	6,989.78	8,035.63	10,398.62	11,007.02	11,391.49	8,244.85
Revenue Office	4,037.94	4,977.46	4,938.70	5,247.37	5,551.89	4,891.86	4,664.78	3,425.01
Departmental Services	48,430.54	28,315.33	50,062.12	56,000.00	51,088.68	66,398.48	67,000.00	56,000.00
Board Member	9,034.45	12,647.79	10,286.45	9,211.47	11,365.32	11,540.85	11,599.57	9,642.03
Legal Administration	393,097.89	462,356.69	509,116.81	29,150.28	9,533.14	5,780.28	12,582.91	18,452.43
Prosecution	62,727.24	67,038.19	56,226.59	482,520.71	529,774.90	498,726.28	521,816.73	346,591.00
Legal Counsel	0.00	0.00	0.00	68,520.88	81,183.88	149,425.88	136,861.01	134,119.58
Hearing Expenses	25,833.09	50,377.85	36,314.54	91,943.32	83,978.53	62,780.56	69,978.00	52,219.80
Bureau of Enforcement & Investigation	299,782.67	337,897.04	238,670.76	322,122.12	416,272.65	398,785.54	500,339.32	320,716.67
PHMP	61,175.67	66,255.60	87,082.79	102,095.21	92,363.04	100,873.14	116,120.88	80,281.42
TOTAL	1,006,000.00	1,317,253.40	1,248,673.20	1,522,811.54	1,554,188.23	1,667,045.13	1,935,185.74	1,279,116.40

Revenue By Source	Actual Revenue FY 12-13	Actual Revenue FY 13-14	Actual Revenue FY 14-15	Actual Revenue FY 15-16	Actual Revenue FY 16-17	Actual Revenue FY 17-18	Actual Revenue FY 18-19	Actual Revenue FYTD 19-20
Renewals	1,617,771.00	41,171.00	1,716,031.50	33,482.50	1,802,585.00	32,721.00	1,801,513.00	35,585.00
Applications	57,820.00	69,855.00	74,150.00	77,832.50	103,895.00	105,898.00	90,474.00	85,919.00
Letters of Good Standing	17,100.00	19,440.00	18,370.00	22,555.00	22,230.00	25,105.00	27,895.00	18,650.00
Civil Penalties	2,595.00	7,250.00	2,700.00	8,200.00	5,100.00	4,043.38	16,038.00	6,000.00
Act 48 Citations	0.00	250.00	0.00	0.00	0.00	0.00	0.00	0.00
Investigations	0.00	0.00	515.52	619.80	0.00	7,668.23	0.00	0.00
Licenses Lists	13,359.62	13,764.48	8,708.90	14,926.66	9,870.97	9,685.58	10,201.60	9,895.20
TOTAL REVENUE	1,798,355.62	151,760.48	1,820,475.92	157,616.46	1,943,370.97	184,899.17	2,046,122.60	156,059.20

State Board of Osteopathic Medicine
No Change

Last fee increase 2004, Board fee decrease 2009

LICENSE CLASS	LICENSE COUNT	CURRENT RENEWAL FEE	TOTAL RENEWAL FEES
Osteopathic Physician & Surgeon	9,009	\$ 220.00	\$ 1,981,980.00
Osteopathic Physician Assistant	2,603	\$ 10.00	\$ 26,030.00
Osteopathic Acupuncturist	110	\$ 25.00	\$ 2,750.00
Osteopathic Respiratory Therapist	560	\$ 25.00	\$ 14,000.00
Osteopathic Perfusionist	39	\$ 50.00	\$ 1,950.00
Osteopathic Physician Acupuncturist	49	\$ 25.00	\$ 1,225.00
Osteopathic Genetic Counselor	25	\$ 75.00	\$ 1,875.00
Osteopathic Athletic Trainer	328	\$ 37.00	\$ 12,062.00
	12,721		
TOTAL RENEWAL REVENUE:			\$ 2,041,872.00
TOTAL NON-RENEWAL OTHER REVENUE:			\$ 286,877.00
TOTAL BOARD REVENUE:			\$ 2,338,749.00

TOTAL RENEWAL REVENUE:
TOTAL NON-RENEWAL OTHER REVENUE:
TOTAL BOARD REVENUE:

*Total anticipated applicants over a biennial period.

FINANCIAL STATUS	Actual FY 17-18	Actual FY 18-19	Projected FY 19-20	Projected FY 20-21	Projected FY 21-22	Projected FY 22-23	Projected FY 23-24	Projected FY 24-25	Projected FY 25-26
Beginning Balance:	3,194,739.49	1,712,593.53	1,823,530.39	400,530.39	586,530.39	(1,064,469.61)	(937,469.61)	(2,643,469.61)	(2,577,469.61)
Revenue:	184,899.17	2,046,122.60	187,000.00	2,152,000.00	187,000.00	2,152,000.00	187,000.00	2,152,000.00	187,000.00
Total Available:	3,379,638.66	3,758,716.13	2,010,530.39	2,552,530.39	773,530.39	1,087,530.39	(750,469.61)	(491,469.61)	(2,390,469.61)
Expenses/Budget:	1,667,046.13	1,935,185.74	1,610,000.00	1,966,000.00	1,838,000.00	2,025,000.00	1,893,000.00	2,086,000.00	1,950,000.00
Remaining Balance:	1,712,593.53	1,823,530.39	400,530.39	586,530.39	(1,064,469.61)	(937,469.61)	(2,643,469.61)	(2,577,469.61)	(4,340,469.61)

State Board of Osteopathic Medicine
 PROPOSED BIENNIAL RENEWAL FEE INCREASE - EFFECTIVE FY 20-21

RENEWAL LICENSE CLASSES	FY 20-21 & FY 21-22 (increase renewal and application fees approved by Board)		FY 22-23 & FY 23-24 (app fee increase, adjusted renewal cost Med, Physician & Surgeon)		FY 24-25 & FY 25-26 (app fee increase, adjusted renewal cost Med, Physician & Surgeon)	
	LICENSE COUNT	RENEWAL FEE	LICENSE COUNT	RENEWAL FEE	LICENSE COUNT	RENEWAL FEE
Osteopathic Physician & Surgeon	9,009	\$ 220.00	9,009	\$ 330.00	9,009	\$ 450.00
Osteopathic Physician Assistant	2,603	\$ 10.00	2,603	\$ 40.00	2,603	\$ 80.00
Osteopathic Acupuncturist	110	\$ 25.00	110	\$ 40.00	110	\$ 80.00
Osteopathic Respiratory Therapist	560	\$ 25.00	560	\$ 40.00	560	\$ 60.00
Osteopathic Perfusionist	39	\$ 50.00	39	\$ 75.00	39	\$ 85.00
Osteopathic Physician Acupuncturist	49	\$ 25.00	49	\$ 40.00	49	\$ 80.00
Osteopathic Genetic Counselor	25	\$ 75.00	25	\$ 125.00	25	\$ 160.00
Osteopathic Athletic Trainer	326	\$ 37.00	326	\$ 50.00	326	\$ 75.00
	12,721		12,721		12,721	
TOTAL RENEWAL REVENUE:		\$ 2,041,872.00		\$ 3,128,200.00		\$ 4,051,545.00
TOTAL NON-RENEWAL OTHER REVENUE:		\$ 296,877.00		\$ 821,150.00		\$ 885,700.00
TOTAL BOARD REVENUE:		\$ 2,338,749.00		\$ 3,949,350.00		\$ 4,937,245.00
Renewal		\$ 2,152,000.00		\$ 3,475,000.00		\$ 4,415,000.00
Non-Renewal		\$ 187,000.00		\$ 474,000.00		\$ 523,000.00

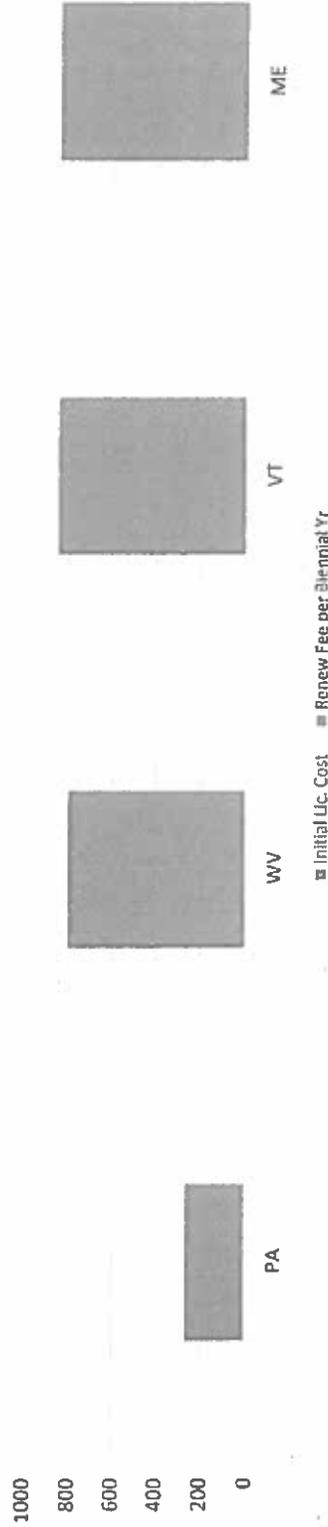
FINANCIAL STATUS	CURRENT FEE		PROJECTED FEE		RENEWAL PERIOD 1		RENEWAL PERIOD 2		RENEWAL PERIOD 3	
	Actual FY 17-18	Actual FY 18-19	Projected FY 19-20	Projected FY 20-21*	Projected FY 21-22	Projected FY 22-23	Projected FY 23-24	Projected FY 24-25	Projected FY 25-26	
Beginning Balance:	3,194,739.49	1,712,593.53	1,823,530.39	400,530.39	1,909,530.39	545,530.39	2,935,530.39	1,565,530.39	4,220,530.39	
Revenue:	184,899.17	2,046,122.60	187,000.00	3,475,000.00	474,000.00	4,415,000.00	623,000.00	4,741,000.00	573,000.00	
Total Available:	3,379,638.66	3,758,716.13	2,010,530.39	3,875,530.39	2,383,530.39	4,960,530.39	3,458,530.39	6,306,530.39	4,793,530.39	
Expenses/Budget:	1,667,045.13	1,935,185.74	1,610,000.00	1,965,000.00	1,838,000.00	2,025,000.00	1,893,000.00	2,085,000.00	1,950,000.00	
Remaining Balance:	1,712,593.53	1,823,530.39	400,530.39	1,909,530.39	545,530.39	2,935,530.39	1,565,530.39	4,220,530.39	2,843,530.39	

Licensee Type	Current		1st Renewal		2nd Renewal		3rd Renewal	
	Annual	Biennial	Annual	Biennial	Annual	Biennial	Annual	Biennial
Osteopathic Physician & Surgeon	1,200	2,400 \$ 45.00	1,200	2,400 \$ 170.00	1,200	2,400 \$ 185.00	1,200	2,400 \$ 205.00
Osteopathic Physician & Surgeon App	600	1,200 \$ 30.00	600	1,200 \$ 115.00	600	1,200 \$ 125.00	600	1,200 \$ 140.00
Graduate Osteopathic Trainee	50	100 \$ 30.00	50	100 \$ 100.00	50	100 \$ 110.00	50	100 \$ 120.00
Graduate Osteopathic Trainee App	60	120 \$ 30.00	60	120 \$ 100.00	60	120 \$ 110.00	60	120 \$ 120.00
Osteo Respiratory Therapist License	500	1,000 \$ 30.00	500	1,000 \$ 115.00	500	1,000 \$ 125.00	500	1,000 \$ 140.00
Osteo Respiratory Therapist License App	8	16 \$ 30.00	8	16 \$ 100.00	8	16 \$ 110.00	8	16 \$ 120.00
Physician short-term camp License	51	102 \$ 95.00	51	102 \$ 145.00	51	102 \$ 160.00	51	102 \$ 175.00
Temporary Osteo Physician License App	80	160 \$ 20.00	80	160 \$ 100.00	80	160 \$ 110.00	80	160 \$ 120.00
Osteo Physician Assistant License	10	20 \$ 50.00	10	20 \$ 120.00	10	20 \$ 130.00	10	20 \$ 145.00
Osteo Physician Assistant License App	5	10 \$ 50.00	5	10 \$ 105.00	5	10 \$ 115.00	5	10 \$ 125.00
Physician Acupuncturist	15	30 \$ 50.00	15	30 \$ 80.00	15	30 \$ 100.00	15	30 \$ 105.00
Osteo Acupuncturist App	5	10 \$ 30.00	5	10 \$ 100.00	5	10 \$ 110.00	5	10 \$ 120.00
Osteo Acupuncturist	10	20 \$ 50.00	10	20 \$ 120.00	10	20 \$ 130.00	10	20 \$ 145.00
Osteo Acupuncturist App	5	10 \$ 50.00	5	10 \$ 105.00	5	10 \$ 115.00	5	10 \$ 125.00
Osteo Perfusionist	1	2 \$ 50.00	1	2 \$ 120.00	1	2 \$ 130.00	1	2 \$ 145.00
Osteo Perfusionist App	3	5 \$ 40.00	3	5 \$ 60.00	3	5 \$ 80.00	3	5 \$ 95.00
Osteo Perfusionist Rescivation Fee								
Osteo Temporary Graduate Perfusionist App								
Osteo Temporary Graduate Perfusionist-Provisional App								
Totals	2,603	\$ 195,070.00	2,603	\$ 728,630.00	2,603	\$ 791,190.00	2,603	\$ 878,765.00

	PA	VT	WV	ME
Osteopathic Physician				
Initial Licensing	\$45	\$500	\$400	\$350
Renewal Fees	\$220	\$350	\$400	\$500

Information based on chart provided by: The Knee Center for the Study of Occupational Regulation.

Cost for Application/Licensure for Surrounding States



-Nine north east region states do not have a separate occupational license for an osteopathic doctor or osteopathic medical practices. These states use the same licensing board for Osteopathic Medicine and Medicine. Usually this combined medical board issues a Physicians or Practitioners license and the physician determines whether they practice as an Osteopathic Doctor or Medical Doctor. The department that issues these licenses varies from state to state. **Note: Compared to the states that do have separate licenses for Osteopathic Doctors, PA has more continuing education hours required than the average.**

- **Renewal cycle:** The four north east region states that license osteopathic doctors separately (including Pennsylvania) have a biennial renewal cycle. -This report does not include osteopathic acupuncturist, osteopathic genetic counselor, osteopathic perfusionist, osteopathic physician assistant and osteopathic respiratory therapist. To see the data on these occupations please see the Board of Medicine report.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji-Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Osteopathic Physician and Surgeon Application: \$170.00

Estimated yearly revenue: \$ 204,000 (1200 applications x \$170.00)

Fee Description:

The fee will be charged to every applicant for an Osteopathic Physician and Surgeon license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(1.5hr)	\$73.81
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$4.04
Administrative Overhead:		\$18.00
	Total Estimated Cost:	\$165.69
	Proposed Fee:	\$170.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$170.00 be established for processing an application for an Osteopathic Physician and Surgeon license.

Board Staff -- Staff opens, date stamps, and distributes mail. Paper applications are manually input into the licensing system. Staff downloads supporting documents (exam scores, letters of good standing, etc). Staff matches supporting documents with the respective application, or creates a miscellaneous mail number in the licensing system and files the supporting documents. Before evaluating an application, staff must find and pull any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and mails a letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may request the application be reviewed by the Board or possibly the Professional Health Monitoring Program. For applications that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system, and prepares the application for scanning.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Short Term Camp Osteopathic Physician License Application: \$100.00

Estimated yearly revenue: \$3,000 (30 applications x \$100.00)

Fee Description:

The fee will be charged to every applicant for a Short Term Camp Osteopathic Physician license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.25hr)	\$12.30
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.38
Administrative Overhead:		\$13.00
	Total Estimated Cost:	\$97.52
	Proposed Fee:	\$100.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$100.00 be established for processing an application for a Short Term Camp Osteopathic Physician license.

Board Staff – Staff opens, date stamps, and distributes mail. Paper applications are manually input into the licensing system. Staff downloads supporting documents (exam scores, letters of good standing, etc). Staff matches supporting documents with the respective application, or creates a miscellaneous mail number in the licensing system and files the supporting documents. Before evaluating an application, staff must find and pull any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and mails a letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may request the application be reviewed by the Board or possibly the Professional Health Monitoring Program. For applications that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system, and prepares the application for scanning.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Graduate Osteopathic Trainee License
or Temporary Training License: \$115.00

Estimated yearly revenue: \$138,000 (1200 applications x \$115.00)

Fee Description:

The fee will be charged to every applicant for a Graduate Osteopathic Trainee or Temporary Training license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.5hr)	\$24.60
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.71
Administrative Overhead:		\$14.00
	Total Estimated Cost:	\$111.15
	Proposed Fee:	\$115.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$115.00 be established for processing an application for an Osteopathic Graduate Trainee or a Temporary Training license.

Board Staff – Staff opens, date stamps, and distributes mail. Paper applications are manually input into the licensing system. Staff downloads supporting documents (exam scores, letters of good standing, etc). Staff matches supporting documents with the respective application, or creates a miscellaneous mail number in the licensing system and files the supporting documents. Before evaluating an application, staff must find and pull any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and mails a letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may request the application be reviewed by the Board or possibly the Professional Health Monitoring Program. For applications that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system, and prepares the application for scanning.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Osteopathic Physician Assistant Application: \$115.00

Estimated yearly revenue: \$57,500 (500 applications x \$115.00)

Fee Description:

The fee will be charged to every applicant for an Osteopathic Physician Assistant license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.5hr)	\$24.60
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.71
Administrative Overhead:		\$14.00
	Total Estimated Cost:	\$111.15
	Proposed Fee:	\$115.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$115.00 be established for processing an application for an Osteopathic Physician Assistant license.

Board Staff – Staff opens, date stamps, and distributes mail. Paper applications are manually input into the licensing system. Staff downloads supporting documents (exam scores, letters of good standing, etc). Staff matches supporting documents with the respective application, or creates a miscellaneous mail number in the licensing system and files the supporting documents. Before evaluating an application, staff must find and pull any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and mails a letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may request the application be reviewed by the Board or possibly the Professional Health Monitoring Program. For applications that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system, and prepares the application for scanning.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Written Agreement Application: \$145.00

Estimated yearly revenue: \$72,500 (500 applications x \$145.00)

Fee Description:

The fee will be charged to every applicant for a Written Agreement license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(1hr)	\$49.21
Board Administrator review	(.5hr)	\$1696
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$3.43
Administrative Overhead:		\$18.00
	Total Estimated Cost:	\$140.48
	Proposed Fee:	\$145.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$145.00 be established for processing an application for a Written Agreement license.

Board Staff – Staff opens, date stamps, and distributes mail. Paper applications are manually input into the licensing system. Staff downloads supporting documents (exam scores, letters of good standing, etc). Staff matches supporting documents with the respective application, or creates a miscellaneous mail number in the licensing system and files the supporting documents. Before evaluating an application, staff must find and pull any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and mails a letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may request the application be reviewed by the Board or possibly the Professional Health Monitoring Program. For applications that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system, and prepares the application for scanning.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Acupuncturist Application: \$100.00

Estimated yearly revenue: \$500 (5 applications x \$100.00)

Fee Description:

The fee will be charged to every applicant for an Acupuncturist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.25hr)	\$12.30
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.40
Administrative Overhead:		\$14.00
	Total Estimated Cost:	\$98.54
	Proposed Fee:	\$100.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$100.00 be established for processing an application for an Acupuncturist license.

Board Staff – Staff opens, date stamps, and distributes mail. Paper applications are manually input into the licensing system. Staff downloads supporting documents (exam scores, letters of good standing, etc). Staff matches supporting documents with the respective application, or creates a miscellaneous mail number in the licensing system and files the supporting documents. Before evaluating an application, staff must find and pull any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and mails a letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may request the application be reviewed by the Board or possibly the Professional Health Monitoring Program. For applications that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system, and prepares the application for scanning.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Physician Acupuncturist Application: \$100.00

Estimated yearly revenue: \$800 (8 applications x \$100.00)

Fee Description:

The fee will be charged to every applicant for a Osteopathic Physician Acupuncturist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.25hr)	\$12.30
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.40
Administrative Overhead:		\$14.00
	Total Estimated Cost:	\$98.54
	Proposed Fee:	\$100.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$100.00 be established for processing an application for an Osteopathic Physician Acupuncturist license.

Board Staff – Staff opens, date stamps, and distributes mail. Paper applications are manually input into the licensing system. Staff downloads supporting documents (exam scores, letters of good standing, etc). Staff matches supporting documents with the respective application, or creates a miscellaneous mail number in the licensing system and files the supporting documents. Before evaluating an application, staff must find and pull any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and mails a letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may request the application be reviewed by the Board or possibly the Professional Health Monitoring Program. For applications that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system, and prepares the application for scanning.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Respiratory Therapist Application: \$100.00

Estimated yearly revenue: \$5000 (50 applications x \$100.00)

Fee Description:

The fee will be charged to every applicant for a Respiratory Therapist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.25hr)	\$12.30
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.40
Administrative Overhead:		\$14.00
	Total Estimated Cost:	\$98.54
	Proposed Fee:	\$100.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$100.00 be established for processing an application for a Respiratory Therapist license.

Board Staff – Staff opens, date stamps, and distributes mail. Paper applications are manually input into the licensing system. Staff downloads supporting documents (exam scores, letters of good standing, etc). Staff matches supporting documents with the respective application, or creates a miscellaneous mail number in the licensing system and files the supporting documents. Before evaluating an application, staff must find and pull any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and mails a letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may request the application be reviewed by the Board or possibly the Professional Health Monitoring Program. For applications that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system, and prepares the application for scanning.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Athletic Trainer Application: \$100.00

Estimated yearly revenue: \$8,000 (80 applications x \$100.00)

Fee Description:

The fee will be charged to every applicant for an Athletic Trainer license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.25hr)	\$12.30
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.40
Administrative Overhead:		\$14.00
	Total Estimated Cost:	\$98.54
	Proposed Fee:	\$100.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$100.00 be established for processing an application for an Athletic Trainer license.

Board Staff – Staff opens, date stamps, and distributes mail. Paper applications are manually input into the licensing system. Staff downloads supporting documents (exam scores, letters of good standing, etc). Staff matches supporting documents with the respective application, or creates a miscellaneous mail number in the licensing system and files the supporting documents. Before evaluating an application, staff must find and pull any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and mails a letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may request the application be reviewed by the Board or possibly the Professional Health Monitoring Program. For applications that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system, and prepares the application for scanning.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application for Perfusionist license:	\$120.00
Estimated yearly revenue: \$1200	(10 applications x \$120.00)

Fee Description:

The fee will be charged to each applicant as a Perfusionist.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to review and process an application as a Perfusionist and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time - process application	(.75hr)	\$36.90
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.82
Administrative Overhead		\$6.00
	Total Estimated Cost:	\$115.56
	Proposed Fee:	\$120.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$120.00 be established to evaluate the application as a Perfusionist.

Board Staff: Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

License Reactivation Fee: Perfusionist	\$105.00
Estimated yearly revenue: \$ 1050	(10 applications x \$105.00)

Fee Description:

The fee will be charged to each applicant who requests reactivation of an expired license. This fee is charged in addition to the appropriate biennial renewal fee.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to review and process an application for reactivation of an inactive license and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Board staff - process application	(.5hr)	\$24.61
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.51
Administrative Overhead		\$6.00
	Total Estimated Cost:	\$102.96
	Proposed Fee:	\$105.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$105.00 be established to process an application for reactivation of an inactive license. This fee is charged in addition to the appropriate biennial renewal fee

Staff receives application, reviews for completeness, contacts applicant to request any missing information, researches computer and/or microfilm files to retrieve pertinent information and verifies period of non-practice to ensure compliance with the Act and Regulations, issues registration for current cycle through computer.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application Fee for a Temporary Graduate Perfusionist:	\$120.00
Estimated yearly revenue: \$240	(2 applications x \$120.00)

Fee Description:

The fee will be charged to each applicant applying for Temporary Graduate Perfusionist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to review and process an application for Temporary Graduate Perfusionist and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time - review application	(.5hr)	\$24.61
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.82
Administrative Overhead:		\$6.00
	Total Estimated Cost:	\$115.56
	Proposed Fee:	\$120.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$120.00 be established to evaluate the application for Temporary Graduate Perfusionist.

Board Staff: Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application for a Temporary Provisional Perfusionist license: \$80.00

Estimated yearly revenue: \$400 (5 applications x \$80.00)

Fee Description:

The fee will be charged to each applicant applying for Temporary Provisional Perfusionist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to review and process an application for Temporary Provisional Perfusionist and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time - review	(.5hr)	\$24.61
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Transaction fee		\$1.86
Administrative Overhead		\$6.00
	Total Estimated Cost:	\$76.31
	Proposed Fee:	\$80.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$80.00 be established to evaluate the application for Temporary Provisional Perfusionist.

Board Staff: Reviews application for completeness, verifies that supporting documents are attached, contacts candidate to request any missing information. Issues approval through computer or prepares letter of rejection.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application for Genetic Counselor License:	\$120.00
Estimated yearly Revenue: \$1200	(10 applications x \$120.00)

Fee Description:

The fee will be charged to every applicant for a Genetic Counselor license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.75hr)	\$36.90
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.82
Administrative Overhead		\$6.00
	Total Estimated Cost:	\$115.56
	Proposed Fee:	\$120.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$120.00 be established for processing an application for a Genetic Counselor license.

Application for Genetic Counselor License

Board Staff - receives application, reviews for completeness, verifies that supporting documents are attached, contacts applicant to request any missing information and/or documents. Information provided on the application regarding criminal conviction/chemical dependency/etc. may necessitate further research and review. Time to cover review and action by legal office has been averaged over total number of applications anticipated in a biennial cycle. Board staff issues license through computer when application is complete.

FEE REPORT FORM

Agency: State - BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application for Reactivation of a Genetic Counselor License: \$105.00
Estimated yearly revenue: \$525 (5 applications x \$105.00)

Fee Description:

The fee will be charged to every applicant for a Genetic Counselor license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.5hr)	\$24.61
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Board Member review	(.25hr)	\$26.00
Transaction fee		\$2.51
Administrative Overhead		\$6.00
	Total Estimated Cost:	\$102.96
	Proposed Fee:	\$105.00

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$105.00 be established for processing a reactivation application for a Genetic Counselor license.

Board Staff - receives application, reviews for completeness, verifies that supporting documents are attached, contacts applicant to request any missing information and/or documents. Information provided on the application regarding criminal conviction/chemical dependency/etc. may necessitate further research and review. Time to cover review and action by legal office has been averaged over total number of applications anticipated in a biennial cycle. Board staff issues license through computer when application is complete.

FEE REPORT FORM

Agency: State -BPOA

Date: July 22, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application for Temporary Provisional Genetic Counselor License:	\$90.00
Estimated yearly Revenue:	\$1350 (15 applications x \$90.00)

Fee Description:

The fee will be charged to every applicant for a Temporary Provisional Genetic Counselor license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Osteopathic Medicine to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

Staff time-process application	(.75hr)	\$36.90
Board Administrator review	(.25hr)	\$16.96
Board Attorney review	(.25hr)	\$26.88
Transaction fee		\$2.17
Administrative Overhead		\$6.00
	Total Estimated Cost:	\$88.91
	Proposed Fee:	\$90.00

Analysis, Comment, and Recommendation:

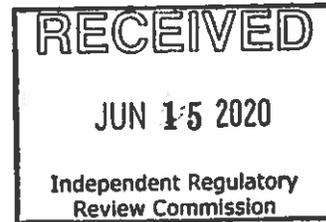
It is recommended that a fee of \$90.00 be established for processing an application for a Temporary Provisional Genetic Counselor license.

Application for Genetic Counselor License

Board Staff - receives application, reviews for completeness, verifies that supporting documents are attached, contacts applicant to request any missing information and/or documents. Information provided on the application regarding criminal conviction/chemical dependency/etc. may necessitate further research and review. Time to cover review and action by legal office has been averaged over total number of applications anticipated in a biennial cycle. Board staff issues license through computer when application is complete.

CDL-1

**FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU
(Pursuant to Commonwealth Documents Law)**



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<p>Copy below is hereby approved as to form and legality. Attorney General</p> <p>BY: _____ (DEPUTY ATTORNEY GENERAL)</p> <p>_____ DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p>	<p>Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:</p> <p><u>State Board of Osteopathic Medicine</u> (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO. <u>16A-5334</u></p> <p>DATE OF ADOPTION: <u>June 10, 2020</u></p> <p>BY: <u><i>Randy G. Litman</i></u> Randy G. Litman, D.O.</p> <p>TITLE <u>Board Chair</u> (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)</p>	<p>Copy below is hereby approved as to form and legality. Executive or Independent Agencies.</p> <p>BY: <u><i>Marisa H. Z. Zeln</i></u></p> <p><u>6/10/2020</u> DATE OF APPROVAL</p> <p>Deputy General Counsel (Chief Counsel; Independent Agency) (Strike Inapplicable title)</p> <p><input type="checkbox"/> Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>
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FINAL RULEMAKING

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE
TITLE 49 PA CODE, CHAPTER 25**

49 Pa. Code §§ 25.231 and 25.503

FEEES

The State Board of Osteopathic Medicine (Board) hereby amends § 25.231 (relating to schedule of fees) and deletes § 25.503 (relating to fees) to read as set forth in Annex A.

Effective Date

This rulemaking will be effective upon publication in the *Pennsylvania Bulletin*. The initial increase for application fees will be implemented immediately upon publication. Thereafter, the subsequent graduated increases for application fees will be implemented on a 2-fiscal year (FY) basis on July 1, 2022, and July 1, 2024.

The increased biennial renewal fees will be implemented beginning with the November 1, 2020—October 31, 2022, biennial renewal period for osteopathic physicians, physician assistants and acupuncturists. Thereafter, the subsequent graduated increases for osteopathic physicians, physician assistants and acupuncturists will be implemented with the biennial renewal for November 1, 2022—October 31, 2024, and for November 1, 2024—October 31, 2026.

For respiratory therapists, athletic trainers, perfusionists and genetic counselors, the increased biennial renewal fees will be implemented beginning with the January 1, 2021—December 31, 2022, biennial renewal. Thereafter, the subsequent graduated increases for respiratory therapists, athletic trainers, perfusionists and genetic counselors will be implemented with the biennial renewal for January 1, 2023—December 31, 2024, and for January 1, 2025—December 31, 2026.

Statutory Authority

Under section 16 of the Osteopathic Medical Practice Act (act) (63 P.S. § 271.16), the Board has the “power to adopt and revise such regulations as are reasonably necessary to carry out the purposes of this act in conformity with the provisions of the act of July 31, 1968 (P.L. 769, No. 240), known as the “Commonwealth Documents Law.” Section 13.1(a) of the act provides that “[i]f the revenues raised by fees, fines and civil penalties imposed under this act are not sufficient to meet expenditures over a two-year period, the board shall increase those fees by regulation so that the projected revenues will meet or exceed projected expenditures.” Under the act, all “fees, fines and penalties imposed . . . shall be for the exclusive use by the board in carrying out the provisions of this act and shall be annually appropriated for that purpose.” 63 P.S. § 271.13a(c). Thus, unlike most other professional licensure boards that fall under the Professional Licensure Augmentation Account (PLAA) (see 63 P.S. § 1401-301), the Board is fiscally independent.

Background and Purpose

This final rulemaking increases application fees to reflect updated costs of processing

applications and increases all the Board's biennial renewal fees to ensure its revenue meets or exceeds the Board's current and projected expenses. This rulemaking increases the following application fees on a graduated basis: osteopathic physicians, short-term camp osteopathic physicians, temporary training licenses or graduate training certificates, physician assistants, supervising osteopathic physicians, acupuncturists and physician acupuncturist, respiratory therapists, athletic trainers, perfusionists, reactivation of perfusionist licenses, temporary graduate perfusionist licenses, temporary provisional perfusionist licenses, genetic counselors, genetic counselor reactivations and temporary provisional genetic counselors. Approximately 2,600 applicants will be impacted annually by the increased application fees.

The Board is also implementing graduated biennial renewal fee increases for the following licenses, certificates and registrations: osteopathic physicians, physician assistants, acupuncturists, respiratory therapists, athletic trainers, perfusionists and genetic counselors. There are approximately 12,700 individuals who possess current licenses, certificates and registrations issued by the Board who will be required to pay more to renew their licenses, certifications or registrations.

Under section 13.1(a) of the act, the Board is required to support its operations from the revenue it generates from fees, fines and civil penalties. The act further provides that the Board shall increase fees when expenditures outpace revenue. The majority of general operating expenses of the Board are borne by the licensee population through revenue generated by the biennial renewal of licenses. A small percentage of its revenue comes from application fees, fines and civil penalties. The Board receives an annual report from the Department of State's Bureau of Finance and Operations (BFO) regarding the Board's income and expenses.

In consideration of the comments received regarding the amount of increase for osteopathic physician fees in addition to the fiscal impact of COVID-19, the Board asked BFO to review the Board's current fiscal status and provide an updated financial report. BFO found that, in addition to some increases in revenue and licensee count since 2019, the expenses incurred by the Board during the pandemic have decreased. During FY 2016-2017 through FY 2017-2018, the Board received biennial revenue of \$2,128,270.14, incurred expenses of \$3,221,243.36 and ended with a remaining balance of \$1,712,593.53. For FY 2018-2019 through FY 2019-2020, the Board projects receiving biennial revenue of \$2,233,122.60 and projects incurring expenses of \$3,545,185.74. At the end of FY 2019-2020, BFO projects a remaining balance of \$400,530.39, which is only enough to cover approximately 3 months of expenditures. For FY 2020-2021 through FY 2021-2022, without an increase in fees, the Board projects revenue of \$2.339 million and projects expenses of \$3.804 million, with a deficit balance in FY 2021-2022 of (\$1,064,469.61). Thus, the updated BFO data demonstrates that the Board's revenue, even with the increases in revenue and decreased expenditures, is still not sufficient to meet or exceed its expenditures over a 2-year period.

While fee increases are still needed prior to the next renewal period for the Board to remain solvent, the Board was able to decrease biennial renewal fees for physicians, as compared to the proposed fee schedule, to ease the burden. As reflected in Annex A, the biennial renewal fees for osteopathic physicians were adjusted down from \$350 to \$330 in the November 1, 2020—October 31, 2022, biennial renewal period; from \$425 to \$420 in the November 1, 2022—October 31, 2024, biennial renewal period; and from \$475 to \$450 in the November 1, 2024—October 31, 2026, biennial renewal period.

The new fee structure is projected to produce biennial revenues of: \$3.949 million in FY 2020-2021 through FY 2021-2022, which will allow the Board to meet or exceed its projected expenditures of \$3.804 million; \$4.938 million in FY 2022-2023 through FY 2023-2024, which will allow the Board to meet or exceed its projected expenditures of \$3.918 million; and \$5.314 million in FY 2024-2025 through FY 2025-2026, which will allow the Board to meet or exceed its projected expenditures of \$4.036 million; and will then put the Board back on firm financial ground.

Summary and Responses to Comments

Notice of the proposed rulemaking was published at 50 *Pa.B.* 1364 (March 7, 2020). Publication was followed by a 30-day public comment period during which the Board received 36 public comments. Thirty-three of the public comments were from physicians. The Board also received a comment from the Pennsylvania Osteopathic Medicine Association (POMA) and the Pennsylvania Medical Society (PAMED). In addition, the House Professional Licensure Committee (HPLC) submitted comments and the Independent Regulatory Review Commission (IRRC) submitted comments. The Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) did not submit comments.

General Support for the Fee Increase

In the comment submitted by POMA, it recognized and “supports the need for the State Board of Osteopathic Medicine (Board) to raise its fees via regulation 16A-5334 to meet its operating expenses.” Likewise, PAMED does not oppose the fee increase, but rather is concerned that there would be insufficient time to implement the fee increases beginning with the November 1, 2020—October 31, 2022, biennial renewal period for osteopathic physicians, physician assistants and acupuncturists. POMA also expressed some concern regarding the timing of the regulation given the upcoming the November 1, 2020—October 31, 2022, biennial renewal period. POMA questioned whether there would be sufficient time to promulgate the regulations before the renewal, especially given COVID-19 pandemic. Both issues are more fully discussed below.

General Opposition to the Fee Increase

The Board received 16 comments from physicians expressing general opposition to the fee increases. These commenters opposed the increase in fees either because the fees were too high or were unnecessary. Two commenters opined that the physician fee increases were not in line with inflation and five commenters raised concerns about whether certain physicians could afford the increase, including part-time workers, practitioners who have practices in more than one state, and partially retired physicians who help with physician shortages. One commenter opposed the increased fees because of his concern about physician shortages in primary care and another said that the Board should not charge significantly more in biennial fees as compared to medical doctors. One commenter suggested monthly withdrawal options. Additionally, in POMA's comment, it noted that it received some general concerns with the size of the increase, but it "fell short of opposition."

As previously indicated, BFO updated its data to ensure that the Board was appropriately considering the current fiscal picture, especially given the COVID-19 pandemic. Even with some increased revenue and decreased expenditures, the Board will not be able to meet its expenditures over a 2-year period in FY 2019-2020 and thereafter. Therefore, in addition to increased application fees, an increase in biennial renewal fees beginning in FY 2020-2021 is necessary, as set forth in Annex A. In adopting the increased fee schedules, the Board carefully reviewed the data presented by BFO and balanced the need to remain fiscally solvent against the negative fiscal impact to licensees. With the decreased biennial renewal fees for physicians, the increases for each renewal period are projected to produce biennial revenues of: \$3.949 million in FY 2020-2021 through FY 2021-2022, which will allow the Board to meet or exceed its projected expenditures of \$3.804 million; \$4.938 million in FY 2022-2023 through FY 2023-2024, which will allow the Board to meet or exceed its projected expenditures of \$3.918 million; and \$5.314 million in FY 2024-2025 through FY 2025-2026, which will allow the Board to meet or exceed its projected expenditures of \$4.036 million; and will return the Board to a fiscally sound position.

In response to the concern that the physician fee increases are not in line with inflation, the Board agrees that it did not calculate the fee increases based on inflation. For application fees, the initial increase is designed to cover the cost to process applications. This fee is borne by individual applicants. Actual cost calculations for application fees are based upon the following formula:

number of minutes to perform the function

×

pay rate for the classification of the personnel
performing the function

+

a proportionate share of administrative overhead

Application fees for FY 2020-2021 are based on time study reports created within the **Bureau of Professional and Occupational Affairs (Bureau)** giving each step in the process and the amount of time it takes to process one application. That amount is multiplied by the anticipated application requests for one year (multiplied by two since the increases are biennial). Increases which will be effective July 1, 2022, and July 1, 2024, are calculated at a 9.5% increase as pay increases for staff that process applications are 2.5% in July and 2.25% in January or 4.75% annually (9.5% biennially) and the fee is almost entirely dependent upon personnel-related costs. For osteopathic physicians, the current \$45 application fee has been in place since January 29, 2000. Raising the application fees for physicians to \$170 reflects increases in the cost of processing applications since January of 2000. This fee increase is appropriate so that the applicants, and not existing licensees, fully bear the cost of processing those applications. With regard to the increase in biennial renewal fees, the Board does not rely on inflation rates to determine these fees. Instead, the Board must consider the amount of revenue required to meet or exceed the Board's expenditures which includes Board administration, Commissioner's and Revenue office services, Departmental services, legal office services, hearing expenses, enforcement and investigation costs, Professional Compliance Office costs, board member expenses and Professional Health Monitoring Program (PHMP) costs.

The majority of the Board's costs are personnel related, and much of those costs are not within the Board's control. Staff are generally employees of the Commonwealth, most of whom are civil service personnel, and many are union positions. For these employees, the Board is bound by the negotiated contract. Personnel costs associated with investigation and enforcement depend largely on the number of complaints received that need to be investigated, and the number of those matters that result in disciplinary action. The Board has no control over the number of complaints that are filed against licensees and unlicensed individuals, nor may they control which matters are or are not prosecuted.

Over the last few fiscal years, the Board has had some sizable increases to expenses for a variety of reasons. One of the largest financial impacts for the Board was the incorporation of The Pennsylvania Justice Network (JNET), due in part to the enactment of act of February 15, 2018 (P.L. 14, No. 6) (Act 6 of 2018), which requires mandatory self-reporting of criminal convictions. The Board uses JNET to identify criminal convictions of licensees and to verify compliance with Act 6 of 2018's mandatory reporting requirement. Initially, the Board was one of three (3) boards under the Bureau that incorporated JNET criminal notifications into their business processes. Across the three (3) boards, there was a sizable 27.5% average increase in the number of complaints being processed and opened for prosecution. With the additional complaints, increased expenses due to higher prosecutions, investigations, expert witness usage, and hearings resulted. Since incorporation of JNET, expenses have been relatively steady in all of these cost categories. More than likely, this new level of legal workload is one that will be part of the financial picture for the Board going forward.

In addition to the legal increases, all 29 boards and commissions under the Bureau have undergone an information technology transformation upgrade with the incorporation of the Pennsylvania Licensure System (PALS). Expenses associated with PALS, including the initial build as well as ongoing maintenance, are proportionately spread across all entities based on licensee population as a way to effectively share costs per licensee. While the initial build is in the past, it has contributed to higher administrative expenses for all boards during the last few fiscal years. Due to PALS' high functioning database with enhanced features over the Department's previous License 2000 platform, maintenance for this system requires a larger financial commitment from all boards and commissions than the previous system.

In response to those commenters who oppose fee increases with regard to part-time practitioners, practitioners who have practices in more than one state, or partially retired physicians who help with physician shortages, the Board cannot distinguish between licensees based on the number of hours they work, as the Board has no control over that number. The Board also cannot distinguish between licensees based on their annual income. Historically, the Board has taken steps to ensure that the financial burden placed on licensees is commensurate with the Board's obligations and expenditures. For example, in March of 2010, the Board reassessed the impact of the mandates under the Medical Care Availability and Reduction of Error Act (MCARE Act) (40 P.S. §§ 1303.101—1303.910) and decreased the biennial renewal fee for osteopathic physicians from \$440 to the current fee of \$220. Consistent with its continued commitment to minimize fiscal impact to its licensees, the Board has re-reviewed its fiscal needs and the changed fiscal circumstances given COVID-19 and has decreased the proposed biennial fees for physicians to provide some relief. Additionally, the Board's graduated fee increases, as opposed to a one-time flat fee increase, minimize the initial impact of the increases.

In response to the comment that the Board should not charge significantly more than the State Board of Medicine (Medical Board) charges its physicians, the Board's initial increase in biennial fees is \$330 whereas the biennial renewal fee for medical doctors is \$360—\$30 more than the fee being proposed for osteopathic physicians in the November 1, 2020—October 31, 2022, renewal period. Regarding the comment suggesting monthly withdrawal payments, the Bureau is not currently able to facilitate that type of automatic payment plan.

Another commenter suggested that the Board obtain revenue from another source. The Board is required by the act to support its operations from fees, fines and civil penalties. Because the fees, fines and penalties imposed under the act are for the exclusive use by the Board in carrying out its duties and obligations in the act, the Board maintains a separate account, independent from the PLAA. As such, the Board's funds collected in accordance with the act are specifically allotted to the Board in a separate account and the Board determines its fees based upon the revenue it receives and the Board's expenditures. Additionally, section 13.1(a) of the act provides that "[i]f the revenues raised by fees, fines and civil penalties imposed under this act are not sufficient to meet expenditures over a two-year period, the board shall increase those fees by regulation so that the projected revenues will meet or exceed projected expenditures." Thus, receiving funds from other sources does not appear to be a viable option.

While the Board is empathetic to all of the concerns put forth by commenters, the Board is dutybound to ensure that the Board remains fiscally sound so that it may carry out the mandates of the General Assembly set forth in the act in furtherance of the public health and safety. Without a fee increase, BFO anticipates that by the end of FY 2021-2022 the Board will be in a deficit, and thus, increasing fees is critical to sustain the operations of the Board. The Board is statutorily obligated to increase fees by regulation when revenues raised by fees, fines and civil penalties under the act are insufficient to meet expenditures over a 2-year period. The Board meets this criterion, and thus, is required to increase its fees.

Insufficient Time to Respond and Comment; Insufficient Involvement of the Regulated Community

The Board received comments from three physicians asserting there is insufficient time for debate and vetting. Other commenters said there was a lack of notification and involvement with the regulated community. IRRC also commented that extraordinary pressures and work burden have been placed on medical professionals during the pandemic which necessitate additional time for the regulated community to review and comment on the proposal.

In August of 2016, the Board began discussing at its public board meetings an increase in biennial renewal fees. The proposed rulemaking was discussed at public board meetings on August 10, 2016, August 9, 2017, February 14, 2018, April 11, 2018, August 22, 2018, October 24, 2018, February 13, 2019, August 14, 2019, and December 11, 2019. Beginning in approximately 2016, the Bureau and the Board reviewed its application fees and determined that the existing fee schedule did not reflect the costs of the services provided by the Board. Based upon this determination, the Board and the Bureau evaluated the cost of processing the Board's applications, and a new fee schedule was recommended to the Board. On May 8, 2018, the Board released an exposure draft to stakeholders and interested parties that included the increased application fees as well as increased biennial renewal fees. After receiving minimal responses from the exposure draft, the Board moved forward with drafting the regulatory package. In 2019, the Board revisited the structure of its fee schedules and voted to adopt a graduated fee schedule to minimize the initial impact of increased fees on licensees and to ensure that the Board's fees are commensurate with its obligations and expenditures. The proposed regulation was considered by the Board and drafted well in advance of the COVID-19 crisis and was published as proposed on March 7, 2020, before COVID-19 began to have substantial impact in Pennsylvania.

While the Board recognizes the impact of COVID-19 on its regulated community, given the timeline outlined above, the Board believes there has been sufficient time for physicians to react and respond. Additionally, the association that represents the majority of osteopathic physicians in the Commonwealth (POMA) regularly attends the Board meetings, was aware of the proposed fee increases and does not oppose the increases. While the Board understands that the COVID-19 pandemic has placed an additional burden on many physicians across the

Commonwealth, there has been sufficient opportunity to provide input into this rulemaking. Moreover, the Board has very little room for debate with regard to the fees it charges, given that application fees are based upon actual costs to process applications and increases in biennial renewal fees are based upon funds required to meet the Board's statutory obligation to produce sufficient revenue to meet expenditures over a 2-year period.

Implementation Date of the Final Rulemaking

POMA, PAMED and IRRC all submitted comments regarding the timing of the regulations and questioned whether there is sufficient time to promulgate regulations in time for the renewal notices that are generally sent out approximately 60 days prior to the expiration of the biennial period. POMA and PAMED asked if the Board had a contingency plan in case the regulation is not promulgated in sufficient time to proceed with the November 1, 2020—October 31, 2022, biennial renewal period. POMA and PAMED also asked detailed questions regarding the possibility of extending the biennial renewal deadline.

While the Board acknowledges that the turnaround time between the proposed rulemaking and the final rulemaking is ambitious, the Board remains committed to do the work necessary to promulgate the regulations within sufficient time to process renewal notices for the November 1, 2020—October 31, 2022, biennial renewal period. Regarding the question as to whether the Board has a contingency plan, absent unforeseen circumstances, the Board believes it has sufficient time to promulgate this regulation. The Board understands that COVID-19 makes the normal regulatory process uncertain. Procedures have been put in place by IRRC, the Legislative Reference Bureau, HPLC, SCP/PLC, and the Office of Attorney General to effectuate electronic delivery of regulations. If, however, the Board is unable to present this regulation at the scheduled July 16, 2020 IRRC meeting, the Board may have to consider other options such as extending the biennial period. Other Boards, in conjunction with the Governor's office, have effectuated this extension because of the impact of COVID-19. Regarding questions relating to procedures and parameters that an extension might involve; the Board does not know whether an extension is necessary nor does it know how it might implement the terms of an extension. Those types of questions would be addressed within the context of requesting authorization and receiving approval to extend the expiration of the biennial period.

Finally, PAMED asked if there is a date by which the Board must have the regulations approved for the fee increase to go into effect. The Board has historically sent out renewal notices approximately 60 days prior to the date of the expiration of licenses. The Board's plan is to send out renewal notices by the beginning of September. Assuming both IRRC and the Office of Attorney General approve the rulemaking, the Board believes it will be able to promulgate the regulation in time to send the renewal notices out within the 60-day period.

Fees Should Not be Increased During the COVID-19 Pandemic

The Board received 14 public comments opposing the increase fees because of the COVID-19 pandemic. Commenters suggest to the Board that fees should not be raised during the pandemic. Some commenters opined that raising fees for physicians would cause financial hardship, in part, because physicians have suffered a negative financial impact due to the pandemic because of cancelled appointments, cancelled elective surgeries and laying off staff. PAMED and one commenter asked if the Board was prepared to delay or cancel the fee increase. IRRC also commented and expressed concern that the fee increases will cause financial harm during the pandemic and asked the Board to withdraw the rulemaking and resubmit it at a later date. Similarly, the HPLC submitted a comment recommending that the fee increases contained in the proposed regulation be delayed until after the end of the COVID-19 emergency.

While the Board understands the impact the pandemic has had on its licensees, including the negative financial impact that has occurred to the regulated community, the Board's work in proposing the fee increase began long before the pandemic. The Board is statutorily mandated to increase fees by regulation if the projected revenues will not meet or exceed projected expenditures. Delaying the collection of fees is not fiscally feasible because the Board expects to have a balance of \$400,530.39 at the end of FY 2019-2020 (June 30, 2020), an amount that would only be expected to cover one quarter of expenses. In addition, with the fee increases, the Board projects that it will be in a deficit situation by the end of FY 2020-2021. At that point, with no other revenue sources available to the Board, the Board would likely have to cease operations.

The Board Should Merge with the State Board of Medicine to Decrease Administrative and Overhead Costs

Nine commenters suggested combining the Board with the Medical Board to decrease administrative and overhead costs. Both the Board and the State Board of Medicine were statutorily enacted through the act and the Medical Practice Act of 1985 (63 P.S. § 422.1-422.53). Neither the Board nor the Medical Board are empowered to combine the Boards; combining the respective boards is not an option without legislative action.

Questions Regarding Expenditures

Several commenters questioned the Board's oversight of its expenses and requested more information regarding the Board's expenses. POMA and one other commenter asked how the Board spent its revenue. Another commenter did not understand why the Board required an increase given the lack of services provided by the Board.

The Board is a statutorily created board which has powers and duties set forth in the act, including power to: determine qualifications and fitness of applicants; adopt and revise

regulations; refuse, revoke or suspend licensees; establish fees for the operation of the board; and conduct hearings. The Board's expenses include: Bureau administration, Commissioner's and Revenue office services, Departmental services, legal office services, hearing expenses, enforcement and investigation costs, Professional Compliance Office costs, board member expenses and Professional Health Monitoring Programs (PHMP) costs.

At least annually, the Board reviews and receives a report from BFO regarding the Board's fiscal status, income, and expenses. These reports are done in public session and placed in the Board's minutes. Members of the public are welcome to review this information or attend Board meetings. As indicated above, in addition to expected increases in personnel costs, the Board has had some sizable increases to expenses, including the implementation of JNET notifications which caused a 27.5% average increase in the number of complaints across the three boards (including the Board) that implemented the JNET notifications, and technology upgrades and maintenance of the new database. The fee increases for application and biennial renewal fees will enable the Board to continue to create a small surplus in funds in their restricted account should there be any additional unknown financial impacts.

Another commenter asked if the Medical Board has the same fiscal issues as the Board. The Board and the Medical Board are separate entities and have different expenditures. The Medical Board is not experiencing the same fiscal issues as the Board and is not in need of a fee increase; however, as previously stated, in March of 2010, the Board reassessed the impact of the mandates under MCARE Act and decreased the biennial renewal fee for osteopathic physicians from \$440 to the current fee of \$220. So, for the last 10 years the renewal fee for osteopathic physicians has been \$220 whereas the fee for medical doctors has been \$360—\$140 less than the Medical Board's biennial renewal fee. The Board took the step to decrease fees in 2010 to minimize the fiscal impact to its licensees and until this rulemaking, osteopathic physician renewal fees were significantly less than the Medical Board. Even with this fee increase, the biennial fee increase will still be less than the Medical Board for the November 1, 2020—October 31, 2022, biennial renewal period. While the subsequent fee increases will raise the fee above the current Medical Board fee, this is not unexpected given the 10 years Board licensees have enjoyed the lesser fee as compared to the Medical Board. Moreover, of the surrounding states that have separate osteopathic licensing boards (Maine, Vermont and West Virginia), the Board's graduated fee increase is less than or comparable to fees charged in those states—Maine (\$500), Vermont (\$350) and West Virginia (\$400).

PAMED asked whether the Board would consider decreasing the biennial renewal fees for the November 1, 2022—October 31, 2024, and the November 1, 2024—October 31, 2026, biennial renewal periods if the fee increases produce sufficient revenue to meet or exceed its expenditures. As previously stated, the Board is statutorily obligated to increase fees by regulation when revenues raised by fees, fines and civil penalties under the act are insufficient to meet expenditures over a two-year period. The purpose of the fee increase is to bring the Board in compliance with the act by producing sufficient revenue to meet or exceed its expenditures

over a 2-year period. The Board does not anticipate decreasing the biennial fees for the November 1, 2022—October 31, 2024, and the November 1, 2024—October 31, 2026, biennial cycles because the Board has projected that it is in need of the increases to comply with the requirements of the act and to place the Board on solid financial ground. Having said that, as the Board did in 2010, if the Board finds that the revenue collected far outpaces its expenditures, the Board will consider decreasing its fees in the future. The Board has historically taken steps to rigorously evaluate its fiscal status and will continue to do so to ensure that licensees only incur fees that are fiscally necessary.

IRRC asked for more detailed financial information, including fiscal documentation that would show that projected revenues meet or exceed projected expenses over a two-year period. The Board generally attaches to its proposed rulemaking a copy of BFO's financial report detailing the Board's financial status and fee report forms that provide a breakdown of costs for application fees. The Board inadvertently did not attach those documents to the proposed rulemaking. The Board apologizes for this oversight and has attached the fiscal documents to IRRC's Regulatory Analysis Form in this final-form rulemaking, and will make the documents available to the public on request.

Other Comments

Public comments were received that presented issues outside the scope of this rulemaking. While those comments have been reviewed, the Board will not provide substantive responses to those questions and comments. For example, one commenter asked the Board to consider changes in licensure requirements. Two other commenters complained about the time to process their licensure applications. Although the Board is not responding publicly to these concerns, the Board has responded to commenters who identified issues with the processing of their applications.

Comment Received after the Public Comment Period

The Board received one of the 36 public comments after the 30-day public comment period which was from an osteopathic physician. This commenter raised similar concerns outlined above regarding the Board's fee increase during COVID-19. This commenter also stated that the "membership" and patients should not be held liable for the Board's errors.

The Board's fee increase is not due to any error by the Board. As outlined above, the Board is statutorily obligated to increase fees by regulation when revenues raised by fees, fines and civil penalties under the act are insufficient to meet expenditures over a 2-year period. The Board meets this criterion and, therefore, is obligated to increase fees. Also, the Board is a state governmental board that has powers and duties as outlined in the act. Licensees are not members and do not pay membership fees, but rather, pay fees to apply for and renew licenses to pursue and continue practice in osteopathic medicine.

Description of Amendments to the Final-Form Rulemaking

In response to comments received as well as changed fiscal circumstances, due in part to COVID-19, the final-form rulemaking amends § 25.231 (relating to schedule of fees) to decrease the biennial renewal fees for osteopathic physicians from \$350 to \$330 in the November 1, 2020—October 31, 2022, biennial renewal period; from \$425 to \$420 in the November 1, 2022—October 31, 2024, biennial renewal period; and from \$475 to \$450 in the November 1, 2024—October 31, 2026, biennial renewal period.

Fiscal Impact and Paperwork Requirements

The amendments will increase application and biennial renewal fees. All applicants, licensees, registrants and certificate holders will be required to comply with the regulation. The fees may be paid by applicants, licensees, registrants, or certificate holders or may be paid by their employers, should their employers choose to pay these fees. The final-form regulation should have no other fiscal impact on the private sector, the general public or political subdivisions of the Commonwealth.

Approximately 2,600 applicants will be impacted annually by the increased application fees. Specifically, the number of applicants affected are as follows: 1,200 osteopathic physicians; 600 temporary or graduate trainees; 60 short-term camp physicians; 500 physician assistants; 51 supervising physicians; 13 acupuncturists and physician acupuncturists; 10 perfusionists; 5 perfusionists seeking reactivation; 1 temporary graduate perfusionist; 3 temporary provisional perfusionist; 80 athletic trainers; 50 respiratory therapists; 10 genetic counselors; 5 genetic counselors seeking reactivation; and 15 temporary provisional genetic counselors.

Based upon the graduated application fee increases, the total economic impact per fiscal year is as follows:

FY 20-21:	\$263,780
FY 21-22:	\$263,780
FY 22-23:	\$32,275
FY 23-24:	\$32,275
FY 24-25:	\$43,806
<u>FY 25-26:</u>	<u>\$43,806</u>
Total:	\$679,722

There are approximately 12,721 individuals who possess current licenses, registrations and certificates issued by the Board who will be required to pay more to renew their licenses,

registrations and certificates. Specifically, the number individuals affected are as follows: 9,009 osteopathic physicians, 2,603 physician assistants, 159 acupuncturists, 39 perfusionists, 326 athletic trainers, 560 respiratory therapists and 25 genetic counselors.

Based upon the above biennial renewal fee increases, the economic impact is as follows:

FY 20-21:	\$1,086,328
FY 22-23:	\$ 923,345
<u>FY 24-25:</u>	<u>\$ 288,830</u>
Total:	\$2,298,503

Thus, the total economic impact to applicants, licensees, registrants, certificate holders or employers, if employers choose to pay application or licensing fees, is \$2,977,218. This amount reflects the economic impact that will occur between FY 2020-2021 and FY 2025-2026.

This rulemaking will require the Board to revise its printed and online application forms. The amendments will not create additional paperwork for the regulated community or for the private sector.

Sunset Date

The Board continuously monitors the effectiveness of its regulations. Therefore, no sunset date has been assigned. Additionally, BFO provides the Board with an annual report detailing the Board's financial condition. In this way, the Board continuously monitors the adequacy of its fee schedule.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on February 21, 2020, the Board submitted a notice of proposed rulemaking to IRRC and the Chairpersons of the HPLC and SCP/PLC, published at 50 *Pa.B.* 1364 (March 7, 2020) for review and comment.

Under section 5(c) of the Regulatory Review Act, IRRC, the HPLC and the SCP/PLC were provided with copies of the comments received during the public comment period, as well as other documents when requested. In preparing the final-form rulemaking, the Board has considered all comments from the HPLC, IRRC and the public. The SCP/PLC did not submit comments.

Under section 5.1(g)(3) and (j.2) of the Regulatory Review Act (71 P.S. § 745.5a(g)(3) and (j.2)), on _____, 2020, the final-form rulemaking was deemed approved by the HPLC and the SCP/PLC. Under section 5.1(e) of the Regulatory Review Act, IRRC met on _____, 2020 and approved the final-form rulemaking.

Additional Information

Additional information may be obtained by writing to Aaron Hollinger, Board Administrator, State Board of Osteopathic Medicine, P.O. Box 2649, Harrisburg, PA 17105-2649, ST-OSTEOPATHIC@pa.gov.

Findings

The State Board of Osteopathic Medicine finds that:

- (1) Public notice of intention to adopt a regulation at 49 Pa. Code, Chapter 25, was given under sections 201 and 202 of the Act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§ 1201-1202) and the regulations promulgated under those sections at 1 Pa. Code §§ 7.1-7.2.
- (2) A public comment period was provided as required by law and all comments were considered in drafting this final-form rulemaking.
- (3) The amendments to this final-form rulemaking do not enlarge the original purpose for the proposed regulation published at 50 *Pa.B.* 1364 (March 7, 2020)
- (4) These amendments to the regulations of the State Board of Osteopathic Medicine are necessary and appropriate for the regulation of the practice of osteopathic medicine in the Commonwealth.

Order

The Board therefore ORDERS that:

- (A) The regulations of the State Board of Osteopathic Medicine, 49 Pa. Code, Chapter 25, are amended to read as set forth in Annex A.
- (B) The Board shall submit a copy of the final-form regulation to the Office of the Attorney General and the Office of General Counsel for approval as required by law.
- (C) The Board shall submit the final-form regulation to IRRC, the HPLC and the SCP/PLC as required by law.

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- (D) The Board shall certify the final-form regulation and shall deposit it with the Legislative Reference Bureau as required by law.
- (E) The regulation shall take effect immediately upon publication in the *Pennsylvania Bulletin*.

RANDY G. LITMAN, DO
Chairperson
State Board of Osteopathic Medicine

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 25. STATE BOARD OF OSTEOPATHIC MEDICINE

Subchapter F. FEES

§ 25.231. Schedule of fees.

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

Application for unrestricted license to practice as osteopathic physician—original, reciprocal, boundary or by endorsement.....	\$45
Application for short-term camp license as osteopathic physician.....	\$30
Temporary training license or graduate training certificate.....	\$30
Annual renewal of temporary training license or graduate training certificate	\$25
Application for physician assistant license.....	\$30
Application for supervising physician.....	\$95
Uncertified verification of any license, certification or permit.....	\$15
Certification of any licenses, certifications, examination grades or hours.....	\$25
Application for athletic trainer license.....	\$20
Biennial renewal—athletic trainer.....	\$37

Biennial renewal—physicians.....	\$220
Biennial renewal—physician assistants.....	\$10
Penalty for late biennial renewal—per month or part of month.....	\$5
Duplicate license or certificate.....	\$5
Application for radiology examinations.....	\$25
Application for acupuncturist registration.....	\$30
Biennial renewal—acupuncturists.....	\$25
Application for acupuncturist supervisor registration	\$30
Application for perfusionist license.....	\$50
Biennial renewal of perfusionist license.....	\$50
Application for reactivation of perfusionist license.....	\$50
Application for temporary graduate perfusionist license.....	\$50
Application for temporary provisional perfusionist license.....	\$40
Application for genetic counselor license.....	\$50
Application for noncertified genetic counselor license.....	\$100
Application for reactivation of genetic counselor license.....	\$50
Application for temporary provisional genetic counselor license.....	\$50
Biennial renewal—genetic counselors.....	\$75]

(a) An applicant for a license, certificate, registration or service shall pay the following fees at the time of application: (Editor’s Note: The blank in the first column of effective dates refers to the date of publication of the final-form rulemaking in the Pennsylvania Bulletin).

	<u>Effective</u>	<u>Effective</u> <u>July 1, 2022</u>	<u>Effective</u> <u>July 1, 2024</u>
<u>(1) Osteopathic Physician</u>			
<u>Application for unrestricted license to practice as an osteopathic physician - original, reciprocal, boundary or by endorsement</u>	<u>\$170</u>	<u>\$185</u>	<u>\$205</u>
<u>Application for short-term camp license as an osteopathic physician</u>	<u>\$100</u>	<u>\$110</u>	<u>\$120</u>
<u>Temporary training license or graduate training certificate</u>	<u>\$115</u>	<u>\$125</u>	<u>\$140</u>
<u>Annual renewal of temporary training license or graduate training certificate</u>	<u>\$25</u>	<u>\$25</u>	<u>\$25</u>
<u>(2) Physician Assistant</u>			
<u>Application for physician assistant license</u>	<u>\$115</u>	<u>\$125</u>	<u>\$140</u>
<u>Application for supervising physician</u>	<u>\$145</u>	<u>\$160</u>	<u>\$175</u>
<u>(3) Acupuncturist</u>			
<u>Application for acupuncturist registration</u>	<u>\$100</u>	<u>\$110</u>	<u>\$120</u>
<u>Application for physician acupuncturist</u>	<u>\$100</u>	<u>\$110</u>	<u>\$120</u>
<u>Application for supervisor acupuncturist registration</u>	<u>\$30</u>	<u>\$30</u>	<u>\$30</u>

(4) Respiratory
 Therapist

<u>Temporary permit</u>	<u>\$30</u>	<u>\$30</u>	<u>\$30</u>
<u>Initial license application</u>	<u>\$100</u>	<u>\$110</u>	<u>\$120</u>
<u>Licensure examination</u>	<u>\$100</u>	<u>\$100</u>	<u>\$100</u>
<u>Reexamination</u>	<u>\$60</u>	<u>\$60</u>	<u>\$60</u>

(5) Athletic
 Trainer

<u>Application for license</u>	<u>\$100</u>	<u>\$110</u>	<u>\$120</u>
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(6) Perfusionist

<u>Application for perfusionist license</u>	<u>\$120</u>	<u>\$130</u>	<u>\$145</u>
<u>Application for reactivation of license</u>	<u>\$105</u>	<u>\$115</u>	<u>\$125</u>
<u>Application for temporary graduate license</u>	<u>\$120</u>	<u>\$130</u>	<u>\$145</u>
<u>Application for temporary provisional license</u>	<u>\$80</u>	<u>\$88</u>	<u>\$95</u>

(7) Genetic
 Counselor

<u>Application for license</u>	<u>\$120</u>	<u>\$130</u>	<u>\$145</u>
<u>Application for reactivation of license</u>	<u>\$105</u>	<u>\$115</u>	<u>\$125</u>
<u>Application for temporary provisional license</u>	<u>\$90</u>	<u>\$100</u>	<u>\$105</u>

(8) Miscellaneous

<u>Penalty for late biennial renewal - per month or part of month</u>	<u>\$5</u>	<u>\$5</u>	<u>\$5</u>
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<u>Uncertified verification of any license, certification or permit</u>	<u>\$15</u>	<u>\$15</u>	<u>\$15</u>
<u>Certification of any licenses, certifications, examination grades or hours</u>	<u>\$25</u>	<u>\$25</u>	<u>\$25</u>
<u>Duplicate license or certificate</u>	<u>\$5</u>	<u>\$5</u>	<u>\$5</u>
<u>Application for radiology examinations</u>	<u>\$25</u>	<u>\$25</u>	<u>\$25</u>

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

	<u>November 1, 2020 - October 31, 2022 Biennial Renewal Fee</u>	<u>November 1, 2022 - October 31, 2024 Biennial Renewal Fee</u>	<u>November 1, 2024 - October 31, 2026 Biennial Renewal Fee and thereafter</u>
<u>(1) Osteopathic Physician</u>			
<u>Biennial renewal</u>	\$350 \$330	\$425 \$420	\$475 \$450
<u>(2) Physician Assistant</u>			
<u>Biennial renewal</u>	\$40	\$75	\$80
<u>(3) Acupuncturist</u>			
<u>Biennial renewal</u>	\$40	\$75	\$80
<u>Biennial renewal - physician acupuncturist</u>	\$40	\$75	\$80

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

Subchapter K. Respiratory Therapists

§ 25.503. [Fees.] (Reserved).

[The following is the schedule of fees charged by the Board:

- (1) Temporary permit.....\$30
- (2) Initial license application.....\$30
- (3) Licensure examination.....\$100
- (4) Reexamination.....\$60
- (5) Biennial renewal of licensure.....\$25]



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE

Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-4858

June 15, 2020

The Honorable George D. Bedwick, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Final Regulation
State Board of Osteopathic Medicine
16A-5334: Fees

Dear Chairman Bedwick:

Enclosed is a copy of a final rulemaking package of the State Board of Osteopathic Medicine pertaining to fees.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in black ink that reads "Randy G. Litman" followed by a stylized flourish.

Randy G. Litman, D.O., Chairperson
State Board of Osteopathic Medicine

KJS:bmz
Enclosure

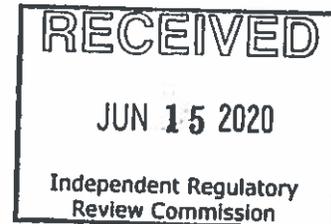
cc: K. Kalonji Johnson, Acting Commissioner of Professional and Occupational Affairs
Sari Stevens, Executive Deputy Secretary, Department of State
Marc Farrell, Deputy Director of Policy, Department of State
Cynthia Montgomery, Deputy Chief Counsel, Department of State
Kenneth J. Suter, Counsel, State Board of Osteopathic Medicine
Jacqueline A. Wolfgang, Regulatory Unit Counsel, Department of State
State Board of Osteopathic Medicine

Stephen Hoffman

From: Montgomery, Cynthia <cymontgome@pa.gov>
Sent: Monday, June 15, 2020 1:57 PM
To: Zappasodi, Brittany
Subject: FW: [External] RE: Confirmation of delivery of 16A-5334 - State Board of Osteopathic Medicine - Final-Form rulemaking related to Fees

Here is the confirmation from the LRB.

Cynthia K. Montgomery | Deputy Chief Counsel
Department of State | Office of Chief Counsel
Commonwealth of Pennsylvania
P.O. Box 69523 | Harrisburg, PA 17106-9523
Phone: 717.783.7200 | Fax: 717.787.0251



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Protecting public health and safety.

Preserving the integrity of every vote.

Promoting business excellence.

From: Leah Brown <lbrown@palrb.us>
Sent: Monday, June 15, 2020 1:56 PM
To: Montgomery, Cynthia <cymontgome@pa.gov>
Subject: [External] RE: Confirmation of delivery of 16A-5334 - State Board of Osteopathic Medicine - Final-Form rulemaking related to Fees

ATTENTION: This email message is from an external sender. Do not open links or attachments from unknown sources. To report suspicious email, forward the message as an attachment to CWOPA_SPAM@pa.gov.

Good afternoon Cynthia!

The pdfs were received and have been forwarded to the Committees for their review. Will you send us the word files once IRRC has approved this?

From: Montgomery, Cynthia <cymontgome@pa.gov>
Sent: Monday, June 15, 2020 1:54 PM
To: Leah Brown <lbrown@palrb.us>
Subject: Confirmation of delivery of 16A-5334 - State Board of Osteopathic Medicine - Final-Form rulemaking related to Fees

Leah –

We are trying to effectuate an electronic delivery of this rulemaking and wanted to confirm the LRB received it and that it didn't go into a spam or junk folder.

Cynthia K. Montgomery | Deputy Chief Counsel
Department of State | Office of Chief Counsel
Commonwealth of Pennsylvania
P.O. Box 69523 | Harrisburg, PA 17106-9523
Phone: 717.783.7200 | Fax: 717.787.0251

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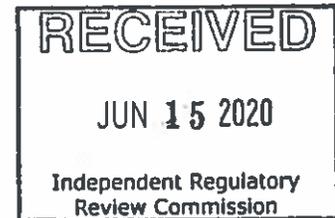
Promoting business excellence.

Stephen Hoffman

From: Montgomery, Cynthia <cymontgome@pa.gov>
Sent: Monday, June 15, 2020 1:59 PM
To: Zappasodi, Brittany
Subject: FW: Trying to deliver a final regulation electronically

FYI.

Cynthia K. Montgomery | Deputy Chief Counsel
Department of State | Office of Chief Counsel
Commonwealth of Pennsylvania
P.O. Box 69523 | Harrisburg, PA 17106-9523
Phone: 717.783.7200 | Fax: 717.787.0251



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From: Wills IV, Victor <vicwills@pa.gov>
Sent: Monday, June 15, 2020 1:58 PM
To: Montgomery, Cynthia <cymontgome@pa.gov>
Subject: RE: Trying to deliver a final regulation electronically

They both confirmed receipt.

Victor

From: Montgomery, Cynthia <cymontgome@pa.gov>
Sent: Monday, June 15, 2020 1:48 PM
To: Wills IV, Victor <vicwills@pa.gov>
Subject: Trying to deliver a final regulation electronically

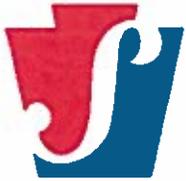
Can you contact Jen Smelz and Marlene Wilson and ask them to confirm receipt of the delivery of the Osteo Board's final-form rulemaking today? We have confirmation from the two other Exec Directors.

Cynthia K. Montgomery | Deputy Chief Counsel
Department of State | Office of Chief Counsel
Commonwealth of Pennsylvania

P.O. Box 69523 | Harrisburg, PA 17106-9523
Phone: 717.783.7200 | Fax: 717.787.0251

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Stephen Hoffman

From: Livingston, Jerry <Jerry.Livingston@pasenate.com>
Sent: Monday, June 15, 2020 9:43 AM
To: Zappasodi, Brittany
Subject: RE: Regulation Delivery 16A-5334

Received for the office of Senator Lisa Boscola.

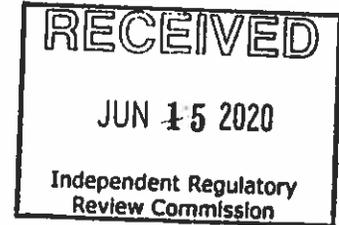
-JJ

J.J. Livingston

**Executive Director
Senate Consumer Protection & Professional Licensure Committee**

Tmp. Cell (717) 480-0108

**Office of State Senator Lisa M. Boscola
458 Main Capitol Building
Jerry.Livingston@pasenate.com**



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From: Zappasodi, Brittany <bzappasodi@pa.gov>
Sent: Monday, June 15, 2020 8:34 AM
To: Bulletin <bulletin@palrb.us>
Cc: Livingston, Jerry <Jerry.Livingston@pasenate.com>; jmsmeltz@pasen.gov; MWilson@pahouse.net; nsidle@pahousegop.com; tblauch@pasen.gov
Subject: [WARNING: ATTACHMENT UNSCANNED]Regulation Delivery 16A-5334
Importance: High

■ EXTERNAL EMAIL ■

Pursuant to SR 318 and pursuant to the letter from House Parliamentarian dated March 25, 2020, authorizing the Legislative Reference Bureau to transmit regulations to the appropriate committees for consideration, we are submitting Final Rulemaking of the State Board of Osteopathic Medicine – Fees (#16A-5334) to the House Professional Licensure Committee and the Senate Consumer Protection and Professional Licensure Committee.

Please provide written (email) confirmation that this rulemaking was received by each of the offices of the respective Committee chairs.

Brittany Zappasodi | Legal Assistant
Department of State | Counsel Division Legal Office
2601 North Third Street, P.O. Box 69523
Harrisburg, PA 17106-9523
Phone: 717.783.7200 | Fax: 717.787-0251
www.dos.pa.gov

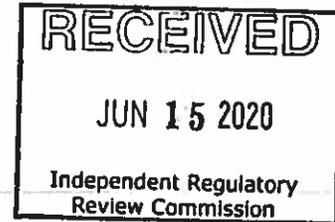
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Stephen Hoffman

From: Nicole Sidle <Nsidle@pahousegop.com>
Sent: Monday, June 15, 2020 10:30 AM
To: Zappasodi, Brittany; Bulletin
Cc: jerry.livingston@pasenate.com; jmsmeltz@pasen.gov; MWilson@pahouse.net; tblauch@pasen.gov
Subject: RE: Regulation Delivery 16A-5334



Received.

From: Zappasodi, Brittany <bzappasodi@pa.gov>
Sent: Monday, June 15, 2020 8:34 AM
To: Bulletin <bulletin@palrb.us>
Cc: jerry.livingston@pasenate.com; jmsmeltz@pasen.gov; MWilson@pahouse.net; Nicole Sidle <Nsidle@pahousegop.com>; tblauch@pasen.gov
Subject: Regulation Delivery 16A-5334
Importance: High

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Please provide written (email) confirmation that this rulemaking was received by each of the offices of the respective Committee chairs.

Brittany Zappasodi | *Legal Assistant*
Department of State | Counsel Division Legal Office
2601 North Third Street, P.O. Box 69523
Harrisburg, PA 17106-9523
Phone: 717.783.7200 | Fax: 717.787-0251
www.dos.pa.gov

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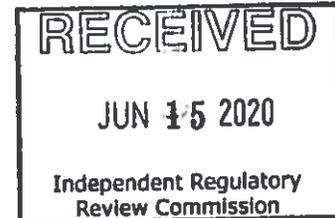
Stephen Hoffman

From: Wilson, Marlene <MWilson@pahouse.net>
Sent: Monday, June 15, 2020 1:56 PM
To: Zappasodi, Brittany
Subject: RE: Regulation Delivery 16A-5334

Received. Thank you.



*Marlene Wilson, Esquire
Senior Committee Executive Director
House Professional Licensure Committee
Rep. Harry Readshaw, Chairman
107 Truis Office Building
P.O. Box 202036
Harrisburg, PA 17120-2036
Phone: (717) 787-4032
Internal Phone: 6253
Cell: (717) 645-9967
Fax: (717) 772-9862
Email - mwilson@pahouse.net*



From: Zappasodi, Brittany <bzappasodi@pa.gov>
Sent: Monday, June 15, 2020 8:34 AM
To: Bulletin <bulletin@palrb.us>
Cc: jerry.livingston@pasenate.com; jmsmeltz@pasen.gov; Wilson, Marlene <MWilson@pahouse.net>;
nsidle@pahousegop.com; tblauch@pasen.gov
Subject: Regulation Delivery 16A-5334
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Department of State | Counsel Division Legal Office
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