

# WYOMING BOARD OF MEDICINE

## RULES AND REGULATIONS AS-ADOPTED

April 16, 2011

New language appears in underscore; deletions appear in ~~strikethrough~~

### RULES, Ch. 1, § 3. **Definitions.**

The definitions contained in W.S. 33-26-102 and those contained in the APA are incorporated herein by this reference. In addition, the following definitions apply to this chapter:

- (a) “Act” means the Wyoming Medical Practice Act, W.S. 33-26-101 *et seq.*
- (b) “A.O.A” means the American Osteopathic Association;
- (c) “Applicant” means a person who has fully completed and submitted an application to the board.
- (d) “Application” means a written submission to the board on a form approved by the board, and any accompanying documents.
- (e) “Attending Physician” means a physician licensed by the Board who has established a physician/patient relationship as described in Chapter 1, Section 3(m) below;
- (f) “Consults” means an ongoing, documented consultative relationship including at least one Wyoming licensed, attending physician.
- (g) Deleted.
- (h) “Health care entity” means any hospital, clinic, training program, professional society or committee of physicians or other licensed health care practitioners that follows a peer review process for the purpose of furthering quality health care;
- (i) “Impaired” means a person who is unable to practice medicine with reasonable skill and safety to patients by reason of one or more of the following:
  - (i) Medical or professional incompetence;
  - (ii) Mental illness;
  - (iii) Physical illness, including but not limited to deterioration through the aging process or loss of motor skills;
  - (iv) Chemical, alcohol or substance impairment.

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“CLEAN” VERSION

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  - (iv) Chemical, alcohol or substance impairment.

(j) “Licensure interview” means an interview before a panel of not fewer than three (3) members of the board with an applicant who meets one or more of the criteria set forth in Chapter 1, Section 5(b)(iv) of these Rules.

(k) “Interview date” means the day designated by the board for the licensure interview.

(l) “Lapsed” means the status of a license when the licensee fails to renew the license by the date and time set forth in Chapter 1, Section 10 of these Rules or when the holder of a temporary license fails to appear for an interview at the next board meeting following the date of issuance or fails to submit a written request for extension of a temporary license or when a written request for extension is not approved by the board. A lapsed license may be reactivated pursuant to Chapter 1, Section 12 of these Rules, as applicable. A lapsed license is not subject to reinstatement pursuant to W.S. 33-26-406.

(m) “Physician/patient relationship” means a relationship between a physician and any person to whom the physician provides any services or exhibits any conduct that falls within the definition of “practicing medicine” set forth below.

(n) “Practicing medicine” means any person who in any manner:

(i) Advertises, holds out or represents to the public that he is authorized to practice medicine in this state;

(ii) Offers or undertakes to prevent, diagnose, correct or treat, in any manner, by any means, method or device, including, but not limited to, the internet or other electronic or telephonic means any human disease, illness, pain, wound, fracture, infirmity, defect or abnormal physical or mental condition, injury, deformity or ailment, including the management of pregnancy and parturition;

(iii) Attaches the title of M.D., D.O., physician, surgeon, osteopathic physician or osteopathic surgeon, doctor, or any other words, letters or abbreviations or any combination thereof when used in the conduct of any occupation or profession pertaining to the prevention, diagnosis or treatment of human disease or condition unless the designation additionally contains the description of another branch of the healing arts for which one holds a valid license in this state;

(iv) Practices osteopathy;

(v) Offers or undertakes to prescribe, orders, give or administer drugs which can only be obtained by prescription according to law;

(vi) Renders a determination of medical necessity or appropriateness of proposed treatment; or

(vii) Operates or delegates the responsibility to operate a medical device

classified as a Class II or Class III medical device by the U.S. Food and Drug Administration unless operation or authorization for operation occurs in a site under the supervision of a person licensed under this chapter.

(vii) “Practicing medicine” does not apply to:

(A) Licensed health care providers rendering medical assistance without compensation during an emergency, including, but not limited to, physician assistants who may render aid at the scene of an emergency without physician supervision;

(B) Medical students trained in an L.C.M.E. or A.O.A. accredited or board approved school of medicine, or who are E.C.F.M.G. certified, serving as clinical clerks, residents, fellows or interns under the supervision of a physician licensed in this state;

(C) Commissioned medical officers of the United States armed services and medical officers of the United States public health services or the veterans’ administration of the United States in the discharge of their official duties or within federally controlled facilities or enclaves, provided that such persons who are licensees of the board shall be subject to the provisions of the act and further provided that all such persons shall be the holder of a full and unrestricted license to practice medicine in one or more jurisdictions in the United States;

(D) Any individual residing in and licensed to practice medicine in another state or country called into this state for consultation by a physician licensed to practice medicine in this state;

(E) Any individual licensed to practice medicine in another state that comes to this state to remove human organs from brain dead persons;

(F) The treatment of disease, injury, deformity or ailments by prayer or spiritual means provided that federal and state health and sanitation laws, rules and regulations are not violated;

(G) The gratuitous domestic administration of family remedies;

(H) Health care providers licensed under any other-chapter of this title engaged in the practice of the profession for which he is licensed;

(o) “Reactivation” means the procedures set forth in Chapter 1, Sections 11 and 12 of these Rules to restore an emeritus, inactive or lapsed license to active status;

(p) “Sexual misconduct” means:

(i) Any behavior by a licensee, which involves offers of exchange of medical services for some form of sexual gratification;

(ii) Sexual contact that occurs concurrent with the physician-patient relationship; or

(iii) Any behavior by a licensee toward a patient, former patient, another licensee, an employee of a health care facility, an employee of the licensee or a relative or guardian of a patient that exploits the position of trust, knowledge, emotions or influence of the licensee.

(q) “Active practice of medicine” means the practice of medicine and provision of clinical care for an average of not less than twenty (20) hours per week in any consecutive twelve (12) month period.

(r) “Board” means the board of medicine of the state of Wyoming and its duly authorized agents, representatives and employees.

(s) “Board officers” means the president, vice president and secretary of the board of medicine.

(t) “COMLEX” means the comprehensive osteopathic medical licensing examination, or any other licensing examination, administered by the national board of osteopathic medical examiners.

(u) “E.C.F.M.G.” means the educational commission for foreign medical graduates.

(v) “Clean application” means that the physician applicant has none of the following:

(i) Professional liability insurance settlement(s) or payment(s) in excess of \$50,000 individually or \$100,000 in the aggregate;

(ii) Criminal record;

(iii) Medical condition(s) which could affect the physician’s ability to practice safely;

(iv) Licensing or regulatory board complaint(s), investigation(s), or action(s) (including withdrawal of a licensure application);

(v) Adverse action taken by a health care entity;

(vi) Investigation(s) or action(s) taken by a federal agency, the United States military, medical society or association; or,

(vii) Suspension or expulsion from, or disciplinary action in, any academic program, including medical school, residency program or fellowship program.

(w) “Core application documents” means the following:

- (i) The required application form(s) and appropriate fee(s);
- (ii) Form and supporting document(s) demonstrating proof of legal presence in the U.S. pursuant to 8 U.S.C. § 1601, *et seq.*;
- (iii) Federation of State Medical Boards (FSMB) Board Action Databank report; and,
- (iv) National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports.
- (x) Reserved.
- (y) “R.C.P.S.C.” means the Royal College of Physicians and Surgeons of Canada.

RULES, Ch. 1, § 4. **Eligibility for licensure.**

(a) General requirements.

(i) Form. To be eligible for consideration for licensure, an applicant shall submit an application on the form or forms supplied or approved in advance by the board.

(ii) Payment of fee. Any application, to be eligible for consideration, shall be accompanied by the required fee in immediately negotiable funds.

(iii) Completeness. For an application to be considered complete, all documents, reports and related materials must be received in the board’s office and meet all requirements set forth in the Act and the rules adopted by the board.

(iv) References. References shall be submitted on a form approved, and contain information as specified, by the board.

(A) Three (3) original references from physicians are required including at least two (2) from physicians with whom the applicant has practiced medicine within the past three (3) years. In exceptional circumstances the board may waive one (1) or more of the required reference letters. References from physicians with whom the applicant has a current or prospective financial, business or family relationship are not acceptable.

(B) All references shall be on a form prescribed by the board, dated within six (6) months of the application date and signed by the referring physician.

(C) If a submitted reference is incomplete or otherwise fails to provide sufficient information about the applicant, an applicant may be required to submit one or more references in addition to those required in subparagraph (A).

(v) Time of submission. An application, to be considered, shall be complete in all respects no later than fifteen (15) business days prior to the licensure interview date, should

a licensure interview by required by these rules.

(vi) Notification of ineligibility. The board shall issue a written notice of ineligibility to any applicant who does not meet the eligibility requirements, or has otherwise failed to submit an application which meets the requirements, of the act or these rules.

(vii) Applications shall remain on active status for six (6) calendar months from the date the application document is received in the board office. The applicant is eligible for a licensure interview with the board, if one is required by these rules, at any time within the six (6) month period following the date the application is complete pursuant to Ch. 1, Section 4(a)(iii) of these rules.

(viii) Proof of legal presence. Pursuant to 8 U.S.C. 1621, any applicant for licensure as a physician or physician assistant shall verify his or her lawful presence in the United States on a form approved or prescribed by the board.

(ix) Social Security number. Any applicant for licensure or renewal of licensure as a physician or physician assistant shall, pursuant to W.S. 33-1-114, provide his or her Social Security number as part of any application for licensure.

(b) Statutory requirements. To be eligible for consideration for licensure, an applicant shall demonstrate in his or her application that he or she meets each and all of the requirements of the act including, but not limited to, those requirements set forth in W.S. 33-26-303, and these rules.

(c) Credentials service required. An applicant who graduated from a school of medicine not accredited by the LCME or AOA shall apply only through the Federation of State Medical Boards Credentials Verification Service (FCVS) and supply additional information as requested by the Board. All applicants whose applications are received by the Board on or after October 1, 2009, shall apply only through the Federation of State Medical Boards Credentials Verification Service and supply additional information as requested by the Board.

(d) A person who has pled guilty or nolo contendere to or has been convicted of a felony or any crime that is a felony under Wyoming law in any state or federal court or in any court of similar jurisdiction in another country may apply for licensure, however, the board may deny licensure based solely upon such plea or conviction.

(e) No exemption from licensure for out-of-state physicians. Any physician rendering medical diagnosis and/or treatment to a person physically present in this state must have a license issued by the board when such diagnosis/treatment is rendered, regardless of the physician's location and regardless of the means by which such diagnosis/treatment is rendered. This requirement shall not apply to an out-of-state physician who consults by telephone, electronic or any other means with an attending physician licensed by this board or to an out-of-state physician who is specifically exempt from licensure pursuant to W.S. 33-26-103.

(f) A person whose medical license has been revoked, suspended, restricted, had

conditions placed on it or been voluntarily or involuntarily relinquished or surrendered, by or to another state medical or licensing board, or has a disciplinary action pending before another state medical or licensed board, may apply for licensure provided, however, the board may deny licensure based upon the revocation, suspension, restrictions, conditions, relinquishment, surrender of license or pending disciplinary action alone.

(g) A person whose clinical privileges at a health care facility have been revoked, suspended, restricted, had conditions placed upon them or been voluntarily or involuntarily resigned, or against whom a clinical privilege action is pending at a health care facility, may apply for licensure provided, however, the board may deny licensure based upon the revocation, suspension, restrictions, conditions, resignation of privileges or pending clinical privilege action alone.

(h) All applicants for licensure whose applications are received on or after July 1, 2009, and who have taken the USMLE or COMLEX, shall have completed all three parts of the examination in a period of not more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program), and shall have taken the three parts of the examination a total of not more than seven times. Persons who have taken the three parts of the examination more than a total of seven times or who have taken more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program) to pass all three parts of the examination shall not be eligible for licensure unless and until they successfully complete either one (1) year of post graduate training in addition to that required in W.S. 33-26-303(a)(iv), or one (1) or more other comprehensive and suitably-rigorous assessment, training and evaluation programs after passage of all parts of the examination.

(i) Reserved.

(j) Postgraduate (Residency) Training. All applicants for licensure other than a training license must demonstrate one (1) or more of the following:

(A) Successful completion of not less than two (2) years of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program; or,

(B) Successful completion of not less than one (1) year of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program and:

(1) Current certification by a medical specialty board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists and Boards of Certification; or

(2) Continuous full and unrestricted medical licensure in good standing in one or more states and/or the District of Columbia for the preceding five (5) years.

RULES, Ch. 1, § 5. **Licensure.** Pursuant to statute, the board may issue the following:

(a) Licenses to practice medicine.



- (i) A license to practice medicine, subject to annual renewal.
- (ii) A temporary license to practice medicine pursuant to W.S. 33-26-304(a).
- (iii) A restricted or conditional license to practice medicine.

(iv) An inactive license. Inactive licenses are available for Wyoming residents who do not intend to practice medicine, write prescriptions or engage in clinical activity. The Board may grant an inactive license to practice medicine if, in addition to meeting all eligibility requirements of W.S. 33-26-303, the applicant files a verified affidavit with the board attesting that: (1) he/she shall not see patients or perform procedures in a clinical or office setting for any type of remuneration, (2) he/she shall not in any way hold himself/herself out as actively engaged in the active practice of medicine, and (3) he/she shall submit written confirmation to the board on an annual basis confirming that such inactive status is ongoing. An inactive license exempts the licensee from continuing medical education requirements described in Chapter 3, Sec. 7 of these rules. A holder of an inactive license may not prescribe medications. Licensees claiming inactive status who receive remuneration for providing clinical services, or who prescribe any medication, may be subject to discipline pursuant to W.S. 33-26-402(a)(xxvii).

(v) An emeritus license. Emeritus licenses are available for retired physicians who hold a current Wyoming license to practice medicine, reside in Wyoming, and wish to provide clinical care in Wyoming without remuneration. Such license may issue to an applicant who provides proof that he/she is retired from the active practice of medicine, provides proof that he/she has maintained a license in good standing in Wyoming or another jurisdiction of the United States or Canada for a period of not less than ten (10) years prior to applying for the emeritus license, and signs a notarized statement he/she will not accept any form of remuneration for medical services rendered in Wyoming while in the possession of an emeritus license. As part of the application process, an applicant for an emeritus medical license who does not hold a current Wyoming license shall complete all requirements for issuance of a Wyoming medical license set forth in W.S. 33-26-303. If a licensure interview is required pursuant to subsection (b) of this rule, such interview may be conducted by one (1) board member and, if deemed appropriate by the board officers, may be conducted by telephonic means.

(A) Physicians possessing an emeritus medical license shall:

(I) Annually sign an affidavit affirming that their medical practice continues to be without remuneration; and

(II) Even though physicians holding an emeritus license are not engaged in active clinical practice, the Board expects that they will engage in life-long learning activities to maintain a base of medical knowledge and skills. Therefore, the requirements for continuing medical education noted in Ch. 3, sec. 7 of these rules apply to emeritus licenses. Continuing medical education may also be satisfied by documented emeritus clinical service in a non-profit health care facility, such clinical service to be credited at one (1) hour of continuing medical education credit for every five (5) hours of clinical service, up to a maximum of ten (10)

hours of continuing medical education credit per calendar year.

(B) The board shall require no fees for the application for, or renewal of, an emeritus medical license.

(vi) Training license. A medical training license issued pursuant to W.S. 33-26-304(c) to an applicant who meets all of the requirements of such statute and these rules.

(A) First-year training license (“T-1”). An applicant who is in the first year of enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state may be issued a first-year training license (“T-1” license). The holder of a T-1 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e. “moonlight”). The holder of a T-1 license may not independently prescribe any legend drugs or medications, and may only prescribe legend drugs or medications with the co-signature of a physician holding an active license in good standing in this state. The prohibition on prescribing does not apply to orders written under the supervision of a licensed attending physician for patients receiving inpatient care. The T-1 license expires on June 30<sup>th</sup> of each year, and may not be renewed.

(B) Second-year training license (“T-2”). An applicant who has successfully completed not less than one (1) year in an A.C.G.M.E. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident may be issued a second-year training license (“T-2” license). The holder of a T-2 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e., “moonlight”) except as specified in paragraph (H) below. The holder of a T-2 license may independently prescribe legend drugs and medications, subject to all applicable laws and regulations. The T-2 license expires on June 30<sup>th</sup> of each year, and may be renewed only one (1) time upon applicant’s successful completion of the second year of the residency program. If the applicant meets all requirements for issuance of a regular medical license under W.S. 33-26-301(b)(i) and W.S. 33-26-303, the T-2 license may not be renewed.

(C) To qualify for a training license (T-1 or T-2), an applicant must submit the following:

I. Evidence that the applicant has graduated from a school of medicine accredited by the L.C.M.E., a school of osteopathy accredited by the A.O.A., or a Canadian-accredited school of medicine, or that the applicant has been certified by the E.C.F.M.G.;

II. Evidence that the applicant has passed steps one (1) and two (2) of the U.S.M.L.E. or the COMLEX with a two-digit score of not less than 75 on each part;

III. A copy of the applicant’s signed contract then in force with an A.C.G.M.E., or A.O.A. accredited residency program located in this state (copy of the

contract must be submitted with the application);

IV. A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

V. A completed application on a form provided or approved by the Board; and,

VI. The requisite fee(s) in accordance with this chapter.

(D) Applicants for a second-year (T-2) training license shall be subject to these additional requirements:

I. The applicant will use the Federation Credentials Verification Service and have his or her packet submitted to the board at the applicant's expense;

II. The board shall query the National Practitioner Data Bank, Healthcare Integrity and Protection Data Bank, and Federation of State Medical Boards' board action data bank regarding the applicant; and,

III. The applicant will submit documentation that he or she has successfully completed not less than one (1) year in an A.C.G.M.E. or A.O.A. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident.

(E) When the application for a training license is complete, the Board's executive director shall review the application, and may take the following action:

I. Issue the training license; or

II. Refer the application to the board officers for review. The board officers may issue the training license, issue the training license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for the training license. If the board officers deny the training license, the applicant may appeal that decision to the full board, which shall review the application *de novo*, and which may require the applicant and/or the director of the residency program to appear for an interview. The board may issue the training license, issue the training license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for a training license. If the board denies the application, it shall issue an order to that effect, which shall be appealable to the district court pursuant to the Act and these RULES AND REGULATIONS.

(F) Renewal of T-2 license. To renew a T-2 license, the applicant must provide documentation of the following:

I. Successful completion of the second year of an A.C.G.M.E. or A.O.A. accredited residency program;

II. A copy of the applicant's signed contract then in force with an A.C.G.M.E. or A.O.A. accredited residency program located in this state (copy of the contract must be submitted with the renewal application);

III. A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

IV. A completed renewal application on a form provided or approved by the Board; and,

V. The requisite fee(s) in accordance with this chapter.

(G) Automatic termination of training license. Issuance of a training license is subject to the applicant's current enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state. If for any reason the holder of a training license resigns or is dismissed from, or otherwise is no longer currently enrolled in, an A.C.G.M.E. or A.O.A. accredited residency program located in this state, the training license shall immediately expire and be deemed automatically terminated without additional action by the Board.

(H) A holder of a T-2 license may practice medicine outside of the duties assigned as part of the residency program in which he or she is enrolled (i.e., "moonlight") only if these following conditions are met:

I. The holder of the T-2 license has passed Step 3 of the USMLE or COMLEX with a two-digit score of not less than 75;

II. The holder of the T-2 license receives advance written approval from the residency program director for his or her proposed "moonlighting"; and,

III. The residency program director notifies the Board in advance and in writing of the approved "moonlighting" arrangement.

(vi) Volunteer license. The board may issue a license to a physician who is in good standing in at least one (1) jurisdiction other than the state of Wyoming for the purpose of providing medical treatment as a volunteer, without compensation. An applicant for a volunteer license must complete and submit a form and documentation prescribed by the board, meet the requirements of W.S. 33-26-303, agree to comply with the Act and these rules, agree to be subject to the jurisdiction of the board, provide proof of licensure in good standing in at least one (1) jurisdiction other than the state of Wyoming, and pay the fee set by the board. A licensure interview is not required for issuance of a volunteer license. A volunteer license shall be valid for not more than twenty-one (21) consecutive days in any calendar year, and may not be renewed.

(vii) Administrative medicine license. The board may issue an administrative medicine license to a physician who meets all qualifications for licensure in the state, including payment of a fee set by the board, but who does not intend to provide medical or clinical services

to or for patients while in possession of an administrative medicine license and signs a notarized statement to that effect. An administrative medicine license is subject to annual renewal.

(b) Licensure Application Processing, Review and Interviews.

(i) When an applicant's core application documents have been received by the Board and are deemed to be satisfactory, the executive director or his designee will review the application and supporting materials to determine whether a licensure interview of the applicant will be required pursuant to this rule. If the executive director or his designee determines that the applicant will not, in all likelihood, be required to have a licensure interview pursuant to this chapter, the applicant has been continually licensed in good standing (not including training licenses) for the preceding three (3) years in one or more states and/or the District of Columbia; and the applicant has a clean application as defined in this chapter, the executive director may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules, including the requirement for a complete application set forth therein.

(ii) If an applicant is not issued a temporary license pursuant to paragraph (b)(i) of this rule, when the application is deemed complete pursuant to Section 4 of this chapter, the executive director or his designee shall review the application and supporting materials to determine whether a licensure interview of the applicant will be required pursuant to this rule. If the executive director or his designee determines that the applicant will not, in all likelihood, be required to have a licensure interview, the executive director may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules. If the executive director or his designee is unable to make the determination, pursuant to paragraph (b)(i) of this section, that an applicant will not, in all likelihood, be required to have a licensure interview, the applicant's file shall be presented to the board officers for their review. The board officers may take one (1) of the following actions:

(A) If a majority of the board officers agree, they may:

(1) Issue a temporary license to the applicant, pursuant to Chapter 1, Section 6 of these rules;

(2) Issue a temporary license to the applicant, pursuant to Chapter 1, Section 6 of these rules, subject to the requirement that the applicant appear for a licensure interview;

(3) Defer action on the application until the applicant appears for a licensure interview.

(B) If a majority of the board officers are unable to agree on one of the options in subparagraph (A), above, then action on the application will be deferred until the applicant appears for a licensure interview.

(iii) A summary of each applicant's licensure file and application will be sent

to all members of the Board prior to the next regularly-scheduled board meeting, and any board member may request that the applicant appear for a licensure interview.

(iv) Licensure interviews. If an application or any information received by the Board demonstrates that an applicant is of a status or possesses one or more of the following characteristics, or if any Board member believes a licensure interview is necessary given the information contained on the application, the applicant may be required to submit to a licensure interview before a panel of not less than three (3) board members:

(A) Is seventy (70) years old or older;

(B) Has been licensed as a physician for more than thirty-five (35) years;

(C) Has been named as a responsible party in a professional liability suit;

(D) Has answered “Yes” to one or more questions on the application form regarding physical or mental impairment, substance or alcohol abuse, criminal convictions, prior disciplinary actions, restrictions or conditions on medical licensure, including relinquishment or surrender of a medical license, or restriction, suspension, or resignation while under investigation, of hospital privileges;

(E) The application or other information acquired or received by the board appears to indicate that the applicant may not possess sufficient medical training and experience appropriate for the applicant’s intended practice in this state;

(F) The applicant’s education and/or training verification documents indicate an unexplained delay in completion of his or her medical education and/or postgraduate training;

(G) The applicant’s verification documents indicate more than one attempt at passage of any examination necessary to obtain initial licensure or to maintain ongoing licensure;

(H) The applicant’s verification documents indicate failure to pass board specialty recertification examinations;

(I) One or more board member(s) determine that there are issues raised by the application and/or any supporting or verification documents that should be addressed and ruled on by a panel of board members;

(J) Whose temporary license was deferred by the board officers;

(K) The applicant has not previously engaged in the active practice of medicine for a period of at least twelve (12) continuous months;

(L) The applicant has been convicted of or pled guilty or nolo contendere to a charge of driving while under the influence of an intoxicant within five (5) years of the date of his/her application;

(M) The applicant has not been engaged in the active practice of medicine in the immediately-preceding two (2) year period;

(N) Failure to fully and completely answer one or more questions on the application form or failing to answer one or more questions truthfully; or,

(O) The applicant's post graduate work and/or employment history indicate an unexplained gap.

(v) Licensure interviews shall be conducted in person (unless otherwise specifically permitted by these rules) and shall consist of oral questions by the panel of board members and oral responses by the applicant. By his or her responses to questions posed in the licensure interview, the applicant must demonstrate to the satisfaction of a majority of the board that he or she is qualified to practice medicine in this state, that (1) he or she possesses a minimum fund of general and identified scope of practice medical knowledge appropriate for the applicant's intended practice in this state, (2) he or she possesses sufficient medical training and medical experience appropriate for the applicant's intended practice in this state, (3) he or she possesses personal and professional character and integrity befitting the practice of medicine, and (4) that there are no other factors contained in the application or disclosed in the licensure interview that would demonstrate that the applicant would be unable to practice medicine in a safe and competent manner.

(vi) Following a licensure interview, the board, shall, by a recorded vote of the board members present:

(A) Grant a license;

(B) Deny the application upon stated reasons;

(C) Allow the applicant to withdraw the application;

(D) Agree in writing signed by the applicant, to the issuance of a license subject to restrictions and/or conditions; or

(E) Defer action pending successful completion by the applicant of a medical competence examination such as the special purpose examination (SPEX) and/or such other examination, review, evaluation or course of study designated by the board and/or the board's receipt, review and approval of other information requested during the interview.

(vii) If an applicant does not have a licensure interview, a full unrestricted

license may be issued to the applicant only upon a majority vote of the board. The board may conduct this vote by voice vote, and may do so using a consent list showing applicants for approval.

(viii) Failure to appear for a licensure interview, regardless of whether a temporary license was issued to the applicant, may result in denial by the board of the application for licensure pursuant to W.S. 33-26-202(b)(i).

**RULES, Ch. 1, § 6. Temporary license.**

(a) Temporary license to practice medicine means a license to practice medicine for a limited duration issued pursuant to Ch. 1, Section 5(b) of these rules after application, verification and review for eligibility by the board. A temporary license is effective from the date of issuance until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the next regularly-scheduled board meeting. Temporary licenses issued less than fifteen (15) business days prior to the next regularly-scheduled board meeting will be valid until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the second regularly-scheduled board meeting after issuance.

(b) Upon written request received from the holder of a temporary license not less than seven (7) days before expiration of the temporary license the executive director may extend a temporary license for an additional term no longer than the later of a vote of board members on the application pursuant to these rules, or the date of the next regularly-scheduled board meeting after extension of the temporary license. The holder of a temporary license may request no more than one (1) extension of the temporary license under this subsection.

(c) If upon review of the application of a person who is granted a temporary license under Section 5(b)(i) or 5(b)(ii)(A)(1) of this chapter one or more board members request that the holder of the temporary license appear for a licensure interview, the executive director may extend the temporary license held by that person until 8:00 a.m. on the first day of the second regularly-scheduled board meeting after issuance of the temporary license.

(d) All applicants who are granted a temporary license under Section 5(b)(i) of this chapter are required to submit all documentation and materials necessary to ensure that their license application is complete in accordance with Section 4 of this chapter. Failure to have a complete license application within 180 days of issuance of a temporary license may result in denial by the board of the application for licensure pursuant to W.S. 33-26-202(b)(i).

**RULES, Ch. 1, § 7. Exemption from licensure.**

(a) Consultants. Physicians residing in and currently licensed in good standing to practice medicine in another state or country brought into this state for consultation by a physician licensed to practice medicine in this state may practice medicine without first obtaining a Wyoming license for a total of not more than twelve (12) days in any fifty-two (52) week period and, therefore, are exempt from the licensure requirements of these rules and W.S.



33-26-103(a)(iv). Consults of longer duration or greater frequency require written advance approval of a majority of the Board officers. To qualify a consulting physician for the exemption from licensure, the physician licensed to practice medicine in this state shall notify the board, on a form published or approved by the Board, of the consultation in advance of the consulting physician practicing medicine in this state. For purposes of this subsection, the term “brought into this state” means having patient contact and establishing a physician-patient relationship, either by the physician’s physical presence with the patient or through telemedicine.

(b) Physicians in training. The term “medical students” in W.S. 33-26-103 (a)(ii) includes physicians trained in an LCME or AOA accredited or board approved school of medicine, or certified by the E.C.F.M.G., who are participating or serving in a program of clinical clerkship, internship, externship, residency or fellowship training under the supervision of a physician licensed by the Board. “Medical students” are exempt from the licensure requirements listed herein. Notwithstanding the foregoing, a medical student who applies for and receives a license issued by the Board shall be subject to the act and the Board’s rules and jurisdiction.

(c) Physician assistants. The term “persons” in W.S. 33-26-103(a)(i) specifically includes currently licensed physician assistants who may render aid at the scene of an emergency without physician supervision, such physician assistants are exempt from the licensure requirements listed herein when they are acting under such statutory authorization.

(d) Emergencies. Wyoming physicians and physician assistants and those physicians and physician assistants residing in and who hold full and unrestricted licenses to practice medicine or to practice as a physician assistant in another state or country who come into this state to provide medical care during an emergency or pandemic declared as such by Order of the Governor of this state and/or pursuant to any State Emergency Plan and who comply with all requirements of the board for verification of licensure and identity, may practice medicine or practice as a physician assistant without first obtaining a Wyoming license for the period during which any such emergency or pandemic Declaration or Order remains in effect.

**RULES, Ch. 1, § 8. Fees.**

- (a) All fees are non-refundable.
- (b) Requested paperwork shall not be processed until appropriate fees are received by the board.
- (c) Application fees shall be paid to the board in the form of cashier’s check or money order. All other fees shall be paid to the board in the form of a check, cashier’s check or money order; provided, however, if the board establishes a system for on-line payment of fees, licensure fees may be paid by credit card.

Application and initial license fee [Includes the cost of 1 NPDB report, 1 HIPDB report, 1 criminal record check (if necessary), temporary license (if granted) pending	\$600.00 (\$500.00 for persons holding a current T-2 license)
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completion and review of licensure application at next board meeting, and initial license (if granted) through the next June 30 <sup>th</sup> ]	
Paper form license application processing fee (Effective for paper license application forms received more than 30 days after on-line application becomes available for applicant use.)	\$50.00
Annual renewal of license (including administrative license)	\$250.00
Paper form renewal application-processing fee	\$25.00
License renewal grace period surcharge	\$100.00
Reactivation of license [Includes the cost of 1 NPDB report, 1 HIPDB report, 1 criminal record check (if necessary), and license (if granted) through the next June 30 <sup>th</sup> ]	\$400.00
Reinstatement of license [Includes the cost of 1 NPDB report, 1 HIPDB report, 1 criminal record check (if necessary), and license (if granted) through the next June 30 <sup>th</sup> ] [Costs may also be imposed under Ch. 4, §3(k)]	\$400.00
Inactive license, conversion to (one-time fee)	\$50.00
Inactive license renewal	No charge
First-year residency training license (“T-1” license)	\$25.00
Second-year residency training license (“T-2” license)	\$100.00
Residency training license (“T-2” license) renewal	\$100.00
Volunteer license	\$75.00
Verification of license	\$35.00
Replacement of lost license – pocket size	\$25.00
License – wall size	\$50.00
Physician directory to non-licensees – per copy	\$45.00
Physician mailing list	\$500.00
Physician assistant mailing list	\$100.00
Physician and physician assistant mailing lists	\$550.00
Certified copies	First page: \$10.00 Additional pages: \$.50
Photocopies (except certified copies), including cost of duplication of transcript(s) and administrative record in appeals from contested case hearings [Ch. 4 §4(i)(xvi)]	First page: \$2.00 Additional pages: \$.10

**RULES, Ch. 2, § 4. Miscellaneous provisions.**

(a) The board, or its duly appointed agent, will administer all aspects of USMLE Step 3 including, but not limited to, application and registration for the examination, selection of the site on which the exam will be administered, monitoring of the examination process and reporting of scores.

(b) “USMLE Policies and Procedures for Handling Indeterminate Scores and

Irregular Behavior” developed by the FSMB are adopted by the board and incorporated by reference herein.

(c) “USMLE Test Administration Standards” developed by the FSMB are adopted by the board and incorporated by reference herein.

(d) “Policies and Procedures Regarding USMLE Test Administration for Examinees with Disabilities” developed by the FSMB are adopted by the board and incorporated by reference herein.

(e) A passing score on any step or part of the USMLE, COMLEX, FLEX, National Boards, SPEX, or a state constructed examination is a minimum of 75. Composite scores of less than 75 are not accepted.

(f) Scores will be available for reporting to the examinees from the board at such time as they are made available to the board from the FSMB. Scores shall be reported to the examinee in writing.

(g) Application and fees for USMLE Step 3 shall be obtained from and paid directly to the FSMB.

(h) Applications must be sent directly to the FSMB no later than the deadline dates established in the USMLE annual bulletin.

**RULES, Ch. 3, § 8. Co-signing of prescriptions.**

(a) The co-signing of a prescription is the practice of medicine.

(b) A physician may co-sign a prescription only to the extent that the physician could properly write the prescription as the sole prescriber.

(c) A physician may co-sign a prescription written by a person enrolled in a residency program in this state only if that person holds a current residency training license issued by the board.

- END -

(j) “Licensure interview” means an interview before a panel of not fewer than three (3) members of the board with an applicant who meets one or more of the criteria set forth in Chapter 1, Section 5(b)(iv) of these Rules.

(k) “Interview date” means the day designated by the board for the licensure interview.

(l) “Lapsed” means the status of a license when the licensee fails to renew the license by the date and time set forth in Chapter 1, Section 10 of these Rules or when the holder of a temporary license fails to appear for an interview at the next board meeting following the date of issuance or fails to submit a written request for extension of a temporary license or when a written request for extension is not approved by the board. A lapsed license may be reactivated pursuant to Chapter 1, Section 12 of these Rules, as applicable. A lapsed license is not subject to reinstatement pursuant to W.S. 33-26-406.

(m) “Physician/patient relationship” means a relationship between a physician and any person to whom the physician provides any services or exhibits any conduct that falls within the definition of “practicing medicine” set forth below.

(n) “Practicing medicine” means any person who in any manner:

(i) Advertises, holds out or represents to the public that he is authorized to practice medicine in this state;

(ii) Offers or undertakes to prevent, diagnose, correct or treat, in any manner, by any means, method or device, including, but not limited to, the internet or other electronic or telephonic means any human disease, illness, pain, wound, fracture, infirmity, defect or abnormal physical or mental condition, injury, deformity or ailment, including the management of pregnancy and parturition;

(iii) Attaches the title of M.D., D.O., physician, surgeon, osteopathic physician or osteopathic surgeon, doctor, or any other words, letters or abbreviations or any combination thereof when used in the conduct of any occupation or profession pertaining to the prevention, diagnosis or treatment of human disease or condition unless the designation additionally contains the description of another branch of the healing arts for which one holds a valid license in this state;

(iv) Practices osteopathy;

(v) Offers or undertakes to prescribe, orders, give or administer drugs which can only be obtained by prescription according to law;

(vi) Renders a determination of medical necessity or appropriateness of proposed treatment; or

(vii) Operates or delegates the responsibility to operate a medical device

classified as a Class II or Class III medical device by the U.S. Food and Drug Administration unless operation or authorization for operation occurs in a site under the supervision of a person licensed under this chapter.

(vii) “Practicing medicine” does not apply to:

(A) Licensed health care providers rendering medical assistance without compensation during an emergency, including, but not limited to, physician assistants who may render aid at the scene of an emergency without physician supervision;

(B) Medical students trained in an L.C.M.E. or A.O.A. accredited or board approved school of medicine, or who are E.C.F.M.G. certified, serving as clinical clerks, residents, fellows or interns under the supervision of a physician licensed in this state;

(C) Commissioned medical officers of the United States armed services and medical officers of the United States public health services or the veterans’ administration of the United States in the discharge of their official duties or within federally controlled facilities or enclaves, provided that such persons who are licensees of the board shall be subject to the provisions of the act and further provided that all such persons shall be the holder of a full and unrestricted license to practice medicine in one or more jurisdictions in the United States;

(D) Any individual residing in and licensed to practice medicine in another state or country called into this state for consultation by a physician licensed to practice medicine in this state;

(E) Any individual licensed to practice medicine in another state that comes to this state to remove human organs from brain dead persons;

(F) The treatment of disease, injury, deformity or ailments by prayer or spiritual means provided that federal and state health and sanitation laws, rules and regulations are not violated;

(G) The gratuitous domestic administration of family remedies;

(H) Health care providers licensed under any other-chapter of this title engaged in the practice of the profession for which he is licensed;

(o) “Reactivation” means the procedures set forth in Chapter 1, Sections 11 and 12 of these Rules to restore an emeritus, inactive or lapsed license to active status;

(p) “Sexual misconduct” means:

(i) Any behavior by a licensee, which involves offers of exchange of medical services for some form of sexual gratification;

(ii) Sexual contact that occurs concurrent with the physician-patient relationship; or

(iii) Any behavior by a licensee toward a patient, former patient, another licensee, an employee of a health care facility, an employee of the licensee or a relative or guardian of a patient that exploits the position of trust, knowledge, emotions or influence of the licensee.

(q) “Active practice of medicine” means the practice of medicine and provision of clinical care for an average of not less than twenty (20) hours per week in any consecutive twelve (12) month period.

(r) “Board” means the board of medicine of the state of Wyoming and its duly authorized agents, representatives and employees.

(s) “Board officers” means the president, vice president and secretary of the board of medicine.

(t) “COMLEX” means the comprehensive osteopathic medical licensing examination, or any other licensing examination, administered by the national board of osteopathic medical examiners.

(u) “E.C.F.M.G.” means the educational commission for foreign medical graduates.

(v) “Clean application” means that the physician applicant has none of the following:

(i) Professional liability insurance settlement(s) or payment(s) in excess of \$50,000 individually or \$100,000 in the aggregate;

(ii) Criminal record;

(iii) Medical condition(s) which could affect the physician’s ability to practice safely;

(iv) Licensing or regulatory board complaint(s), investigation(s), or action(s) (including withdrawal of a licensure application);

(v) Adverse action taken by a health care entity;

(vi) Investigation(s) or action(s) taken by a federal agency, the United States military, medical society or association; or,

(vii) Suspension or expulsion from, or disciplinary action in, any academic program, including medical school, residency program or fellowship program.

(w) “Core application documents” means the following:

- (i) The required application form(s) and appropriate fee(s);
- (ii) Form and supporting document(s) demonstrating proof of legal presence in the U.S. pursuant to 8 U.S.C. § 1601, et seq.;
- (iii) Federation of State Medical Boards (FSMB) Board Action Databank report; and,
- (iv) National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports.
- (x) Reserved.
- (y) “R.C.P.S.C.” means the Royal College of Physicians and Surgeons of Canada.

RULES, Ch. 1, § 4. **Eligibility for licensure.**

(a) General requirements.

(i) Form. To be eligible for consideration for licensure, an applicant shall submit an application on the form or forms supplied or approved in advance by the board.

(ii) Payment of fee. Any application, to be eligible for consideration, shall be accompanied by the required fee in immediately negotiable funds.

(iii) Completeness. ~~Any application, to be considered, shall be complete in all respects.~~ For an application to be considered complete, all documents, reports and related materials must be received in the board’s office and meet all requirements set forth in the Act and the rules adopted by the board.

(iv) References. References shall be submitted on a form approved, and contain information as specified, by the board.

(A) Three (3) original references from physicians are required including at least two (2) from physicians with whom the applicant has practiced medicine within the past three (3) years. In exceptional circumstances the board may waive one (1) or more of the required reference letters. References from physicians with whom the applicant has a current or prospective financial, business or family relationship are not acceptable.

(B) All references shall be on a form prescribed by the board, dated within ~~twelve~~ six (12 ~~6~~) months of the application date and signed by the referring physician.

(C) If a submitted reference is incomplete or otherwise fails to provide sufficient information about the applicant, an applicant may be required to submit one or more references in addition to those required in subparagraph (A).

(v) Time of submission. An application, to be considered, shall be complete

in all respects no later than fifteen (15) business days prior to the licensure interview date, should a licensure interview be required by these rules.

(vi) Notification of ineligibility. The board shall issue a written notice of ineligibility to any applicant who does not meet the eligibility requirements, or has otherwise failed to submit an application which meets the requirements, of the act or these rules.

(vii) Applications shall remain on active status for ~~twelve~~ six (~~12~~ 6) calendar months from the date the application document is received in the board office. The applicant is eligible for a licensure interview with the board, if one is required by these rules, at any time within the ~~twelve~~ six (~~12~~ 6) month period following the date the application is complete pursuant to Ch. 1, Section 4(a)(iii) of these rules.

(viii) Proof of legal presence. Pursuant to 8 U.S.C. 1621, any applicant for licensure as a physician or physician assistant shall verify his or her lawful presence in the United States on a form approved or prescribed by the board.

(ix) Social Security number. Any applicant for licensure or renewal of licensure as a physician or physician assistant shall, pursuant to W.S. 33-1-114, provide his or her Social Security number as part of any application for licensure.

(b) Statutory requirements. To be eligible for consideration for licensure, an applicant shall demonstrate in his or her application that he or she meets each and all of the requirements of the act including, but not limited to, those requirements set forth in W.S. 33-26-303, and these rules.

(c) Credentials service required. An applicant who graduated from a school of medicine not accredited by the LCME or AOA shall apply only through the Federation of State Medical Boards Credentials Verification Service (FCVS) and supply additional information as requested by the Board. All applicants whose applications are received by the Board on or after October 1, 2009, shall apply only through the Federation of State Medical Boards Credentials Verification Service and supply additional information as requested by the Board.

(d) A person who has pled guilty or nolo contendere to or has been convicted of a felony or any crime that is a felony under Wyoming law in any state or federal court or in any court of similar jurisdiction in another country may apply for licensure, however, the board may deny licensure based solely upon such plea or conviction.

(e) No exemption from licensure for out-of-state physicians. Any physician rendering medical diagnosis and/or treatment to a person physically present in this state must have a license issued by the board when such diagnosis/treatment is rendered, regardless of the physician's location and regardless of the means by which such diagnosis/treatment is rendered. This requirement shall not apply to an out-of-state physician who consults by telephone, electronic or any other means with an attending physician licensed by this board or to an out-of-state physician who is specifically exempt from licensure pursuant to W.S. 33-26-103.



(f) A person whose medical license has been revoked, suspended, restricted, had conditions placed on it or been voluntarily or involuntarily relinquished or surrendered, by or to another state medical or licensing board, or has a disciplinary action pending before another state medical or licensed board, may apply for licensure provided, however, the board may deny licensure based upon the revocation, suspension, restrictions, conditions, relinquishment, surrender of license or pending disciplinary action alone.

(g) A person whose clinical privileges at a health care facility have been revoked, suspended, restricted, had conditions placed upon them or been voluntarily or involuntarily resigned, or against whom a clinical privilege action is pending at a health care facility, may apply for licensure provided, however, the board may deny licensure based upon the revocation, suspension, restrictions, conditions, resignation of privileges or pending clinical privilege action alone.

(h) All applicants for licensure whose applications are received on or after July 1, 2009, and who have taken the USMLE or COMLEX, shall have completed all three parts of the examination in a period of not more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program), and shall have taken the three parts of the examination a total of not more than seven times. Persons who have taken the three parts of the examination more than a total of seven times or who have taken more than seven years (eight years for applicants who have been in a combined D.O. or M.D./Ph.D. program) to pass all three parts of the examination shall not be eligible for licensure unless and until they successfully complete either one (1) year of post graduate training in addition to that required in W.S. 33-26-303(a)(iv), or one (1) or more other comprehensive and suitably-rigorous assessment, training and evaluation programs after passage of all parts of the examination.

(i) Reserved.

(j) Postgraduate (Residency) Training. All applicants for licensure other than a training license must demonstrate one (1) or more of the following:

(A) Successful completion of not less than two (2) years of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program; or,

(B) Successful completion of not less than one (1) year of postgraduate training in an A.C.G.M.E., A.O.A. or R.C.P.S.C. accredited program and:

(1) Current certification by a medical specialty board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists and Boards of Certification; or

(2) Continuous full and unrestricted medical licensure in good standing in one or more states and/or the District of Columbia for the preceding five (5) years.

RULES, Ch. 1, § 5. **Licensure.** Pursuant to statute, the board may issue the following:

(a) Licenses to practice medicine.

(i) A license to practice medicine, subject to annual renewal.

(ii) A temporary license to practice medicine pursuant to W.S. 33-26-304(a).

(iii) A restricted or conditional license to practice medicine.

(iv) An inactive license. Inactive licenses are available for Wyoming residents who do not intend to practice medicine, write prescriptions or engage in clinical activity. The Board may grant an inactive license to practice medicine if, in addition to meeting all eligibility requirements of W.S. 33-26-303, the applicant files a verified affidavit with the board attesting that: (1) he/she shall not see patients or perform procedures in a clinical or office setting for any type of remuneration, (2) he/she shall not in any way hold himself/herself out as actively engaged in the active practice of medicine, and (3) he/she shall submit written confirmation to the board on an annual basis confirming that such inactive status is ongoing. An inactive license exempts the licensee from continuing medical education requirements described in Chapter 3, Sec. 7 of these rules. A holder of an inactive license may not prescribe medications. Licensees claiming inactive status who receive remuneration for providing clinical services, or who prescribe any medication, may be subject to discipline pursuant to W.S. 33-26-402(a)(xxvii).

(v) An emeritus license. Emeritus licenses are available for retired physicians who hold a current Wyoming license to practice medicine, reside in Wyoming, and wish to provide clinical care in Wyoming without remuneration. Such license may issue to an applicant who provides proof that he/she is retired from the active practice of medicine, provides proof that he/she has maintained a license in good standing in Wyoming or another jurisdiction of the United States or Canada for a period of not less than ten (10) years prior to applying for the emeritus license, and signs a notarized statement he/she will not accept any form of remuneration for medical services rendered in Wyoming while in the possession of an emeritus license. As part of the application process, an applicant for an emeritus medical license who does not hold a current Wyoming license shall complete all requirements for issuance of a Wyoming medical license set forth in W.S. 33-26-303. If a licensure interview is required pursuant to subsection (b) of this rule, such interview may be conducted by one (1) board member and, if deemed appropriate by the board officers, may be conducted by telephonic means.

(A) Physicians possessing an emeritus medical license shall:

(I) Annually sign an affidavit affirming that their medical practice continues to be without remuneration; and

(II) Even though physicians holding an emeritus license are not engaged in active clinical practice, the Board expects that they will engage in life-long learning activities to maintain a base of medical knowledge and skills. Therefore, the requirements for continuing medical education noted in Ch. 3, sec. 7 of these rules apply to emeritus licenses. Continuing medical education may also be satisfied by documented emeritus clinical service in a non-profit health care facility, such clinical service to be credited at one (1) hour of continuing

medical education credit for every five (5) hours of clinical service, up to a maximum of ten (10) hours of continuing medical education credit per calendar year.

(B) The board shall require no fees for the application for, or renewal of, an emeritus medical license.

(vi) ~~Training license. A medical training license issued pursuant to W.S. 33-26-304(c) to an applicant who meets all of the requirements of such statute and these rules. The applicant for a training license shall submit an application on a form provided by the board which shall include a certification of enrollment by the program director of the University of Wyoming Family Medicine Residency Program and a fee set by the board. A training license does not confer authority to independently prescribe medications.~~

(A) First-year training license (“T-1”). An applicant who is in the first year of enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state may be issued a first-year training license (“T-1” license). The holder of a T-1 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e. “moonlight”). The holder of a T-1 license may not independently prescribe any legend drugs or medications, and may only prescribe legend drugs or medications with the co-signature of a physician holding an active license in good standing in this state. The prohibition on prescribing does not apply to orders written under the supervision of a licensed attending physician for patients receiving inpatient care. The T-1 license expires on June 30<sup>th</sup> of each year, and may not be renewed.

(B) Second-year training license (“T-2”). An applicant who has successfully completed not less than one (1) year in an A.C.G.M.E. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident may be issued a second-year training license (“T-2” license). The holder of a T-2 license may not practice medicine outside of the duties assigned as part, and under the supervision of the faculty, of the residency program (i.e., “moonlight”) except as specified in paragraph (H) below. The holder of a T-2 license may independently prescribe legend drugs and medications, subject to all applicable laws and regulations. The T-2 license expires on June 30<sup>th</sup> of each year, and may be renewed only one (1) time upon applicant’s successful completion of the second year of the residency program. If the applicant meets all requirements for issuance of a regular medical license under W.S. 33-26-301(b)(i) and W.S. 33-26-303, the T-2 license may not be renewed.

(C) To qualify for a training license (T-1 or T-2), an applicant must submit the following:

I. Evidence that the applicant has graduated from a school of medicine accredited by the L.C.M.E., a school of osteopathy accredited by the A.O.A., or a Canadian-accredited school of medicine, or that the applicant has been certified by the E.C.F.M.G.;

II. Evidence that the applicant has passed steps one (1) and

two (2) of the U.S.M.L.E. or the COMLEX with a two-digit score of not less than 75 on each part;

III. A copy of the applicant's signed contract then in force with an A.C.G.M.E., or A.O.A. accredited residency program located in this state (copy of the contract must be submitted with the application);

IV. A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

V. A completed application on a form provided or approved by the Board; and,

VI. The requisite fee(s) in accordance with this chapter.

(D) Applicants for a second-year (T-2) training license shall be subject to these additional requirements:

I. The applicant will use the Federation Credentials Verification Service and have his or her packet submitted to the board at the applicant's expense;

II. The board shall query the National Practitioner Data Bank, Healthcare Integrity and Protection Data Bank, and Federation of State Medical Boards' board action data bank regarding the applicant; and,

III. The applicant will submit documentation that he or she has successfully completed not less than one (1) year in an A.C.G.M.E. or A.O.A. accredited residency program and is enrolled in an A.C.G.M.E. or A.O.A. accredited residency program located in this state as a second- or third-year resident.

(E) When the application for a training license is complete, the Board's executive director shall review the application, and may take the following action:

I. Issue the training license; or

II. Refer the application to the board officers for review. The board officers may issue the training license, issue the training license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for the training license. If the board officers deny the training license, the applicant may appeal that decision to the full board, which shall review the application *de novo*, and which may require the applicant and/or the director of the residency program to appear for an interview. The board may issue the training license, issue the training license subject to conditions and/or restrictions agreed upon in writing by the applicant, or deny the application for a training license. If the board denies the application, it shall issue an order to that effect, which shall be appealable to the district court pursuant to the Act and these RULES AND REGULATIONS.

(F) Renewal of T-2 license. To renew a T-2 license, the applicant must provide documentation of the following:

I. Successful completion of the second year of an A.C.G.M.E. or A.O.A. accredited residency program;

II. A copy of the applicant's signed contract then in force with an A.C.G.M.E. or A.O.A. accredited residency program located in this state (copy of the contract must be submitted with the renewal application);

III. A recommendation form, as provided by the Board, signed by the director of the residency program, or his or her designee, stating that the applicant is under the supervision of the faculty of the residency program;

IV. A completed renewal application on a form provided or approved by the Board; and,

V. The requisite fee(s) in accordance with this chapter.

(G) Automatic termination of training license. Issuance of a training license is subject to the applicant's current enrollment in an A.C.G.M.E. or A.O.A. accredited residency program located in this state. If for any reason the holder of a training license resigns or is dismissed from, or otherwise is no longer currently enrolled in, an A.C.G.M.E. or A.O.A. accredited residency program located in this state, the training license shall immediately expire and be deemed automatically terminated without additional action by the Board.

(H) A holder of a T-2 license may practice medicine outside of the duties assigned as part of the residency program in which he or she is enrolled (i.e., "moonlight") only if these following conditions are met:

I. The holder of the T-2 license has passed Step 3 of the USMLE or COMLEX with a two-digit score of not less than 75;

II. The holder of the T-2 license receives advance written approval from the residency program director for his or her proposed "moonlighting"; and,

III. The residency program director notifies the Board in advance and in writing of the approved "moonlighting" arrangement.

(vi) Volunteer license. The board may issue a license to a physician who is in good standing in at least one (1) jurisdiction other than the state of Wyoming for the purpose of providing medical treatment as a volunteer, without compensation. An applicant for a volunteer license must complete and submit a form and documentation prescribed by the board, meet the requirements of W.S. 33-26-303, agree to comply with the Act and these rules, agree to be subject to the jurisdiction of the board, provide proof of licensure in good standing in at least one (1) jurisdiction other than the state of Wyoming, and pay the fee set by the board. A licensure interview is not required for issuance of a volunteer license. A volunteer license shall be valid

for not more than twenty-one (21) consecutive days in any calendar year, and may not be renewed.

(vii) Administrative medicine license. The board may issue an administrative medicine license to a physician who meets all qualifications for licensure in the state, including payment of a fee set by the board, but who does not intend to provide medical or clinical services to or for patients while in possession of an administrative medicine license and signs a notarized statement to that effect. An administrative medicine license is subject to annual renewal.

(b) Licensure Application Processing, Review and Interviews.

(i) ~~When an applicant's core license application documents is complete and all necessary supporting materials have been received by the Board and are deemed to be satisfactory, the executive director or his designee will review the application and supporting materials to determine whether a licensure interview of the applicant will be required pursuant to this rule. If the executive director or his designee determines that the applicant will not, in all likelihood, be required to have a licensure interview pursuant to this chapter, the applicant has been continually licensed in good standing (not including training licenses) for the preceding three (3) years in one or more states and/or the District of Columbia; and the applicant has applied for a temporary license a clean application as defined in this chapter, the executive director may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules, including the requirement for a complete application set forth therein.~~

(ii) ~~If the applicant has applied for a temporary license an applicant is not issued a temporary license pursuant to paragraph (b)(i) of this rule, when the application is deemed complete pursuant to Section 4 of this chapter, and the executive director or his designee shall review the application and supporting materials to determine whether a licensure interview of the applicant will be required pursuant to this rule. If the executive director or his designee determines that the applicant will not, in all likelihood, be required to have a licensure interview, the executive director may, acting on behalf of the Board, issue a temporary license to the applicant pursuant and subject to Chapter 1, Section 6 of these rules. If the executive director or his designee is unable to make the determination, pursuant to paragraph (b)(i) of this section, that an applicant will not, in all likelihood, be required to have a licensure interview, the applicant's file shall be presented to the board officers for their review. The board officers may take one (1) of the following actions:~~

(A) If a majority of the board officers agree, they may:

(1) Issue a temporary license to the applicant, pursuant to Chapter 1, Section 6 of these rules;

(2) Issue a temporary license to the applicant, pursuant to Chapter 1, Section 6 of these rules, subject to the requirement that the applicant appear for a licensure interview ~~at the next board meeting;~~

(3) Defer action on the application until the applicant appears for a licensure interview.

(B) If a majority of the board officers are unable to agree on one of the options in subparagraph (A), above, then action on the application will be deferred until the applicant appears for a licensure interview.

(iii) ~~For an applicant whose application was not submitted to the board officers pursuant to paragraph (i) of this subsection, a~~ A summary of ~~the~~ each applicant's licensure file and application will be sent to all members of the Board prior to the next regularly-scheduled board meeting, and any board member may request that the applicant appear for a licensure interview.

(iv) Licensure interviews. If an application or any information received by the Board demonstrates that an applicant is of a status or possesses one or more of the following characteristics, or if any Board member believes a licensure interview is necessary given the information contained on the application, the applicant may be required to submit to a licensure interview before a panel of not less than three (3) board members:

(A) Is seventy (70) years old or older;

(B) Has been licensed as a physician for more than thirty-five (35) years;

(C) Has been named as a responsible party in a professional liability suit;

(D) Has answered "Yes" to one or more questions on the application form regarding physical or mental impairment, substance or alcohol abuse, criminal convictions, prior disciplinary actions, restrictions or conditions on medical licensure, including relinquishment or surrender of a medical license, or restriction, suspension, or resignation while under investigation, of hospital privileges;

(E) The application or other information acquired or received by the board appears to indicate that the applicant may not possess sufficient medical training and experience appropriate for the applicant's intended practice in this state;

(F) The applicant's education and/or training verification documents indicate an unexplained delay in completion of his or her medical education and/or postgraduate training;

(G) The applicant's verification documents indicate more than one attempt at passage of any examination necessary to obtain initial licensure or to maintain ongoing licensure;

(H) The applicant's verification documents indicate failure to pass

board specialty recertification examinations;

(I) One or more board member(s) determine that there are issues raised by the application and/or any supporting or verification documents that should be addressed and ruled on by a panel of board members;

(J) Whose temporary license was deferred by the board officers;

(K) The applicant has not previously engaged in the active practice of medicine for a period of at least twelve (12) continuous months;

(L) The applicant has been convicted of or pled guilty or nolo contendere to a charge of driving while under the influence of an intoxicant within five (5) years of the date of his/her application;

(M) The applicant has not been engaged in the active practice of medicine in the immediately-preceding two (2) year period;

(N) Failure to fully and completely answer one or more questions on the application form or failing to answer one or more questions truthfully; or,

(O) The applicant's post graduate work and/or employment history indicate an unexplained gap.

(v) Licensure interviews shall be conducted in person (unless otherwise specifically permitted by these rules) and shall consist of oral questions by the panel of board members and oral responses by the applicant. By his or her responses to questions posed in the licensure interview, the applicant must demonstrate to the satisfaction of a majority of the board that he or she is qualified to practice medicine in this state, that (1) he or she possesses a minimum fund of general and identified scope of practice medical knowledge appropriate for the applicant's intended practice in this state, (2) he or she possesses sufficient medical training and medical experience appropriate for the applicant's intended practice in this state, (3) he or she possesses personal and professional character and integrity befitting the practice of medicine, and (4) that there are no other factors contained in the application or disclosed in the licensure interview that would demonstrate that the applicant would be unable to practice medicine in a safe and competent manner.

(vi) Following a licensure interview, the board, shall, by a recorded vote of the board members present:

(A) Grant a license;

(B) Deny the application upon stated reasons;

(C) Allow the applicant to withdraw the application;



(D) Agree in writing signed by the applicant, to the issuance of a license subject to restrictions and/or conditions; or

(E) Defer action pending successful completion by the applicant of a medical competence examination such as the special purpose examination (SPEX) and/or such other examination, review, evaluation or course of study designated by the board and/or the board's receipt, review and approval of other information requested during the interview.

(vii) If an applicant does not have a licensure interview, a full unrestricted license may be issued to the applicant only upon a majority vote of the board. The board may conduct this vote by voice vote, and may do so using a consent list showing applicants for approval.

(viii) Failure to appear for a licensure interview, regardless of whether a temporary license was issued to the applicant, may result in denial by the board of the application for licensure pursuant to W.S. 33-26-202(b)(i).

**RULES, Ch. 1, § 6. Temporary license.**

(a) Temporary license to practice medicine means a license to practice medicine for a limited duration issued pursuant to Ch. 1, Section 5(b) of these rules after application, verification and review for eligibility by the board. A temporary license is effective from the date of issuance until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the next regularly-scheduled board meeting. Temporary licenses issued less than fifteen (15) business days prior to the next regularly-scheduled board meeting will be valid until the later of a vote of board members on the application pursuant to these rules, or 8:00 a.m. on first day of the second regularly-scheduled board meeting after issuance.

(b) Upon written request ~~and submission of the appropriate fee~~ received from the holder of a temporary license not less than seven (7) days before expiration of the temporary license the executive director may extend a temporary license for an additional term no longer than the later of a vote of board members on the application pursuant to these rules, or the date of the second next regularly-scheduled board meeting after extension of the temporary license. The holder of a temporary license may ~~be granted request~~ no more than one (1) extension of the temporary license under this subsection.

(c) If upon review of the application of a person who is granted a temporary license under Section 5(b)(i) or 5(b)(ii)(A)(1) of this chapter one or more board members request that the holder of the temporary license appear for a licensure interview, the executive director may extend the temporary license held by that person until 8:00 a.m. on the first day of the second regularly-scheduled board meeting after issuance of the temporary license.

(d) All applicants who are granted a temporary license under Section 5(b)(i) of this chapter are required to submit all documentation and materials necessary to ensure that their

license application is complete in accordance with Section 4 of this chapter. Failure to have a complete license application within 180 days of issuance of a temporary license may result in denial by the board of the application for licensure pursuant to W.S. 33-26-202(b)(i).

**RULES, Ch. 1, § 7. Exemption from licensure.**

(a) Consultants. Physicians residing in and currently licensed in good standing to practice medicine in another state or country brought into this state for consultation by a physician licensed to practice medicine in this state may practice medicine without first obtaining a Wyoming license for a total of not more than ~~seven~~ twelve (7~~12~~) days in any fifty-two (52) week period and, therefore, are exempt from the licensure requirements of these rules and W.S. 33-26-103(a)(iv). Consults of longer duration or greater frequency ~~are not exempt and require licensure~~ require written advance approval of a majority of the Board officers. To qualify a consulting physician for the exemption from licensure, the physician licensed to practice medicine in this state shall notify the board in writing, on a form published or approved by the Board, of the consultation in advance of the consulting physician practicing medicine in this state. For purposes of this subsection, the term “brought into this state” means having patient contact and establishing a physician-patient relationship, either by the physician’s physical presence with the patient or through telemedicine.

(b) Physicians in training. The term “medical students” in W.S. 33-26-103 (a)(ii) includes physicians trained in an LCME or AOA accredited or board approved school of medicine, or certified by the E.C.F.M.G., who are participating or serving in a program of clinical clerkship, internship, externship, residency or fellowship training under the supervision of a physician licensed by the Board. “Medical students” are exempt from the licensure requirements listed herein. Notwithstanding the foregoing, a medical student who applies for and receives a license issued by the Board shall be subject to the act and the Board’s rules and jurisdiction.

(c) Physician assistants. The term “persons” in W.S. 33-26-103(a)(i) specifically includes currently licensed physician assistants who may render aid at the scene of an emergency without physician supervision, such physician assistants are exempt from the licensure requirements listed herein when they are acting under such statutory authorization.

(d) Emergencies. Wyoming physicians and physician assistants and those physicians and physician assistants residing in and who hold full and unrestricted licenses to practice medicine or to practice as a physician assistant in another state or country who come into this state to provide medical care during an emergency or pandemic declared as such by Order of the Governor of this state and/or pursuant to any State Emergency Plan and who comply with all requirements of the board for verification of licensure and identity, may practice medicine or practice as a physician assistant without first obtaining a Wyoming license for the period during which any such emergency or pandemic Declaration or Order remains in effect.

**RULES, Ch. 1, § 8. Fees.**

(a) All fees are non-refundable.

(b) Requested paperwork shall not be processed until appropriate fees are received by the board.

(c) Application fees shall be paid to the board in the form of cashier's check or money order. All other fees shall be paid to the board in the form of a check, cashier's check or money order; provided, however, if the board establishes a system for on-line payment of fees, licensure fees may be paid by credit card.

Application <del>for</del> and initial license fee [Includes the cost of 1 NPDB report, 1 HIPDB report, 1 criminal record check (if necessary), <u>temporary license (if granted) pending completion and review of licensure application at next board meeting</u> , and initial license (if granted) through the next June 30 <sup>th</sup> ]	\$400.00 <u>\$600.00 (\$500.00 for persons holding a current T-2 license)</u>
<del>On-line</del> Paper form license application convenience processing fee (Effective for paper license application forms received more than 30 days after on-line application becomes available for applicant use.)	<del>\$40.00</del> <u>\$50.00</u>
<del>Application for temporary license pending review of licensure application at next board meeting</del>	<del>\$200.00</del>
Extension of temporary license by licensee request [Ch. 1, § 6(b)]	\$200.00
Extension of temporary license for licensure interview [Ch. 1, § 5(b)(iii)]	No charge
Annual renewal of license (including administrative license)	\$250.00
<del>On-line</del> Paper form renewal convenience application processing fee	<del>\$25.00</del>
License renewal grace period surcharge	\$100.00
Reactivation of license [Includes the cost of 1 NPDB report, 1 HIPDB report, 1 criminal record check (if necessary), and license (if granted) through the next June 30 <sup>th</sup> ]	\$400.00
Reinstatement of license [Includes the cost of 1 NPDB report, 1 HIPDB report, 1 criminal record check (if necessary), and license (if granted) through the next June 30 <sup>th</sup> ] [Costs may also be imposed under Ch. 4, §3(k)]	\$400.00
Inactive license, conversion to (one-time fee)	\$50.00
Inactive license renewal	No charge
First-year <del>Residency</del> training license ("T-1" license)	\$25.00
Second-year <del>Residency</del> training license ("T-2" license)	\$100.00
Residency training license ("T-2" license) renewal	<del>No charge</del> <u>\$100.00</u>
Volunteer license	\$75.00
Verification of license	\$35.00
Replacement of lost license – pocket size	\$25.00
<del>Replacement of lost license</del> License – wall size	<del>\$50.00</del>

Physician directory to non-licensees – per copy	\$45.00
Physician mailing list	\$500.00
Physician assistant mailing list	\$100.00
Physician and physician assistant mailing lists	\$550.00
Certified copies	First page: \$10.00 Additional pages: \$.50
Photocopies (except certified copies), including cost of duplication of transcript(s) and administrative record in appeals from contested case hearings [Ch. 4 §4(i)(xvi)]	First page: \$2.00 Additional pages: \$.10

**RULES, Ch. 2, § 4. Miscellaneous provisions.**

(a) The board, or its duly appointed agent, will administer all aspects of USMLE Step 3 including, but not limited to, application and registration for the examination, selection of the site on which the exam will be administered, monitoring of the examination process and reporting of scores.

(b) “USMLE Policies and Procedures for Handling Indeterminate Scores and Irregular Behavior” developed by the FSMB are adopted by the board and incorporated by reference herein.

(c) “USMLE Test Administration Standards” developed by the FSMB are adopted by the board and incorporated by reference herein.

(d) “Policies and Procedures Regarding USMLE Test Administration for Examinees with Disabilities” developed by the FSMB are adopted by the board and incorporated by reference herein.

(e) A passing score on any step or part of the USMLE Step 3, COMLEX, FLEX, National Boards, SPEX, or a state constructed examination or any composite thereof is a minimum of 75. Composite scores of less than 75 are not accepted.

(f) Scores will be available for reporting to the examinees from the board at such time as they are made available to the board from the FSMB. Scores shall be reported to the examinee in writing.

(g) Application and fees for USMLE Step 3 shall be obtained from and paid directly to the FSMB.

(h) Applications must be sent directly to the FSMB no later than the deadline dates established in the USMLE annual bulletin.

**RULES, Ch. 3, § 8. Co-signing of prescriptions.**

(a) The co-signing of a prescription is the practice of medicine.

(b) A physician may co-sign a prescription only to the extent that the physician could properly write the prescription as the sole prescriber.

(c) A physician may co-sign a prescription written by a person enrolled in a residency program in this state only if that person holds a current residency training license issued by the board.

- END -