

The following rules were adopted by the board at its meeting on January 12, 2022. They are effective on January 31, 2022.

Medical or Osteopathic License

- 4731-6-05 Medical and osteopathic examination – rescission
- 4731-6-05 Medical and osteopathic examination – new

Impaired Practitioners

- 4731-16-02 General procedures in impairment cases - amended
- 4731-16-05 Examinations – amended
- 4731-16-08 Criteria for approval – amended

Emeritus Registration

- 4731-22-07 Change to active status - amended

State Medical Board Metrics

- 4731-30-03 Approval of licensure applications – amended

Military provisions Related to Education and Experience Requirements for Licensure
Applicable to Service Members, Veterans, and Spouses of Service Members and Veterans

- 4731-36-01 Military provisions related to education and experience requirements for licensure - amended

4731-6-05

Medical and osteopathic examination.

- (A) The medical and osteopathic examinations shall be all steps of the USMLE or all levels of the COMLEX-USA.
- (B) An applicant shall have passed all steps of the USMLE or all levels of the COMLEX-USA within a ten-year period, and achieved a recognized passing performance on each step or level. No applicant may have exceeded the maximum number of attempts for any step or level established by the national board of medical examiners or the national board of osteopathic medical examiners, as effective on the date of application for a license.
- (C) The board may waive the requirements of paragraph (B) of this rule, if the applicant meets one or more of the following, as applicable:
- (1) Holds current specialty board certification from a member board of the American board of medical specialties or the AOA; or
 - (2) Demonstrates that a step or level was completed within the maximum number of attempts permitted by the national board of medical examiners or the national board of osteopathic medical examiners, at the time the step or level was successfully completed, provided that the applicant did not exceed six attempts for the step or level.
 - (3) Demonstrates good cause, as determined by the board, for not having passed all steps or levels with a ten-year period.
 - (4) Steps or levels of the USMLE and COMLEX-USA cannot be combined to fulfill an acceptable testing sequence as required by this rule.

Replaces: 4731-6-05
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TO BE RESCINDED

4731-6-05

Medical and osteopathic examination.

- (A) The medical and osteopathic examinations shall be all steps of the USMLE or all levels of the COMLEX-USA.
- (B) An applicant shall have passed all steps of the USMLE or all levels of the COMLEX-USA within a ten-year period, and achieved a recognized passing performance on each step or level. No applicant shall have failed any step or level more than five times.
- (C) The board may grant a good cause waiver to any applicant that does not meet the requirements of paragraph (B) of this rule, if the applicant meets the following:
- (1) Holds current specialty board certification from a member board of the American board of medical specialties or the AOA; or
 - (2) Demonstrates good cause, as determined by the board, for not having passed all three steps or levels within the ten year period, and otherwise meets the requirements set forth in paragraph (B) of this rule.
- (D) Steps or levels of the USMLE and COMLEX-USA cannot be combined to fulfill an acceptable testing sequence as required by this rule.

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4731-16-02

General procedures in impairment cases.

(A) Should the board have reason to believe that any licensee or applicant suffers from impairment, as that term is used in division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (A)(18) of section 4759.07 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code, division (A)(18) of section 4761.09 of the Revised Code, ~~or~~ division (B)(6) of section 4762.13 of the Revised Code, division (B)(6) of section 4774.13 of the Revised Code, or division (B)(6) of 4778.14 of the Revised Code, it may compel the individual to submit to a mental or physical examination, or both.

- (1) Such examinations shall be undertaken by an approved treatment provider designated by the board.
- (2) The notice issued ordering the individual to submit to examination shall delineate acts, conduct or behavior committed or displayed which establish reason to believe that the individual is impaired.
- (3) Failure to submit to examination ordered by the board constitutes an admission of impairment unless the failure is due to circumstances beyond the individual's control.

(B) In cases where the only disciplinary action initiated against the individual is for violation of division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (A)(18) of section 4759.07 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code, division (A)(18) of section 4761.09 of the Revised Code, ~~or~~ division (B)(6) of section 4762.13 of the Revised Code, division (B)(6) of section 4774.13 of the Revised Code, or division (B)(6) of section 4778.14 of the Revised Code, the following general pattern of action shall be followed:

- (1) Upon identification by the board of reason to believe that a licensee or applicant is impaired it may compel an examination or examinations as set forth in paragraph (A) of this rule. The examination must meet all requirements of rule 4731-16-05 of the Administrative Code.
 - (a) If the examination or examinations fail to disclose impairment, no action shall be initiated pursuant to division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (A)(18) of section 4759.07 of the Revised Code, division (B)(6) of section 4760.13 of the Revised Code, ~~or~~ division (A)(18) of section 4761.09 of the Revised Code, division (B)(6) of section 4762.13 of the Revised Code, division (B)(6) of section 4774.13 of the Revised Code, or division (B)(6) of section 4778.14 of the Revised Code unless

other investigation produces reliable, substantial, and probative evidence demonstrating impairment.

- (b) If the examination or examinations disclose impairment, or if the board has other reliable, substantial and probative evidence demonstrating impairment, the board shall initiate proceedings to suspend the license or deny the applicant. The board may issue an order of summary suspension as provided in division (G) of section 4730.25 of the Revised Code, division (G) of section 4731.22 of the Revised Code, division (G) of section 4759.07 of the Revised Code, division (G) of section 4760.13 of the Revised Code, ~~or division (G) of section 4761.09 of the Revised Code,~~ division (G) of section 4762.13 of the Revised Code, division (G) of section 4774.13 of the Revised Code, or division (G) of section 4778.14 of the Revised Code.
- (2) The presence of one or more of the following circumstances shall constitute independent proof of impairment and shall support license suspension or denial without the need for an examination:
- (a) The individual has relapsed during or following treatment;
 - (b) The individual has applied for or requested treatment in lieu of conviction of a criminal charge or intervention in lieu of conviction of a criminal charge, or has applied for or requested entry into a similar diversion or drug intervention program;
 - (c) The individual has pled guilty to or has had a judicial finding of guilt of a criminal offense that involved the individual's personal use or abuse of any controlled substance.
- (3) Before being eligible to apply for reinstatement of a license suspended under this paragraph the impaired individual must demonstrate to the board that the individual can resume practice in compliance with acceptable and prevailing standards of care under the provisions of the individual's license certificate. Such demonstrations shall include but shall not be limited to the following:
- (a) Certification from a treatment provider approved under section 4731.25 of the Revised Code that the individual has successfully completed all required treatment, as follows:
 - (i) Except as provided in paragraph (B)(3)(a)(ii) of this rule, the required treatment shall include inpatient or residential treatment that extends a minimum of twenty-eight days with the following

exception: If the individual has previously completed an inpatient or residential treatment program of at least twenty-eight days and maintained sobriety for at least one year following completion of that inpatient or residential treatment, the treatment required shall be determined by the treatment provider.

- (ii) If the impaired individual is a massage therapist, dietitian, respiratory care professional, radiologist assistant, or genetic counselor ~~or cosmetic therapist~~ who does not meet the criteria set forth in paragraph (B)(3)(a)(iii) of this rule, the required treatment shall include intensive outpatient treatment meeting the requirements of paragraph (A)(13) of rule 4731-16-08 of the Administrative Code. The required intensive outpatient treatment must include a minimum of twenty treatment sessions over no less than five consecutive weeks with the following exception: If the massage therapist, dietitian, respiratory care professional, radiologist assistant, or genetic counselor ~~or cosmetic therapist~~ has previously completed an intensive outpatient treatment program of at least twenty treatment sessions over no less than five consecutive weeks and has maintained sobriety for at least one year following completion of that intensive outpatient treatment, the treatment required shall be determined by the treatment provider.
 - (iii) If the impaired individual is a massage therapist, dietitian, respiratory care professional, radiologist assistant, or genetic counselor ~~or cosmetic therapist~~ who was investigated by the board for possible impairment as part of a previous application for or while holding any license certificate issued by the board other than a license certificate to practice massage therapy, dietetics, respiratory care, as a radiologist assistant, or as a genetic counselor ~~or cosmetic therapy~~, the required treatment shall be in compliance with paragraph (B)(3)(a)(i) of this rule.
- (b) Evidence of continuing full compliance with an aftercare contract that meets the requirements of rule 4731-16-10 of the Administrative Code, and with any consent agreement or order of the board then in effect;
 - (c) Two written reports indicating that the individual's ability to practice has been assessed and that the individual has been found capable of practicing according to acceptable and prevailing standards of care. The reports shall be made by individuals or providers approved by the board for making such assessments and shall describe the basis for this determination. A physician who is the medical director of a treatment provider approved

under section 4731.25 of the Revised Code and this chapter of the Administrative Code may perform such an assessment without prior board approval.

- (4) Subject to the provisions of paragraph (D) of this rule, the board may reinstate a license suspended under this paragraph after the demonstration described in paragraph (B)(-3) of this rule and after the individual has entered into a written consent agreement which conforms to the requirements set forth in rule 4731-16-06 of the Administrative Code, or after the board has issued a final order in lieu of a consent agreement.
- (5) When the impaired individual resumes practice after license reinstatement, the board shall require continued monitoring of the individual. This monitoring shall include but not be limited to compliance with the written consent agreement entered into before reinstatement or compliance with conditions imposed by board order after a hearing, and, upon termination of the consent agreement, submission by the individual to the board, for at least two years, of annual written progress reports made under penalty of perjury stating whether the license holder has maintained sobriety.
- (C) In cases where the board has initiated a disciplinary action for violations of any provisions of Chapter 4731., Chapter 4730., Chapter 4759., Chapter 4760., Chapter 4761., ~~or~~ Chapter 4762., Chapter 4774., or Chapter 4778. of the Revised Code or any of its rules in addition to division (B)(5) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (A)(18) of section 4759.07 or the Revised Code., division (B)(6) of section 4760.13 of the Revised Code, division (A)(18) of section 4761.09 of the Revised Code. ~~or~~ division (B)(6) of section 4762.13 of the Revised Code, division (B)(6) of section 4774.13, or division (B)(6) of section 4778.14 of the Revised Code. the general pattern of action described in paragraph (B) of this rule will be followed with the following exceptions:
- (1) If the board permanently revokes a license, the individual shall not be eligible for further consideration for licensure or license reinstatement;
 - (2) If the board imposes a period of ineligibility for licensure, the individual shall not be eligible for licensure or license reinstatement until the period of ineligibility has lapsed;
 - (3) If the board imposes an indefinite period of ineligibility, licensure or license reinstatement shall depend upon successful completion of the requirements in paragraphs (B)(-3) and (B)(4) of this rule and determination by the board that the period of suspension or ineligibility served is commensurate with the violations found.

(D) Except as provided in this paragraph, an individual who has relapsed during or following treatment shall be ineligible to apply for reinstatement for at least ninety days following the date of license suspension for a first relapse, for at least one year following the date of license suspension for a second relapse, and for at least three years following the date of license suspension for a third relapse. An individual who suffers a relapse, as that term is defined in paragraph (B) of rule 4731-16-01 of the Administrative Code, will not be subjected to suspension or other board discipline based on that relapse if all of the following conditions are met:

- (1) The relapse was the first ever suffered by the individual;
- (2) The relapse occurred under circumstances that the board finds minimized the probability that the individual would either provide patient care while under influence of alcohol or drugs or leave patients without necessary care while under the influence of alcohol or drugs;
- (3) The relapse involved a single occasion of use for less than one day;
- (4) The individual self-reported the relapse within forty-eight hours in accordance with rule 4731-15-01 of the Administrative Code;
- (5) The individual does not thereafter suffer another relapse;
- (6) The board does not obtain evidence of acts, conduct or omissions that would support the imposition of discipline, apart from the relapse itself;
- (7) The relapse does not lead to the individual being charged with any criminal offense;
- (8) The individual reported the relapse to an approved treatment provider within forty-eight hours, submitted to evaluation as requested by the approved treatment provider, and obtained any additional treatment recommended;
- (9) The individual suspended practice until the approved treatment provider reported in writing to the board that it had made a clear determination that the individual was capable of practicing according to acceptable and prevailing standards of care; and
- (10) The approved treatment provider provides the board a full report of the evaluation, and the board's secretary and supervising member decide that there are not circumstances warranting the initiation of disciplinary action.

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4731-16-05

Examinations.

(A) Any examination ordered by the board under division (F)(2) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (F) of section 4759.07 of the Revised Code, division (F)(2) of section 4760.13 of the Revised Code, division (F) of section 4761.09 of the Revised Code, ~~or~~ division (F)(2) of section 4762.13 of the Revised Code, division (F)(2) of section 4774.13 of the Revised Code, or division (F)(2) of section 4778.14 of the Revised Code in order to determine impairment, or any examination of an applicant for or a holder of a certificate issued under Chapter 4730., Chapter 4731., Chapter 4759., Chapter 4760. Chapter 4761., ~~or~~ Chapter 4762., Chapter 4774., or Chapter 4778. of the Revised Code performed by an approved treatment provider shall include all of the following:

- (1) Urine, ~~hair screening~~ or blood ~~toxicology alcohol~~-testing, or any combination both, with legal chain of custody and forensic capability protocol;
- (2) Comprehensive evaluation pertinent to the reasons for referral, including:
 - (a) Complete medical history and physical examination;
 - ~~(b)~~ Routine laboratory tests, to include complete blood count and liver function studies;
 - ~~(c)~~ Psychiatric evaluation, except as in paragraph (A)(3)(b)(ii); and mental status examination;
 - ~~(d)~~ Comprehensive biopsychosocial assessment; chemical use history; and
 - ~~(e)~~ Corroborating interviews of at least two persons who are close to the individual;
 - ~~(f)~~ Administration of at least two clinically approved substance use disorder assessment tools; and
- (3) One of the following assessment standards, as applicable:
 - (a) Except as provided in paragraph (A)(3)(b) of this rule, observation of the individual in an inpatient setting for at least seventy-two consecutive hours, unless the approved treatment provider diagnoses the individual as chemically dependent and formulates a treatment plan in a shorter time period.
 - (b) If the individual is a massage therapist, dietitian, respiratory care professional, radiologist assistant, or genetic counselor ~~or cosmetic~~

~~therapist~~ who does not meet the criteria set forth in paragraph (A)(3)(c) of this rule:

(i) ~~In-depth~~Outpatient assessment that meets the requirements of (A)(1) and (2), including use of a structured interview, by a physician, registered nurse or nurse practitioner who has specialized training in addiction medicine or treatment of addiction, or by a licensed independent chemical dependency counselor or licensed chemical dependency counselor III;

~~(ii) Routine laboratory tests, to include complete blood count and liver function studies;~~

~~(iii) Corroborating interviews of at least two persons who are close to the individual;~~

~~(iv) Administration of the "Beck Depression Inventory" and the "Hamilton Anxiety Survey;" and~~

~~(v)~~(ii) Any other requirements as identified by the board or treatment provider. Psychiatric evaluation is not required in an examination administered under this paragraph unless the need for such an evaluation is identified by the board of the treatment provider.

(c) If the individual is a massage therapist, dietitian, respiratory care professional, radiologist assistant, or genetic counselor ~~or cosmetic therapist~~ who was investigated by the board for possible impairment as part of a previous application for or while holding any certificate issued by the board, observation of the individual in an inpatient setting for at least seventy-two consecutive hours, unless the approved treatment provider diagnoses the individual as chemically dependent and formulates a treatment plan in a shorter time period.

(B) A diagnosis made by an approved treatment provider based on an examination ordered by the board under division (F)(2) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (F) of section 4759.07 of the Revised Code, division (F)(2) of section 4760.13 of the Revised Code, division (F) of section 4761.09 of the Revised Code, ~~or~~ division (F)(2) of section 4762.13 of the Revised Code, division (F)(2) of section 4774.13 of the Revised Code, or division (G)(2) of section 4778.14 of the Revised Code shall be made solely for the purpose of providing evidence for use by the board. A licensee or applicant who undergoes an examination ordered by the board but who refuses to authorize the treatment provider to release reports or information to the board shall be deemed to

have failed to submit to the examination due to circumstances within the individual's control, and a default and final order may be entered without the taking of testimony or presentation of evidence as provided in division (F)(2) of section 4730.25 of the Revised Code, division (B)(26) of section 4731.22 of the Revised Code, division (F) of section 4759.07 of the Revised Code, division (F)(2) of section 4760.13 of the Revised Code, ~~or division (F) of section 4761.09 of the Revised Code~~, division (F)(2) of section 4762.13 of the Revised Code, division (F)(2) of section 4774.13 of the Revised Code, or division (F)(2) of section 4778.14 of the Revised Code.

- (C) The report issued pursuant to an examination ordered by the board shall be submitted to the board within five days following completion of the examination.
- (D) The board may require the certificate holder or applicant to submit to a drug toxicology screen at the time it serves its order to submit to an examination or at any time after it issues the examination order and before the examination is completed.
 - (1) The drug toxicology screen shall be considered part of the examination.
 - (2) Refusal to submit to the drug toxicology screen immediately upon such request shall constitute failure to submit to a mental or physical examination ordered by the board and shall constitute an admission of the allegations against the individual, unless the failure is due to circumstances beyond the individual's control. A default and final order may be entered without the taking of testimony or presentation of evidence.
- (E) An individual ordered by the board to an examination who refuses to authorize the treatment provider to contact any person identified by the treatment provider as being appropriate for the purpose of conducting a corroborating interview as part of the examination shall be deemed to have failed to submit to the examination due to circumstances within the individual's control, and a default and final order may be entered into without the taking of testimony or presentation of evidence.

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4731-16-08

Criteria for approval.

(A) Criteria for approval of treatment providers shall include all of the following:

- (1) The philosophy and individualized treatment plan of the program is based on the disease concept.
- (2) The chemical dependency model of treatment is based on a twelve-step program such as alcoholics anonymous.
- (3) The program provides specialized medical and nursing care during detoxification and appropriate health care professionals during treatment phase.
- (4) The evaluation process is an objective, measurable program which uses tools and testing procedures to identify patterns, progression, and stages of recovery at appropriate times in the treatment program. The evaluation shall also emphasize patient self-assessment.
- (5) The treatment provider has a network of referral agencies or professionals which meets the needs of the practitioner and significant others in the event that the needs go beyond the program's expertise or available facilities.
- (6) The treatment provider has a variety of treatment plan options including inpatient detoxification treatment, inpatient or residential treatment, and outpatient services.
- (7) The involvement and treatment of family and significant others is provided.
- (8) The provider gives each patient who has been diagnosed as in need of treatment a written list of approved treatment providers from whom indicated inpatient or residential treatment, outpatient treatment, or aftercare can be obtained.
- (9) The provider holds certification as an alcoholism program or drug treatment program by the Ohio department of alcohol and drug addiction services, or if located outside Ohio, holds appropriate certification or registration with an agency exercising a similar function in the state in which it is located.
- (10) The provider provides advocacy services only at no cost to the patient, or provides such services only after obtaining the signature of the patient acknowledging that he or she has been notified:
 - (a) That advocacy is not treatment;
 - (b) That nothing in Chapter 4730., 4731., 4759., 4760., 4761., ~~or 4762.~~, 4774., or 4778. of the Revised Code or this chapter of the Administrative Code

requires a practitioner to obtain aftercare, monitoring or advocacy from the provider of inpatient or extended residential treatment or intensive outpatient treatment, as applicable; and

- (c) That the practitioner's refusal to obtain aftercare, monitoring, or advocacy services from the provider of inpatient treatment or intensive outpatient treatment, as applicable, shall not constitute grounds to report to the board so long as the practitioner demonstrates that the practitioner has contracted with another approved treatment provider to receive any further recommended treatment.
- (11) The provider has the capability of making an initial examination to determine what type of treatment an impaired practitioner requires.
- (12) The provider requires that each patient who is subject to the jurisdiction of the board, who is determined to be impaired, except as provided in paragraph (A) (13) of this rule, complete a minimum of twenty-eight days of inpatient or residential treatment, or a combination thereof, during which the patient shall be prohibited by the terms of the treatment contract from conducting any practice or practice related activities, and after which the provider shall evaluate the patient and determine the necessity for further treatment based solely on clinical grounds. The exceptions in paragraph (C) of this rule notwithstanding, the provider must personally provide the required inpatient or residential treatment and the assessment or must confirm that another approved treatment provider has provided the inpatient or residential treatment and the assessment before providing any outpatient treatment or aftercare. The inpatient or residential treatment program must have a continuing inpatient or residential patient census sufficient to provide an appropriate treatment milieu for patients receiving treatment in the inpatient or residential setting. This paragraph shall not apply to a patient who has previously completed an inpatient or residential treatment program of at least twenty-eight days if the patient was able to maintain sobriety for at least one year following completion of that inpatient or residential treatment.
- (13) The provider requires that a massage therapist, dietitian, respiratory care professional, radiologist assistant, or genetic counselor ~~or cosmetic therapist~~ who is determined to be impaired and who does not meet the criteria set forth in paragraph (A)(14) of this rule, complete a minimum of twenty treatment sessions over no less than five consecutive weeks of intensive outpatient treatment, after which the provider shall evaluate the patient and determine the necessity for further treatment based solely on clinical grounds. The intensive outpatient treatment must include:

- (a) Witnessed toxicology screens with legal chain of custody and forensic capability performed weekly at therapy sessions;
 - (b) At least three twelve-step meetings weekly;
 - (c) All treatment sessions lasting a minimum of three hours, not including time spent watching videos or participating in twelve-step meetings;
 - (d) Family education lasting at least two hours weekly.
- (14) The provider requires that a massage therapist, dietitian, respiratory care professional, radiologist assistant, or genetic counselor ~~or cosmetic therapist~~ who was investigated by the board for possible impairment as part of a previous application or while holding any certificate by the board other than a certificate to practice as a massage therapist, dietitian, respiratory care professional, radiologist assistant or genetic counselor ~~or cosmetic therapist~~, complete the inpatient or residential treatment required in paragraph (A)(12) of this rule.
- (15) If the provider did not hold approval under this chapter prior to January 1, 2001, the provider is accredited by the joint commission on accreditation of health care organizations or by CARF (~~commission~~commission on accreditation of rehabilitation facilities.)
- (B) A treatment provider which does not meet the criteria of paragraph (A)(1) or (A)(2) of this rule may nonetheless be considered for approval if it establishes by evidence acceptable to the board that its philosophy, individualized treatment plan, or model of treatment is based on current scientific advances in the field of chemical dependency, and that its success in treatment is comparable or superior to that obtained by treatment providers which meet all the criteria of paragraph (A) of this rule.
- (C) A treatment provider that does not meet the criteria of paragraph (A)(3) or (A)(6) of this rule because it does not offer all phases of treatment may nonetheless be considered for approval if it meets both of the following requirements.
- (1) If it does not offer detoxification treatment, its policies and procedures are structured to assure that all patients who enter treatment have completed detoxification where detoxification is medically indicated.
 - (2) If it does not offer one or more required treatment phases (e.g. - inpatient treatment, intensive outpatient treatment, or extended residential treatment), it has affiliation agreements or working relationships with other treatment providers to which patients can be referred for any necessary treatment it does not offer.

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4731-22-07

Change to active status.

- (A) A registrant may apply to change to active status by completing the following:
- (1) If the application is received no more than two years after the date the registrant's Ohio license expired, the registrant shall have submitted a reinstatement application.
 - (2) If the application is received more than two years after the date the registrant's Ohio license expired, the registrant shall have submitted a restoration application.
- (B) The reinstatement or restoration application shall include all of the following.
- (1) Documentation of compliance with the continuing medical education requirements for an active licensee for the time period in which the registrant's license was in inactive status. This requirement must be fulfilled prior to submission of the application.
 - (2) Submission of appropriate renewal fees and any applicable monetary penalty pursuant to section 4731.281 of the Revised Code if the registrant is a physician or pursuant to section 4731.15 of the Revised Code if the registrant is a massage therapist ~~or cosmetic therapist~~.
 - (3) Submission of any other information required by the board.
- (C) In the event the holder of an emeritus certificate applies for restoration after two years from the date the registrant's Ohio license expired or if the registrant has not engaged in practice for more than two years, the board may require the applicant to demonstrate present fitness to practice pursuant to section 4731.222 of the Revised Code.

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4731-30-03

Approval of licensure applications.

- (A) For purposes of this rule, routine authorization means issuance of a license or certificate to an individual pursuant to an application that meets the following criteria:
- (1) The applicant meets eligibility requirements for the license or certificate under the applicable provisions of the Revised Code and Administrative Code
 - (2) If applicable, the secretary and supervising member of the board has granted to the applicant a waiver of, or a determination of equivalency to, any eligibility requirement, as may be provided for under the applicable provisions of the Revised Code and Administrative Code
~~The applicant is not seeking~~
 - (3) If applicable, the secretary and supervising member of the board has determined that the applicant has demonstrated fitness to resume practice due to inactivity under the applicable provisions of the Revised Code and Administrative Code
~~The applicant has is not required to~~
 - (4) The application presents no grounds for discipline under the applicable provisions of the Revised Code or Administrative Code.
- (B) The board authorizes the secretary and supervising member of the board to issue the following routine authorizations under the provisions of the Revised Code and Administrative Code, without prior consultation or approval by the board:
- (1) Certificate of conceded eminence pursuant to section 4731.297 of the Revised Code;
 - (2) Clinical research faculty certificate pursuant to section 4731.293 of the Revised Code;
 - (3) Visiting clinical professional development certificate pursuant to section 4731.298 of the Revised Code;
 - (4) Special activity certificate pursuant to section 4731.294 of the Revised Code;
 - (5) Special activity license to practice as a genetic counselor pursuant to section 4778.09 of the Revised Code.
 - (6) Expedited license to practice medicine and surgery or osteopathic medicine and surgery by endorsement pursuant to section 4731.299 of the Revised Code;
 - (7) Certificate to recommend medical use of marijuana pursuant to section 4731.30 of the Revised Code;

(C) The board authorizes the deputy director of licensure, or the deputy director's designee, to issue the following routine authorizations under the provisions of the Revised Code and Administrative Code, without prior consultation or approval by the board:

- (1) License to practice as a physician assistant pursuant to section 4730.12 of the Revised Code;
- (2) License to practice medicine and surgery or osteopathic medicine and surgery pursuant to section 4731.14 of the Revised Code;
- (3) License to practice a limited branch of medicine pursuant to section 4731.17 of the Revised Code;
- (4) Training certificate pursuant to section 4731.291 of the Revised Code;
- (5) Volunteer's certificate pursuant to section 4731.295 of the Revised Code;
- (6) License to practice podiatric medicine and surgery pursuant to section 4731.56 of the Revised Code;
- (7) Visiting podiatric faculty certificate pursuant to section 4731.572 of the Revised Code;
- (8) Podiatric training certificate pursuant to section 4731.573 of the Revised Code;
- (9) License to practice dietetics and limited permit to practice dietetics pursuant to section 4759.06 of the Revised Code;
- (10) Certificate to practice as an anesthesiologist assistant pursuant to section 4760.04 of the Revised Code;
- (11) License to practice respiratory care and limited permit to practice respiratory care pursuant to section 4761.05 of the Revised Code;
- ~~(12) Certificate to practice as an oriental medicine practitioner pursuant to section 4762.03 of the Revised Code;~~
- ~~(13)~~(12) License to practice as an acupuncturist pursuant to section 4762.03 of the Revised Code;
- ~~(14)~~(13) License to practice as a radiologist assistant pursuant to section 4774.04 of the Revised Code;
- ~~(15)~~(14) License to practice as a genetic counselor pursuant to section 4778.05 of the Revised Code;

- ~~(16)~~(15) Supervised practice license as a genetic counselor pursuant to section 4778.08 of the Revised Code;
- ~~(17)~~(16) Temporary expedited license for members of the military and spouses who are licensed in another jurisdiction pursuant to section 4743.04 of the Revised Code.
- (D) The board authorizes the secretary and supervising member of the board to do the following:
- (1) Grant a waiver pursuant to the provisions of rule 4731-6-05 of the Administrative Code
 - (2) Determine graduate medical education equivalency pursuant to section 4731.09 of the Revised Code
 - (3) Determine whether an applicant has demonstrated fitness to resume practice due to inactivity under the applicable provisions of the Revised Code and Administrative Code.
- (E) In the interest of operational efficiency, the secretary and supervising member of the board may approve the use of protocols whereby, if the deputy director of licensure, or the deputy director's designee, finds that the parameters of an approved protocol are met:
- (1) A waiver pursuant to the provisions of rule 4731-6-05 may be deemed granted
 - (2) It may be deemed that an applicant's education, post-graduate medical training, experience, or other qualifications, is equivalent to the graduate medical education requirements set forth in section 4731.09 of the Revised Code.
 - (3) It may be deemed that an applicant has demonstrated fitness to resume practice due to inactivity under the applicable provisions of the Revised Code and Administrative Code.
- ~~(D)~~(F) An application for a license or certificate that is ineligible for routine authorization under this rule will be referred to the board for determination of whether an applicant shall be granted a license. An affirmative vote of not fewer than six members of the board is necessary for issuance of a license or certificate pursuant to an application that is not eligible for routine authorization.
- ~~(E)~~(G) Notwithstanding the provisions of this rule, the board may designate the referral of any class of applications to the board for approval. The secretary, supervising

member, or deputy director for licensure may refer any individual application to the board for approval.

Effective: 1/31/2022

CERTIFIED ELECTRONICALLY

Certification

01/12/2022

Date

Promulgated Under: 111.15
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Prior Effective Dates: 10/17/2019, 05/07/2020

4731-36-01

Military provisions related to education and experience requirements for licensure.**(A) Definitions**

For purposes of this chapter:

- (1) "Armed forces" means any of the following:
 - (a) The armed forces of the United States, including the army, navy, air force, marine corps, and coast guard;
 - (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
 - (c) The national guard, including the Ohio national guard or the national guard of any other state;
 - (d) The commissioned corps of the United States public health service;
 - (e) The merchant marine service during wartime;
 - (f) Such other service as may be designated by Congress; or
 - (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.
- (2) "Board" means the state medical board of Ohio.
- (3) "Service member" means any person who is serving in the armed forces.
- (4) "Veteran" means any person who has completed service in the armed forces, including the national guard of any state, or a reserve component of the armed forces, who has been discharged under honorable conditions from the armed forces or who has been transferred to the reserve with evidence of satisfactory service.

(B) Education and service for eligibility for licensure.

- (1) In accordance with section 5903.03 of the Revised Code, the following military programs of training, military primary specialties, and lengths of service are substantially equivalent to or exceed the educational and experience requirements for licensure as a physician assistant and for a prescriber number:

- (a) An individual serving in a military primary specialty listed in paragraph (B) (1)(b) of this rule must be a graduate of a physician assistant education program approved by the accreditation review commission on education for the physician assistant.
 - (b) Service in one of the following military primary specialties for at least two consecutive years while on active duty, with evidence of service under honorable conditions, including any experience attained while practicing as a physician assistant at a health care facility or clinic operated by the United States department of veterans affairs, may be substituted for a master's degree for eligibility for a license to practice as a physician assistant pursuant to section 4730.11 of the Revised Code and for a prescriber number pursuant to section 4730.15 of the Revised Code;
 - (i) Army: MOS 65D;
 - (ii) Navy: NOBC 0113;
 - (iii) Air force: AFSC 42G;
 - (iv) The national guard of Ohio or any state;
 - (v) Marine: Physician assistant services are provided by navy personnel;
 - (vi) Coast guard;
 - (vii) Public health service.
- (2) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure as a ~~cosmetic therapist~~ or massage therapist.
- (3) For purposes of section 5903.03 of the Revised Code, the board has determined that:
- (a) A diploma from a military medical school or military osteopathic medical school that at the time the diploma was issued was a medical school accredited by the liaison committee on medical education or an osteopathic medical school accredited by the American osteopathic association are substantially equivalent to the medical educational requirement for licensure to practice medicine and surgery or osteopathic medicine and surgery;

- (b) Military graduate medical education that is accredited by the accreditation council for graduate medical education is substantially equivalent to the graduate medical educational requirement for licensure to practice medicine and surgery or osteopathic medicine and surgery; and
 - (c) There are no military primary specialties or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice medicine and surgery or osteopathic medicine and surgery.
- (4) For purposes of section 5903.03 of the Revised Code, the board has determined that:
- (a) A degree from a military college of podiatric medicine and surgery that at the time the degree was granted was a college of podiatric medicine and surgery accredited by the council on podiatric medical education is substantially equivalent to the medical educational requirement for licensure to practice podiatric medicine and surgery;
 - (b) Military postgraduate training in a podiatric internship, residency, or clinical fellowship program accredited by the council on podiatric medicine is substantially equivalent to the graduate medical educational requirement for licensure to practice podiatric medicine and surgery; and
 - (c) There are no military primary specialties or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice podiatric medicine and surgery.
- (5) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure as a dietitian.
- (6) For purposes of section 5903.03 of the Revised Code, the board recognizes respiratory care educational programs offered by branches of the United States military that have been issued provisional accreditation, initial accreditation, continuing accreditation or other accreditation status conferred by the commission on accreditation for respiratory care (CoARC) or their successor organization that permits respiratory care programs offered by the United States military to continue to enroll and/or graduate students
- (7) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, and

lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as an acupuncturist ~~or oriental medicine practitioner~~.

- (8) For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a radiologist assistant.
- (9) For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a genetic counselor.

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