



**Terri Kondeff**  
**Director**

# Legislative Services Office Idaho State Legislature

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*Serving Idaho's Citizen Legislature*

## MEMORANDUM

**TO:** Senators PATRICK, Souza, Ward-Engelking and,  
Representatives DIXON, Furniss, Berch

**FROM:** Matt Drake - Senior Legislative Drafting Attorney

**DATE:** June 02, 2022

**SUBJECT:** Temporary Rule

IDAPA 24.00.00 - Notice of Omnibus Rulemaking (Fee Rule) Adoption of Temporary Rule - Docket  
No. 24-0000-2201F

We are forwarding this temporary rule to you for your information only. No analysis was done by LSO. This rule is posted on our web site. If you have any questions, please call Matt Drake at the Legislative Services Office at (208) 334-4845. Thank you.

Attachment: Temporary Rule

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Paul Headlee, Deputy Director   Kristin Ford, Manager   Keith Bybee, Manager   April Renfro, Manager   Glenn Harris, Manager  
Legislative Services Office   Research & Legislation   Budget & Policy Analysis   Legislative Audits   Information Technology

Statehouse, P.O. Box 83720  
Boise, Idaho 83720-0054

Tel: 208-334-2475  
legislature.idaho.gov

# IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

## DOCKET NO. 24-0000-2201F (FEE RULE)

### NOTICE OF OMNIBUS RULEMAKING – ADOPTION OF TEMPORARY RULE

**EFFECTIVE DATE:** The effective date of the temporary rule being adopted through this omnibus rulemaking as listed in the descriptive summary of this notice is the adjournment date of the second regular session of the 66th Idaho Legislature – March 31, 2022.

**AUTHORITY:** In compliance with Section 67-5226, Idaho Code, notice is hereby given this agency has adopted a temporary rule. The action is authorized pursuant to Section 67-2604, Idaho Code and the following additional sections of Idaho Code:

IDAPA 24.03 – Section 54-707, Idaho Code;  
IDAPA 24.06 – Section 54-3717, Idaho Code;  
IDAPA 24.09 – Section 54-1604, Idaho Code;  
IDAPA 24.10 – Section 54-1509, Idaho Code;  
IDAPA 24.11 – Section 54-605, Idaho Code;  
IDAPA 24.12 – Section 54-2305, Idaho Code;  
IDAPA 24.13 – Section 54-2206, Idaho Code;  
IDAPA 24.14 – Section 54-3204, Idaho Code;  
IDAPA 24.15 – Section 54-3404, Idaho Code;  
IDAPA 24.16 – Section 54-3309, Idaho Code;  
IDAPA 24.17 – Section 54-4705, Idaho Code;  
IDAPA 24.19 – Section 54-4205, Idaho Code;  
IDAPA 24.23 – Section 54-2910, Idaho Code;  
IDAPA 24.24 – Section 54-5607, Idaho Code;

IDAPA 24.26 – Section 54-5504, Idaho Code;  
IDAPA 24.27 – Section 54-4007, Idaho Code;  
IDAPA 24.31 – Section 54-912, Idaho Code;  
IDAPA 24.33 – Sections 54-1806, 54-5105, 54-3913, 54-4305, and 54-3505, Idaho Code;  
IDAPA 24.34 – Section 54-1404, Idaho Code;  
IDAPA 24.36 – Uniform Controlled Substances Act, Title 37, Chapter 27, Idaho Code; the Idaho Pharmacy Act, the Idaho Wholesale Drug Distribution Act, and the Idaho Legend Drug Donation Act, Title 54, Chapter 17, Idaho Code; and Sections 54-1717 and 37-2715, Idaho Code;

**DESCRIPTIVE SUMMARY:** The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule:

This temporary rulemaking adopts and republishes the following existing rule chapters previously submitted to and reviewed by the Idaho Legislature under IDAPA 24, rules of the Division of Occupational and Professional Licenses that relate to health care:

#### **IDAPA 24**

- 24.03.01, *Rules of the State Board of Chiropractic Physicians;*
- 24.06.01, *Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants;*
- 24.09.01, *Rules of the Board of Examiners of Nursing Home Administrators;*
- 24.10.01, *Rules of the State Board of Optometry;*
- 24.11.01, *Rules of the State Board of Podiatry;*
- 24.12.01, *Rules of the Idaho State Board of Psychologist Examiners;*
- 24.13.01, *Rules Governing the Physical Therapy Licensure Board;*
- 24.14.01, *Rules of the State Board of Social Work Examiners;*
- 24.15.01, *Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists;*
- 24.16.01, *Rules of the State Board of Dentistry;*
- 24.17.01, *Rules of the State Board of Acupuncture;*
- 24.19.01, *Rules of the Board of Examiners of Residential Care Facility Administrators;*
- 24.23.01, *Rules of the Speech, Hearing and Communication Services Licensure Board;*
- 24.24.01, *Rules of the Genetic Counselors Licensure Board;*
- 24.26.01, *Rules of the Idaho Board of Midwifery;*
- 24.27.01, *Rules of the Idaho State Board of Massage Therapy;*
- 24.31.01, *Rules of the Idaho State Board of Dentistry;*
- 24.33.01, *Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho;*
- 24.33.02, *Rules for the Licensure of Physician Assistants;*
- 24.33.04, *Rules for the Licensure of Naturopathic Medical Doctors;*

- 24.33.05, *Rules for the Licensure of Athletic Trainers to Practice in Idaho*;
- 24.33.06, *Rules for Licensure of Respiratory Therapists and Permitting of Polysomnographers in Idaho*;
- 24.33.07, *Rules for the Licensure of Dietitians*;
- 24.34.01, *Rules of the Idaho Board of Nursing*; and
- 24.36.01, *Rules of the Idaho State Board of Pharmacy*.

**TEMPORARY RULE JUSTIFICATION:** Pursuant to Sections 67-5226(1)(a-c) and 67-5226(2), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate for the following reasons:

This temporary rule is necessary to protect the public health, safety, and welfare of the citizens of Idaho and confer a benefit on its citizens. These temporary rule chapters implement the duly enacted laws of the state of Idaho, provide citizens with the detailed rules and standards for complying with those laws, and assist in the orderly execution and enforcement of those laws. The expiration of these rule chapters without due consideration and processes would undermine the public health, safety and welfare of the citizens of Idaho and deprive them of the benefit intended by the rule.

**FEE SUMMARY:** Pursuant to Section 67-5226(2), the Governor has found that the fee(s) or charge(s) imposed through this rulemaking is justified and necessary to avoid immediate danger and the fees are described herein:

The fees or charges, authorized in the sections of Idaho Code referenced below, are part of the agency’s 2023 budget that relies upon the existence of these fees or charges to meet the state’s obligations and provide necessary state services. Failing to reauthorize these temporary rules would create immediate danger to the state budget, immediate danger to necessary state functions and services, and immediate danger of a violation of Idaho’s constitutional requirement that it balance its budget.

The following is a specific description of the fees or charges:

**24.03.01, Rules of the State Board of Chiropractic Physicians** – Fees are established in accordance with Section 54-707A, Idaho Code, as follows:

<b>Fee Type</b>	<b>Amount (Not to Exceed)</b>
Application	\$200
Original License	\$200
Annual Renewal	\$200
Inactive License	\$150
Reinstatement of Expired License	\$35
Reinstatement of Inactive License	\$150
Temporary Permit	\$150
Intern Permit	\$150
Application for Clinical Nutrition Certification	\$175
Original for Clinical Nutrition Certification	\$175
Clinical Nutrition Certification Renewal	\$175

**24.06.01, Rules for the Licensure of Occupational Therapists and Occupational Therapy Assistants** – Fees are established in accordance with Section 54-3712, Idaho Code, as follows:

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>	<b>RENEWAL FEE (Not to Exceed)</b>
Initial Licensure for Occupational Therapists	\$80	\$40
Initial Licensure for Occupational Therapy Assistants	\$60	\$30
Limited Permit or Temporary License	\$25	
Reinstatement Fee	As provided in Section 67-2614, Idaho Code	
Inactive License Renewal	\$20	
Inactive to Active License	The difference between the current inactive and active license renewal fees	

**24.09.01, Rules of the Board of Examiners of Nursing Home Administrators** – Fees are established in accordance with Section 54-1604, Idaho Code, as follows:

<b>FEE</b>	<b>AMOUNT (Not to Exceed)</b>
Original Application	\$200
Original License	\$200
Annual Renewal	\$200
Endorsement Application	\$200
Temporary Permit	\$100
Administrator-in-training	\$100
License Reinstatement	\$100

**24.10.01, Rules of the State Board of Optometry** – Fees are established in accordance with Section 54-1506, Idaho Code, as follows:

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>
License Application	\$100
Annual Fund	\$75
Annual Renewal	\$75
Certificate to Obtain and Use Pharmaceutical Agents	\$10
Reinstatement	As provided in Section 67-2614, Idaho Code

**24.11.01, Rules of the State Board of Podiatry** – Fees are established in accordance with Sections 54-605 and 54-606, Idaho Code, as follows:

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>
Application	\$200
Original License	\$400
Written Examination	Set by National Examining Entity
Annual Renewal	\$500
Inactive License Annual Renewal	\$250

**24.12.01, Rules of the Idaho State Board of Psychologist Examiners** – Fees are established in accordance with Sections 54-2307, 54-2312, 54-2312A, 54-2315, and 54-2318, Idaho Code, as follows:

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>	<b>RENEWAL (Not to Exceed)</b>
Original Application for Licensure by Exam	\$150	
Inactive License Renewal	\$125	
Annual Renewal	\$250	
Application for Service Extender	\$100	\$100
Original Application for Licensure by Endorsement/Senior Psychologist	\$250	
Original Application for Provisional Certification of Prescriptive Authority	\$250	\$250
Original Application for Certification of Prescriptive Authority	\$250	\$250
Original Application for Certification of Prescriptive Authority by Endorsement	\$250	
Examination and Reexamination	The amount charged by the national examining entity plus a processing fee of \$25	
Reinstatement	As set forth in Section 67-2614, Idaho Code.	
Temporary License	\$50	

**24.13.01, Rules Governing the Physical Therapy Licensure Board** – Fees are established in accordance with Section 54-313, Idaho Code:

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>	<b>RENEWAL (Not to Exceed)</b>
Physical Therapist License	\$25	\$25
Physical Therapist Assistant License	\$20	\$20
Examination	Established by examination entity plus an administrative fee not to exceed \$20	
Reinstatement	As provided in Section 67-2614, Idaho Code	
Application	\$25	
Dry Needling Certification	\$25	\$25
Physical Therapist Inactive	\$15	\$15
Physical Therapist Assistant Inactive	\$10	\$10
Inactive to Active License	The difference between the inactive fee and active license renewal fee	

**24.14.01, Rules of the State Board of Social Work Examiners** – Fees are established in accordance with Section 54-3209, Idaho Code, as follows:

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>	<b>RENEWAL (Not to Exceed)</b>	<b>INACTIVE (Not to Exceed)</b>
Application	\$70		
Examination	Set by testing service		
Endorsement and License	\$90		
Licensed Clinical Social Worker	\$70	\$90	\$45
Licensed Masters Social Worker	\$70	\$80	\$40
Licensed Social Worker	\$70	\$80	\$40
Reinstatement	In accordance with Section 67-2614, Idaho Code		

**24.15.01, Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists** – Fees are established in accordance with Section 54-3411, Idaho Code, as follows:

<b>LICENSE/PERMIT/REGISTRATION</b>	<b>INITIAL FEE (Not to Exceed)</b>	<b>ANNUAL RENEWAL FEE (Not to Exceed)</b>
Application	\$100	
License	\$100	\$120
Intern Registration	\$25	
Reinstatement Fee	As provided in Section 67-2614, Idaho Code	
Senior License		\$60
Inactive License		\$60
Inactive to Active License Fee	The difference between the current inactive and active license renewal fees	

**24.16.01, Rules of the State Board of Dentistry** – Fees are established in accordance with Section 54-3312, Idaho Code, as follows:

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>
License Application and Examination	\$300
License Application and Re-examination	\$300
Intern Application and Permit	\$300
Initial License	\$300
Inactive License	\$50
Annual Renewal	\$750

**24.17.01, Rules of the State Board of Acupuncture** – Fees are established in accordance with Section 54-4710(2), Idaho Code, as follows:

<b>License/Certification/Permit/Certification</b>	<b>Initial Fee (Not to Exceed)</b>	<b>Annual Renewal Fee (Not to Exceed)</b>
Application	\$50	n/a
License	\$150	\$75
Certification	\$150	\$75
Acupuncture Trainee	\$150	\$50
Inactive License or Certification	n/a	\$50
Reinstatement	\$250	n/a

**24.19.01, Rules of the Board of Examiners of Residential Care Facility Administrators** – Fees are established in accordance with Sections 54-4205 and 54-4206, Idaho Code, as follows:

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>
Application	\$150
Annual Renewal	\$150
Provisional Permit	\$150
Reissuance of Lost License	\$10
Reinstatement	As provided in Section 67-2614, Idaho Code

**24.23.01, Rules of the Speech, Hearing and Communication Services Licensure Board** – Fees are established in accordance with Sections 54-2912, 54-2913, 54-2914, 54-2915, 54-2916A, 54-2918, and 54-2921, Idaho Code, as follows:

<b>LICENSE/PERMIT/REGISTRATION</b>	<b>INITIAL FEE (Not to Exceed)</b>	<b>ANNUAL RENEWAL FEE (Not to Exceed)</b>
Application	\$30	
Original or Endorsement	\$70	\$100
Provisional Permit or Extension	\$100	
Registration Out-of-State Licensee	\$10	
Reinstatement Fee	As provided in Section 67-2614, Idaho Code	
Inactive License		\$65
Inactive to Active License Fee	The difference between the current inactive and active license renewal fees	

**24.24.01, Rules of the Genetic Counselors Licensing Board** – Fees are established in accordance with Section 54-5613, Idaho Code, as follows:

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>
Application	\$200
Original License	\$200
Annual Renewal	\$200
Provisional License	\$200
License by Endorsement	\$200
Examination	Determined by third-party examination administrator
Reinstatement	As provided in Section 67-2614, Idaho Code



**24.26.01, Rules of the Idaho Board of Midwifery** – Fees are established in accordance with Section 54-5509, Idaho Code, as follows:

<b>APPLICATION</b>	<b>FEE (Not to Exceed)</b>
Initial Application	\$200
Initial License	\$800 (amount will be refunded if license not issued)
Renewal	\$850 (amount will be refunded if license not renewed)
Reinstatement	\$50

**24.27.01, Rules of the Idaho State Board of Massage Therapy** – Fees are established in accordance with Section 54-4008, Idaho Code, as follows:

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>
Application	\$50
Original License	\$65
Annual Renewal	\$65
License by Endorsement	\$75
Temporary License	\$25
Provisional Permit	\$25
Reinstatement	As provided in Section 67-2614, Idaho Code
Examination	Established by Administrator

**24.31.01, Rules of the Idaho State Board of Dentistry** – Fees are established in accordance with Sections 54-916 and 54-920, Idaho Code, as follows:

<b>License/Permit Type</b>	<b>Application Fee</b>	<b>License/Permit Fee</b>
Dentist/Dental Specialist	\$300	Active Status: \$375 Inactive Status: \$160
Dental Hygienist	\$150	Active Status: \$175 Inactive Status: \$85
Dental Therapist	\$200	Active Status: \$250 Inactive Status: \$125
Sedation Permit	\$300	\$300

**IDAPA 24.33** – Fees are established in accordance with Sections 54-1806, 54-5105, 54-3913, 54-4305, and 54-3505, Idaho Code; Idaho Code, as follows:

*24.33.01, Rules of the Board of Medicine for Licensure to Practice Medicine & Osteopathic Medicine in Idaho;*

<b>Fees – Table (Non-Refundable)</b>		
Licensure Fee	-	Not more than \$600
Temporary License	-	Not more than \$300
Reinstatement License Fee plus total of renewal fees not paid by applicant	-	Not more than \$300
Inactive License Renewal Fee	-	Not more than \$100
Renewal of License to Practice Medicine Fee	-	Not more than \$300
Duplicate Wallet License	-	Not more than \$20
Duplicate Wall Certificate	-	Not more than \$50
Volunteer License Application Fee	-	\$0
Volunteer License Renewal Fee	-	\$0

<b>Fees – Table</b>		
Resident and Intern Registration Fee	-	Not more than \$25
Registration Annual Renewal Fee	-	Not more than \$25

*24.33.02, Rules for the Licensure of Physician Assistants;*

<b>Fees – Table (Non-Refundable)</b>		
Licensure Fee - Physician Assistant & Graduate Physician Assistant	-	Not more than \$250
Annual License Renewal Fee	-	Not more than \$150
Reinstatement Fee	-	\$50 plus past renewal fees
Reinstatement Fee for Graduate Physician Assistant	-	Not more than \$100
Inactive License Fee	-	Not more than \$150
Annual Renewal of Inactive License Fee	-	Not more than \$100
Inactive Conversion Fee	-	Not more than \$150

*24.33.04, Rules for the Licensure of Naturopathic Medical Doctors;*

<b>Fees – Table (Non-Refundable)</b>	
Licensure Fee	Not more than \$600
Annual License Renewal Fee	Not more than \$300
Reinstatement Fee	Not more than \$200

<b>Fees – Table (Non-Refundable)</b>	
Inactive License Renewal Fee	Not more than \$100
Duplicate Wallet License Fee	Not more than \$20
Duplicate Wall Certificate Fee	Not more than \$50

**24.33.05, Rules for the Licensure of Athletic Trainers to Practice in Idaho;**

<b>Fees – Table (Non-Refundable)</b>	
Athletic Trainer Licensure Fee	- Not more than \$240
Athletic Trainer Annual Renewal Fee	- Not more than \$160
Directing Physician Registration Fee	- Not more than \$50
Annual Renewal of Directing Physician Registration Fee	- Not more than \$25
Alternate Directing Physician Registration/Renewal Fee	- \$0
Provisional Licensure Fee	- Not more than \$80
Annual Renewal of Provisional License Fee	- Not more than \$40
Inactive License Renewal Fee	- Not more than \$80
Reinstatement Fee	- Not more than \$50 plus unpaid renewal fees

**24.33.06, Rules for Licensure of Respiratory Therapists and Permitting of Polysomnographers in Idaho;**

<b>Fees – Table (Non-Refundable)</b>	
Respiratory Care Practitioner Initial Licensure Fee	- Not more than \$180
Respiratory Care Practitioner Reinstatement Fee	- \$50 plus unpaid renewal fees
Annual Renewal Fee for Inactive License	- Not more than \$100
Inactive Conversion Fee	- Not more than \$100
Annual Renewal Fee	- Not more than \$140
Provisional License Fee	- Not more than \$90

<b>Fees – Table (Non-Refundable)</b>	
Initial Permit Fee – Registered Polysomnographic Technologist and Polysomnographic Technician	- Not more than \$180
Reinstatement Fee – Registered Polysomnographic Technologist and Polysomnographic Technician	- \$50 plus unpaid renewal fees
Annual Renewal Fee – Registered Polysomnographic Technologist and Polysomnographic Technician	- Not more than \$140
Provisional Permit Fee – Registered Polysomnographic Technologist	- Not more than \$90

<b>Fees – Table (Non-Refundable)</b>	
Annual Renewal Fee for Inactive License—Polysomnographic Technologist and Polysomnographic Technician	- Not more than \$100
Inactive Conversion Fee	- Not more than \$100 plus unpaid active licensure fees for the time inactive

<b>Fees – Table (Non-Refundable)</b>	
Dual Licensure/Permit Fee	- Not more than \$180
A person holding a current license or permit, if qualified, may apply for and obtain a dual license/permit without paying an additional fee.	
Reinstatement Fee	- \$50 plus unpaid renewal fees
Annual Renewal Fee	- Not more than \$140
Renewal is required upon the expiration of either the permit or the license, whichever expires first if the two (2) initially were not obtained at the same time.	

**24.33.07, Rules for the Licensure of Dietitians;**

<b>Fees – Table (Non-Refundable)</b>	
Initial Licensure Fee	- Not more than \$150
Annual Renewal Fee	- Not more than \$100
Reinstatement Fee	- \$50 plus unpaid renewal fees
Inactive Conversion Fee	- Not more than \$50

**24.34.01, Rules of the Idaho Board of Nursing** – Fees are established in accordance with Section 54-1404(8), Idaho Code, as follows:

<b>24.34.01.900 - Initial Licensure, Renewal &amp; Reinstatement Fees</b>				
	<b>Registered Nurse</b>	<b>Practical Nurse</b>	<b>Advanced Practice Nurse</b>	<b>Medication Assistant - Certified</b>
Temporary License Fee	\$25	\$25	\$25	
Initial Application Fee			\$90	
License by Exam Fee	\$90	\$75	\$90	
License by Endorsement	\$110	\$110		
License Renewal	\$90	\$90	\$90	\$35
Expiration Date	Aug 31-odd years	Aug 31-even years	Aug 31-odd years	Aug 31-even years

<b>24.34.01.901 - Other Fees</b>	
Records Verification Fee	\$35
Return Check Fee	\$25

<b>24.34.01.903 - Education Program Fees</b>	
Evaluation of Nursing Education Programs	\$250
Evaluation of Courses of Instruction	\$500

<b>24.34.01.999 - Administrative Fine</b>	
Fine Assessment	\$100

**24.36.01, Rules of the Idaho State Board of Pharmacy** – Fees are established in accordance with Section 54-1720(4), Idaho Code, as follows:

<b>License/Registration</b>	<b>Initial Fee</b>	<b>Annual Renewal Fee</b>
Pharmacist License	\$140	\$130
Nonresident PIC Registration	\$290	\$290
Pharmacist Intern	\$50	\$50
Technician	\$35	\$35
Practitioner Controlled Substance Registration	\$60	\$60

<b>License/Registration</b>	<b>Initial Fee</b>	<b>Annual Renewal Fee</b>
Drug Outlet (unless otherwise listed)	\$100	\$100
Wholesale License	\$180	\$180
Wholesale Registration	\$150	\$150
Central Drug Outlet (Nonresident)	\$500	\$250
Mail Service Pharmacy	\$500	\$250
Durable Medical Equipment Outlet	\$50	\$50
Outsourcing Facility (Nonresident)	\$500	\$250
Manufacturer	\$150	\$150
Veterinary Drug Outlet	\$35	\$35

<b>Category</b>	<b>Fee</b>
Late payment processing fee	\$50
License or registration reinstatement fee	One-half (1/2) of the amount of the annual renewal

<b>Category</b>	<b>Fee</b>
Experiential hours certification	\$25
Duplicate pharmacist certificate of licensure	\$35

**ASSISTANCE ON TECHNICAL QUESTIONS:** For assistance on technical questions concerning the adoption of temporary rules, contact the undersigned.

DATED this 4th day of May, 2022.

Tim Frost, Deputy Administrator  
Division of Occupational & Professional Licenses  
Phone: (208) 577-2491  
11351 W. Chinden Boulevard, Building #6  
Boise, ID 83714  
P.O. Box 83720  
Boise, ID 83720-0063  
[tim.frost@dopl.idaho.gov](mailto:tim.frost@dopl.idaho.gov)

## 24.03.01 – RULES OF THE STATE BOARD OF CHIROPRACTIC PHYSICIANS

### 000. LEGAL AUTHORITY.

These rules are promulgated pursuant to Section 54-707, Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules govern the practice of chiropractic in Idaho. (3-31-22)T

### 002. -- 009. (RESERVED)

### 010. DEFINITION.

**01. Chiropractic Assistant.** A chiropractic assistant is an individual functioning in a dependent relationship with a supervising chiropractic physician in the performance of any chiropractic practice. (3-31-22)T

**02. Chiropractic Intern.** A chiropractic intern is defined as any individual who is presently enrolled in a school of chiropractic and is qualified to practice as an intern as established by the approved chiropractic college that the individual attends and who will function in a dependent relationship with a supervising chiropractic physician in the performance of chiropractic practice. (3-31-22)T

**03. Direct Personal Supervision.** Direct Personal Supervision means that the licensed chiropractic physician is physically present in the clinic, is monitoring the activities of the supervisee, and is available to intervene, if necessary. (3-31-22)T

**04. Inactive Retired.** The status of a licensee who is over sixty-five (65) years of age, has paid the inactive retired fee and is permanently retired from the practice of chiropractic. The holder of an inactive retired license may not practice chiropractic in Idaho. (3-31-22)T

### 011. -- 099. (RESERVED)

### 100. APPLICATIONS.

**01. Qualifications.** (3-31-22)T

**a.** New applicants will meet the following requirements: (3-31-22)T

i. National Boards Parts I, II, III, and IV; (3-31-22)T

ii. Graduation from a Council on Chiropractic Education (CCE) approved college or university; and (3-31-22)T

iii. Applicants will be required to sign an affidavit swearing under oath that they have fully reviewed and understand and will abide by the Chiropractic Act, Title 54, Chapter 7, Idaho Code, and the Board's Rules, IDAPA 24, Title 03, Chapter 01, "Rules of the State Board of Chiropractic Physicians." (3-31-22)T

**b.** Endorsement applicants will meet the following requirements: (3-31-22)T

i. Successful passage of the National Boards Parts which were in effect at the time of graduation from chiropractic college and physiotherapy; (3-31-22)T

ii. If licensed prior to January, 1980, CCE approved college or university not required. If licensed after January, 1980, applicant must have graduated from a CCE approved college or university; (3-31-22)T

iii. Five (5) years of consecutive practice without discipline immediately prior to application and holds a current, valid license to practice in a state, territory, or district of the United States or Canada; (3-31-22)T

iv. Applicants demonstrate that they possess the requisite qualifications to provide the same standard of chiropractic care as provided by physicians in this state. The Board may, in its sole discretion, require further examination to establish such qualifications, such as passage of the National Board Special Purposes Examination for Chiropractors (SPEC); and (3-31-22)T

v. Applicants sign an affidavit swearing under oath that they have fully reviewed and understand and will abide by the Chiropractic Act, Title 54, Chapter 7, Idaho Code, and the Board's Rules, IDAPA 24, Title 03,

Chapter 01, "Rules of the State Board of Chiropractic Physicians."

(3-31-22)T

**101. -- 149. (RESERVED)**

**150. FEES.**

All fees are non-refundable.

<b>Fee Type</b>	<b>Amount (Not to Exceed)</b>
Application	\$200
Original license	\$200
Annual renewal	\$200
Inactive license	\$150
Reinstatement of expired license	\$35
Reinstatement of inactive license	\$150
Temporary permit	\$150
Intern permit	\$150
Application for clinical nutrition certification	\$175
Original for clinical nutrition certification	\$175
Clinical nutrition certification renewal	\$175

(3-31-22)T

**151. -- 199. (RESERVED)**

**200. EXAMINATIONS.**

It is the applicant's duty to take and successfully pass the National Board Examinations administered by the National Board of Chiropractic Examiners as specified in these rules.

(3-31-22)T

**201. -- 299. (RESERVED)**

**300. INACTIVE LICENSE.**

A licensee holding a current active license in this state who is not practicing chiropractic in this state may be issued an inactive license in accordance with Section 54-708(2), Idaho Code, as follows:

(3-31-22)T

**01. Inactive Status.** Each application for an Inactive status license must be accompanied by:

(3-31-22)T

**a.** The established fee; and

(3-31-22)T

**b.** A written application to change a current active license to an inactive license.

(3-31-22)T

**c.** An inactive license is issued for one (1) year.

(3-31-22)T

**02. Inactive License Status Renewal.**

(3-31-22)T

**a.** An inactive license must be renewed annually by submitting the established fee and renewal application. Inactive licenses not renewed will be canceled.

(3-31-22)T

**b.** All continuing education requirements will be waived for any year or portion thereof that a licensee maintains an inactive license and is not actively practicing or supervising in Idaho.

(3-31-22)T



**03. Return to Active Status of License Inactive for Five (5) or Fewer Years.** An inactive license holder whose license has been inactive for five (5) or fewer years may convert from inactive to active license status by: (3-31-22)T

- a.** Making written application to the Board on a form prescribed by the Board; (3-31-22)T
- b.** Providing documentation to the Board showing successful completion within the previous twelve (12) months of the continuing education requirements for renewal of an active license; and (3-31-22)T
- c.** Paying a fee equivalent to the difference between the current inactive fee and the active renewal fee. (3-31-22)T

**04. Return to Active Status of License Inactive for More Than Five (5) Years.** An inactive license holder whose license has been inactive for more than five (5) years may convert from inactive to active license status by: (3-31-22)T

- a.** Making written application to the Board on a form prescribed by the Board. (3-31-22)T
- b.** Providing an account to the Board for that period of time during which the license was inactive and fulfilling requirements that demonstrate competency to resume practice. Those requirements may include, but are not limited to, education, supervised practice, and examination as determined by the Board. The Board may consider practice in another jurisdiction in determining competency. (3-31-22)T
- c.** Paying a fee equivalent to the difference between the current inactive fee and the active renewal fee. (3-31-22)T

**05. Clinical Nutrition Certificate Expires.** If a licensee holds a clinical nutrition certificate and places their license on inactive status, the clinical nutrition certificate is immediately canceled as though the license was not timely renewed as provided in Section 703 of these rules. (3-31-22)T

**06. Reissuance of Clinical Nutrition Certificate.** An inactive license holder who held a clinical nutrition certificate at the time their license was placed on inactive status who returns to active license status pursuant to this rule may be reissued a clinical nutrition certificate by showing proof of compliance with the provisions of Sections 704, 705, and 706 that apply to their situation. (3-31-22)T

**301. -- 349. (RESERVED)**

**350. CONTINUING EDUCATION.** All licensees must comply with the following continuing education requirements: (3-31-22)T

**01. Requirement.** Applicants for renewal are required to complete a minimum of eighteen (18) hours of continuing education within the preceding twelve (12) months, as approved by the Board. (3-31-22)T

**a.** Continuing education credit will only be given for actual time in attendance or for the time spent participating in the educational activity. (3-31-22)T

**b.** The educational setting may include a classroom, conference/seminar, on-line, or a virtual classroom. (3-31-22)T

**c.** If the licensee completes two (2) or more courses having substantially the same content during any one (1) renewal period, the licensee only will receive continuing education credit for one (1) of the courses. (3-31-22)T

**02. Documentation.** Each licensee maintains documentation verifying continuing education attendance and curriculum for a period of five (5) years from the date of completion. This documentation will be subject to audit by the Board. (3-31-22)T

**a.** Documented evidence of meeting the continuing education requirement will be in the form of a certificate or letter from the sponsoring entity that includes verification of attendance by the licensee, the title of the activity, the subject material covered, the dates and number of hours credited, and the presenter's full name and professional credentials. (3-31-22)T

**b.** A licensee must submit the verification documentation to the Board if requested by the Board. In the event a licensee fails to provide the Board with acceptable documentation of the hours attested to on the renewal application, the licensee may be subject to disciplinary action. (3-31-22)T

**03. Waiver.** The Board may waive the requirements of this rule for reasons of individual hardship including health or other good cause. The licensee should request the waiver in advance of renewal and must provide any information requested by the Board to assist in substantiating hardship cases. This waiver is granted at the sole discretion of the Board. (3-31-22)T

**04. Carryover of Continuing Education Hours.** Continuing education hours not claimed in the current renewal year may be claimed in the next renewal year. Hours may be carried forward from the immediately preceding year, and may not be carried forward more than one renewal year. (3-31-22)T

**05. Exemption.** A licensee is exempt from the continuing education requirements under this section for the period between the initial issuance or the original license and the first expiration date of that license. (3-31-22)T

**06. Continuing Education Activities.** The following educational activities qualify for continuing education: (3-31-22)T

**a.** Post-graduate education courses, germane to chiropractic practice as approved by the Board. (3-31-22)T

**b.** Attendance at Board meetings. (3-31-22)T

**351. APPROVAL OF CONTINUING EDUCATION COURSES.**

**01. Approved Continuing Education Courses.** Approved continuing education courses are those courses, programs, and activities that are germane to the practice of chiropractic, as defined in Sections 54-704(1) and (2), Idaho Code, and meet the general requirements and content requirements of these rules, and are approved, sponsored, or provided by the following entities or organizations, or otherwise approved by the Board: (3-31-22)T

**a.** Council of Chiropractic Education (CCE) approved chiropractic college or university, a college or university accredited by a nationally recognized accrediting agency as recognized by the United States Secretary of Education or an educational program approved by the Board; (3-31-22)T

**b.** Providers of Approved Continuing Education (PACE); (3-31-22)T

**c.** National and state chiropractic associations; and (3-31-22)T

**d.** Provider Course Approval. Other courses that may be approved by the Board based upon documentation submitted by a continuing education provider. Requests for approval of courses made by the provider must be submitted on a form approved by the Board that includes: (3-31-22)T

**i.** The nature and subject of the course and how it is germane to the practice of chiropractic; (3-31-22)T

**ii.** The name of the instructor(s) and their qualifications; (3-31-22)T

**iii.** The date, time, and location of the course; (3-31-22)T

**iv.** The specific agenda for the course; (3-31-22)T

- v. The number of continuing education hours requested; (3-31-22)T
- vi. The procedures for verification of attendance; and (3-31-22)T
- vii. Other information as may be requested by the Board. (3-31-22)T
- viii. Upon review of all information requested, the Board may deny any request for a course that does not meet the requirements of Idaho law or rule. Board approval of a course will be granted for a period not to exceed two (2) years or until the course materials or instructors are changed, whichever may occur first. (3-31-22)T

**02. Licensee Course Approval.** Other courses that may be approved by the Board based upon documentation submitted by the licensee. All requests for approval must be made to the Board in writing and include the nature and subject of the course and its relevancy to the practice of chiropractic, name of instructor(s) and their qualifications, date, time and location of the course, and procedures for verification of attendance. (3-31-22)T

**352. -- 399. (RESERVED)**

**400. APPROVED SCHOOLS OF CHIROPRACTIC.**

**01. Requirement for Approval. (3-31-22)T**

**a.** The Board will consider a school, college, or university in good standing only if such school, college, or university conforms to the requirements of “recognized candidate for accreditation,” or “accredited” of the Council of Chiropractic Education or any foreign country college which meets equivalent standards as determined by the Board and teaches accredited courses in all the subjects set forth in Section 54-709(1)(b), Idaho Code. (3-31-22)T

**b.** Regardless of the Council on Chiropractic Education status, the Board may make additional requirements for approval as a reputable school, college or university of Chiropractic. (3-31-22)T

**02. New Schools.** Those graduates of new schools of chiropractic will only be accepted for licensure application provided the school reaches “recognized candidate for accreditation” status with the Council on Chiropractic Education within one year following the first graduating class. (3-31-22)T

**401. -- 449. (RESERVED)**

**450. ADVERTISEMENTS.**

**01. Prohibited Advertising.** A chiropractor must not disseminate or cause the dissemination of any advertisement or advertising which is any way fraudulent, false, deceptive or misleading. Any advertisement or advertising will be deemed by the Board to be fraudulent, false, deceptive, or misleading if it: (3-31-22)T

**a.** Is likely to deceive, defraud, or harm the public; or (3-31-22)T

**b.** Uses false or misleading statement(s) regarding a chiropractor’s skill or the efficacy or value of the chiropractic medicine, treatment, or remedy prescribed by a chiropractor or at a chiropractor’s direction in the treatment of any disease or other condition of the body or mind. (3-31-22)T

**451. -- 549. (RESERVED)**

**550. CHIROPRACTIC ASSISTANTS.**

**01. Chiropractic Physician Responsible and Liable.** The chiropractic physician is responsible and liable for: (3-31-22)T

**a.** Direct personal supervision; (3-31-22)T

- b. Any acts of the assistant in the performance of chiropractic practice; (3-31-22)T
- c. Proper training and capabilities of the chiropractic assistant before authorization is given to perform any chiropractic practice. (3-31-22)T
- 02. Chiropractic Assistant Limitations.** A chiropractic assistant must not: (3-31-22)T
  - a. Manipulate articulations; (3-31-22)T
  - b. Provide diagnostic results or interpretations to the patient; (3-31-22)T
  - c. Provide treatment advice to any patient without instructions from the supervising Chiropractic Physician. (3-31-22)T

**551. CHIROPRACTIC INTERN.**

- 01. Chiropractic Physician Responsible and Liable.** The chiropractic physician is responsible and liable for: (3-31-22)T
  - a. Direct personal supervision of the intern; (3-31-22)T
  - b. Any acts of the intern in the performance of chiropractic practice; (3-31-22)T
  - c. Determining that the intern possesses sufficient training and capabilities before authorization is given to perform any chiropractic practice. (3-31-22)T
- 02. Chiropractic Intern Limitations.** A chiropractic intern must not: (3-31-22)T
  - a. Perform any chiropractic practice independently, but must perform all such practice under the direct personal supervision of a licensed Chiropractic Physician; (3-31-22)T
  - b. Provide diagnostic results or interpretations to the patient prior to consultation with the supervising Chiropractic Physician; (3-31-22)T
  - c. Provide treatment advice to any patient without instructions from the supervising Chiropractic Physician. (3-31-22)T

**552. TEMPORARY PRACTICE PERMITS.**

When an original application for license or internship is accepted by the board as being fully completed, in accordance with the requirements of the Idaho Chiropractic Physician Law and these Rules, a temporary permit to practice may be issued. (3-31-22)T

- 01. Supervision Required.** A permit holder may work only when under the direct personal supervision of a chiropractic physician currently licensed in Idaho. The name, address, and signature of the supervising chiropractic physician will appear on the application. (3-31-22)T
- 02. Only One Permit May Be Issued.** Only one (1) permit may be issued under any circumstances to any individual. (3-31-22)T
- 03. Validity of Temporary Permits.** Temporary permit to practice will be valid for a period not to exceed twelve (12) months and only: (3-31-22)T
  - a. In the case of an applicant for Idaho licensure, until the results of the next scheduled examination have been released. No work permit will be issued to an applicant who has previously failed an examination for licensure in this or any other state, territory, possession, or country more than once. Failure to sit for the next scheduled examination will invalidate the work permit and no further permits will be issued. (3-31-22)T

**b.** In the case of an intern, until the scheduled date of graduation from an approved school of chiropractic. Upon original application for licensure in Idaho, the intern permit may be extended by the board until the results of the next scheduled examination have been released. No work permit will be issued to an applicant who has previously failed an examination for licensure in this or any other state, territory, possession, or country more than once. Failure to sit for the next scheduled examination will invalidate the work permit and no further permits will be issued. (3-31-22)T

**553. -- 604. (RESERVED)**

**605. CODE OF ETHICS.**

Chiropractic physicians are responsible for maintaining and promoting ethical practice in accordance with the ethical principles set forth in Appendix A in these rules. (3-31-22)T

**606. -- 699. (RESERVED)**

**700. CLINICAL NUTRITION CERTIFICATION AND PRACTICE.**

**01. Non-Certified Clinical Nutritional Practice.** Clinical nutritional methods as referenced in Section 54-704(1), Idaho Code, include, but are not limited to, the clinical use, administration, recommendation, compounding, prescribing, selling, and distributing non-prescription vitamins, minerals, botanical medicine, herbals, homeopathic, phytonutrients, antioxidants, enzymes and glandular extracts, and durable and non-durable medical goods and devices. Nothing herein shall allow any deviation from Section 54-704(3), Idaho Code. (3-31-22)T

**02. Certified Clinical Nutritional Practice.** The Board may issue clinical nutrition certification to a chiropractic physician licensed by the Board who successfully completes the minimum education and complies with requirements in Chapter 7, Title 54, Idaho Code governing clinical nutrition certification and the requirements of Sections 700 through 706. (3-31-22)T

**701. (RESERVED)**

**702. REQUIREMENTS FOR CLINICAL NUTRITION CERTIFICATION.**

The Board may grant clinical nutrition certification to a licensee who completes an application, pays the applicable fees and meets the following requirements: (3-31-22)T

**01. General.** (3-31-22)T

**a.** Hold and maintain a current, active, unrestricted license as a chiropractic physician issued by the Board. (3-31-22)T

**b.** Not have been on probation or otherwise disciplined by the Board or by any other licensing board or regulatory entity; provided the applicant may make written request to the Board for an exemption review to determine the applicant's suitability for certification, which the Board shall determine in accordance with the following: (3-31-22)T

**i.** The exemption review shall consist of a review of any documents relating to the probation or discipline and any supplemental information provided by the applicant bearing upon the applicant's suitability for certification. The Board may, at its discretion, grant an interview of the applicant. During the review, the Board shall consider the following factors or evidence: (3-31-22)T

(1) The severity or nature of the violation(s) resulting in probation or discipline; (3-31-22)T

(2) The period of time that has passed since the violation(s) under review; (3-31-22)T

(3) The number or pattern of violations or other similar incidents; (3-31-22)T

(4) The circumstances surrounding the violation(s) that would help determine the risk of repetition; (3-31-22)T

(5) The relationship of the violation(s) to the practice of chiropractic or any health care profession, including but not limited to, whether the violation(s) related to clinical practice, involved patient care, a violation of any state or federal law, rule or regulation relating to controlled substances or to a drug, substance or product identified in Section 54-704(3)(b), Idaho Code; (3-31-22)T

(6) The applicant's activities since the violation(s) under review, such as employment, education, participation in treatment, payment of restitution, or any other factors that may be evidence of current rehabilitation; and (3-31-22)T

(7) Any other mitigating or aggravating circumstances. (3-31-22)T

ii. The applicant shall bear the burden of establishing current suitability for certification. (3-31-22)T

c. Successfully complete the requirements of Section 54-717, Idaho Code, and Section 702. (3-31-22)T

d. Written verification of current health care provider cardiopulmonary resuscitation (CPR) certification. Health care provider CPR certification must be from a course that includes a hands-on skill component as provided by the American Heart Association, American Red Cross, American Health and Safety Institute or similar provider approved by the Board. Written verification of current basic life support (BLS) certification. All chiropractic physicians holding clinical nutrition certification must maintain current health care provider CPR and BLS certification as provided in this Section. (3-31-22)T

e. Certify that the chiropractic physician has BLS equipment on the premises where clinical nutrition treatment is being performed. BLS equipment shall include at a minimum: (3-31-22)T

i. Rescue breathing equipment. (3-31-22)T

ii. Oxygen. (3-31-22)T

iii. Epinephrine. (3-31-22)T

f. Certify that the chiropractic physician possesses and will provide to patients informed consent documentation that explains the benefits and potential risks of the specific course of intravenous or injectable nutrition therapy that is being proposed and that the physician will in advance obtain from the patient written voluntary permission to perform the proposed therapy in accordance with Section 54-717(7), Idaho Code. (3-31-22)T

g. Payment of all fines, costs, fees or other amounts that are due and owing to the Board or in compliance with a payment arrangement with the Board is required to be eligible for clinical nutrition certification pursuant to Sections 700 through 706. (3-31-22)T

**02. Didactic Education Requirement.** Provide a certificate or other evidence acceptable to the Board of successful completion of a minimum of seven (7) credits (seventy-seven (77) hours) of didactic human nutrition, nutrition biochemistry, and nutritional pharmacology courses. The certificate or other evidence of successful completion must be provided directly to the Board by the educational institution. (3-31-22)T

a. Chiropractic physicians licensed by the Board who apply for clinical nutrition certification may be determined to have satisfied the didactic education requirements only if they present a certificate or other evidence acceptable to the Board pursuant to this Section demonstrating they commenced obtaining the didactic education required by this Section no earlier than three (3) years prior to applying for clinical nutrition certification and thereafter successfully completed the requirements. (3-31-22)T

**03. Practicum Requirement.** Provide a certificate or other evidence acceptable to the Board of successful completion of a minimum of twenty-four (24) hours of practicum in intravenous and injectable nutrient therapy, which must include: sterile needle practices, phlebotomy, proper injection techniques, intravenous therapy techniques, intramuscular injection techniques, safety practices, and use and expected outcomes utilizing

micronutrients, response to adverse effects, lab testing, and blood chemistry interpretation. (3-31-22)T

**a.** After July 1, 2019, the practicum of any applicant for clinical nutrition certification required by this Section must not have commenced more than two (2) years prior to the date of application for clinical nutrition certification and be successfully completed thereafter. (3-31-22)T

**04. Accredited Institution and Program Requirement.** The courses and practicum required by Subsections 702.02 and 702.03 must be taken from an accredited chiropractic college or other accredited institution of higher education. In addition the courses and practicum must be from an accredited program at the college or institution or be a program approved by the Board. (3-31-22)T

**a.** For purposes of this Section “accredited” means accredited by an accrediting agency recognized by the United States Department of Education. (3-31-22)T

**b.** For purposes of this Section “approved by the Board” means a program that is a “recognized candidate for accreditation,” has “initial accreditation” status or “preaccreditation” status by an accrediting body recognized by the United States Department of Education, or is substantially equivalent to a program having that status. (3-31-22)T

**c.** An applicant for clinical nutrition certification bears the burden to demonstrate their education and training in clinical nutrition meets the requirements of this Section, including both the accredited institution and accredited program requirements. (3-31-22)T

**05. Audit of Compliance with Clinical Nutrition Certification and Recertification Requirements.** The Board may conduct audits to confirm that licensees meet the requirements to maintain clinical nutrition certification and recertification. In the event a licensee audited by the Board fails to provide documentation or other evidence acceptable to the Board of meeting the clinical nutrition certification or recertification requirements as verified to the Board as part of their annual license renewal or the recertification process the matter will be referred to Division’s investigative unit for investigation and potential disciplinary proceedings by the Board. (3-31-22)T

**06. Requirement to Maintain Supporting Documentation.** A licensee need not submit documentation to the Board with a chiropractic license renewal application verifying qualifications for annual issuance of clinical nutrition certification pursuant to Section 703, or verifying qualifications to recertify clinical nutrition certification pursuant to Section 706. However, a licensee must maintain documentation for a period of five (5) years verifying the licensee has satisfied the requirements. A licensee must submit the documentation to the Board if the annual reissuance or the recertification is audited. All documentation must include the licensee’s name, and as applicable, the date the course or other required activity commenced and was completed, provider name, course title and description, length of the course/activity, and other information required by the Board. (3-31-22)T

### **703. ANNUAL ISSUANCE OF CLINICAL NUTRITION CERTIFICATION WITH LICENSE RENEWAL.**

**01. Expiration Date.** Chiropractic physicians’ clinical nutrition certification expires on the expiration date of their chiropractic license and must be issued annually with the renewal of their license pursuant to Section 350. The Board will waive the clinical nutrition certification fee in conjunction with the first timely renewal of the chiropractic license after initial clinical nutrition certification. (3-31-22)T

**02. Issuance.** Clinical nutrition certification is issued annually by timely submission of a chiropractic license renewal application, payment of the chiropractic license renewal fee, the clinical nutrition certification fee, any amounts owing pursuant to Subsection 702.01.g., and verifying to the Board that the licensee is in compliance with the requirements for clinical nutrition certification as provided in the Board’s laws and rules. (3-31-22)T

**03. Failure to Comply with Issuance Requirements.** (3-31-22)T

**a.** If a licensee with clinical nutrition certification fails to verify meeting clinical nutrition certification annual issuance requirements when renewing their chiropractic physician license the clinical nutrition certification is canceled and the chiropractic physician license will be renewed without clinical nutrition certification. (3-31-22)T

b. If a licensee with clinical nutrition certification fails to timely renew their chiropractic physician license their clinical nutrition certification is canceled. (3-31-22)T

c. Clinical nutrition certification canceled pursuant to this Section may be reissued within three (3) years in accordance with Section 704. (3-31-22)T

**704. REISSUANCE OF CANCELLED CLINICAL NUTRITION CERTIFICATION.**

**01. Reissuance.** Clinical nutrition certification canceled pursuant to Subsection 703.03 may be reissued within three (3) years of cancellation as follows: (3-31-22)T

a. Submission of a reissuance application and payment of the current clinical nutrition certification fee. (3-31-22)T

b. Submission of any other documents required by the Board for reissuance including but not limited to: (3-31-22)T

i. Documentation of holding current licensure as a chiropractic physician from the Board meeting the requirements of Section 702. (3-31-22)T

ii. Documentation of compliance with clinical recertification requirements in accordance with Section 706. (3-31-22)T

iii. Documentation of current health care provider CPR and BLS certification and certification that the chiropractic physician has BLS equipment on the premises where clinical nutrition treatment is performed and that informed consent and voluntary permission to perform the proposed therapy are being used in accordance with Section 702. (3-31-22)T

**705. CLINICAL NUTRITION CERTIFICATION CANCELLED FOR OVER THREE (3) YEARS.**

Clinical nutrition certification canceled for a period of more than three (3) years may not be reissued. The chiropractic physician so affected is required to make application to the Board in compliance with Section 701 and Section 702 and pay the application and other fees for new clinical nutrition certification. The applicant will be reviewed by the Board and considered as follows: (3-31-22)T

**01. Current Competency and Training.** The chiropractic physician must fulfill requirements as determined by the Board that demonstrate the chiropractic physician's competency to regain clinical nutrition certification in this state. Such requirements may include, but are not limited to, education, supervised practice, and examination, including some or all education, training and other requirements for original clinical nutrition certification as set forth in Section 54-717, Idaho Code, and Section 702. (3-31-22)T

**02. New Clinical Nutrition Certification.** Chiropractic Physicians who fulfill the conditions and requirements of this Section may be granted a new clinical nutrition certification. (3-31-22)T

**706. CLINICAL NUTRITION RECERTIFICATION REQUIREMENT.**

**01. Recertification in Clinical Nutrition Every Three (3) Years.** After Initial certification in clinical nutrition, chiropractic physicians must recertify in clinical nutrition every three (3) years in order to maintain clinical nutrition certification. (3-31-22)T

**02. Annual Verification of Meeting Requirements.** In order to maintain clinical nutrition certification pursuant to Section 54-717, Idaho Code, and Section 700, chiropractic physicians having clinical nutrition certification must annually verify, along with their chiropractic license renewal, pursuant to Subsection 706.01 by attesting to the Board they are in compliance with the requirements to recertify in clinical nutrition the following: (3-31-22)T

a. Completion within the three (3) years prior to recertification of a twelve (12) hour in person face to



face classroom course from an institution and program meeting Section 702.04 accreditation requirements. The course must include both didactic education and practical review and practice of contemporary developments and best practices to maintain core competency in the practice of clinical nutrition as set forth in Section 54-716, Idaho Code, and Section 54-717, Idaho Code. (3-31-22)T

**b.** Current licensure as a chiropractic physician issued by the Board meeting the requirements of Section 702. (3-31-22)T

**c.** Current health care provider CPR and BLS certification and that BLS equipment is maintained on the premises where clinical nutrition treatment is performed pursuant to Section 702. (3-31-22)T

**d.** They possess and will provide to patients informed consent documentation that explains the benefits and potential risks of the specific course of intravenous or injectable nutrition therapy that is being proposed and that the physician will in advance obtain from the patient written voluntary permission to perform the proposed therapy in accordance with Section 54-717(7), Idaho Code. (3-31-22)T

**03. Recertification is in Addition to Required Annual Continuing Education.** The twelve (12) hour recertification course requirement is in addition to the annual eighteen (18) hours of continuing education required under Section 350. (3-31-22)T

**04. Failure to Timely Recertify in Clinical Nutrition.** Clinical nutrition certification not timely recertified in accordance with Section 706 expires and is canceled. Clinical nutrition certification canceled for failure to recertify may be reissued within three (3) years in accordance with Section 704. (3-31-22)T

**707. OBTAINING AND INDEPENDENTLY ADMINISTERING CLINICAL NUTRITION PRESCRIPTION DRUG PRODUCTS.**

A chiropractic physician with clinical nutrition certification as defined by Sections 54-704(4), 54-716 and 54-717, Idaho Code, may obtain and independently administer prescription drug products in the practice of chiropractic subject to the conditions below. (3-31-22)T

**01. Current Certification in Clinical Nutrition Required.** Only chiropractic physicians who hold current certification in clinical nutrition by the Board may obtain and independently administer prescription drug products during chiropractic practice. (3-31-22)T

**02. Obtain Prescription Drugs Products from the Formulary.** A chiropractic physician with clinical nutrition certification may not obtain a prescription drug product that is not listed in the chiropractic clinical nutrition formulary. (3-31-22)T

**03. Only Administer Prescription Drug Products from the Formulary.** Chiropractic physicians with clinical nutrition certification may only administer those prescription drug products listed in the chiropractic clinical nutrition formulary. (3-31-22)T

**a.** Chiropractic physicians with clinical nutrition certification may not prescribe, dispense, distribute, or direct to a patient the use of a prescription drug product except as allowed in Section 54-704(5), Idaho Code. (3-31-22)T

**04. Routes of Administration and Dosing of Prescription Drug Products.** Prescription drug products listed in the chiropractic clinical nutrition formulary may be administered through oral, topical, intravenous, intramuscular or subcutaneous routes by a chiropractic physician with clinical nutrition certification. The route of administration and dosing are in accordance with the product's labeling as approved by the federal food and drug administration or with the manufacturer's instructions. (3-31-22)T

**05. Practice Limited to Chiropractic Physicians with Clinical Nutrition Certification.** Chiropractic interns, chiropractic assistants, holders of chiropractic temporary practice permits and others working under the authority or direction of a chiropractic physician may not perform any practice or function requiring clinical nutrition certification. (3-31-22)T

**06. Sale, Transfer, or Other Distribution of Prescription Drugs Prohibited.** Chiropractic physicians with clinical nutrition certification may obtain and administer prescription drug products to a patient only in accordance with this Section 707. Chiropractic physicians may not prescribe, sell, transfer, dispense, or otherwise distribute prescription drug products to any person or entity. Prescription drug products not administered to a patient are handled in accordance with Subsections 708.05, 708.06, and 708.07. (3-31-22)T

**708. CLINICAL NUTRITION FORMULARY.**

Chiropractic physicians certified in clinical nutrition may obtain and independently administer, during chiropractic practice, only the prescription drug products listed in this chiropractic clinical nutrition formulary and subject to the provisions hereof. (3-31-22)T

**01. Chiropractic Clinical Nutrition Prescription Drug Formulary.** Prescription drug products that may be used by chiropractic physicians with clinical nutrition certification are limited to the following: (3-31-22)T

- a.** Vitamins: vitamin A, all B vitamins and vitamin C; (3-31-22)T
- b.** Minerals: ammonium molybdate, calcium, chromium, copper, iodine, magnesium, manganese, potassium, selenium, sodium, and zinc; (3-31-22)T
- c.** Fluids: dextrose, lactated ringers, plasma lyte, saline, and sterile water; (3-31-22)T
- d.** Epinephrine; and (3-31-22)T
- e.** Oxygen for use during an emergency or allergic reaction. (3-31-22)T

**02. Sources of Clinical Nutrition Prescription Drug Products.** Prescription drug products listed in the chiropractic clinical nutrition formulary may be obtained only by a chiropractic physician with clinical nutrition certification and only from a source licensed under Chapter 17, Title 54, Idaho Code, that is a wholesale distributor, a manufacturer, a pharmacy, compounding pharmacy, or an outsourcing facility and from no other source. (3-31-22)T

**03. No Compounding of Prescription Drug Products.** No vitamin or mineral may be compounded, as defined in Section 54-1705, Idaho Code, by a chiropractic physician. A compounded drug product containing two (2) or more of the vitamins or minerals approved in the chiropractic clinical nutrition formulary may be obtained for office use by a chiropractic physician with clinical nutrition certification only from an outsourcing facility licensed under Chapter 17, Title 54, Idaho Code or compounding pharmacy and from no other source. A chiropractic physician may not obtain or use in chiropractic practice a compounded drug product containing a prescription drug product that is not included in the chiropractic clinical nutrition formulary. (3-31-22)T

**04. Limitations on Possession of Prescription Drug Products.** Possession of prescription drug products without a valid prescription drug order by chiropractic physicians licensed pursuant to Chapter 7, Title 54, Idaho Code, and certified pursuant to Sections 54-708, and 54-717, Idaho Code, or their agents or employees are limited to: (3-31-22)T

- a.** Only those prescription drug products listed in Sections 54-716, Idaho Code, and in the chiropractic clinical nutrition formulary; (3-31-22)T
- b.** Only those quantities reasonably required for use in the usual and lawful course of the chiropractic physician's clinical nutrition practice based on the patient panel size and history of orders. (3-31-22)T

**05. Prescription Drug Product Storage.** Clinical nutrition prescription drugs must be stored in accordance with United States Pharmacopeia-National Formulary requirements in an area maintained and secured appropriately to safeguard product integrity and protect against product theft or diversion. (3-31-22)T

**06. Expired, Deteriorated, Adulterated, Damaged, or Contaminated Prescription Drug Products.** Expired, deteriorated, adulterated, damaged, or contaminated prescription drug products must be removed from stock and isolated for return, reclamation or destruction. (3-31-22)T

**07. Compliance with Federal and State Requirements.** In addition to the requirements of the Idaho Chiropractic Practice Act and rules of the Board, chiropractic physicians must comply with all federal and state laws, rules and policies governing possession, storage, record keeping, use, and disposal of prescription drug products.

(3-31-22)T

**709. MEDICAL WASTE.**

Chiropractic physicians certified in clinical nutrition must dispose of medical waste during the practice of chiropractic clinical nutrition according to the following protocol:

(3-31-22)T

**01. Containers for Non-Sharp, Medical Waste.** Medical waste, except for sharps, must be placed in disposable containers/bags that are impervious to moisture and strong enough to preclude ripping, tearing, or bursting under normal conditions of use. The bags must be securely tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling, or transport. The containment system must have a tight-fitting cover and be kept clean and in good repair. All bags used for containment of medical waste must be clearly identified by label or color, or both.

(3-31-22)T

**02. Containers for Sharps.** Sharps must be placed in impervious, rigid, puncture-resistant containers immediately after use. After use, needles must not be bent, clipped or broken by hand. Rigid containers of discarded sharps must either be labeled or colored like the disposable bags used for other medical waste, or placed in such labeled or colored bags and disposed of according to container guidelines.

(3-31-22)T

**710. -- 999. (RESERVED)**

**Appendix A – Chiropractic Physicians Code of Ethics**

**PREAMBLE**

This code of ethics set forth principles for the ethical practice of chiropractic. All chiropractic physicians are responsible for maintaining and promoting ethical practice and otherwise complying with the terms of this code of ethics. To this end, the chiropractic physician must act in the best interest of the patient. This code of ethics is binding on all chiropractic physicians.

**1. Duty to Report**

A. It is the duty of every licensee to notify the Board through the Division of Occupational and Professional Licenses of any violation of the Chiropractic Act or Board Rules, if the licensee has personal knowledge of the conduct.

B. If a judgment is entered against a licensee in any court, or a settlement is reached on a claim involving malpractice exceeding fifty thousand dollars (\$50,000), a licensee must report that fact to the Board within thirty (30) days. The licensee may satisfy the provision of this subsection if he/she provides the Board with a copy of the judgment or settlement.

If convicted of a felony or a crime involving dishonesty, theft, violence, habitual use of drugs or alcohol, or sexual misconduct, the licensee must report that fact to the board within thirty (30) days following the conviction.

**2. Advertising of Research Projects**

Advertisement of Affiliation with Research Projects. If a licensee advertises any affiliation with a research project, he must make a written statement of the objectives, cost and budget of the project, and the person conducting the research. Such statements are to be made available at the request of the Board, to scientific organizations, and to the general public. The advertisement must indicate that it is supported by clinical research. Any willful failure to comply with these requirements will be deemed false and deceptive advertising under rule 450. Licensee must comply with all state and federal laws and regulations governing research projects on humans, and will obtain "Institutional Review Board" (IRB) approval as established and set forth in the U.S. Code of Federal Regulations, Title 45, Part 46, Subpart A (45 CFR 46.101-46-505).

### **3. Sexual Misconduct**

The doctor-patient relationship requires the chiropractic physician to exercise utmost care that he or she will do nothing to exploit the trust and dependency of the patient. Sexual misconduct is a form of behavior that adversely affects the public welfare and harms patients individually and collectively. Sexual misconduct exploits the doctor-patient relationship and is a violation of the public trust. This section of the Code of Ethics shall not apply between a chiropractor and their spouse.

For the purposes of this subsection, sexual misconduct is divided into sub-categories based upon the severity of the conduct:

A. Sexual Impropriety. Any behavior such as gestures, expressions, and statements which are sexually suggestive or demeaning to a patient, or which demonstrate a lack of respect for a patient's privacy.

B. Sexual Violation. Physician-patient contact of a sexual nature, whether initiated by the physician or the patient.

C. A chiropractic physician shall wait at least one (1) year ("waiting period") following the termination of a professional doctor-patient relationship, before beginning any type of sexual relationship with a former patient.

### **4. Prepaid Funds**

A chiropractic physician shall promptly refund any unearned fees within thirty (30) days upon request and cancellation of the prepaid contract. A full accounting of the patient account shall be provided to the patient at the time of the refund or upon request.

**24.06.01 – RULES FOR THE LICENSURE OF OCCUPATIONAL THERAPISTS  
AND OCCUPATIONAL THERAPY ASSISTANTS**

**000. LEGAL AUTHORITY.**

These rules are promulgated pursuant to Section 54-3717(2), Idaho Code. (3-31-22)T

**001. SCOPE.**

These rules govern the practice of occupational therapy in Idaho. (3-31-22)T

**002. -- 009. (RESERVED)**

**010. DEFINITIONS.**

**01. Client-Related Tasks.** Client-related tasks are routine tasks during which the aide may interact with the client but does not act as a primary service provider of occupational therapy services. (3-31-22)T

**02. Direct Line-of-Sight Supervision.** Direct line-of-sight supervision requires the supervisor's physical presence when services are being provided to clients by the individual under supervision. (3-31-22)T

**03. Direct Supervision.** Direct supervision requires daily, in-person contact by the supervisor at the site where services are provided to clients by the individual under supervision. (3-31-22)T

**04. Evaluation.** Evaluation is the process of obtaining and interpreting data necessary for treatment, which includes, but is not limited to, planning for and documenting the review, specific observation, interviewing, and administering data collection procedures, which include, but are not limited to, the use of standardized tests, performance checklists, and activities and tasks designed to evaluate specific performance abilities. (3-31-22)T

**05. General Supervision.** General Supervision requires in-person or synchronous interaction at least once per month by an occupational therapist and contact by other means as needed. Other means of contact include, but are not limited to, electronic communications such as email. (3-31-22)T

**06. Routine Supervision.** Routine Supervision requires in-person or synchronous interaction at least once every two (2) weeks by an occupational therapist and contact by other means as needed. Other means of contact include, but are not limited to, electronic communications such as email. (3-31-22)T

**011. SUPERVISION.**

An occupational therapist shall supervise and be responsible for the patient care given by occupational therapy assistants, limited permit holders, aides, and students. An occupational therapist's or occupational therapy assistant's failure to provide appropriate supervision in accordance with these rules is grounds for discipline. (3-31-22)T

**01. Occupational Therapy Assistants.** Occupational therapy assistants must be supervised by an occupational therapist. General Supervision must be provided at a minimum. (3-31-22)T

**02. Limited Permit Holders.** Limited permit holders must be supervised by an occupational therapist or occupational therapy assistant. Direct supervision must be provided at a minimum. The occupational therapist is responsible for the overall use and actions of the limited permit holder. (3-31-22)T

**03. Occupational Therapy Aides.** Occupational therapy aides do not provide skilled occupational therapy services. An aide must be trained by an occupational therapist or an occupational therapy assistant to perform specifically delegated tasks. The occupational therapist is responsible for the overall use and actions of the aide. The occupational therapist must oversee the development, documentation, and implementation of a plan to supervise and routinely assess the ability of the occupational therapy aide to carry out non-client related and client-related tasks. The occupational therapy assistant may contribute to the development and documentation of this plan. (3-31-22)T

**a.** The following factors must be present when an occupational therapist or occupational therapy assistant assigns a selected client-related task to the aide: (3-31-22)T

**i.** The outcome of the assigned task is predictable; (3-31-22)T

**ii.** The situation of the client and the environment is stable and will not require that judgment, interpretations, or adaptations be made by the aide; (3-31-22)T

**iii.** The client has demonstrated some previous performance ability in executing the task; and

- (3-31-22)T
- iv. The task routine and process have been clearly established. (3-31-22)T
  - b. Before assigning client-related and non-client related tasks to an aide, the occupational therapist or occupational therapy assistant must ensure that the aide is able to competently perform the task. (3-31-22)T
  - c. The occupational therapist or occupational therapy assistant must train the aide to perform client-related and non-client related tasks at least once per month. (3-31-22)T
  - d. An aide must perform client-related tasks under the direct line-of-sight supervision of an occupational therapist or occupational therapy assistant. (3-31-22)T
  - e. Occupational therapists and occupational therapy assistants must document all training and supervision of an aide. (3-31-22)T

**04. Students.** Students must be under the direct on-site supervision of an occupational therapist or occupational therapy assistant who is appropriately supervised by an occupational therapist. The occupational therapist is responsible for the overall use and actions of the student. (3-31-22)T

**05. Supervision Requirements.** Supervision is the direction and review of service delivery, treatment plans, and treatment outcomes. Unless otherwise specified in this rule, General Supervision is the minimum level of supervision that must be provided. Methods of supervision may include, but are not limited to, Direct Line-of-Sight Supervision, Direct Supervision, Routine Supervision, or General Supervision, as needed to ensure the safe and effective delivery of occupational therapy. (3-31-22)T

- a. An occupational therapist and an occupational therapy assistant must ensure the delivery of services by the individual being supervised is appropriate for client care and safety and must evaluate: (3-31-22)T
  - i. The complexity of client needs; (3-31-22)T
  - ii. The number and diversity of clients; (3-31-22)T
  - iii. The skills of the occupational therapist assistant, aide, or limited permit holder; (3-31-22)T
  - iv. The type of practice setting; (3-31-22)T
  - v. The requirements of the practice setting; and (3-31-22)T
  - vi. Other regulatory requirements applicable to the practice setting or delivery of services. (3-31-22)T
- b. Supervision must be documented in a manner appropriate to the supervised position and the setting. The documentation must be kept as required by Section 013 of these rules. (3-31-22)T
- c. Supervision must include consultation at appropriate intervals regarding evaluation, intervention, progress, reevaluation and discharge planning for each patient. Consultation must be documented and signed by the supervisor and supervisee. (3-31-22)T

**012. DEEP THERMAL, ELECTROTHERAPEUTIC, MECHANICAL PHYSICAL AGENT MODALITIES, AND WOUND CARE.**

**01. Qualifications.** Except as provided in Subsection 012.02 of these rules, a person may not utilize occupational therapy techniques involving deep thermal, electrotherapeutic, or mechanical physical agent modalities or perform wound care management unless the person is licensed by the Board as an occupational therapist and certified by the Hand Therapy Commission. In lieu of being certified by the Hand Therapy Commission, the person must have obtained education and training as follows. (3-31-22)T

**a.** If the person utilizes techniques involving deep thermal, electrotherapeutic, or mechanical physical agent modalities, the person must have successfully completed thirty (30) contact hours in the application of deep thermal, electrotherapeutic modalities, and mechanical physical agent modalities, along with forty (40) hours of supervised, on-the-job or clinical internship or affiliation training pertaining to such modalities. (3-31-22)T

**b.** If the person manages wound care, the person must have successfully completed fifteen (15) contact hours in wound care management, along with forty (40) hours of supervised, on-the-job or clinical internship or affiliation training pertaining to wound care management. (3-31-22)T

**c.** If the person utilizes both deep thermal, electrotherapeutic, or mechanical physical agent modalities and manages wound care, the forty (40) hours of supervised components may be obtained concurrently. (3-31-22)T

**02. Obtaining Education and Supervised Training.** A student occupational therapist, graduate occupational therapist, and an occupational therapist may utilize deep thermal, electrotherapeutic, or mechanical physical agent modalities or manage wound care while working towards obtaining the education and supervised training described in Section 012 of these rules. The supervisor must provide at least direct supervision to the student occupational therapist, and at least routine supervision to the graduate occupational therapist or occupational therapist. An occupational therapy assistant may apply deep thermal, electrotherapeutic, or mechanical physical agent modalities under routine supervision if the occupational therapy assistant has obtained the education and training described in this section. Otherwise, the occupational therapy assistant must work under direct line-of-sight supervision while applying such modalities. (3-31-22)T

**03. Supervised Training by Qualified Individual.** The supervised training described in Section 012 of these rules must be provided by an occupational therapist who is qualified pursuant to Subsection 012.01, or by another type of licensed health care practitioner whose education, training, and scope of practice enable the practitioner to competently supervise the person as to the modalities utilized and wound care management provided. (3-31-22)T

**013. RECORD KEEPING.**

Occupational therapists and occupational therapy assistants must maintain adequate records that are consistent with the standard business practices of the setting in which the licensee is providing occupational therapy or supervision and that show necessary client care, supervision provided by the licensee, and compliance with regulatory requirements applicable to the setting. (3-31-22)T

**014. -- 019. (RESERVED)**

**020. GENERAL QUALIFICATIONS FOR LICENSURE.**

**01. Applicant.** The Board may refuse licensure if it finds the applicant has engaged in conduct prohibited by Section 54-3718, Idaho Code; provided, the Board shall take into consideration the rehabilitation of the applicant and other mitigating circumstances. (3-31-22)T

**02. Education.** Each applicant shall provide evidence of successful completion of the academic requirements of an educational program in occupational therapy that is accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE), or by a predecessor or successor organization recognized by the United States Secretary of Education, the Council for Higher Education Accreditation, or both. (3-31-22)T

**03. Examination.** Each applicant shall either pass an examination required by the Board or shall be entitled to apply for licensure by endorsement or limited permit. (3-31-22)T

**a.** The written examination shall be the examination conducted by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) and the passing score shall be the passing score established by the NBCOT. (3-31-22)T

**b.** An applicant for licensure by examination who fails to pass the examination on two (2) attempts must submit a new application. (3-31-22)T

**021. APPLICATION FOR LICENSURE.**

**01. Licensure by Endorsement.** An applicant may be eligible for licensure without examination if he or she meets all of the other qualifications prescribed in Section 54-3709, Idaho Code, and also holds a current valid license or registration from some other state, territory or district of the United States, or certified by the National Board for Certification in Occupational Therapy providing they meet Idaho standards and are equivalent to the requirements for licensure pursuant to these rules. (3-31-22)T

**02. Limited Permit.** The Board may issue a Limited Permit to a graduate occupational therapist or graduate occupational therapy assistant who meets the requirements set forth by Sections 54-3706(1) and 54-3706(2), Idaho Code, who has not yet passed the examination as required in Paragraph 020.04.a. of these rules. (3-31-22)T

**a.** A Limited Permit shall only allow a person to practice occupational therapy in association with and under the supervision of a licensed occupational therapist. (3-31-22)T

**b.** A Limited Permit shall be valid six (6) months from the date of issue. (3-31-22)T

**c.** A Limited Permit may be extended by the Board for good cause. (3-31-22)T

**04. Temporary License.** The Board may issue a temporary license to a person applying for licensure as an occupational therapist or an occupational therapy assistant if the person is currently licensed and in good standing to practice in another jurisdiction and meets that jurisdiction's requirements for licensure by endorsement. (3-31-22)T

**a.** A temporary license shall automatically expire once the Board has processed the person's application for licensure and issued or denied the applied-for license, or in six (6) months after the date on which the Board issued the temporary license, whichever is sooner. (3-31-22)T

**05. Personal Interview.** The Board may, at its discretion, require the applicant to appear for a personal interview. (3-31-22)T

**022. WRITTEN STATEMENT OF SUITABILITY FOR LICENSURE.**

An applicant who, or whose license, has a criminal conviction, finding of guilt, withheld judgment, or suspended sentence for any crime under any municipal, state, or federal law other than minor traffic offenses, or has been subject to discipline by any state professional regulatory agency or professional organization must submit with the application a written statement and any supplemental information establishing the applicant's current suitability for licensure. (3-31-22)T

**01. Consideration of Factors and Evidence.** The Board shall consider the factors set forth in Section 67-9411, Idaho Code. (3-31-22)T

**02. Interview.** The Board may, at its discretion, grant an interview of the applicant. (3-31-22)T

**03. Applicant Bears the Burden.** The applicant shall bear the burden of establishing the applicant's current suitability for licensure. (3-31-22)T

**023. -- 024. (RESERVED)**

**025. CONTINUING EDUCATION.**

**01. Requirement.** Each licensee must successfully complete, in the twelve (12) months preceding license renewal, a minimum of ten (10) contact hours of continuing education, as approved by the Board. (3-31-22)T

**a.** One (1) contact hour is equivalent to one (1) clock hour for the purpose of obtaining continuing education. (3-31-22)T



**b.** The Board will waive the continuing education requirement for the first license renewal after initial licensure. (3-31-22)T

**02. Attestation.** The licensee attests, as part of the annual license renewal process, that the licensee is in compliance with the continuing education requirement. (3-31-22)T

**03. Courses and Activities.** At least five (5) of the contact hours directly relate to the delivery of occupational therapy services. The remaining contact hours are germane to the practice of occupational therapy and relate to other areas of a licensee’s practice. A licensee may take online or home study courses or self-competency assessments, as long as a course completion certificate is provided. (3-31-22)T

**a.** The delivery of occupational therapy services may include: models, theories or frameworks that relate to client care in preventing or minimizing impairment, enabling function within the person/environment or community context. (3-31-22)T

**b.** Other areas may include, but are not limited to, occupation based theory assessment/interview techniques, intervention strategies, and community/environment as related to the licensee’s practice. (3-31-22)T

**c.** Continuing education acceptable to the Board includes, but is not limited to, programs or activities sponsored by the American Occupational Therapy Association (AOTA), the Idaho Occupational Therapy Association (IOTA), or National Board for Certification in Occupational Therapy (NBCOT); post-professional coursework completed through any approved or accredited educational institution; or otherwise meet all of the following criteria: (3-31-22)T

i. The program or activity contributes directly to professional knowledge, skill, and ability; (3-31-22)T

ii. The program or activity relates directly to the practice of occupational therapy; and (3-31-22)T

iii. The program or activity must be objectively measurable in terms of the hours involved. (3-31-22)T

**04. Carry Over and Duplication.** A maximum of ten (10) continuing education hours may be carried forward from the immediately preceding year, and may not be carried forward more than one renewal year. If the licensee completes two (2) or more courses having substantially the same content during any one (1) renewal period, the licensee only will receive continuing education credit for one (1) of the courses. (3-31-22)T

**05. Documentation.** A licensee need not submit documentation of continuing education when the licensee renews a license. However, a licensee will maintain documentation verifying that the licensee has completed the continuing education requirement for a period of four (4) years from the date of completion. A licensee must submit the verification documentation to the Board if the licensee is audited by the Board. A percentage of occupational therapists and certified occupational therapy assistants will be audited every year. Documentation for all activities must include licensee’s name, date of activity or when course was completed, provider name, course title, description of course/activity, and number of contact hours. (3-31-22)T

**a.** Continuing education course work. The required documentation for this activity is a certificate or documentation of attendance. (3-31-22)T

**b.** In-service training. The required documentation for this activity is a certificate or documentation of attendance. (3-31-22)T

**c.** Professional conference or workshop. The required documentation for this activity is a certificate or documentation of attendance. (3-31-22)T

**d.** Course work offered by an accredited college or university, provided that the course work is taken after the licensee has obtained a degree in occupational therapy, and the course work provides skills and knowledge beyond entry-level skills or knowledge. The required documentation for this activity is a transcript. (3-31-22)T

- e. Publications. The required documentation for this activity is a copy of the publication. (3-31-22)T
  - f. Presentations. The required documentation for this activity is a copy of the presentation or program listing. Any particular presentation may be reported only once per reporting period. (3-31-22)T
  - g. Interactive online courses and evidence-based competency assessments. The required documentation for this activity is a certificate or documentation of completion. (3-31-22)T
  - h. Development of instructional materials incorporating alternative media such as video, audio and/or software programs to advance professional skills of others. The required documentation for this activity is a program description. The media/software materials must be available if requested during audit process. (3-31-22)T
  - i. Professional manuscript review. The required documentation for this activity is a letter from the publishing organization verifying review of manuscript. A maximum of five (5) hours is allowed per renewal period for this category. (3-31-22)T
  - j. Guest lecturer for occupational therapy related academic course work (academia not primary role). The required documentation for this activity is a letter or other documentation from instructor. (3-31-22)T
  - k. Serving on a professional board, committee, disciplinary panel, or association. The required documentation for this activity is a letter or other documentation from the organization. A maximum of five (5) hours is allowed per renewal period for this category. (3-31-22)T
  - l. Level II fieldwork direct supervision of an occupational therapy student or occupational therapy assistant student by site designated supervisor(s). The required documentation for this activity is the name of student(s), letter of verification from school, and dates of fieldwork. (3-31-22)T
- 06. Exemptions.** A licensee may request an exemption from the continuing education requirement for a particular renewal period for reasonable cause. The licensee must provide any information requested by the Board to assist in substantiating the licensee's need for a claimed exemption: (3-31-22)T

**026. -- 029. (RESERVED)**

**030. INACTIVE STATUS.**

- 01. Request for Inactive Status.** Occupational Therapists and Occupational Therapy Assistants requesting an inactive status during the renewal of their active license must submit a written request and pay the established fee. (3-31-22)T
- 02. Inactive License Status.** (3-31-22)T
  - a. Licensees may not practice in Idaho while on inactive status. (3-31-22)T
  - b. All continuing education requirements will be waived for any year or portion thereof that a licensee maintains an inactive license and is not actively practicing or supervising in Idaho, subject to Subsection 030.03 of these rules. (3-31-22)T
- 03. Reinstatement to Full Licensure from Inactive Status.** (3-31-22)T
  - a. Return to Active Status of License - Inactive for Five (5) or Fewer Years. An inactive license holder whose license has been inactive for five (5) or fewer years may convert from inactive to active license status by: (3-31-22)T
    - i. Providing documentation to the Board showing successful completion within the previous twelve (12) months of the continuing education requirements for renewal of an active license; and (3-31-22)T
    - ii. Paying a fee equivalent to the difference between the current inactive fee and the active renewal

fee. (3-31-22)T

**b.** Return to Active Status of License - Inactive for Greater than Five (5) Years. An inactive license holder whose license has been inactive for greater than five (5) years may convert from inactive to active license status by: (3-31-22)T

**i.** Providing documentation to the Board showing successful completion within the previous twelve (12) months of the continuing education requirements for renewal of an active license; and (3-31-22)T

**ii.** Providing proof that the licensee has actively engaged in the practice of occupational therapy in another state or territory of the United States for at least three (3) of the immediately preceding five (5) years, or provide proof that the licensee is competent to practice in Idaho. (3-31-22)T

**iii.** The Board may consider the following factors when determining proof of competency: (3-31-22)T

(1) Number of years of practice prior to transfer from active status; (3-31-22)T

(2) Employment in a field similar to occupational therapy; and (3-31-22)T

(3) Any other factors the Board deems appropriate. (3-31-22)T

**031. (RESERVED)**

**032. DENIAL OR REFUSAL TO RENEW, SUSPENSION OR REVOCATION OF LICENSE.**

**01. Grounds for Discipline.** In addition to the grounds set forth in Section 54-3718, Idaho Code, applicants may be denied or refused licensure and licensees are subject to discipline upon the following grounds, including but not limited to: (3-31-22)T

**a.** Obtaining a license by means of fraud, misrepresentation, or concealment of material facts; (3-31-22)T

**b.** Being guilty of unprofessional conduct or violating the Code of Ethics in Appendix A, incorporated herein by reference governing said licensees, including the provision of health care which fails to meet the standard of health care provided by other qualified licensees in the same community or similar communities, taking into account the licensee's training, experience and the degree of expertise to which he holds himself out to the public; (3-31-22)T

**c.** The unauthorized practice of medicine; (3-31-22)T

**d.** Failure to properly supervise persons as required in these rules. (3-31-22)T

**02. Penalties.** In addition to any other disciplinary sanctions the Board may impose against a licensee, the Board may impose a fine of up to one thousand dollars (\$1,000) per violation, or in such greater amount as the Board may deem necessary to deprive the licensee of any economic advantage gained by the licensee through the conduct that resulted in discipline and that reimburses the Board for costs of the investigation and disciplinary proceedings. (3-31-22)T

**033. -- 040. (RESERVED)**

**041. FEES.**

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>	<b>RENEWAL FEE (Not to Exceed)</b>
Initial Licensure for Occupational Therapists	\$80	\$40
Initial Licensure for Occupational Therapy Assistants	\$60	\$30
Limited Permit or Temporary License	\$25	
Reinstatement Fee	As provided in Section 67-2614, Idaho Code.	
Inactive License Renewal	\$20	
Inactive to Active License	The difference between the current inactive and active license renewal fees	

042. --999. (RESERVED)

(3-31-22)T

## 24.09.01 – RULES OF THE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS

### 000. LEGAL AUTHORITY.

These rules promulgated pursuant to Section 54-1604, Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules govern the practice of nursing home administration in Idaho. (3-31-22)T

### 002. -- 099. (RESERVED)

### 100. EXAMINATION FOR LICENSURE.

**01. Examination Fee.** The examination fee for the national examination will be in the amount as determined by the National Association of Long Term Care Administration Boards and is paid to the entity administering said examination. The examination fee is in addition to the license fee provided for in Section 54-1604, sub-paragraph (g), Idaho Code. (3-31-22)T

**02. Applicant History.** An applicant who has a conviction, finding of guilt, withheld judgment, or suspended sentence for any felony or any crime related to an applicant's fitness for licensure, or whose license has been subject to discipline in any state, territory, or country must submit with the application a written statement and any supplemental information establishing the applicant's current suitability for licensure. The Board may consider the factors set forth in Section 67-9411, Idaho Code. (3-31-22)T

**03. Contents of Exam, Passing Scores.** An applicant must pass an examination issued by NAB, and an examination pertaining to Idaho law and rules governing nursing homes administered by the Board. The passing score of the Idaho Laws and Rules Examination is seventy-five percent (75%). (3-31-22)T

**04. Date and Location of Exam.** Examinations are held at the location and at the times determined by the entity administering the national examination. The state examination is a take-home examination and is returned to the Board. (3-31-22)T

### 101. -- 199. (RESERVED)

### 200. CONTINUING EDUCATION REQUIREMENTS.

**01. Educational Requirements.** In order to qualify as continuing education, a seminar or course of study will be relevant to nursing home administration as determined by the Board and sponsored by accredited universities or colleges, State or National health related associations, and/or approved by NCERS (National Continuing Education Review Service). (3-31-22)T

**02. Renewal of License.** Applicants for renewal of license are required to complete a minimum of twenty (20) clock hours of approved courses within the preceding twelve-month (12) period. Licensees are not required to comply with this requirement during the first year in which they become licensed under this chapter. (3-31-22)T

**03. Carryover of Continuing Education Hours.** Continuing education hours not claimed in the current renewal year may be claimed in the next renewal year. A maximum of twenty (20) hours may be carried forward from the immediately preceding year, and may not be carried forward more than one (1) renewal year. (3-31-22)T

**04. Waiver.** The Board may waive the requirements of this rule for reasons of individual hardship including health or other good cause. The licensee should request the waiver in advance of renewal and will provide any information requested by the Board to assist in substantiating hardship cases. This waiver is granted at the sole discretion of the Board. (3-31-22)T

### 201. -- 299. (RESERVED)

### 300. ENDORSEMENT.

Each applicant for licensure by endorsement is required to document compliance with each of the following requirements. (3-31-22)T

**01. A Valid License.** Hold a valid and current nursing home administrator license issued in another

state or jurisdiction with substantially equivalent licensing standards. (3-31-22)T

**02. Experience/Education.** (3-31-22)T

**a.** One thousand (1,000) hours of experience as an administrator in training in another state; or (3-31-22)T

**b.** A total of one thousand (1,000) hours of combined experience obtained in an administrator in training program and from practical experience as an administrator in another state; or (3-31-22)T

**c.** A master's degree in health administration related to long-term care from an accredited institution; or (3-31-22)T

**d.** A master's degree in health administration or business administration with a healthcare emphasis from an accredited institution and one (1) year management experience in long-term care. (3-31-22)T

**03. National Examination.** Has taken and successfully passed the NAB examination. (3-31-22)T

**04. State Examination.** Has taken and successfully completed the state of Idaho examination. (3-31-22)T

**05. Criminal History.** Applicant is subject to Section 100.02 of these rules. (3-31-22)T

**301. -- 399. (RESERVED)**

**400. NURSING HOME ADMINISTRATORS-IN-TRAINING.**

**01. Supervised Hour Requirements.** An individual must successfully complete one thousand (1,000) hours under the direct supervision of a licensed nursing home administrator in compliance with Section 54-1610, Idaho Code, and these rules in order to be eligible to take the examination. (3-31-22)T

**02. Trainees.** A trainee must work on a full time basis in any capacity in an Idaho licensed nursing home setting. Full time shall be at least a thirty-two (32) hour per week work schedule with consideration for normal leave taken. (3-31-22)T

**a.** Each trainee shall register with the Board as a Nursing Home Administrator-In-Training (AIT) by submitting an application provided by the Board together with the required fee. The effective date of each AIT program shall be the date the Board approves the application. (3-31-22)T

**b.** Reports for those trainees employed in a nursing home must be submitted to the Board after completion of each five hundred (500) hour increment and reflect that the preceptor of the trainee has instructed, assisted and given assignments as deemed necessary to fulfill the requirements of Subsection 400.03. (3-31-22)T

**03. Nursing Home Administrator-in-Training Requirements.** A Nursing Home Administrator-in-Training shall be required to train in all domains of nursing home administration including the following: (3-31-22)T

**a.** Customer care, support, and services. (3-31-22)T

**b.** Human resources. (3-31-22)T

**c.** Finance. (3-31-22)T

**d.** Environment. (3-31-22)T

**e.** Management and leadership. (3-31-22)T

**f.** Completion of a specialized course of study in nursing home long-term health care administration

approved by NAB or otherwise approved by the Board. (3-31-22)T

**04. Facility Administrator.** The trainee must spend no less than thirty-two (32) hours a month with the preceptor in a training and/or observational situation in the five (5) domains of nursing home administration as outlined in Subsection 400.03. Time spent with the preceptor must be in addition to the full time work that the trainee must perform under Subsection 400.02, unless the Administrator-in-Training role is designated as a full time training position. Collectively, during the training period, reports must reflect particular emphasis on all five (5) domains of nursing home administration during the time spent in the nursing home. (3-31-22)T

**05. Preceptor Certification.** (3-31-22)T

**a.** A nursing home administrator who serves as a preceptor for a nursing home administrator-in-training must be certified by the Board of Examiners of Nursing Home Administrators. The Board will certify the Idaho licensed nursing home administrator to be a preceptor who: (3-31-22)T

**i.** Is currently practicing as a nursing home administrator and who has practiced a minimum of two (2) consecutive years as a nursing home administrator; and (3-31-22)T

**ii.** Who successfully completes a six (6) clock hour preceptor orientation course approved by the Board. (3-31-22)T

**b.** The orientation course will cover the philosophy, requirements and practical application of the nursing home administrator-in-training program and a review of the six (6) phases of nursing home administration as outlined in Subsection 400.03. (3-31-22)T

**c.** The preceptor must be re-certified by the Board every ten (10) years. (3-31-22)T

**401. -- 449. (RESERVED)**

**450. ADMINISTRATOR DESIGNEE QUALIFICATION.**

In order to practice as an administrator designee, an individual shall register with the Board as an Administrator Designee by submitting an application and providing documentation of each the following requirements. (3-31-22)T

**01. Criminal History.** Applicant is subject to Section 67-9411, Idaho Code. (3-31-22)T

**02. Education.** Provide proof of either: (3-31-22)T

**a.** A bachelors degree from an approved college or university, or (3-31-22)T

**b.** Two (2) years of satisfactory practical experience in nursing home administration or a related health administration area for each year of the required education as set forth in Section 54-1605(3), Idaho Code; (3-31-22)T

**04. Experience.** Provide proof of having one (1) year of management experience in a skilled nursing facility. Experience documented in Subsection 450.03.b. may also be used to meet this requirement. (3-31-22)T

**05. Authorization.** Submit an agreement signed by an Idaho Licensed Nursing Home Administrator who will act as a consultant to assist the designee in administrating the facility. (3-31-22)T

**451. -- 499. (RESERVED)**

**500. PERMITS.**

**01. Requirements for Issuance.** A temporary permit may be issued upon submission of an endorsement application evidencing a license in good standing in another state and payment of fees. The permit shall be valid until the Board acts upon their endorsement application. No more than one (1) temporary permit may be granted to any applicant for any reason. (3-31-22)T

**02. Issuance of a Temporary Permit Does Not Obligate the Board.** Issuance of a temporary permit does not obligate the board to subsequently issue a license. Issuance of a subsequent license depends upon a successful application to the Board. (3-31-22)T

**501. -- 599. (RESERVED)**

**600. FEES.**

<b>FEE</b>	<b>AMOUNT (Not to Exceed)</b>
Original Application	\$200
Original License	\$200
Annual Renewal	\$200
Endorsement Application	\$200
Temporary Permit	\$100
Administrator-in-training	\$100
License Reinstatement	\$100

(3-31-22)T

**601. -- 999. (RESERVED)**



## 24.10.01 – RULES OF THE STATE BOARD OF OPTOMETRY

### 000. LEGAL AUTHORITY.

These rules are promulgated pursuant to Section 54-1509, Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules govern the practice of optometry in Idaho. (3-31-22)T

### 002. -- 009. (RESERVED)

### 010. DEFINITIONS.

**01. Low Vision.** Refer to Section 54-1501(5), Idaho Code, correcting defects may include low vision but is not limited to low vision rehabilitation. (3-31-22)T

**02. Opticianry.** The professional practice of filling prescriptions from a licensed optometrist or ophthalmologist for ophthalmic lenses, contact lenses, and any other ophthalmic device used to improve vision. Opticianry does not include prescriptive authority. (3-31-22)T

**03. Vision Therapy.** Any person who assesses, diagnoses, treats, or prescribes treatment for conditions of the visual system or manages a patient with vision therapy, visual training, visual rehabilitation, orthoptics or eye exercises or who hold him/herself out as being able to do so for the rehabilitation and/or treatment of physical, physiological, sensorimotor, neuromuscular or perceptual anomalies of the eyes or vision system or who prescribes or utilizes lenses, prisms, filters, occlusion or other devices for the enhancement, rehabilitation and/or treatment of the visual system or prevention of visual dysfunctions, except under the supervision and management of a licensed optometrist, is engaged in the practice of optometry. (3-31-22)T

### 011. -- 174. (RESERVED)

### 175. METHOD OF APPLICATION – EXAMINATION OF APPLICANTS.

Applications for license shall be made on forms approved by the Board. (3-31-22)T

**01. Application.** The application must be accompanied by the required fee, a complete transcript of credits from any college of optometry attended, a photocopy of any diplomas granted by any college of optometry, and a copy of certified results establishing successful passage of the required examinations. (3-31-22)T

**02. Application Review.** Only fully completed applications accompanied by appropriate documents shall be reviewed for licensure. (3-31-22)T

**03. Exam Content.** The written and the practical portions of the Idaho examination shall be all parts of the National Board of Examiners in Optometry Examination (NBEOE) and the Board approved jurisprudence examination. A passing grade for the NBEOE shall be that established by the test provider. The passing grade for the jurisprudence examination shall be seventy-five percent (75%). A passing score on all examinations shall be necessary to qualify for a license to practice Optometry in Idaho. (3-31-22)T

### 176. -- 199. (RESERVED)

### 200. APPROVAL OF SCHOOLS OF OPTOMETRY.

The State Board of Optometry recognizes as reputable and in good standing the schools and colleges of optometry which have met the standards set by the Accreditation Council on Optometric Education, or its successor agency, a list of which may be obtained from the secretary of the Board or from the office of the Division of Occupational and Professional Licenses in Boise. (3-31-22)T

### 201. -- 224. (RESERVED)

### 225. APPROVAL OF PRELIMINARY EDUCATION.

The State Board of Optometry recognizes the preliminary education prerequisites for entry into a school, college or university of optometry approved by the Council on Optometric Education of the American Optometric Association as adequate preliminary education prerequisites for licensing in Idaho. (3-31-22)T

### 226. -- 249. (RESERVED)

### 250. LICENSES CANCELED FOR FAILURE TO RENEW.

A license that has been canceled for failure to renew may be reinstated in accordance with Section 67-2614, Idaho Code. Any person whose license to practice optometry has been canceled for failure to renew for a period of more than five (5) years must apply for a new license in accordance with the requirements of Section 67-2614, Idaho Code. (3-31-22)T

**251. -- 274. (RESERVED)**

**275. ENDORSEMENT.**

**01. Endorsement.** Any person who presents to the Board of Optometry a certified copy of a certificate or license of registration which he holds in good standing in another state or a foreign country, which state or foreign country has similar requirements for licensing or registration as is provided for new applicants in Idaho (including therapeutic privileges), may apply to the Board for the issuance of a license to practice optometry in the state of Idaho. (3-31-22)T

**02. Conditions to be Granted a License.** The right to be granted a license to practice optometry in Idaho is also subject to the following conditions set out below: (3-31-22)T

**a.** The submission of a completed application meeting the requirements of Subsection 175.01 including the applicable fee. (3-31-22)T

**b.** That the license or certificate of registration of the applicant shall not have been suspended or revoked by any state or country or subject to any pending or unresolved licensure action in any state or country. That the applicant must not have committed any act which would constitute a violation of the Optometry Act or Board Rules. (3-31-22)T

**c.** For those licensed in another state the applicant must document to the Board for approval, the education, training, and examination for diagnostic and therapeutic privileges in the other state and return the state of Idaho law examination. (3-31-22)T

**d.** That the applicant has been engaged in the practice of optometry continuously for three (3) of the last four (4) years. (3-31-22)T

**276. -- 299. (RESERVED)**

**300. CONTINUING EDUCATION IN OPTOMETRY.**

**01. Hours Required, Advance Approval.** (3-31-22)T

**a.** Each optometrist licensed by the state of Idaho shall attend in each calendar year prior to license renewal, a minimum of twelve (12) full hours of approved optometric continuing education courses or meetings. (3-31-22)T

**b.** Approved optometric continuing education courses or meetings shall be those post-graduate optometric education courses or meetings approved in advance by the Board of Optometry or post-graduate study sessions or seminars at an accredited school or college of optometry. In addition, all Council on Optometric Practitioners Education (COPE) approved courses are approved for continuing education credit. If an optometrist attends or plans to attend a course of study or seminar which has not been approved in advance, he may petition the Board for approval of that educational course of study, setting forth a description of the course. The Board may, in its discretion, approve the course upon review of the material submitted either in advance or after completion of the course. (3-31-22)T

**02. Additional Hours Required to Use Therapeutic Pharmaceutical Agents.** (3-31-22)T

**a.** Each optometrist licensed by the state of Idaho to use therapeutic pharmaceutical agents shall attend in each calendar year prior to license renewal, a minimum of six (6) additional full hours of approved optometric courses or meetings. (3-31-22)T

b. This six (6) hours of continuing education must be in courses involving ocular pharmacology and/or advanced ocular disease and are in addition to the twelve (12) hours of continuing education required under Subsection 300.01. (3-31-22)T

**03. Correspondence/Home Study Courses/Observation.** The Board allows credit for correspondence courses, individual home study and observation that is germane to the practice of optometry. No more than nine (9) hours of continuing education shall be permitted each year in correspondence courses or other continuing education obtained from “home study” courses or observation. (3-31-22)T

**04. Waiver of Requirements.** The Board of Optometry shall waive the continuing education requirement for the first license renewal after initial licensure. The Board of Optometry may, upon application, waive the requirements of this rule in cases involving illness, unusual circumstances interfering with the optometrist’s ability to practice or inability to conform to the rules due to military duty. (3-31-22)T

**05. Renewal Application Form.** Each licensed Idaho optometrist will be furnished a license renewal application form by the State Board of Optometry on which each optometrist shall attest on their annual license renewal application that they have satisfied the continuing education requirements. False attestation of satisfaction of the continuing education requirements on a renewal application shall subject the licensee to disciplinary action. (3-31-22)T

**06. Audit.** The Board may conduct audits to confirm that the continuing education requirements have been met. In the event a licensee fails to provide the Board with acceptable documentation of the hours attested to on the renewal application, the license will not be renewed. (3-31-22)T

**07. Documentation of Attendance.** It shall be necessary for each licensed Idaho optometrist to provide documentation verifying attendance or completion of continuing education by securing authorized signatures, documentation, or electronic verification from the course instructors, providers, or sponsoring institution substantiating any hours attended by the licensee. This documentation must be maintained by the licensee and provided upon request by the Board or its agent. (3-31-22)T

**08. Excess Hours.** A licensee may carryover a maximum of six (6) hours of continuing education to meet the next year’s continuing education requirement. Excess hours may be used only during the next renewal period and may not be carried forward more than one (1) year. (3-31-22)T

**301. -- 324. (RESERVED)**

**325. UNPROFESSIONAL CONDUCT.**

**01. Unprofessional Conduct.** In conducting practice, an optometrist must not: (3-31-22)T

a. Practice optometry in any manner other than as a professional person in an individual capacity, or in partnership with or associate with other licensed health care professionals. An optometrist may be a stock holder in and practice as a member of a professional service corporation with other licensed health care professionals as authorized by Title 54, Chapter 15, Idaho Code, but the optometrist must list his individual name as well as any name selected for the professional service corporation on any letterheads, telephone directories, office or building directories, or other places where the general public might be advised of the fact that the individual is practicing optometry, as required by these rules. (3-31-22)T

b. Use either “Cappers” or “Steerers” or accept a split or divided fee for the purpose of obtaining patients or use solicitors or agents for the purpose of securing patients or conducting eye examinations or furnishing optometric services. (3-31-22)T

c. Allow his prescription files and records to be used by any unlicensed person, firm, or corporation not under the direct control of that optometrist for the practice of optometry. (3-31-22)T

d. Fail to perform services for which fees have been received. (3-31-22)T

e. File false reports of services performed or fees rendered. (3-31-22)T

f. Permit the use of his name or professional title by or in conjunction with any person not an optometrist, or any firm, company, corporation or military association which illegally practices or in any manner holds himself or itself out to the public as being entitled to practice the profession of optometry when not licensed to do so under the law of Idaho or which uses the title "Optometric Services" in such a manner in advertising as to convey to the public the impression that the individual or corporation is entitled to practice optometry or furnish optometric advice or services when not so authorized by law. (3-31-22)T

**326. -- 424. (RESERVED)**

**425. GROSS INCOMPETENCE.**

Any behavior or practice on the part of the licensed optometrist which demonstrates a lack of competence with respect to discharging professional obligations or duties which might result in injury or damage to a patient whether such injury or damage actually occurs or not and in particular, the Board defines as "gross incompetence" any of the following: (3-31-22)T

**01. Failure to Meet Prevailing Standards.** Failure to meet prevailing standards, or willful rendering of substandard care, either individually or as part of a third party reimbursement agreement or by other agreement. (3-31-22)T

**02. Failure to Meet Prevailing Standards in the Referral of Any Patient Who Is Suffering From Any Apparent or Suspected Pathological Condition.** A failure to meet prevailing standards in the referral of any patient who is suffering from any apparent or suspected pathological condition to a person competent and licensed to properly treat or diagnose the condition. (3-31-22)T

**03. Employment of Techniques or Methods of Practice.** Employment of techniques or methods of practice in treating or prescribing for a patient when he does not have proper training in the technique or methods of practice. (3-31-22)T

**04. Failure to Advise Patient of Possible Danger When a Lens Not Meeting Impact Resistance Standards of F.D.A.** Failure to advise his patient of possible danger when a lens does not meet impact resistance standards of F.D.A. Regulation, 21 CFR 801.410, and is provided to the patient. (3-31-22)T

**05. Failure to Provide Follow-Up Care.** Failure to provide follow-up care according to prevailing standards. (3-31-22)T

**06. Displaying Gross Ignorance or Demonstrating Gross Inefficiency.** Displaying gross ignorance or demonstrating gross inefficiency in the care of a patient. (3-31-22)T

**07. Failure to Verify the Specifications of All Lenses.** Failure to verify the specifications of all lenses provided by him. (3-31-22)T

**08. Failing to Perform Tests and Record Findings.** In the course of an examination of a patient, failure to perform tests and record findings in a manner consistent with prevailing standards of optometric care. (3-31-22)T

**09. Using Pharmaceutical Agents.** Using pharmaceutical agents in the practice of optometry without having attended sufficient training programs or schools and acquiring the knowledge necessary to use the drugs in a competent manner. (3-31-22)T

**10. Illegal Prescription Sale, Administration, Distribution, or Use of Drugs.** Prescribing, selling, administering, distributing, giving, or using drugs legally classified. Prescribing, selling, administering, distributing, giving, or using drugs legally classified as a controlled substance or as an addictive or dangerous drug for other than accepted diagnostic or therapeutic purposes. (3-31-22)T

**11. Disciplinary Action or Sanctions.** Disciplinary action or sanctions taken by another state, jurisdiction, peer review body or a professional association or society against an optometrist for acts or conduct similar to acts or conduct which would constitute grounds for action as defined under “Rules of the Idaho Board of Optometry.” (3-31-22)T

**12. Sanitary Office.** Failure to maintain sanitary office conditions, equipment, and use appropriate techniques and procedures. (3-31-22)T

**13. Failure to Release Prescription.** Failure to release either a spectacle or contact lens prescription as required by Federal law. (3-31-22)T

**14. Sufficient Training or Education.** Performing procedures without having successfully completed education, instruction or certification. (3-31-22)T

**426. -- 449. (RESERVED)**

**450. PRESCRIPTIONS FOR SPECTACLES AND CONTACT LENSES.**

Eyeglasses and contact lenses, including plano or cosmetic contact lenses, may only be dispensed upon a current prescription issued by an optometrist or medical physician. Every prescription written or issued by an optometrist practicing in Idaho shall contain at least the following information: (3-31-22)T

**01. Prescription for Spectacles.** Prescriptions for spectacles must contain the following: (3-31-22)T

**a.** Sphere, cylinder, axis, prism power and additional power, if applicable; and (3-31-22)T

**b.** The standard expiration date of the prescription must be at least one (1) year from date the prescription was originally issued. (3-31-22)T

**02. All Prescriptions for Rigid Contact Lenses.** All prescriptions for rigid contact lenses must contain at least the following information: base curve, lens manufacturer or “brand” name, overall diameter, lens material, power; and the standard expiration date of the prescription must be at least one (1) year from date the prescription was originally issued. A shorter prescription period may be allowed when based upon a documented medical condition. (3-31-22)T

**03. All Prescriptions for Soft Contact Lenses.** All prescriptions for soft contact lenses must contain at least the following information: lens manufacturer or “brand” name, series or base curve, power, diameter, if applicable, color, if applicable; and the standard expiration date of the prescription is one (1) year from date the prescription was originally issued. A shorter prescription period may be allowed when based upon a documented medical condition. (3-31-22)T

**04. Alteration of Prescriptions.** A person may not alter the specifications of an ophthalmic lens prescription without the prescribing doctor’s consent. (3-31-22)T

**05. Expired Contact Lens Prescription.** A person may not fill an expired contact lens prescription. (3-31-22)T

**06. Fitting and Dispensing Contact Lenses.** (3-31-22)T

**a.** Contact lenses may be fitted only by an optometrist, or licensed physician. (3-31-22)T

**b.** An ophthalmic dispenser may dispense contact lenses on a fully written contact lens prescription issued by an optometrist or licensed physician. (3-31-22)T

**c.** Notwithstanding Subsection 450.06.b., an optometrist, or licensed physician who issues a contact lens prescription remains professionally responsible to the patient. (3-31-22)T

**451. -- 474. (RESERVED)**

**475. PATIENTS RECORDS.**

**01. Optometrist Shall Keep a Complete Record of All Patients Examined.** Every optometrist practicing in the state of Idaho shall keep a complete record of all patients examined by him or for whom he has adapted optical accessories, including copies of prescriptions issued to the patient and copies of statements of charges delivered or provided to the patient. All such records shall be maintained in an orderly and accessible manner and place and shall be maintained for at least five (5) years following the optometrist's last professional contact with the patient. Failure to maintain such records is deemed to be unprofessional conduct and constitutes gross incompetence in the handling of the patient's affairs. (3-31-22)T

**02. Prescription Files.** The prescription files and all records pertaining to the practice of optometry shall be maintained as the sole property of the optometrist and not be distributed to any unlicensed person except as required by law or when lawfully subpoenaed in a criminal or civil proceeding in court, or subpoenaed for presentation at a deposition or hearing authorized by the Board of Optometry. (3-31-22)T

**03. Storage of Patient Records.** Storage of patient records must be in compliance with rules in accordance with Health Insurance Portability and Accountability Act (HIPAA) including that patient records must be stored in an area inaccessible to patients. (3-31-22)T

**476. -- 499. (RESERVED)**

**500. PRECEPTORSHIP PROGRAM.**

An optometrist may use a student of optometry in his office under his direct supervision for educational purposes. (3-31-22)T

**501. -- 524. (RESERVED)**

**525. GENERAL RULES.**

**01. Engaging as an Advisor or Staff Optometrist.** An optometrist may be engaged as an advisor for or be engaged as a staff optometrist for an administrator for: (3-31-22)T

- a.** Industrial plants where industrial vision programs are being, or have been instituted. (3-31-22)T
- b.** Health programs sponsored or funded by any agency or municipal county, state or federal government. (3-31-22)T
- c.** Research organizations or educational institutions. (3-31-22)T
- d.** Insurance companies. (3-31-22)T
- e.** Hospitals. (3-31-22)T
- f.** Ophthalmologists. (3-31-22)T
- g.** Corporations where the optometrist's full time is engaged by the corporation to care for the visual needs of the employees of such corporation and their families. (3-31-22)T

**02. Professional Responsibilities.** Provided, however, that in acting in the capacity of consultant, advisor, or staff optometrists, the optometrist shall at all times remain cognizant of his professional responsibilities and shall with demeanor, decorum and determination retain his right of independent professional judgment and title in all situations and circumstances and in a manner similar to that which he would exercise if he were engaged in practice in his own office. (3-31-22)T

**526. -- 574. (RESERVED)**

**575. FEES.**

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>
License Application	\$100
Annual Fund	\$75
Annual Renewal	\$75
Certificate to obtain and use pharmaceutical agents	\$10
Reinstatement	As provided in Section 67-2614, Idaho Code

(3-31-22)T

**576. -- 599. (RESERVED)**

**600. BOARD CERTIFICATION OF OPTOMETRIST AUTHORIZED TO OBTAIN AND USE PHARMACEUTICAL AGENTS.**

**01. The Right to Obtain and Use Topically Applied Diagnostic Pharmaceutical Agents.** The right to obtain and use topically applied diagnostic pharmaceutical agents for use in diagnosis of another in the practice of optometry as defined by Section 54-1501, Idaho Code, is subject to the following conditions set out below:

(3-31-22)T

**a.** Optometrists who have obtained a certificate from the Board of Optometry authorizing them to obtain and use topically applied diagnostic pharmaceutical agents shall obtain, from pharmacists licensed by the state of Idaho, or from any other source, and use only those agents listed below:

(3-31-22)T

i. All medications for use in the diagnosis of conditions of the human eye and/or eyelid. (3-31-22)T

ii. All over-the-counter agents. (3-31-22)T

iii. Such other diagnostic pharmaceutical agents as may be approved by the Board of Optometry. (3-31-22)T

**b.** The Board of Optometry shall issue a certificate to obtain and use the diagnostic drugs specifically identified and listed in this rule to any optometrist licensed to practice in Idaho who complies with both the minimum educational requirements in the subject of general and ocular pharmacology and the minimum continuing educational requirements set out below:

(3-31-22)T

i. Each optometrist certified to obtain and use topically applied pharmaceutical agents shall have completed courses totaling fifty-five (55) hours of actual classroom instruction in general and ocular pharmacology and emergency medical care given by an institution approved by the Council on Post Secondary Accreditation of the U.S. Department of Education or an instructor accredited and employed by such institution and which have been approved by the Board of Optometry.

(3-31-22)T

ii. Each optometrist certified to obtain and use topically applied pharmaceutical agents shall also have completed a refresher course in cardiopulmonary resuscitation (CPR), emergency medical care provided by the Emergency Medical Services Bureau, or equivalent program either approved or provided by the Board of Optometry, within a two (2) year period preceding issuance of the certificate by the Board of Optometry.

(3-31-22)T

iii. In order to maintain the certificate issued by the Board, each certified optometrist must complete a refresher course in CPR described in Subsection 600.01.b.ii. above once during each two (2) year period following certification and shall list and describe the course attended and the dates of attendance upon a license renewal application form filed pursuant to Section 300.

(3-31-22)T

c. In order to implement this rule, the Board of Optometry may designate and approve courses of instruction given by those institutions or instructors described in Subsection 600.01.b.i. above which may be necessary to provide practicing optometrists who have received less than fifty-five (55) hours of actual classroom instruction in general and ocular pharmacology in optometry school with the opportunity to meet the requirements of this rule. (3-31-22)T

**02. The Right to Prescribe, Administer and Dispense Therapeutic Pharmaceutical Agents.** The right to prescribe, administer and dispense therapeutic pharmaceutical agents in the practice of optometry as defined by Section 54-1501, Idaho Code, is subject to the following conditions set out below: (3-31-22)T

a. Optometrists who have obtained a certificate from the Board of Optometry authorizing them to prescribe, administer and dispense therapeutic pharmaceutical agents shall obtain, from pharmacists licensed by the State of Idaho, or from any other source, and use only those agents listed below: (3-31-22)T

- i. All medications for use in the treatment of the human eye and/or eyelid. (3-31-22)T
- ii. All over-the-counter agents. (3-31-22)T
- iii. Such other therapeutic pharmaceutical agents as may be approved by the Board of Optometry. (3-31-22)T

b. The Board of Optometry shall issue a certificate to prescribe, administer and dispense the therapeutic medications to any optometrist licensed to practice in Idaho who complies with Subsection 600.01 and both the minimum educational and clinical experience requirements in the subject of ocular pharmacology and therapeutics and the minimum continuing educational requirements set out below: (3-31-22)T

i. Completion of a minimum of one hundred (100) hours of actual classroom and clinical instruction in ocular pharmacology and therapeutics courses given by an institution or organization approved by the Council on Post-Secondary Accreditation of the U.S. Department of Education, or an Instructor employed by such institution, which have been approved by the Board of Optometry. (3-31-22)T

ii. Successful passage of the "Treatment and Management of Ocular Diseases" section of the optometrist examination approved by the Association of Regulatory Boards of Optometry, Inc. (ARBO) or its equivalent as approved by the Board. (3-31-22)T

**601. -- 999. (RESERVED)**



## 24.11.01 – RULES OF THE STATE BOARD OF PODIATRY

### 000. LEGAL AUTHORITY.

These rules are promulgated pursuant to Section 54-605, Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules govern the practice of podiatry in Idaho. (3-31-22)T

### 002. INCORPORATION BY REFERENCE.

The document titled American Podiatric Medical Association's Code of Ethics as published by the American Podiatric Medical Association, dated March 2013 and referenced in Section 500, is herein incorporated by reference and is available for review at the Board's office and on the Board's web site at <http://www.ibol.idaho.gov>. (3-31-22)T

### 003. -- 009. (RESERVED)

### 010. DEFINITIONS AND STANDARDS.

**01. Reputable School.** A "reputable school" of podiatry is defined as an approved podiatry school located within the United States or Canada and designated as such by the Council on Podiatric Medical Education and the American Podiatric Medical Association. (3-31-22)T

### 011. -- 149. (RESERVED)

### 150. PRE-PROFESSIONAL EDUCATION.

All applicants must provide official documentation of credits granted for at least two (2) full years of general college study in a college or university of recognized standing. (3-31-22)T

### 151. PROFESSIONAL EDUCATION.

All applicants must possess evidence of graduation from four (4) full years of study in a reputable school of podiatry, as defined in Subsection 010.02 of these rules. (3-31-22)T

### 152. PODIATRIC RESIDENCY.

**01. Residency Required for Licensure.** A candidate may not apply for licensure until completion of an accredited podiatric residency as approved by the Council on Podiatric Medical Education of no less than twenty-four (24) months, a minimum of twelve (12) months of which must be surgical. (3-31-22)T

**02. Submission of Verification of Residency Curriculum.** Notwithstanding the provisions of Subsection 152.01, a candidate must provide directly from the residency program such official documentation of completion of the entire curriculum as the board may require. Any deviation of this requirement must be approved by the Board. (3-31-22)T

### 153. -- 199. (RESERVED)

### 200. CREDENTIALS TO BE FILED BY ALL APPLICANTS.

**01. Certified Copy of National Board Results.** A copy of the applicable National Board results that has been certified as true and correct by the examining entity. (3-31-22)T

**02. Educational Certificate Requirement.** Each applicant must provide official documentation of a collegiate education of not less than two (2) years in an accredited college or university giving instruction in letters and sciences. (3-31-22)T

**03. Diploma.** Certified photostatic copy of diploma granted by any college of podiatry and official certified transcripts indicating graduation from the program. (3-31-22)T

**04. Residency Certification Requirement.** All applications must include certification of completion of a residency as defined in Rule 152. (3-31-22)T

### 201. -- 299. (RESERVED)

### 300. FEES.

All fees are non-refundable; if a license is not issued, the license fee will be refunded.

FEE TYPE	AMOUNT (Not to Exceed)
Application	\$200
Original License	\$400
Written Examination	Set by National Examining Entity
Annual Renewal	\$500
Inactive License Annual Renewal	\$250

(3-31-22)T

**301. -- 399. (RESERVED)**

**400. LICENSURE BY EXAMINATION.**

**01. Examination of Applicants.** All applicants must successfully pass all parts of the American Podiatric Medical Licensing Examination developed and administered by the National Board of Podiatric Medical Examiners. (3-31-22)T

**02. Passing Grade.** A passing grade in all subjects examined is the grade established by the examination provider. (3-31-22)T

**401. LICENSURE BY ENDORSEMENT.**

Under Section 54-613, Idaho Code, applicants for licensure by endorsement may be granted a license upon the approval of the Board. Each applicant for licensure by endorsement must provide documentation for each of the following before licensure will be considered: (3-31-22)T

**01. Certification of License.** Certification of having maintained a current license or other authority to practice issued by a regulatory board of Podiatry in any state or territory. (3-31-22)T

**02. Credentials.** Credentials as required in Subsections 200.01 through 200.04. (3-31-22)T

**03. Examination.** Successful passage of a written licensure examination covering all those subjects noted in Section 54-606, Idaho Code. Official certification of examination must be received by the board directly from: (3-31-22)T

**a.** The applicant's state or territory of licensure; or (3-31-22)T

**b.** The national board of podiatric medical examiners. (3-31-22)T

**04. Residency.** Proof of completion of the residency requirement as set forth in Subsection 200.04 of this rule. However, if the applicant graduated from a college of podiatry prior to 1993, this requirement will be waived. (3-31-22)T

**05. Practical Experience.** Having practiced podiatry under licensure for three (3) of the last five (5) years immediately prior to the date of application. (3-31-22)T

**06. Continuing Education.** Having completed at least fifteen (15) hours of continuing education germane to the practice of podiatry during the twelve (12) months prior to the date of application. (3-31-22)T

**07. Disciplinary Action.** Has not been the subject of any disciplinary action including pending or unresolved licensure actions within the last five (5) years immediately prior to application and has never had a license to practice podiatry revoked or suspended either voluntarily or involuntarily in any jurisdiction. (3-31-22)T

**402. TEMPORARY LICENSES.**

No temporary licenses will be granted for the practice of podiatry in Idaho. (3-31-22)T

**403. -- 409. (RESERVED)**

**410. ORIGINAL APPLICATION.**

The original application will be considered null and void after a period of two (2) years from date of original application if no license has been issued. (3-31-22)T

**411. -- 424. (RESERVED)**

**425. INACTIVE STATUS.**

**01. Request for Inactive Status.** Each person requesting an inactive status during the renewal of their active license must submit a written request and pay the inactive license fee. (3-31-22)T

**02. Inactive License Status.** (3-31-22)T

**a.** All continuing education requirements will be waived during the time that a licensee maintains an inactive license in Idaho. (3-31-22)T

**b.** When the licensee desires active status, the licensee must show acceptable fulfillment of continuing education requirements for the previous twelve (12) months and submit a fee equivalent to the difference between the inactive and active renewal fee. (3-31-22)T

**426. -- 449. (RESERVED)**

**450. SCOPE OF PRACTICE.**

**01. Competence.** Upon being granted a license to practice podiatry, a practitioner is authorized to provide only those services and treatments for which that practitioner has been trained and prepared to provide. Information contained within the application file and supplemental certified information of additional training and experience included in the credential file maintained by the practitioner is prima facie evidence of the practitioner's education and experience. It is the responsibility of the individual practitioner to ensure that the information in his credential file is accurate, complete and supplemented to support all procedures, applications and treatments employed by the practitioner. Practice beyond a practitioner's documented education and experience may violate the adopted code of ethics and be grounds for discipline by the board. (3-31-22)T

**02. Advanced Surgical Procedures.** Advanced surgical procedures must be performed in a licensed hospital or certified ambulatory surgical center accredited by the joint commission on accreditation of healthcare organizations or the accreditation association for ambulatory health care where a peer review system is in place. Advanced surgical procedures are defined as: (3-31-22)T

**a.** Ankle fractures - Open Reduction and Internal Fixation. (3-31-22)T

**b.** Ankle and rearfoot arthrodesis. (3-31-22)T

**c.** Nerve surgery of the leg. (3-31-22)T

**d.** Major tendon repair or transfer surgery - proximal to ankle. (3-31-22)T

**e.** Autogenous bone grafting. (3-31-22)T

**f.** External fixation of the rearfoot, ankle and leg. (3-31-22)T

**451. -- 499. (RESERVED)**

**500. STANDARDS OF THE ETHICAL PRACTICE OF PODIATRY.**

The standards for the ethical practice of podiatry is the American Podiatric Medical Association's Code of Ethics as referenced in Section 002 of these rules and are hereby adopted and apply to all practitioners of podiatry. (3-31-22)T

**501. -- 549. (RESERVED)**

**550. DISCIPLINE.**

**01. Civil Fine.** The Board may impose a civil fine not to exceed one thousand dollars (\$1,000) upon a licensed podiatrist for each violation of Sections 54-608 and 54-609, Idaho Code. (3-31-22)T

**02. Costs and Fees.** The Board may order a licensed podiatrist to pay the costs and fees incurred by the Board in the investigation or prosecution of the licensee for violation of Sections 54-608 and 54-609, Idaho Code. (3-31-22)T

**551. -- 699. (RESERVED)**

**700. CONTINUING EDUCATION.**

**01. Education Requirement for License Renewal.** Each podiatrist licensed by the state of Idaho must complete in each twelve-month period preceding the renewal of a license to practice podiatry in Idaho, a minimum of fifteen (15) full hours of podiatry continuing education. Continuing education includes lectures, conferences, seminars, moderator-guided panel discussions, clinical and practical workshops, internet based learning and home study. Education must be germane to the practice of podiatry; and (3-31-22)T

**a.** Approved by the Council on Podiatric Medical Education; or (3-31-22)T

**b.** Otherwise approved by the Board. (3-31-22)T

**02. Submission of License Renewal Application Form.** Each licensed Idaho podiatrist will be furnished a license renewal application form by the Division of Occupational and Professional Licenses on which each podiatrist will be required to certify by signed affidavit that compliance with the continuing education requirements has been met and must submit the renewal application together with the required fees to the Division. (3-31-22)T

**03. Verification of Completion.** A licensee must maintain verification of completion by securing authorized signatures or other documentation from the course instructors or sponsoring institution substantiating any and all hours completed by the licensee. This verification must be maintained by the licensee and provided to the Board upon the request of the Board or its agent. The Board will conduct random audits to monitor compliance. Failure to provide proof of meeting the continuing education upon request of the Board will be grounds for disciplinary action. (3-31-22)T

**04. Carryover of Continuing Education Hours.** Continuing education not claimed for credit in the current renewal year may be credited for the next renewal year. A maximum of fifteen (15) hours may be carried forward from the immediately preceding year. (3-31-22)T

**05. Special Exemption.** The Board has authority to make exceptions for reasons of individual hardship, including health, when certified by a medical doctor, or for other good cause. The licensee must provide any information requested by the Board to assist in substantiating hardship cases. This exemption is granted at the sole discretion of the Board. (3-31-22)T

**701. -- 999. (RESERVED)**

## 24.12.01 – RULES OF THE IDAHO STATE BOARD OF PSYCHOLOGIST EXAMINERS

### 000. LEGAL AUTHORITY.

The rules are promulgated pursuant to Section 54-2305, Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules govern the practice of psychology in Idaho. (3-31-22)T

### 002. INCORPORATION BY REFERENCE.

The document titled “Ethical Principles of Psychologists and Code of Conduct,” published by the American Psychological Association and dated June 1, 2003 with the 2010 amendments effective June 1, 2010, as referenced in Section 350, is herein incorporated by reference and is available from the Board’s office and on the Board web site. (3-31-22)T

### 003. -- 009. (RESERVED)

### 010. DEFINITIONS.

**01. Certificate of Professional Qualification.** A certificate of professional qualification means the certificate of professional qualification granted to a psychologist by the Association of State and Provincial Psychology Boards. (3-31-22)T

**02. Collaboration or Collaborative Relationship.** Collaboration or collaborative relationship means a cooperative working relationship between a prescribing psychologist and a licensed medical provider in the provision of patient care, including cooperation in the management and delivery of physical and mental health care, to ensure optimal patient care. (3-31-22)T

**03. Geriatric Patient.** A person sixty-five (65) years of age or older. (3-31-22)T

**04. Licensed Medical Provider.** A physician or physician assistant licensed pursuant to chapter 18, title 54, Idaho Code, or an advanced practice registered nurse licensed pursuant to chapter 14, title 54, Idaho Code. (3-31-22)T

**05. Mental, Nervous, Emotional, Behavioral, Substance Abuse, and Cognitive Disorders.** Disorders, illnesses, or diseases listed in either the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association or those listed in the International Classification of Diseases published by the World Health Organization. (3-31-22)T

**06. Pediatric Patient.** A person seventeen (17) years of age or younger. (3-31-22)T

**07. Prescribing Psychologist.** A person who holds a license to practice psychology issued by the Board and who holds a Certification or Provisional Certification of Prescriptive Authority issued by the Board under Sections 54-2317, 54-2318, 54-2319, Idaho Code, and these rules. (3-31-22)T

**08. Supervising Physician.** A board-certified psychiatrist, neurologist, or other physician with specialized training and experience in the management of psychotropic medication and who is licensed under chapter 18, title 54, Idaho Code, or an equivalent licensing provision of the law of a state adjoining Idaho. (3-31-22)T

### 011. -- 099. (RESERVED)

### 100. APPLICATION.

**01. Filing an Application.** Applicants for licensure or certification or provisional certification of prescriptive authority must submit a complete application, verified under oath, to the Board at its official address. The application must be on the forms approved by the Board and submitted together with the appropriate fee(s) and supporting documentation. (3-31-22)T

**02. Supporting Documents.** The applicant must provide or facilitate the provision of any supporting third-party documents that may be required under the qualifications for the license being sought. (3-31-22)T

**a.** Any third-party documents, including letters of reference, must be received by the Board directly from the third party. (3-31-22)T

**b.** One (1) of the two (2) years of supervised experience as required by Section 2307(2)(a), Idaho

Code, for initial licensure may be pre-doctoral. The second year must be post-doctoral work under appropriate supervision and must be verified by the appropriate supervisor. (3-31-22)T

**101. -- 149. (RESERVED)**

**150. FEES.**

All fees are non-refundable. The examination or reexamination fee are in addition to the application fee and must accompany the application.

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>	<b>RENEWAL (Not to Exceed)</b>
Original Application for Licensure by Exam	\$150	
Inactive License Renewal	\$125	
Annual Renewal	\$250	
Application for Service Extender	\$100	\$100
Original Application for Licensure by Endorsement/Senior Psychologist	\$250	
Original Application for Provisional Certification of Prescriptive Authority	\$250	\$250
Original Application for Certification of Prescriptive Authority	\$250	\$250
Original Application for Certification of Prescriptive Authority by Endorsement	\$250	
Examination and Reexamination	The amount charged by the national examining entity plus a processing fee of \$25	
Reinstatement	As set forth in Section 67-2614, Idaho Code.	
Temporary License	\$50	

(3-31-22)T

**151. -- 199. (RESERVED)**

**200. EXAMINATIONS.**

**01. Written Exam Required.** Applicants will pass the National Examination for Professional Practice In Psychology (EPPP) with a minimum of a scaled score of five hundred (500). (3-31-22)T

**02. Failure of Exam.** The first time the examination is failed the applicant may take it again the next time it is given upon application and payment of fees. If the examination has been failed twice, the individual must wait at least one (1) year and petition the Board for approval to take the examination the third time. The petition must include evidence satisfactory to the Board that the applicant has taken additional study in the field of Psychology before approval will be granted. (3-31-22)T

**201. EXAMINATION FOR PROVISIONAL CERTIFICATION OF PRESCRIPTIVE AUTHORITY.**

The approved examination for provisional certification of prescriptive authority is the Psychopharmacology Examination for Psychologists (PEP). A passing score will be determined by the Association of State and Provincial Psychology Boards (ASPPB). (3-31-22)T

202. -- 249. (RESERVED)

**250. ENDORSEMENT.**

**01. Eligibility for Endorsement.** An applicant who is in possession of a valid statutory license or statutory certificate from another state or Canada may apply for licensing under the endorsement section of this law. (3-31-22)T

**02. Requirements for Endorsement.** An applicant under the endorsement section must have: (3-31-22)T

**a.** A valid psychology license or certificate issued by the regulatory entity of another jurisdiction; and (3-31-22)T

**b.** A history of no disciplinary action in any jurisdiction; and (3-31-22)T

**c.** Meet one of the following qualifications: (3-31-22)T

**i.** A current certificate of professional qualification in Psychology as defined in these rules; or (3-31-22)T

**ii.** A registration with the National Register of Health Service Providers in Psychology; or (3-31-22)T

**iii.** A certification by American Board of Professional Psychology; or (3-31-22)T

**iv.** Graduated from an APA accredited program with a doctoral degree in psychology and two (2) years of supervised experience acceptable to the Board, one (1) year of which may include a pre-doctoral practicum or internship and one (1) year of which must be post-doctoral; (3-31-22)T

**d.** Or complete both of the following: (3-31-22)T

**i.** Graduated with a doctoral degree in psychology or a related field, provided experience and training are acceptable to the Board; and (3-31-22)T

**ii.** A record of practicing Psychology at the independent level for the five (5) years of the last seven (7) years immediately prior to application. (3-31-22)T

**251. ENDORSEMENT FOR CERTIFICATION OF PRESCRIPTIVE AUTHORITY.**

The Board may grant a provisional certification or certification of prescriptive authority by endorsement to an applicant who completes an application as set forth in Section 100 of these rules, pays the required fee, and meets the following requirements: (3-31-22)T

**01. Holds a Current License.** The applicant must be the holder of a current and unrestricted license to practice psychology in another state and in Idaho; (3-31-22)T

**02. Holds a Current Certificate of Prescriptive Authority.** (3-31-22)T

**a.** The applicant must be the holder of a current and unrestricted certification of prescriptive authority from another state that imposes substantially equivalent educational and training requirements as those contained in Sections 54-2317 and 54-2318, Idaho Code, and these rules; or (3-31-22)T

**b.** The applicant must have training from the United States department of defense demonstration project or other similar program developed and operated by any branch of the armed forces that imposes substantially equivalent educational and training requirements as those contained in Sections 54-2317 and 54-2318, Idaho Code, and these rules. (3-31-22)T

**03. Credit Toward Requirements.** In the event that an applicant has not met the requirements for

certification of prescriptive authority, the Board may consider an applicant's experience in prescribing in another state as meeting a portion of the requirements necessary to qualify for provisional certification or certification of prescriptive authority in this state. In that event, the Board may require additional education, supervision, or both to satisfy the requirements to obtain a provisional certification or certification of prescriptive authority in this state.

(3-31-22)T

**04. Advisory Panel.** The Advisory Panel, as established in Section 54-2320, Idaho Code, will review the education and training of an applicant seeking certification by endorsement and advise the Board as to its sufficiency to meet the requirements for provisional certification or certification of prescriptive authority under Chapter 23, Title 54, Idaho Code, and these rules.

(3-31-22)T

**252. -- 274. (RESERVED)**

**275. INACTIVE STATUS.**

**01. Request for Inactive Status.** Persons requesting an inactive status during the renewal of their active license must submit a written request and pay the established fee.

(3-31-22)T

**02. Inactive License Status.**

(3-31-22)T

**a.** All continuing education requirements will be waived for any year or portion thereof that a licensee maintains an inactive license and is not actively practicing or supervising in Idaho.

(3-31-22)T

**b.** When the licensees desire active status, they must show fulfillment of continuing education requirements within the previous twelve (12) months and submit a fee equivalent to the difference between the current inactive and active renewal fee.

(3-31-22)T

**276. -- 299. (RESERVED)**

**300. TEMPORARY LICENSES.**

Persons not licensed in this state who desire to practice psychology under the provisions of this chapter for a period not to exceed thirty (30) days within a calendar year may do so if they hold a license in another state or province have had no disciplinary action, and pay the required fee. Persons authorized to practice under this section must hold a certification of prescriptive authority issued by the Idaho Board of Psychologist Examiners to issue a prescription.

(3-31-22)T

**301. -- 349. (RESERVED)**

**350. CODE OF ETHICS.**

All licensees must have knowledge of the Ethical Principles of Psychologists and Code of Conduct, as published in the American Psychologist, as referenced in Section 002 of these rules.

(3-31-22)T

**351. -- 374. (RESERVED)**

**375. DISCIPLINE.**

The Board may impose a civil fine not to exceed one thousand dollars (\$1,000) upon a licensed psychologist for each violation of Section 54-2309, Idaho Code.

(3-31-22)T

**376. -- 379. (RESERVED)**

**380. REHABILITATION COMPONENTS.**

In the event of a violation of Board laws or rules, the Board, in its discretion, may implement a plan of rehabilitation. Completion of the plan may lead to consideration of submission of an application for re-licensure, the removal of suspension, or the removal of supervision requirements. In the event the licensee has not met the Board's criteria for rehabilitation, the plan may be revised, expanded, or continued depending upon the progress of the rehabilitation program. The rehabilitation components listed in this Section should be considered illustrative, but not exhaustive, of the potential options available to the Board. In each instance, rehabilitation parameters will be tailored to the individual needs of the licensee.

(3-31-22)T



**01. Options in Devising Rehabilitation Program.** The Board may follow one (1) or more options in devising a rehabilitation program: (3-31-22)T

**a.** The individual may be supervised in all or selected areas of activities related to his practice as a licensee by a licensed psychologist approved by the Board for a specified length of time. (3-31-22)T

**i.** The Board may specify the focus of the supervision. (3-31-22)T

**ii.** The Board may specify the number of hours per week required in a face-to-face supervisory contract. (3-31-22)T

**iii.** The Board may require the supervisor to provide periodic and timely reports to the Board concerning the progress of the supervisee. (3-31-22)T

**iv.** Any fees for supervision time will be the responsibility of the supervisee. (3-31-22)T

**02. Educational Programs.** The individual may be expected to successfully complete a variety of appropriate educational programs. Appropriate educational formats may include, but are not limited to, workshops, seminars, courses in regionally accredited universities, or organized pre- or post-doctoral internship settings. Workshops or seminars that are not held in a setting of academic review (approved continuing education) need prior approval of the Board. Any course of study must be approved by the Board prior to enrollment if it is to meet the criteria of a rehabilitation plan. (3-31-22)T

**03. Additional Requirements.** The Board may require of the individual: (3-31-22)T

**a.** Psychodiagnostic evaluations by a psychologist approved by the Board; (3-31-22)T

**b.** A physical examination that may include an alcohol and drug screen by a physician approved by the Board; (3-31-22)T

**c.** Psychotherapy on a regular basis from a psychologist approved by the Board; (3-31-22)T

**d.** Take or retake and pass the appropriate professional examination; or (3-31-22)T

**381. -- 399. (RESERVED)**

**400. RENEWAL OF LICENSE -- CONTINUING EDUCATION.**

Licenses may be renewed or reinstated by payment of the required fees and by submitting certification of having satisfied the continuing education requirement. (3-31-22)T

**401. CONTINUING EDUCATION REQUIREMENTS FOR RELICENSURE IN PSYCHOLOGY.**

**01. Number of Hours Required.** All licensed psychologists, in order to renew their license, must have accumulated twenty (20) hours per year of continuing education credits. All prescribing psychologists, in order to renew their provisional certification or certification of prescriptive authority, must have accumulated twenty (20) hours per year of continuing education credits in psychopharmacology or psychopharmacotherapy offered in accordance with Subsection 402.01 of these rules. Continuing education credits for a prescribing psychologist are in addition to the continuing education credits required to renew their psychologist license. (3-31-22)T

**a.** At the time of renewal of the psychologists' licenses and prescribing psychologists' certifications, they will certify that they are aware of the requirements for continuing education and that they have met those requirements for the preceding year. (3-31-22)T

**b.** At the time of reinstatement of a psychologist's license or a prescribing psychologist's certification or provisional certification, the psychologist must provide proof of meeting the requirements for continuing education for the preceding year. (3-31-22)T

c. A minimum of four (4) hours credit in ethics, standards of care, and/or review of laws pertaining to the practice of psychology is required every three (3) years. Areas covered may include practice, consultation, research, teaching, and/or supervision. These units may be used as part of the continuing education credit required. (3-31-22)T

**02. Professional Level of Continuing Education – Time Period Records Kept - Audit.** This continuing education experience must be at an appropriate level for professional training in psychology. The licensees have responsibility for demonstrating the relevance and adequacy of the educational experience they select. The licensees are also responsible for keeping an accurate record of their own personal continuing education hours for a period of five (5) years. A random audit may be conducted to insure compliance. (3-31-22)T

**03. Newly Licensed Individuals.** Newly licensed individuals will be considered to have satisfied the continuing education requirements for the remainder of the year in which their license is granted. (3-31-22)T

**04. Certificates of Satisfactory Attendance and Completion.** Certificates of satisfactory attendance and completion, participant lists, transcripts from universities, letters of certification on instructor's letterhead, and other reasonably convincing proof of the submitted activities may serve as documentation when persons audited are required to submit proof of continuing education. (3-31-22)T

**05. Licensees Who Do Not Fulfill the Continuing Education Requirements.** Licensees who do not fulfill the continuing education requirements may be subject to disciplinary action. (3-31-22)T

**06. Carryover of Continuing Education Hours.** Continuing education courses not claimed for CE credit in the current renewal year, may be credited for the next renewal year. A maximum of twenty (20) hours may be carried forward from the immediately preceding year for renewal of a psychologist license, and a maximum of twenty (20) hours may be carried forward from the immediately preceding year for renewal of a prescribing psychologist's certificate. (3-31-22)T

**07. Special Exemption.** The Board may make exceptions for reasons of individual hardship including health, when certified by a medical doctor, or other good cause. The licensee must provide any information requested by the Board to assist in substantiating hardship cases. This exemption is granted at the sole discretion of the Board. Request for special exemption must be made prior to licensure renewal. (3-31-22)T

#### **402. GUIDELINES FOR APPROVAL OF CONTINUING EDUCATION CREDITS.**

**01. Continuing Education Credit.** Continuing education credit will be given to formally organized workshops or classes with an attendance roster and preassigned continuing education credit offered in association with or under the auspices of: (3-31-22)T

a. Regionally accredited institutions of higher education. (3-31-22)T

b. The American Psychological Association. (3-31-22)T

c. A Regional Psychological Association. (3-31-22)T

d. A State Psychological Association. (3-31-22)T

e. For prescribing psychologists, in addition to the approved organizations above, workshops or classes may be classified as continuing medical education credit and offered in association with or under the auspices of: (3-31-22)T

i. The American Medical Association; (3-31-22)T

ii. A regional medical association; (3-31-22)T

iii. A state medical association; or (3-31-22)T

iv. Offered by sponsors accredited by the Accreditation Council for Continuing Medical Education (ACCME). (3-31-22)T

f. Credit will be given for the number of credit hours preauthorized by the sponsoring agency with no upper limit on the number of hours. (3-31-22)T

**02. Credit for International, National and Regional Meetings of Psychological Organizations.** Six (6) hours of continuing education credit will be allowed for documented attendance at international, national and regional meetings of psychological organizations. (3-31-22)T

**03. Credit for Other Relevant Workshops, Classes or Training Experiences.** Other relevant workshops, classes or training experiences when not offered, approved, or provided by an entity in Subsection 402.01, may receive up to six (6) hours of credit per experience provided they are conducted by a licensed or reputable psychologist or other mental health professional. Each documented hour of training experience counts as one (1) hour of continuing education experience. (3-31-22)T

**04. Presentation of Papers.** Presentation of papers at international, national, regional or state psychological or other professional associations may be counted as equivalent to six (6) hours per event. Only actual presentation time may be counted; preparation time does not qualify for credit. The licensee must provide the Board with a letter from a sponsor, host organization, or professional colleague, copy of the program, and a summary of the evaluations from the event. (3-31-22)T

**05. Self-Study, Lectures or Public or Professional Publications and Presentations.** The Board also recognizes the value of self-study, lectures or public or professional publications and presentations (including for example, in the case of the university faculty, preparation of a new course). Therefore, the Board will allow credit for six (6) hours of individual study per year. (3-31-22)T

a. Self-Study. The reading of a publication may qualify for credit with proper documentation verifying completion. A licensee seeking credit for reading a publication must submit results from a test on the information contained within the publication. If a test is not available, the licensee must seek pre-approval of the Board. (3-31-22)T

b. Professional publications. Publication activities are limited to articles in professional journals, a chapter in an edited book, or a published book. The licensee must provide the Board with a copy of the cover page of the article or book in which the licensee has been published. For chapters of an edited book, licensees must submit a copy of the table of contents. (3-31-22)T

**06. Board Assessment of Continuing Education Activities.** The Board of Psychologist Examiners may avail itself of help and consultation from the American Psychological Association or the Idaho Psychological Association in assessing the appropriateness of continuing education activities. (3-31-22)T

**07. Electronic Continuing Education Courses.** (3-31-22)T

a. Non-interactive. A maximum of ten (10) on-line, non-interactive continuing education hours relevant to the practice of psychology may be counted during each reporting period. (3-31-22)T

i. Continuing education credit will be given to on-line education offered in association with or under the auspices of the organizations listed in Subsections 402.01.a. through 402.01.d. of these rules. (3-31-22)T

ii. The licensee must provide the Board with a copy of the certification, verified by the authorized signatures from the course instructors, providers, or sponsoring institution, substantiating any hours completed by the licensee. (3-31-22)T

b. Interactive. To qualify for credit, teleconferences must feature an interactive format. Interactive conferences are those that provide the opportunity for participants to communicate directly with the instructor or that have a facilitator present at the conference site. The licensee must provide the Board with a copy of the certificate, or

a letter signed by course instructors, providers, or sponsoring institution, substantiating any hours attended by licensee. (3-31-22)T

i. When offered, approved, or provided by entities in Subsection 402.01, the number of hours that may be counted during each reporting period is not limited. (3-31-22)T

ii. When not offered, approved, or provided by an entity in Subsection 402.01, a maximum of six (6) hours may be counted during each reporting period. (3-31-22)T

**403. -- 449. (RESERVED)**

**450. GENERAL APPROACH TO PSYCHOLOGY PRACTICE AND USE OF SERVICE EXTENDERS.**

To evaluate whether a specific act is within the scope of psychology practice in or into Idaho, or whether an act can be delegated to other individuals under their supervision, a licensee of the Board must independently determine whether: (3-31-22)T

**01. Express Prohibition.** The act is expressly prohibited by the Idaho Psychologist Act, Title 54, Chapter 23, Idaho Code; rules of the Idaho Board of Psychologist Examiners; or any other applicable state or federal laws or regulations. (3-31-22)T

**02. Education, Training, and Experience.** The act is consistent with the licensee or service extender's education, training, and experience. (3-31-22)T

**03. Standard of Care.** Performance of the act is within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or service extender with similar education, training and experience. (3-31-22)T

**04. Scope of Service Extenders.** The scope of practice of service extenders includes only those duties and responsibilities identified in a written supervision agreement. (3-31-22)T

**05. Supervised Practice.** A signed supervision agreement between a licensed psychologist and service extender must include: (3-31-22)T

a. The parties to the agreement and authorized scope of practice for each service extender;(3-31-22)T

b. The direct supervision methods including weekly supervisory sessions and chart review; and (3-31-22)T

c. The procedures for emergency consultation, and if necessary, any patient monitoring parameters. (3-31-22)T

**06. Documentation.** The licensed psychologist will maintain documentation of the supervision agreements for not less than three (3) years for each service extender and submit to the Board upon request. (3-31-22)T

**451. -- 499. (RESERVED)**

**500. EDUCATIONAL AND CREDENTIALING REQUIREMENTS FOR LICENSURE.**

Applicants who receive a doctoral degree from a program accredited by the American Psychological Association are considered to have met all criteria outlined in Section 500. (3-31-22)T

**01. Training in Professional Psychology.** Training in professional psychology is doctoral training offered in an institution of higher education accredited by: (3-31-22)T

a. Middle States Commission on Higher Education. (3-31-22)T

b. The New England Association of Schools and Colleges. (3-31-22)T

- c. Higher Learning Commission. (3-31-22)T
  - d. The Northwest Commission on Colleges and Universities. (3-31-22)T
  - e. The Southern Association of Colleges and Schools. (3-31-22)T
  - f. The Western Association of Schools and Colleges. (3-31-22)T
- 02. Training Program.** The training program must stand as a recognizable, coherent organizational entity within the institution. Programs that are accredited by the American Psychological Association or that meet the criteria for such accreditation are recognized as meeting the definition of a professional psychology program. (3-31-22)T
- 03. Authority and Primary Responsibility.** There must be a clear authority and primary responsibility for the core and specialty areas by a designated leader who is a doctoral psychologist and is a member of the core faculty. (3-31-22)T
- 04. Content of Program.** The program must be an integrated, organized sequence of study. (3-31-22)T
- 05. There Must Be an Identifiable Training Faculty and a Psychologist Responsible for the Program.** There must be an identifiable training faculty on site of sufficient size and breadth to carry out the training responsibilities. A faculty psychologist must be responsible for the program. (3-31-22)T
- 06. Program Must Have an Identifiable Body.** The program must have an identifiable body of students who are matriculated in that program for a degree. (3-31-22)T
- 07. What the Program Must Include.** The program must include supervised practicum and pre-doctoral internship appropriate to the practice of psychology. Pre-doctoral internships must be completed at member sites of the Association of Psychology Postdoctoral and Internship Centers, or sites demonstrating an equivalent program. (3-31-22)T
- 08. Curriculum.** The curriculum must encompass a minimum of three (3) academic years of full time graduate study at least one (1) year of which is spent in full-time physical residence at the degree granting educational institution. In addition to instruction in professional areas of competence, which include assessment and diagnosis, intervention, consultation, and supervision, the core program must require each student to demonstrate competence in specific substantive areas. Minimal competence is demonstrated by passing a three (3) credit semester graduate course (or a five (5) credit quarter graduate course) in each of the substantive areas listed below: (3-31-22)T
- a. Biological Bases of Behavior: Physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology. (3-31-22)T
  - b. Cognitive-Affective Bases of Behavior: Learning, cognition, motivation, emotion. (3-31-22)T
  - c. Social Bases of Behavior: Social psychology, group processes, organizational and systems theory. (3-31-22)T
  - d. Individual Differences: Personality theory, human development, abnormal psychology. (3-31-22)T
  - e. Scientific and Professional Standards and Ethics. (3-31-22)T
  - f. Research Design and Methodology. (3-31-22)T
  - g. Techniques of Data Analysis: statistics, multivariate statistics, factor analysis, multiple regression, non-parametric statistics. (3-31-22)T
  - h. Psychological Measurement: psychometric principles, test theory, personality assessment,

cognitive assessment. (3-31-22)T

i. History and Systems of Psychology. (3-31-22)T

j. Multiculturalism and Individual Diversity. (3-31-22)T

**501. -- 549. (RESERVED)**

**550. REQUIREMENTS FOR SUPERVISED PRACTICE.**

**01. Duration and Setting of Supervised Practice.** (3-31-22)T

a. A year of supervised experience is defined as a minimum of one thousand (1000) hours of supervised service provision acquired during not less than a twelve (12) month and no more than a thirty-six (36) calendar month period. The first year of supervised experience must be accredited only after acquiring the equivalent of one (1) year of full time graduate study. A second year must be obtained post-doctorally. (3-31-22)T

**02. Qualifications of Supervisors.** Supervising psychologists must be licensed and must have training in the specific area of practice in which they are offering supervision. (3-31-22)T

**03. Amount of Supervisory Contact.** One (1) hour per week of face-to-face individual contact per twenty (20) hours of applicable experience is a minimum. (3-31-22)T

**04. Evaluation and Accreditation of Supervised Practice.** The Board will require submission of information by the supervisor(s) that enable it to evaluate and credit the extent and quality of the candidate's supervised practice, on a form approved by the Board (3-31-22)T

**05. Unacceptable Supervision.** Supervised practice time during which the supervisor deems supervisee's performance to have been unacceptable will not be credited towards the required supervised practice hours. (3-31-22)T

**551. – 699. (RESERVED)**

**700. QUALIFICATIONS FOR PROVISIONAL CERTIFICATION OF PRESCRIPTIVE AUTHORITY.**

The Board may grant a provisional certification of prescriptive authority to an applicant who holds a current license to practice psychology in Idaho, who completes an application as set forth in Section 100 of these rules, pays the required fee, and who meets the following educational and training qualifications. (3-31-22)T

**01. Doctoral Degree.** The applicant must have been awarded a doctoral degree in psychology from an institution of higher education that meets the requirements in Section 54-2317(2), Idaho Code. (3-31-22)T

**02. Master's Degree.** The applicant must have been awarded a master's degree in clinical psychopharmacology from an accredited program that meets the requirements in Section 54-2317(3), Idaho Code. (3-31-22)T

**03. Clinical Experience.** An applicant must have successfully completed clinical experience as part of the master's clinical psychopharmacology program that includes a diverse population of patients. (3-31-22)T

a. Clinical experience must include a minimum of four hundred (400) hours consisting of direct patient contact and collaboration with licensed medical providers involving a minimum of one hundred (100) separate patients. (3-31-22)T

b. A diverse population of patients includes diversity in: (3-31-22)T

i. Gender; (3-31-22)T

ii. Different ages throughout the life cycle, including adults, children/adolescents, and geriatrics, as

possible and appropriate; (3-31-22)T

iii. Range of disorders listed in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association and acute and chronic disorders; (3-31-22)T

iv. Ethnicity; (3-31-22)T

v. Socio-cultural background; and (3-31-22)T

vi. In-patient and out-patient settings, as possible and appropriate. (3-31-22)T

**04. Examination.** An applicant must successfully pass the national examination in psychopharmacology, as approved by the Board under Section 201 of these rules. (3-31-22)T

**05. Supervision Agreement.** An applicant must submit to the Board a supervision agreement that identifies the supervising physician(s) who will directly supervise the applicant's prescribing under a provisional certification of prescriptive authority. The documentation submitted to the Board must also identify: (3-31-22)T

**a.** For each supervising physician, the supervisor's name, address, license number, state in which granted, licensure status, length of licensure, and area of specialization; (3-31-22)T

**b.** For each supervising physician, documentation of the physician's board-certification as a psychiatrist or neurologist or of specialized training and experience in the management of psychotropic medication; (3-31-22)T

**c.** For an applicant seeking to prescribe for pediatric or geriatric patients, the supervising physician(s)' specialized training and experience in treating the patient population for which the applicant seeks to prescribe; (3-31-22)T

**d.** Designate a primary supervising physician when more than one (1) supervising physician is identified. The primary supervising physician will be responsible for coordinating between the other supervising physician(s) to obtain written progress reports at least every six (6) months concerning how the provisional prescribing psychologist is performing in the domains for supervision. (3-31-22)T

**e.** The types of cases for which each supervisor will be responsible for supervising and in which the supervisor has specialized training and experience. (3-31-22)T

**f.** The number of provisional certification holders supervised by each supervising physician. A supervising physician may not concurrently supervise more than three (3) provisional certification holders unless otherwise approved by the Board; and (3-31-22)T

**g.** The name and nature of setting in which the applicant will practice; (3-31-22)T

**h.** Prior to a change in supervisors or a change in the supervision agreement, the supervisee must notify the Board and the change must be approved by the Board, or a designated member of the Board, prior to the commencement of supervision by a new supervisor or implementation of the change. (3-31-22)T

**701. SUPERVISED PRACTICE OF PROVISIONAL CERTIFICATION HOLDER.**

A holder of a provisional certification of prescriptive authority may only prescribe under the supervision of physician(s) approved by the Board. Prior to application for a certification of prescriptive authority, a provisional certification holder must complete two (2) years of satisfactory prescribing, which includes: (3-31-22)T

**01. Hours of Supervision.** A minimum of two thousand (2,000) hours acquired in not less than twenty-four (24) months and not more than forty-eight (48) months. (3-31-22)T

**a.** The two thousand (2,000) hours may consist of direct patient contact, supervision, case consultations, and collaboration with licensed health care providers for the purpose of evaluation and treatment of

patients with medication(s) within the formulary set forth in Section 730 of these rules. (3-31-22)T

**b.** Supervised practice time during which the supervisor(s) deem(s) a supervisee's performance to have been unsatisfactory will not be credited towards the required supervised practice hours. A supervisor who believes the supervisee's practice is unsatisfactory should notify the supervisee and the primary supervisor as soon as possible and identify the basis for such conclusion including, but not limited to, specific domains or issues needing remediation. (3-31-22)T

**02. Number of Patients.** A minimum of fifty (50) separate patients who are seen for the purpose of evaluation and treatment with those medications that are within the formulary established in Section 730 of these rules. (3-31-22)T

**03. Amount of Supervisory Contact.** Supervision on a one-to-one basis for a minimum of four (4) hours each month and a minimum of a total of forty-six (46) hours each year. One-to-one supervision must be provided either face-to-face, telephonically, or, by live video communication. (3-31-22)T

**04. Domains for Supervision.** Supervision must include assessment of the provisional certification holder with regard to each of the following domains: (3-31-22)T

- a.** Basic science; (3-31-22)T
- b.** Neurosciences; (3-31-22)T
- c.** Physical assessments and laboratory exams; (3-31-22)T
- d.** Clinical medicine and pathophysiology; (3-31-22)T
- e.** Clinical and research pharmacology and psychopharmacology; (3-31-22)T
- f.** Clinical pharmacotherapeutics; (3-31-22)T
- g.** Research; and (3-31-22)T
- h.** Professional, ethical, and legal issues. (3-31-22)T

**702. QUALIFICATIONS TO PRESCRIBE FOR PEDIATRIC OR GERIATRIC PATIENTS.**

A prescribing psychologist may not prescribe for pediatric or geriatric patients unless approved by the Board. The Board may only grant prescriptive authority for pediatric patients or geriatric patients to an applicant for certification of prescriptive authority who has completed one (1) year of satisfactory prescribing, as attested to by the supervising physician, for the patient population for which the prescribing psychologist seeks to prescribe. (3-31-22)T

**01. Credit Toward Certification.** The one (1) year of satisfactory prescribing for a pediatric or geriatric population may be counted as one (1) year of the two (2) years of satisfactory prescribing required to qualify for a certification of prescriptive authority. (3-31-22)T

**02. Hours of Supervision.** One (1) year of satisfactory prescribing includes a minimum of one thousand (1,000) hours acquired in not less than twelve (12) months and not more than twenty-four (24) months. (3-31-22)T

**a.** The one thousand (1,000) hours may consist of direct patient contact, supervision, case consultations, and collaboration with licensed medical providers for the purpose of evaluation and treatment of patients with medication(s) within the formulary set forth in Section 730 of these rules. A minimum of eight hundred (800) hours of the one thousand (1,000) hours must be directly related to the population for which the prescribing psychologist seeks to prescribe. (3-31-22)T

**b.** Supervised practice time during which the supervisor(s) deem(s) a supervisee's performance to have been unsatisfactory will not be credited towards the required supervised practice hours. A supervisor who



believes the supervisee's practice is unsatisfactory should notify the supervisee and the primary supervisor as soon as possible and identify the basis for such conclusion including, but not limited to, specific domains or issues needing remediation. (3-31-22)T

**03. Number of Patients.** One (1) year of satisfactory prescribing includes a minimum of twenty-five (25) separate patients in the population for which the prescribing psychologist seeks to prescribe and who are seen for the purpose of evaluation and treatment with those medications that are within the formulary established in Section 730 of these rules. For a prescribing psychologist who seeks to prescribe for pediatric patients, a minimum of ten (10) separate patients must be twelve (12) years of age or younger and a minimum of ten (10) separate patients must be between thirteen (13) years of age and seventeen (17) years of age. (3-31-22)T

**04. Amount of Supervisory Contact.** Supervision must be obtained in accordance with Subsection 701.03 of these rules, and under a supervision agreement approved by the Board in accordance with Subsection 700.05 of these rules. (3-31-22)T

**05. Domains for Supervision.** Supervision must include assessment in each of the domains set forth in Subsection 701.04 of these rules. (3-31-22)T

**703. -- 709. (RESERVED)**

**710. QUALIFICATIONS FOR CERTIFICATION OF PRESCRIPTIVE AUTHORITY.**

The Board may grant a certification of prescriptive authority to an applicant who completes an application as set forth in Section 100 of these rules and who meets the following educational and training qualifications. (3-31-22)T

**01. Holds a License to Practice Psychology.** The applicant must hold a current license to practice psychology issued by the Board. (3-31-22)T

**02. Holds Provisional Certification.** The applicant must hold a provisional certification of prescriptive authority issued by the Board. (3-31-22)T

**03. Supervision.** The applicant must have successfully completed at least two (2) years of satisfactory prescribing under supervision that meets the requirements of Section 701 of these rules, as attested to by the supervising physician(s). (3-31-22)T

**711. -- 719. (RESERVED)**

**720. STANDARDS OF PRACTICE FOR PRESCRIPTIVE AUTHORITY.**

A prescribing psychologist who issues a prescription for medication to a patient must collaborate with the patient's licensed medical provider and follow standards of practice as set forth in these rules. (3-31-22)T

**01. Licensed Medical Provider.** A prescribing psychologist may only prescribe medication to a patient who has a licensed medical provider. If a patient does not have a licensed medical provider, the prescribing psychologist must refer the patient to a licensed medical provider prior to prescribing medication. (3-31-22)T

**a.** In the event a patient terminates the relationship with the patient's licensed medical provider, with whom the prescribing psychologist has established a collaborative relationship, and the patient declines to secure a new licensed medical provider, the prescribing psychologist must advise the patient that the prescribing psychologist cannot continue to psychopharmacologically manage the patient. (3-31-22)T

**b.** The prescribing psychologist must document that the psychologist has made every reasonable effort to encourage the patient to maintain or establish a relationship with a licensed medical provider. (3-31-22)T

**c.** In those cases, in which an abrupt discontinuation of a psychopharmacologic medication could represent a health risk or result in adverse effects, the prescribing psychologist, with concurrence from the previously established licensed medical provider, may prescribe the medication in a manner that is customarily recognized as a discontinuation regimen until the medication has been completely discontinued. The prescribing psychologist must document the discontinuation regimen in the patient's medical records. (3-31-22)T

**02. Release of Information.** A prescribing psychologist must obtain a release of information from the patient or the patient's legal guardian authorizing the psychologist to contact the patient's licensed medical provider. If the patient or the patient's legal guardian refuses to sign a release of information for the patient's licensed medical provider, the prescribing psychologist must inform the patient or the patient's legal guardian that the psychologist cannot treat the patient pharmacologically without an ongoing collaborative relationship with the patient's licensed medical provider. The psychologist must refer the patient to another mental health care provider who is not required to maintain an ongoing collaborative relationship with a licensed medical provider. (3-31-22)T

**03. Initial Collaboration with Licensed Medical Provider.** Prior to prescribing medication, a prescribing psychologist must contact the patient's licensed medical provider as provided in these rules and receive the results of the licensed medical provider's assessment. (3-31-22)T

**a.** The prescribing psychologist must inform the licensed medical provider of: (3-31-22)T

**i.** The medication(s) the prescribing psychologist intends to prescribe for mental, nervous, emotional, behavioral, substance abuse, cognitive disorders; and (3-31-22)T

**ii.** Any laboratory tests that the prescribing psychologist ordered or reviewed. (3-31-22)T

**b.** The prescribing psychologist must discuss with the licensed medical provider the relevant indications and contraindications to the patient of prescribing the medication(s) that the prescribing psychologist intends to prescribe. (3-31-22)T

**c.** The prescribing psychologist must document the date and time of contacts with the licensed medical provider, a summary of what was discussed, and the outcome of the discussions or decisions reached. (3-31-22)T

**04. Ongoing Collaboration with Licensed Medical Provider.** After the initial collaborative relationship with the patient's licensed medical provider is established, the prescribing psychologist must maintain and document the collaborative relationship to ensure that relevant information is exchanged accurately and in a timely manner. At a minimum the prescribing psychologist must: (3-31-22)T

**a.** Contact the licensed medical provider for any changes in medication not previously discussed with the licensed medical provider. (3-31-22)T

**b.** Contact the licensed medical provider if and when the patient experiences adverse effects from medications prescribed by the psychologist that may be related to the patient's medical condition for which he or she is being treated by a health care practitioner. (3-31-22)T

**c.** Contact the licensed medical provider regarding results of laboratory tests related to the medical care of the patient that have been ordered by the psychologist in conjunction with psychopharmacological treatment. (3-31-22)T

**d.** Inform the licensed medical provider as soon as possible of any change in the patient's psychological condition that may affect the medical treatment being provided by the licensed medical provider. (3-31-22)T

**e.** Request that as part of the collaborative relationship, the licensed medical provider inform the prescribing psychologist of any new medical diagnosis or changes in the patient's medical condition that may affect the treatment being provided by the prescribing psychologist. (3-31-22)T

**f.** Request that as part of the collaborative relationship, the licensed medical provider inform the prescribing psychologist of any psychotropic medications prescribed or discontinued by the licensed medical provider or other licensed medical provider, of which the licensed medical provider is aware, the dates of any subsequent changes in psychotropic medications prescribed by the licensed medical provider or other licensed medical provider, of which the licensed medical provider is aware, and the efforts to coordinate the mental health care of the patient as soon as possible. (3-31-22)T

**05. Disagreement between Prescribing Psychologist and Licensed Medical Provider.** If the licensed medical provider and the prescribing psychologist do not agree about a particular psychopharmacological treatment strategy, the prescribing psychologist must document the reasons for recommending the psychopharmacological treatment strategy that is in disagreement and must inform the licensed medical provider of that recommendation. If the licensed medical provider believes the medication is contraindicated because of a patient's medical condition, the prescribing psychologist must defer to the judgment of the licensed medical provider and may not prescribe that psychopharmacological treatment strategy. (3-31-22)T

**06. Prohibited Agreements with Licensed Medical Providers.** A prescribing psychologist is prohibited from employing a licensed medical provider or entering into an independent contractor or similar contractual or financial relationship with a licensed medical provider with whom the prescribing psychologist collaborates, unless approved by the Board. The Board may grant an exception to this requirement on a case-by-case basis where the prescribing psychologist shows that such relationship is structured so as to prohibit interference with the licensed medical provider's relationship with patients, the licensed medical provider's exercise of independent medical judgment, and satisfaction of the obligations and responsibilities in Chapter 23, Title 57, Idaho Code, and these rules. (3-31-22)T

**07. Prescriptions.** All prescriptions issued by a prescribing psychologist must comply with all applicable federal and state laws, rules and regulations and these rules. (3-31-22)T

**08. Emergencies.** If a prescribing psychologist determines that an emergency exists that may jeopardize the health or well being of the patient, the prescribing psychologist may, without prior consultation with the patient's licensed medical provider, prescribe psychotropic medications or modify an existing prescription for psychotropic medication previously written for that patient by that prescribing psychologist. The prescribing psychologist must consult with the licensed medical provider as soon as possible. The prescribing psychologist must document in the patient's psychological evaluation/treatment records the nature and extent of the emergency and the attempt(s) made to contact the licensed medical provider prior to prescribing or other reason why contact could not be made. (3-31-22)T

**09. Disaster Areas.** If a prescribing psychologist is working in a declared emergency/disaster area, the on-site medical staff can serve as the evaluating licensed medical provider. (3-31-22)T

**721. -- 729. (RESERVED)**

**730. FORMULARY.**

A prescribing psychologist may prescribe medications and controlled substances that are recognized in or customarily used in the diagnosis, treatment and management of individuals with mental, nervous, emotional, behavioral, substance abuse and cognitive disorders and that are relevant to the practice of psychology or other procedures directly related thereto under the following limitations. (3-31-22)T

**01. Prohibited Medications and Controlled Substances.** A prescribing psychologist may not prescribe: (3-31-22)T

**a.** Any medication or controlled substance designated or included as a Schedule I controlled substance; or (3-31-22)T

**b.** Any opioid. (3-31-22)T

**02. Disorders and Conditions.** A prescribing psychologist may not prescribe medication to treat a primary endocrine, cardiovascular, orthopedic, neurologic, gynecologic, obstetric, metabolic, hematologic, respiratory, renal, gastrointestinal, hepatic, dermatologic, oncologic, infectious, ophthalmologic, or rheumatologic illness or disorder. The provisions of this rule do not prohibit a prescribing psychologist from prescribing to treat a mental, nervous, emotional, behavioral, substance abuse or cognitive disorder that arises secondary to a primary physical illness, provided that the primary illness is being treated by a licensed medical provider and the prescribing psychologist collaborates with the patient's licensed medical provider, as provided in these rules. (3-31-22)T

**731. -- 999. (RESERVED)**

**24.13.01 – RULES GOVERNING THE PHYSICAL THERAPY LICENSURE BOARD**

**000. LEGAL AUTHORITY.**

These rules are promulgated pursuant to Section 54-2206, Idaho Code. (3-31-22)T

**001. SCOPE.**

These rules govern the practice of physical therapy in Idaho. (3-31-22)T

**002. -- 009. (RESERVED)**

**010. DEFINITIONS.**

**01. Supportive Personnel.** An individual, or individuals, who are neither a physical therapist or a physical therapist assistant, but who are employed by and/or trained under the direction of a licensed physical therapist to perform designated non-treatment patient related tasks and routine physical therapy tasks. (3-31-22)T

**02. Non-Treatment Patient Related Tasks.** Actions and procedures related to patient care that do not involve direct patient treatment or direct personal supervision, but do require a level of supervision not less than general supervision, including, but not limited to: treatment area preparation and clean-up, equipment set-up, heat and cold pack preparation, preparation of a patient for treatment by a physical therapist or physical therapist assistant, transportation of patients to and from treatment, and assistance to a physical therapist or physical therapist assistant when such assistance is requested by a physical therapist or physical therapist assistant when safety and effective treatment would so require. (3-31-22)T

**03. Routine Physical Therapy Tasks.** Actions and procedures within the scope of practice of physical therapy, which do not require the special skills or training of a physical therapist or physical therapist assistant, rendered directly to a patient by supportive personnel at the request of and under the direct personal supervision of a physical therapist or physical therapist assistant. (3-31-22)T

**04. Testing.** (3-31-22)T

**a.** Standard methods and techniques used in the practice of physical therapy to gather data about individuals including: (3-31-22)T

i. Electrodiagnostic and electrophysiological measurements; (3-31-22)T

ii. Assessment or evaluation of muscle strength, force, endurance and tone; (3-31-22)T

iii. Reflexes; (3-31-22)T

iv. Automatic reactions; (3-31-22)T

v. Posture and body mechanics; (3-31-22)T

vi. Movement skill and accuracy; (3-31-22)T

vii. Joint range of motion and stability; (3-31-22)T

viii. Sensation; (3-31-22)T

ix. Perception; (3-31-22)T

x. Peripheral nerve function integrity; (3-31-22)T

xi. Locomotor skills; (3-31-22)T

xii. Fit, function and comfort of prosthetic, orthotic, and other assistive devices; (3-31-22)T

xiii. Limb volume, symmetry, length and circumference; (3-31-22)T

xiv. Clinical evaluation of cardiac and respiratory status to include adequacy of pulses, noninvasive assessment of peripheral circulation, thoracic excursion, vital capacity, and breathing patterns; (3-31-22)T

- xv. Vital signs such as pulse, respiratory rate, and blood pressure; (3-31-22)T
- xvi. Activities of daily living; and the physical environment of the home and work place; and (3-31-22)T
- xvii. Pain patterns, localization and modifying factors; and (3-31-22)T
- xviii. Photosensitivity. (3-31-22)T
- b. Specifically excluded are the ordering of electromyographic study, electrocardiography, thermography, invasive vascular study, selective injection tests, or complex cardiac or respiratory function studies without consultation and direction of a physician. (3-31-22)T
- 05. Functional Mobility Training.** Includes gait training, locomotion training, and posture training. (3-31-22)T
- 06. Manual Therapy.** Skilled hand movements to mobilize or manipulate soft tissues and joints for the purpose of: (3-31-22)T
  - a. Modulating pain, increasing range of motion, reducing or eliminating soft tissue swelling, inflammation or restriction; (3-31-22)T
  - b. Inducing relaxation; (3-31-22)T
  - c. Improving contractile and non-contractile tissue extensibility; and (3-31-22)T
  - d. Improving pulmonary function. (3-31-22)T
- 07. Physical Agents or Modalities.** Thermal, acoustic, radiant, mechanical, or electrical energy used to produce physiologic changes in tissues. (3-31-22)T
- 08. General Supervision.** A physical therapist's availability at least by means of telecommunications, which does not require a physical therapist to be on the premises where physical therapy is being provided, for the direction of a physical therapist assistant. (3-31-22)T
- 09. Direct Supervision.** A physical therapist's or physical therapist assistant's physical presence and availability to render direction in person and on the premises where physical therapy is being provided. (3-31-22)T
- 10. Direct Personal Supervision.** A physical therapist's or physical therapist assistant's direct and continuous physical presence and availability to render direction, in person and on the premises where physical therapy is being provided. The physical therapist or physical therapist assistant must have direct contact with the patient during each session and assess patient response to delegated treatment. (3-31-22)T
- 11. Supervising Physical Therapist.** A licensed physical therapist who developed and recorded the initial plan of care and/or who has maintained regular treatment sessions with a patient. Such physical therapist's designation of another licensed physical therapist if the physical therapist who developed and recorded the initial plan of care or maintained regular treatment sessions is not available to provide direction at least by means of telecommunications. (3-31-22)T
- 12. Nationally Accredited School.** A school or course of physical therapy or physical therapist assistant with a curriculum approved by the Commission on Accreditation in Physical Therapy Education (CAPTE) or an accrediting agency recognized by the U.S. Department of Education, the Council on Postsecondary Accreditation, or a successor entity, or both. (3-31-22)T
- 13. Examination.** The examination is the National Physical Therapy Examination (NPTE) administered by Federation of State Boards of Physical Therapy. The examination may also include a jurisprudence

examination adopted by the Board. (3-31-22)T

**011. -- 015. (RESERVED)**

**016. SUPERVISION.**

A physical therapist shall supervise and be responsible for patient care given by physical therapist assistants, supportive personnel, physical therapy students, and physical therapist assistant students. (3-31-22)T

**01. Procedures and Interventions Performed Exclusively by Physical Therapist.** The following procedures and interventions shall be performed exclusively by a physical therapist: (3-31-22)T

**a.** Interpretation of a referral for physical therapy if a referral has been received. (3-31-22)T

**b.** Performance of the initial patient evaluation and problem identification including a diagnosis for physical therapy and a prognosis for physical therapy. (3-31-22)T

**c.** Development or modification of a treatment plan of care which is based on the initial evaluation and which includes long-term and short-term physical therapy treatment goals. (3-31-22)T

**d.** Assessment of the competence of physical therapist assistants, physical therapy students, physical therapist assistant students, and supportive personnel to perform assigned procedures, interventions and routine tasks. (3-31-22)T

**e.** Selection and delegation of appropriate portions of treatment procedures, interventions and routine physical therapy tasks to the physical therapist assistants, physical therapy students, physical therapist assistant students, and supportive personnel. (3-31-22)T

**f.** Performance of a re-evaluation when any change in a patient's condition occurs that is not consistent with the physical therapy treatment plan of care, patient's anticipated progress, and physical therapy treatment goals. (3-31-22)T

**g.** Performance and documentation of a discharge evaluation and summary of the physical therapy treatment plan. (3-31-22)T

**h.** Performance of dry needling. (3-31-22)T

**02. Supervision of Physical Therapist Assistants.** A physical therapist assistant must be supervised by a physical therapist by no less standard than general supervision. (3-31-22)T

**a.** A physical therapist assistant must not change a procedure or intervention unless such change of procedure or intervention has been included within the treatment plan of care as set forth by a physical therapist. (3-31-22)T

**b.** A physical therapist assistant may not continue to provide treatment as specified under a treatment plan of care if a patient's condition changes such that further treatment necessitates a change in the established treatment plan of care unless the physical therapist assistant has consulted with the supervising physical therapist prior to the patient's next appointment for physical therapy, and a re-evaluation is completed by the supervising physical therapist. (3-31-22)T

**c.** The supervising physical therapist must provide direct personal contact with the patient and assess the plan of care on or before every ten (10) visits or once a week if treatment is performed more than once per day but no less often than once every sixty (60) days. The supervising therapist's assessment must be documented in the patient record. (3-31-22)T

**d.** A physical therapist assistant may refuse to perform any procedure, intervention, or task delegated by a physical therapist when such procedure, intervention, or task is beyond the physical therapist assistant's skill level or scope of practice standards. (3-31-22)T

e. A physical therapist is not required to co-sign any treatment related documents prepared by a physical therapist assistant, unless required to do so in accordance with law, or by a third-party. (3-31-22)T

**03. Supervision of Supportive Personnel.** Any routine physical therapy tasks performed by supportive personnel requires direct personal supervision. (3-31-22)T

**04. Supervision of Physical Therapy and Physical Therapist Assistant Students.** Supervision of physical therapy students and physical therapist assistant students requires direct supervision. (3-31-22)T

a. A physical therapy student is only supervised by the direct supervision of a physical therapist. (3-31-22)T

b. A physical therapy student is required to sign all treatment notes with the designation “SPT” after their name, and all such signatures require the co-signature of the supervising physical therapist. (3-31-22)T

c. A physical therapist assistant student is required to sign all treatment notes with the designation “SPTA” after their name, and all such signatures require the co-signature of the supervising physical therapist or supervising physical therapist assistant. (3-31-22)T

**05. Supervision Ratios.** (3-31-22)T

a. At any one time, the physical therapist may supervise up to a total of three supervised personnel, who are physical therapist assistants or supportive personnel. If the physical therapist is supervising the maximum of three supervised personnel at any one time, no more than two of the supervised personnel may be supportive personnel or physical therapist assistants. (3-31-22)T

b. In addition to the supervised personnel authorized in a. of this subsection, the physical therapist may supervise two persons engaging in direct patient care who are pursuing a course of study leading to a degree as a physical therapist or a physical therapist assistant. (3-31-22)T

**017. -- 174. (RESERVED)**

**175. REQUIREMENTS FOR LICENSURE.**

An individual shall be entitled to a license upon the submission of proof and approval that the individual has successfully passed the NPTE with a scaled score of at least six hundred (600) and the jurisprudence examination with a score of at least seventy-five percent (75%). Foreign educated individuals whose native language is not English must submit proof of successfully passing one (1) of the following English proficiency exams: (3-31-22)T

**01. Test of English as a Foreign Language (TOEFL).** Minimum passing scores of two hundred twenty (220) for computer test and five hundred sixty (560) for paper test; (3-31-22)T

**02. Test of English as a Foreign Language – Internet-Based Test (TOEFL IBT).** Minimum passing scores of twenty-four (24) in writing; twenty-six (26) in speaking, twenty-one (21) in reading, and eighteen (18) in listening; or (3-31-22)T

**03. Alternative Exams.** as otherwise approved by the Board. (3-31-22)T

**176. INACTIVE STATUS.**

**01. Request for Inactive Status.** Licensees requesting an inactive status during the renewal of their active license must submit a written request and pay the established fee. (3-31-22)T

**02. Continuing Education.** All continuing education requirements will be waived for any year or portion thereof that a licensee maintains an inactive license and is not actively practicing in Idaho. (3-31-22)T

**03. Reinstatement to Full Licensure from Inactive Status.**

**a.** Return to Active Status of License - Inactive for Five (5) or Fewer Years. An inactive license holder whose license has been inactive for five (5) or fewer years may convert from inactive to active license status by: (3-31-22)T

i. Providing documentation to the Board showing successful completion within the previous twelve (12) months of the following continuing education requirements: (3-31-22)T

(1). Licenses inactive for three (3) years or less, one (1) year of continuing education; or (3-31-22)T

(2). Licenses inactive for more than three (3) years, two (2) years of continuing education; and (3-31-22)T

ii. Paying the appropriate fee. (3-31-22)T

**b.** Return to Active Status of License - Inactive for Greater than Five (5) Years. An inactive license holder whose license has been inactive for greater than five (5) years may convert from inactive to active license status by: (3-31-22)T

i. Providing documentation to the Board showing successful completion within the previous twelve (12) months of two (2) years of continuing education requirements; and (3-31-22)T

ii. Providing proof that the licensee has actively engaged in the practice of physical therapy in another state or territory of the United States for at least three (3) of the immediately preceding five (5) years, or provide proof that the licensee is competent to practice in Idaho. (3-31-22)T

iii. The Board may consider the following factors when determining proof of competency: (3-31-22)T

(1). Number of years of practice prior to transfer from active status; (3-31-22)T

(2). Employment in a field similar to physical therapy; and (3-31-22)T

(3). Any other factors the Board deems appropriate. (3-31-22)T

**177. -- 179. (RESERVED)**

**180. DRY NEEDLING CERTIFICATION.**

The Board may grant certification for dry needling to a physical therapist who completes an application, pays the applicable fees, and meets the following requirements: (3-31-22)T

**01. Training and Education.** At least one (1) year of practice as a licensed physical therapist and successful completion of a Board approved course that is a minimum of twenty-seven (27) hours of in-person instruction of which no less than sixteen (16) hours must be hands-on application of dry needling techniques by the physical therapist. (3-31-22)T

**02. Course Approval.** The Board will review course curriculum, including a course syllabus, prior to approval. The course must: (3-31-22)T

**a.** Be taught by a qualified instructor as shown by education and experience; (3-31-22)T

**b.** Include instruction and training on indications/contraindications for dry needling, safe needling technique, and blood borne pathogens; (3-31-22)T

**c.** Require successful completion of an assessment of proficiency in dry needling, which includes a practical demonstration of the physical therapist's dry needling skills. (3-31-22)T

**03. Course Completion.** Completion of this education and training may have occurred prior to the



effective date of these rules. (3-31-22)T

**181. DRY NEEDLING RECERTIFICATION.**

**01. Issuance.** Dry needling certification shall be issued every three (3) years by timely submission of a physical therapy license renewal application, payment of the physical therapy license renewal fee, the dry needling certification fee, and payment of fines, costs, fees or other amounts that are due and owing to the Board or in compliance with a payment arrangement with the Board, and verifying to the Board that the licensee is in compliance with the requirements for dry needling certification as provided in the Board’s laws and rules. (3-31-22)T

**02. Expiration Date.** Physical Therapists dry needling certification expires on the expiration date of their physical therapy license and must be issued every three (3) years. Proof of completion of a minimum of twenty-seven (27) hours of in-person instruction of which no less than sixteen (16) hours must be hands-on application of dry needling techniques by the physical therapist, must be provided for renewal of their license. The Board must waive the dry needling certification fee in conjunction with the first timely renewal of the physical therapy license after initial dry needling certification. (3-31-22)T

**03. Failure to Comply with Issuance Requirements.**

**a.** If a licensee with dry needling certification fails to verify meeting dry needling issuance requirements when renewing their physical therapy license, the dry needling certification is canceled and the physical therapy license will be renewed without dry needling certification. (3-31-22)T

**b.** If a licensee with dry needling certification fails to timely renew their physical therapy license, their dry needling certification is canceled. (3-31-22)T

**182. -- 199. (RESERVED)**

**200. FEES.**

All fees are non-refundable.

<b>FEE TYPE</b>	<b>AMOUNT</b> (Not to Exceed)	<b>RENEWAL</b> (Not to Exceed)
Physical Therapist License	\$25	\$25
Physical Therapist Assistant License	\$20	\$20
Examination	Established by examination entity plus an administrative fee not to exceed \$20	
Reinstatement	As provided in Section 67-2614, Idaho Code	
Application	\$25	
Dry Needling Certification	\$25	\$25
Physical Therapist Inactive	\$15	\$15
Physical Therapist Assistant Inactive	\$10	\$10
Inactive to Active License	The difference between the inactive fee and active license renewal fee	

(3-31-22)T

**201. -- 249. (RESERVED)**

**250. CONTINUING EDUCATION REQUIREMENT.**

**01. Renewal of License.** Every person holding a license issued by the Board must annually complete sixteen (16) contact hours of continuing education prior to license renewal. (3-31-22)T

**02. Reinstatement of License.** Any license canceled for failure to renew may be reinstated in accordance with Section 67-2614, Idaho Code, with the exception that the applicant must submit proof of having met the following continuing education requirements: (3-31-22)T

**a.** For licenses expired for three (3) years or less, one (1) year of continuing education; or (3-31-22)T

**b.** For licenses expired for more than three (3) years, two (2) years of continuing education; (3-31-22)T

**03. Contact Hours.** The contact hours of continuing education must be obtained in areas of study germane to the practice for which the license is issued as approved by the board. (3-31-22)T

**04. Documentation of Attendance.** The applicant must provide documentation verifying attendance by securing authorized signatures or other documentation from the course instructors, providers, or sponsoring institution substantiating any hours attended by the licensee. This documentation must be maintained by the licensee and provided to the board upon request by the board or its agent. (3-31-22)T

**05. Excess Hours.** Continuing education hours accumulated during the twelve (12) months immediately preceding the license expiration date may be applied toward meeting the continuing education requirement for the next license renewal. Hours in excess of the required hours may be carried forward. Excess hours may be used only during the next renewal period and may not be carried forward more than one (1) time. (3-31-22)T

**06. Compliance Audit.** The board may conduct random continuing education audits of those persons required to obtain continuing education in order to renew a license and require that proof acceptable to the board of meeting the continuing education requirement be submitted to the Division. Failure to provide proof of meeting the continuing education upon request of the board are grounds for disciplinary action. (3-31-22)T

**07. Special Exemption.** The board has authority to make exceptions for reasons of individual hardship, including health or other good cause. The licensee must provide any information requested by the board to assist in substantiating hardship cases. This exemption is granted at the sole discretion of the board. (3-31-22)T

**08. Continuing Education Credit Hours.** Hours of continuing education credit may be obtained by attending and participating in a continuing education activity approved by the Board. (3-31-22)T

**a.** General Criteria. A continuing education activity which meets all of the following criteria is appropriate for continuing education credit: (3-31-22)T

**i.** Constitutes an organized program of learning which contributes directly to the professional competency of the licensee; (3-31-22)T

**ii.** Pertains to subject matters integrally related and germane to the practice of the profession; (3-31-22)T

**iii.** Conducted by individuals who have specialized education, training and experience to be considered qualified to present the subject matter of the program. The Board may request documentation of the qualifications of presenters; (3-31-22)T

**iv.** Application for Board approval is accompanied by a paper, manual or outline which describes the specific offering and includes the program schedule, goals and objectives; and (3-31-22)T

**v.** Provides proof of attendance to licensees in attendance including: Date, location, course title, presenter(s); Number of program contact hours (One (1) contact hour equals one (1) hour of continuing education credit.); and the official signature or verification of the program sponsor. (3-31-22)T

- b. Specific Criteria. Continuing education hours of credit may be obtained by: (3-31-22)T
- i. Presenting professional programs which meet the criteria listed in these rules. Two (2) hours of credit will be awarded for each hour of presentation by the licensee. A course schedule or brochure must be maintained for audit; (3-31-22)T
  - ii. Providing official transcripts indicating successful completion of academic courses which apply to the field of physical therapy in order to receive the following continuing education credits: (3-31-22)T
    - (1) One (1) academic semester hour = fifteen (15) continuing education hours of credit; (3-31-22)T
    - (2) One (1) academic trimester hour = twelve (12) continuing education hours of credit; (3-31-22)T
    - (3) One (1) academic quarter hour = ten (10) continuing education hours of credit. (3-31-22)T
  - iii. Attending workshops, conferences, symposiums or electronically transmitted, live interactive conferences which relate directly to the professional competency of the licensee; (3-31-22)T
  - iv. Authoring research or other activities that are published in a recognized professional publication. The licensee will receive five (5) hours of credit per page; (3-31-22)T
  - v. Viewing videotaped presentations if the following criteria are met: (3-31-22)T
    - (1) There is a sponsoring group or agency; (3-31-22)T
    - (2) There is a facilitator or program official present; (3-31-22)T
    - (3) The program official may not be the only attendee; and (3-31-22)T
    - (4) The program meets all the criteria specified in these rules; (3-31-22)T
  - vi. Participating in home study courses that have a certificate of completion; (3-31-22)T
  - vii. Participating in courses that have business-related topics: marketing, time management, government regulations, and other like topics; (3-31-22)T
  - viii. Participating in courses that have personal skills topics: career burnout, communication skills, human relations, and other like topics; (3-31-22)T
  - ix. Participating in courses that have general health topics: clinical research, CPR, child abuse reporting, and other like topics; (3-31-22)T
  - x. Supervision of a physical therapist student or physical therapist assistant student in an accredited college program. The licensee will receive four (4) hours of credit per year; and (3-31-22)T
  - xi. Completion and awarding of Board Certification or recertification by American Board of Physical Therapy Specialists (ABPTS). The licensee will receive sixteen (16) hours for the year the certification or recertification was received. (3-31-22)T

**09. Course Approval.** Courses of study relevant to physical therapy and sponsored or provided by the American Physical Therapy Association (APTA) or any of its sections or local chapters; CAPTE; the National Athletic Trainers Association; an accredited, or candidate for accreditation, college or university; or otherwise approved by the Board. (3-31-22)T

**10. Submitting False Reports or Failure to Comply.** The Board may condition, limit, suspend, or refuse to renew the license of any individual whom the Board determines submitted a false report of continuing

education or failed to comply with the continuing education requirements. (3-31-22)T

**251. -- 274. (RESERVED)**

**275. DISCIPLINARY PENALTY.**

**01. Disciplinary Procedures.** The disciplinary procedures of the Division are the disciplinary procedures of the Board. (3-31-22)T

**02. Civil Fine.** The Board may impose a civil fine not to exceed one thousand dollars (\$1,000) for each violation upon anyone licensed under Title 54, Chapter 22, Idaho Code who is found by the Board to be in violation of Section 54-2219, Idaho Code. (3-31-22)T

**276. -- 299. (RESERVED)**

**300. CODE OF ETHICS.**

Physical therapists and physical therapist assistants are responsible for maintaining and promoting ethical practice in accordance with the ethical principles set forth in Appendix A and Appendix B to these rules. (3-31-22)T

**301. -- 999. (RESERVED)**

### **Appendix A - Physical Therapist Code Of Ethics**

#### **Preamble**

This Code of Ethics of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This Code of Ethics shall be binding on all physical therapists.

#### **Principle 1**

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

#### **Principle 2**

A physical therapist shall act in a trustworthy manner toward patients/clients and in all other aspects of physical therapy practice.

#### **Principle 3**

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

#### **Principle 4**

A physical therapist shall exercise sound professional judgment.

#### **Principle 5**

A physical therapist shall achieve and maintain professional competence.

#### **Principle 6**

A physical therapist shall maintain and promote high standards for physical therapy practice, education, and research.

#### **Principle 7**

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

#### **Principle 8**

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

**Principle 9**

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

**Principle 10**

A physical therapist shall endeavor to address the health needs of society.

**Principle 11**

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

**APPENDIX B - PHYSICAL THERAPIST ASSISTANT CODE OF ETHICS**

**Preamble**

This document of the American Physical Therapy Association sets forth standards for the ethical conduct of the physical therapist assistant. All physical therapist assistants are responsible for maintaining high standards of conduct while assisting physical therapists. The physical therapist assistant shall act in the best interest of the patient/client. These standards of conduct shall be binding on all physical therapist assistants.

**Standard 1**

A physical therapist assistant shall respect the rights and dignity of all individuals and shall provide compassionate care.

**Standard 2**

A physical therapist assistant shall act in a trustworthy manner toward patients/clients.

**Standard 3**

A physical therapist assistant shall provide selected physical therapy interventions only under the supervision and direction of a physical therapist.

**Standard 4**

A physical therapy assistant shall comply with laws and regulations governing physical therapy.

**Standard 5**

A physical therapist assistant shall achieve and maintain competence in the provision of selected physical therapy interventions.

**Standard 6**

A physical therapist assistant shall make judgments that are commensurate with his or her educational and legal qualifications as a physical therapist assistant.

**Standard 7**

A physical therapist assistant shall protect the public and the profession from unethical, incompetent, and illegal acts.

## 24.14.01 – RULES OF THE STATE BOARD OF SOCIAL WORK EXAMINERS

### 000. LEGAL AUTHORITY.

These rules are promulgated pursuant to Section 54-3204, Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules govern the practice of social work in Idaho. (3-31-22)T

### 002. -- 009. (RESERVED)

### 010. DEFINITIONS.

**01. Professionalism.** Behavior exhibited on the part of an applicant which is in conformity with the Social Work Code of Professional Conduct as defined in Section 450 of these rules and within the limits of state law. (3-31-22)T

**02. Psychotherapy.** Treatment methods using a specialized, formal interaction between a Clinical Social Worker and an individual, couple, family, or group in which a therapeutic relationship is established, maintained, or sustained to understand unconscious processes, intrapersonal, interpersonal, and psychosocial dynamics, and the diagnosis and treatment of mental, emotional, and behavioral disorders, conditions, and addictions. (3-31-22)T

**03. Relative.** For the purposes of these rules, a relative is a person's spouse, parent, child, or sibling, regardless of whether the relation is by blood, through marriage, or by law. (3-31-22)T

**04. Supportive Counseling.** Supportive counseling by a social worker means a method used by social workers to assist individuals, couples, families, and groups in learning how to solve problems and make decisions about personal, health, social, educational, vocational, financial, and other interpersonal concerns. This help in the maintenance of adaptive patterns is done in the interview through reassurance, advice giving, information providing, and pointing out client strengths and resources. Supportive counseling does not seek to reach unconscious material. (3-31-22)T

### 011. -- 099. (RESERVED)

### 100. APPROVED COLLEGES AND UNIVERSITIES.

Any college, university, or school of social work that is accredited or is a candidate for accreditation by the Northwest Commission on Colleges and Universities or any similar accrediting body, and that offers a social work program that is accredited by the Council on Social Work Education (CSWE) or that is otherwise approved by the Board. The social work program must be a recognizable, coherent organizational entity within the institution. (3-31-22)T

### 101. -- 199. (RESERVED)

### 200. LICENSING QUALIFICATIONS AND DEFINITION OF TERMS.

All applicants for licensing under the Social Work Licensing Act must meet the minimum qualifications as set forth by this act. (3-31-22)T

**01. Educational Requirements.** Educational requirements must be verified by submission of official transcripts sent directly to the Board from the educational institution or from the repository of primary source credentialing information administered by the Association of Social Work Boards (ASWB). Applicants are responsible for arranging transmission of this information. (3-31-22)T

### 201. PRACTICE OF SOCIAL WORK.

**01. Baccalaureate Social Work.** The application of social work theory, knowledge, methods, and ethics to restore or enhance social or psychosocial functioning of individuals, couples, families, groups, organizations, and communities. Baccalaureate social work is a generalist practice that includes assessment, planning, intervention, evaluation, case management, information and referral, supportive counseling, supervision, and consultation with clients. Baccalaureate social work also includes advocacy, education, community organization, and the development, implementation and administration of policies, programs, and activities. Bachelor level social workers are prohibited from performing psychotherapy. Baccalaureate social work can include independent practice, but not private practice. (3-31-22)T

**02. Master's Social Work.** The application of social work theory, knowledge, methods and ethics, and

the professional use of self to restore or enhance social, psychosocial or biopsychosocial functioning of individuals, couples, families, groups, organizations, and communities. Master's social work requires the application of specialized knowledge and advanced practice skills in the areas of assessment, treatment planning, implementation and evaluation, case management, information and referral, supportive counseling, supervision and consultation with clients, advocacy, teaching, research, community organization, and the development, implementation, and administration of policies, programs, and activities. Master level social workers who do not hold clinical licensure may provide psychotherapy only under the supervision of a licensed clinical social worker, psychologist, or psychiatrist and in accordance with an approved supervision plan. Master's social work can include independent practice, but not private practice. (3-31-22)T

**03. Clinical Social Work.** The practice of clinical social work is a specialty within the practice of master's social work and requires the application of specialized clinical knowledge and advanced clinical skills in the areas of assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions and addictions. Clinical social work is based on knowledge and theory of psychosocial development, behavior, psychopathology, motivation, interpersonal relationships, environmental stress, social systems, and cultural diversity, with particular attention to person-in-environment. It shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups. Clinical social work includes, but is not limited to, individual, couples, family and group psychotherapy, and includes independent and private practice. (3-31-22)T

**04. Employment of a Social Worker.** A social worker employed directly by a physician, psychologist or other social worker, or by a public or private agency, institution, hospital, nursing home, rehabilitation center, or any similar facility, is not to be considered within the definition of an independent practitioner. Furthermore, a social worker who contracts with an agency or institution that assumes full responsibility for and supervises the services provided to clients is not considered to be a private practitioner. (3-31-22)T

**202. -- 209. (RESERVED)**

**210. SUPERVISION.**

**01. Generally Applicable Supervision Requirements.** All supervised experience, as set forth in this section, must meet the following requirements: (3-31-22)T

**a.** Supervision must be consultative-teaching supervision which is directed toward enhancement and improvement of the individual's social work values, knowledge, methods, and techniques. (3-31-22)T

**b.** A minimum of one hundred (100) hours of the required supervision must be face-to-face contact with the supervisor and must occur on a regular and on-going basis. Supervision may include a face-to-face setting provided by a secure live electronic connection. The secure live electronic connection must comply with any applicable state and federal laws, rules and regulations, including the health insurance portability and accountability act (HIPAA). (3-31-22)T

**i.** A supervisee may count in full all time in a supervisory session where the ratio of supervisor to supervisees does not exceed one (1) supervisor to two (2) social workers. All one hundred (100) hours may be earned in such a one (1) to two (2) setting. (3-31-22)T

**ii.** Group supervision may count for no more than fifty (50) hours of face-to-face contact. Group supervision may count only where the ratio of supervisor to supervisees does not exceed one (1) supervisor to six (6) supervisees, and the allowable countable time must be prorated by the following formula: total session minutes divided by total supervisees, multiplied by two (2) equals the maximum allowable countable time per supervisee for the session. i.e. a supervisee attending a one (1) hour group supervisory session consisting of six (6) supervisees must be allowed twenty (20) minutes of group supervision credit (60 minutes/6 supervisees x 2 = 20 minutes). (3-31-22)T

**02. Pursuing Licensure As Independent Practitioners.** Requirements for supervision of baccalaureate or master's social workers pursuing licensure as independent practitioners. (3-31-22)T

**a.** Develop a plan for supervision that must be reviewed and approved by a designated Board member

prior to commencement of supervision. (3-31-22)T

**b.** Complete a minimum of three thousand (3,000) hours of supervised social work experience. The hours must be accumulated in not less than two (2) years but in not more than five (5) years unless an extension is approved by the Board for good cause shown. (3-31-22)T

**c.** Supervision must be provided by a qualified and experienced licensed social worker with a current license in good standing and approved to pursue independent practice. (3-31-22)T

**i.** For a baccalaureate social worker the supervisor must hold a license at the baccalaureate, masters, or clinical level. (3-31-22)T

**ii.** For a masters social worker the supervisor must hold a license at the masters, or clinical level. (3-31-22)T

**iii.** Prior to a change in supervisors, the supervisee must notify the Board and the change must be approved by a designated member of the Board prior to the commencement of supervision by the new supervisor. (3-31-22)T

**iv.** The supervisee may not have more than two (2) supervisors at any given time. (3-31-22)T

**03. Pursuing Licensure As Clinical Social Worker.** Requirements for supervision of master's social workers pursuing licensure as clinical social worker. (3-31-22)T

**a.** Develop a plan for supervision that must be reviewed and approved by a designated Board member prior to commencement of supervision. (3-31-22)T

**b.** Complete a minimum of three thousand (3,000) hours of supervised social work experience focused on clinical social work. The hours must be accumulated in not less than two (2) years but in not more than five (5) years unless an extension is approved by the Board for good cause shown. The hours must also meet the following: (3-31-22)T

**i.** One thousand seven hundred fifty (1,750) hours of direct client contact involving treatment in clinical social work as defined; and (3-31-22)T

**ii.** One thousand two hundred fifty (1,250) hours involving assessment, diagnosis, and other clinical social work as defined. (3-31-22)T

**c.** Fifty percent (50%) of supervised experience must be provided by a licensed clinical social worker registered as a supervisor pursuant to Section 211 of these rules. The remaining fifty percent (50%) of supervision may be provided by one or more of the following: (3-31-22)T

**i.** A licensed clinical social worker who is registered as a supervisor pursuant to Section 211; (3-31-22)T

**ii.** A licensed clinical psychologist; (3-31-22)T

**iii.** A person licensed to practice medicine and surgery who practices in the area of psychiatry; (3-31-22)T

**iv.** A licensed clinical professional counselor registered as a supervisor by the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists; or (3-31-22)T

**v.** A licensed marriage and family therapist registered as a supervisor by the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists. (3-31-22)T

**d.** Prior to a change in supervisors, the supervisee must notify the Board and the change must be



approved by a designated member of the Board prior to the commencement of supervision by the new supervisor. (3-31-22)T

- e. The supervisee may not have more than two (2) supervisors at any given time. (3-31-22)T

**04. Out-of-State Supervised Experience.** The Board may consider supervised experience obtained outside the state of Idaho submitted for Idaho licensure purposes as proscribed under Section 210.03 and consistent with that jurisdictions laws. Such experience, whether already obtained or planned to be obtained, must be included in the plan for supervision and reviewed and approved by a designated Board member. (3-31-22)T

- a. Previous supervised experience must have been obtained within the five (5) year period preceding the submission of the plan for supervision and must have been obtained in compliance with the law and rules of the state in which the experience was obtained. (3-31-22)T

**211. SOCIAL WORK SUPERVISOR REGISTRATION.**

Idaho licensed social workers must be registered with the Board in order to provide postgraduate supervision for those individuals in Idaho pursuing licensure as a clinical social worker. (3-31-22)T

**01. Requirements for Registration.** (3-31-22)T

- a. Document at least two-years’ experience as a licensed clinical social worker. (3-31-22)T
- b. Have not been the subject of any disciplinary action for five (5) years prior to application for registration. (3-31-22)T

- c. Document fifteen (15) contact hours of education in clinical supervisor training within the past five (5) years, as approved by the Board, or if previously registered as a supervisor with the Board, document six (6) hours of education in advanced supervisor training as approved by the Board. (3-31-22)T

**02. Registration.** (3-31-22)T

- a. Upon receipt of a completed application verifying compliance with the requirements for registration as a supervisor, the applicant must be registered as a supervisor. (3-31-22)T

- b. A supervisor’s registration must remain valid only so long as the individual’s clinical social worker license remains current and in good standing. (3-31-22)T

**03. Renewal.** A supervisor’s registration is valid for a term of five (5) years. To renew a supervisor registration, the registered supervisor must submit a renewal application and: (3-31-22)T

- a. Hold an active Idaho clinical social worker license which has not been subject to discipline, the Board may, in its discretion, approve a supervisor who has been previously disciplined based on the nature of the discipline and the time elapsed; and (3-31-22)T

- b. Document six (6) hours of continuing education in advanced supervisor training as approved by the Board and completed within the previous five (5) years. (3-31-22)T

**212. -- 224. (RESERVED)**

**225. INACTIVE STATUS.**

**01. Request for Inactive Status.** Each person requesting an inactive status must submit the required form and pay the inactive license fee. (3-31-22)T

**02. Inactive License Status.** (3-31-22)T

- a. All continuing education requirements will be waived for any year or portion thereof that a licensee

maintains an inactive license and is not actively practicing or supervising in Idaho (3-31-22)T

**b.** To return to active status, a licensee must complete one (1) year of continuing education requirements and submit a fee equivalent to the difference between the inactive and active renewal fee. (3-31-22)T

**03. Return to Active Status After Five (5) Years or More of Inactive Status.** Licensee must provide an account to the Board for that period of time during which the license was inactive and fulfilling requirements that demonstrate competency to resume practice. Those requirements may include, but are not limited to, education, supervised practice, and examination as determined by the Board. The Board may consider practice in another jurisdiction in determining competency. (3-31-22)T

**226. -- 299. (RESERVED)**

**300. FEES.**

All fees are non-refundable.

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>	<b>RENEWAL (Not to Exceed)</b>	<b>INACTIVE (Not to Exceed)</b>
Application	\$70		
Examination	Set by testing service		
Endorsement and license	\$90		
Licensed Clinical Social Worker	\$70	\$90	\$45
Licensed Masters Social Worker	\$70	\$80	\$40
Licensed Social Worker	\$70	\$80	\$40
Reinstatement	In accordance with Section 67-2614, Idaho Code		

(3-31-22)T

**301. -- 349. (RESERVED)**

**350. EXAMINATIONS AND ENDORSEMENT.**

Applications for examination and endorsement may be reviewed and approved by a designated Board member upon determination that the applicant meets the qualifications. Approval to sit for examination does not obligate the Board to issue a license if it is later determined that the applicant does not meet the requirements for licensure. (3-31-22)T

**01. Exam.** The Board approves the uniform, nationally standardized examination of the Association of Social Work Boards (ASWB) as the Idaho licensure examination. (3-31-22)T

**a.** Bachelor level candidates are required to successfully pass the bachelor’s examination. (3-31-22)T

**b.** Masters level candidates are required to successfully pass the master’s examination. (3-31-22)T

**c.** Clinical level candidates are required to successfully pass the clinical examination. (3-31-22)T

**02. Graduation Date to Qualify for Exam.** Candidates for examination who can satisfy the Board that they will be graduating at the end of the spring, summer, or fall terms of any given year may qualify for examination immediately preceding the date of graduation. (3-31-22)T

**03. Endorsement.** The Board may grant a license to any person who submits an application and who:

(3-31-22)T

**a.** Holds a current, active social work license, at the level for which a license is being sought, issued by the authorized regulatory entity in another state or country, the certification of which must be received directly by the Board from the issuing agency; and (3-31-22)T

**b.** Has not been disciplined within the last five (5) years, had a license revoked, suspended, restricted, or otherwise sanctioned by any regulatory entity and has never voluntarily surrendered a license; and (3-31-22)T

**c.** Has not been convicted, found guilty, or received a withheld judgment or suspended sentence for any crime that is inconsistent with the profession of social work. (3-31-22)T

**d.** Has successfully passed an examination, as referenced in Subsection 350.02, or an examination provided by the Professional Examination Service (PES) at the clinical social worker and social worker level or the Education Testing Service (ETS) examination; and (3-31-22)T

**e.** Has certified under oath to abide by the laws and rules governing the practice of social work in Idaho and the code of professional conduct. (3-31-22)T

**f.** The Board may waive the examination requirement in Subsection 350.05.d. for an applicant who was not required to pass such an examination at the time the applicant initially obtained a social work license, provided that the applicant meets all other requirements in this subsection and has actively practiced social work for five (5) of the last seven (7) years preceding application. (3-31-22)T

**351. CONTINUING EDUCATION.**

**01. Continuing Education Requirements.** (3-31-22)T

**a.** Continuing education is required for renewal at all levels of social work licensure in Idaho. The Board may waive this requirement upon a showing of good cause. (3-31-22)T

**b.** Each licensee must complete a minimum of twenty (20) continuing education (CE) hours, including at least one (1) hour in professional ethics. (3-31-22)T

**c.** Compliance with the continuing education (CE) requirements for licensees must be reported annually. A continuing education course taken in any renewal year, but not claimed for CE credit in that year, may be utilized for credit in the following renewal year. (3-31-22)T

**d.** Licensees will maintain documentation verifying CE attendance and curriculum for a period of four (4) years. This documentation will be subject to audit by the board. (3-31-22)T

**e.** Licensees are not required to comply with this requirement during the first year in which they become licensed under the social work act. (3-31-22)T

**f.** One (1) continuing education hour equals one (1) clock hour. (3-31-22)T

**g.** Courses that are part of the curriculum of a university, college or other educational institution are allotted CE credit at the rate of fifteen (15) CE hours for each semester hour or ten (10) CE hours for each quarter hour of school credit awarded. (3-31-22)T

**h.** Applications for reinstatement of a canceled license must include documented proof of meeting the continuing education requirements for the previous twelve (12) months. The requirement for professional ethics training continues during any period of cancellation. (3-31-22)T

**02. Categories of Continuing Education.** (3-31-22)T

**a.** Category I. Category I includes formally organized learning events, ideally involving face-to-face

interaction with a teacher for the purpose of accomplishing specific learning objectives. Courses, workshops, conferences, practice oriented seminars, staff development and training activities coordinated and/or taught by approved and recognized educators also are included in this category. Because of our geographic location and sparse population, closed circuit T.V., video and audio tapes, internet based courses, and correspondence courses may be substituted for face-to-face contact if the course is interactive or requires an examination. (3-31-22)T

**b.** Category II. No more than ten (10) CE hours may be obtained from this category. Category II consists of a variety of self-directed professional study activities and growth experiences. Examples include making an initial presentation on professional issues or programs, teaching a course for the first time, presenting a lecture or conducting a workshop for the first time, editing or writing professional books or articles, and conducting professional research. (3-31-22)T

**c.** The subject matter of all approved continuing education must be germane to the practice of social work as defined in Section 54-3202, Idaho Code, and may include the specialties of Marriage and Family Therapy, Psychiatry, Psychiatric Nursing, or Psychology. (3-31-22)T

**03. Continuing Education Sources.** (3-31-22)T

**a.** Continuing education course providers must include: (3-31-22)T

**i.** Professional Associations. Continuing education hours may be obtained by participating in activities sponsored by or approved by professional associations including but not limited to the Idaho Chapter of the National Association of Social Workers, Idaho Society for Clinical Social Workers. The professional association must certify the number of clock hours of educational content in each sponsored or approved activity. (3-31-22)T

**ii.** Educational Institutions. Continuing education hours may be obtained by completing coursework not below your level of licensing or by participating in continuing education programs sponsored by or approved by educational institutions accredited by a regional body recognized by the Council on Post Secondary Accreditation. The educational institution must certify the number of clock hours of educational content in each sponsored or approved program. (3-31-22)T

**iii.** Government Agencies, Schools and Hospitals. Continuing education hours may be obtained by participating in in-service training, courses or workshops sponsored by federal, state, or local government agencies, public school systems and licensed hospitals. The provider must certify the number of clock hours of educational content in each approved activity. (3-31-22)T

**iv.** Private social service agencies and other entities. Continuing education hours may be obtained by participating in continuing education programs sponsored by agencies or entities who regularly provide social work services. The provider must certify the number of clock hours of educational content in each approved activity. (3-31-22)T

**b.** All continuing education hours must be relevant to the profession of social work at the individual's particular level of social work licensure. The presenter's level of education must be at the licensee's level or above. Continuing education for clinical licensees must be clinical in nature except that five (5) hours each year may be non-clinical but must be germane to the practice of social work. Final approval of acceptable programs rests with the Board. (3-31-22)T

**04. Documentation.** (3-31-22)T

**a.** Each licensee must maintain documentation verifying CE attendance and curriculum for a period of four (4) years from the date of completion. This documentation will be subject to audit by the Board. (3-31-22)T

**b.** Licensees must attest, on their annual license renewal application, that they have satisfied the continuing education requirements. False attestation of satisfaction of the continuing education requirements on a renewal application will subject the licensee to disciplinary action, including revocation. (3-31-22)T

**c.** Continuing education documents must be in the form of a certificate of attendance, a statement

signed by the provider verifying participation in the activity, an official transcript, or other documentation such as a certificate or letter from the sponsoring entity that includes the title of the activity, the subject material covered, the dates and number of hours credited, and the presenter's full name and professional credentials, or other documentation as the Board may require. (3-31-22)T

**352. -- 399. (RESERVED)**

**400. UNPROFESSIONAL CONDUCT.**

"Unprofessional conduct" is further defined as any violation of the Social Work Code of Professional Conduct. (3-31-22)T

**401. -- 449. (RESERVED)**

**450. STATEMENT OF PUBLIC POLICY AND CODE OF PROFESSIONAL CONDUCT.**

The profession of social work is dedicated to serving people; the professional relationship between social workers and clients thus is governed by the highest moral and ethical values. The client is in a vulnerable role that extends beyond the time frame of actual services. In both social and professional interactions, this vulnerability is taken into consideration whether the person is currently or has been a client. Following is the Code of Professional Conduct: (3-31-22)T

**01. The Social Worker's Ethical Responsibility to Clients. (3-31-22)T**

**a.** For the purpose of this Code of Professional Conduct, a client is anyone for whom the social worker provides social work services directly or indirectly through consultations, staffings, or supervision with other professionals. (3-31-22)T

**b.** The social worker will not commit fraud nor misrepresent services performed. (3-31-22)T

**c.** The social worker will not solicit the clients of an agency for which they provide services for his private practice. (3-31-22)T

**d.** The social worker will not divide a fee or accept or give anything of value for receiving or making a referral. (3-31-22)T

**e.** The social worker will provide clients with accurate and complete information regarding the extent and nature of the services available to them. (3-31-22)T

**f.** The social worker will terminate service to clients, and professional relationships with them, when such service and relationships are no longer required or in which a conflict of interest arises. (3-31-22)T

**g.** A social worker may not violate a position of trust by knowingly committing any act detrimental to a client. (3-31-22)T

**h.** A social worker may not exploit their professional relationships with clients (or former clients), supervisees, supervisors, students, employees, or research participants, sexually or otherwise. Social workers will not condone or engage in sexual harassment. Sexual harassment is defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are unwelcomed by the recipient. (3-31-22)T

**i.** A social worker may not engage in romantic or sexual acts with a client or with a person who has been a client within the past three (3) years, with a relative of a client, or with a person with whom the client maintains a close personal relationship when it has the potential to be harmful to the client. A social worker must not provide social work services to a person with whom he/she has had a romantic or sexual relationship. (3-31-22)T

**02. The Social Worker's Conduct and Comportment as a Social Worker. (3-31-22)T**

**a.** In providing services, a social worker may not discriminate on the basis of age, gender, race, color, religion, national origin, mental status, physical disability, social or economic status, political belief, or any other

preference or personal characteristic, condition or status. (3-31-22)T

**b.** Social workers may not undertake any activity in which their personal problems are likely to lead to inadequate performance or harm to a client, colleague, student, or research participant. If engaged in such activity when they become aware of their personal problems, they must seek competent professional assistance to determine whether they should suspend, terminate, or limit the scope of their professional activities. (3-31-22)T

**c.** A social worker may not practice while impaired by medication, alcohol, drugs, or other chemicals. A social worker may not practice under a mental or physical condition that impairs the ability to practice safely. (3-31-22)T

**d.** A social worker may not repeatedly fail to keep scheduled appointments. (3-31-22)T

**e.** The social worker who anticipates the termination or interruption of service to clients must notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences. (3-31-22)T

**f.** The social worker must attempt to make appropriate referrals as indicated by the client's need for services. (3-31-22)T

**g.** A social worker must obtain the client's or legal guardian's informed written consent when a client is to be involved in any research project. A social worker must explain the research, including any implications. (3-31-22)T

**h.** The social worker must obtain informed consent of clients before taping, recording, or permitting third party observation of their activities. (3-31-22)T

**i.** A social worker must safeguard information given by clients in providing client services. Except when required by law or judicial order, a social worker must obtain the client's informed written consent before releasing confidential information from the setting or facility except for compelling reasons defined as but not limited to: (3-31-22)T

i. Consultation with another professional on behalf of the client thought to be dangerous to self or others; (3-31-22)T

ii. Duty to warn pursuant to Chapter 19, Title 6, Idaho Code; (3-31-22)T

iii. Child abuse and sexual molestation pursuant to Chapter 16, Title 16, Idaho Code; and (3-31-22)T

iv. Any other situation in accordance with statutory requirements. (3-31-22)T

**j.** A social worker must report any violation of the law or rules, including Code of Professional Conduct, by a person certified under Chapter 32, Title 54, Idaho Code. (3-31-22)T

**03. Competent Practice for Social Workers.** All social workers must practice in a competent manner consistent with their level of education, training and experience. (3-31-22)T

**a.** A social worker must only represent himself and practice within the boundaries of his education, training, licensure level, supervision, and other relevant professional experience. (3-31-22)T

**b.** A social worker must only practice within new areas or use new intervention techniques or approaches after engaging in appropriate study, training, consultation, or supervision. (3-31-22)T

**c.** A social worker must exercise careful judgment, when generally recognized standards do not exist with respect to an emerging area of practice, and take responsible steps to ensure the competence of his practice. (3-31-22)T

**04. The Advertising Rules for Social Workers.** No social worker may disseminate or cause the dissemination of any advertisement or advertising that is any way fraudulent, false, deceptive or misleading. Any advertisement or advertising is deemed by the board to be fraudulent, false, deceptive, or misleading if it: (3-31-22)T

- a.** Contains a misrepresentation of fact; or (3-31-22)T
- b.** Is misleading or deceptive because in its content or in the context in which it is presented it makes only a partial disclosure of relevant facts. More specifically, it is misleading and deceptive for a social worker to advertise free services or services for a specific charge when in fact the social worker is transmitting a higher charge for the advertised services to a third party payor for payment or charges the patient or a third party. It is misleading and deceptive for a social worker or a group of social workers to advertise a social work referral service or bureau unless the advertisement specifically names each of the individual social workers who are participating in the referral service or bureau. (3-31-22)T
- c.** Creates false or unjustified expectations of beneficial treatment or successful outcomes; or (3-31-22)T
- d.** Fails to identify conspicuously the social worker or social workers referred to in the advertising as a social worker or social workers; or (3-31-22)T
- e.** Contains any representation or claims, as to which the social worker, referred to in the advertising, fails to perform; or (3-31-22)T
- f.** Contains any representation which identifies the social worker practice being advertised by a name which does not include the terms “social worker,” “social work,” or some easily recognizable derivation thereof; or (3-31-22)T
- g.** Contains any representation that the practitioner has received any license or recognition by the state of Idaho or its authorized agents, which is superior to the license and recognition granted to any social worker who successfully meets the licensing requirements of Chapter 32, Title 54, Idaho Code; or (3-31-22)T
- h.** Appears in any classified directory, listing, or compendium under a heading, which when considered together with the advertisement, has the capacity or tendency to be deceptive or misleading with respect to the profession or professional status of the social worker; or (3-31-22)T
- i.** Contains any other representation, statement, or claim which is misleading or deceptive. (3-31-22)T

**05. Dual Relationships.** A social worker may not engage in dual or multiple relationships with clients, with relatives of a client, or with individuals with whom clients maintain close personal relationships, in which a reasonable and prudent social worker would conclude after appropriate assessment that there is a risk of harm or exploitation to the client or of impairing a social worker’s objectivity or professional judgment. A dual or multiple relationship is a relationship that occurs when a social worker interacts with a client in more than one capacity, whether it be before, during, or after the professional, social, or business relationship. Dual or multiple relationships can occur simultaneously or consecutively. After an appropriate assessment that the relationship does not create a risk of harm or exploitation to the client and will not impair a social worker’s objectivity or professional judgment, the social worker must document in case records, prior to the interaction, when feasible, the rationale for such a relationship, the potential benefit to the client, and anticipated consequences for the client. (3-31-22)T

**06. Business Relationships.** A social worker may not purchase goods or services from a client or otherwise engage in a business relationship with a client except when: (3-31-22)T

- a.** The client is providing necessary goods or services to the general public; (3-31-22)T
- b.** A reasonable and prudent social worker would determine that it is not practical or reasonable to obtain the goods or services from another provider; and (3-31-22)T

**c.** A reasonable and prudent social worker would determine that engaging in the business relationship will not be detrimental to the client or the professional relationship. (3-31-22)T

**07. Bartering.** Bartering is the acceptance of goods, services, or other nonmonetary remuneration from a client in return for a social worker's services. Social workers may not barter except when such arrangement is not exploitative and: (3-31-22)T

**a.** Is initiated by the client and with the client's written informed consent; and (3-31-22)T

**b.** Has an easily determined fair market value of the goods or services received. (3-31-22)T

**451. -- 474. (RESERVED)**

**475. DISCIPLINE.**

**01. Civil Fine.** The Board may impose a civil fine not to exceed one thousand dollars (\$1,000) upon a licensed social worker for each violation of Section 54-3211, Idaho Code. (3-31-22)T

**02. Costs and Fees.** The Board may order a licensed social worker to pay the costs and fees incurred by the Board in the investigation or prosecution of the licensee for violation of Section 54-3211, Idaho Code. (3-31-22)T

**476. -- 999. (RESERVED)**



**24.15.01 – RULES OF THE IDAHO LICENSING BOARD OF PROFESSIONAL  
COUNSELORS AND MARRIAGE AND FAMILY THERAPISTS**

**000. LEGAL AUTHORITY.**

These rules are promulgated pursuant to Section 54-3404, Idaho Code.

(3-31-22)T

**001. SCOPE.**

These rules govern the practice of professional counseling and practice of marriage and family therapists in Idaho.

(3-31-22)T

**002. – 003. (RESERVED)**

**004. INCORPORATION BY REFERENCE.**

**01. ACA Code of Ethics.** “ACA Code of Ethics,” as published by the American Counseling Association (ACA), effective 2014, is herein incorporated by reference and is available from the Board’s office and website.

(3-31-22)T

**02. AAMFT Code of Ethics.** The document titled “AAMFT Code of Ethics,” as published by the American Association for Marriage and Family Therapy (AAMFT), effective January 1, 2015, is herein incorporated by reference and is available from the Board’s office and website.

(3-31-22)T

**03. Guidelines.** The document titled “Approved Supervision Designation Handbook” that provides supervision guidelines for supervisors, as published by the American Association for Marriage and Family Therapy (AAMFT), dated October 2007, is herein incorporated by reference and is available from the Board’s office and website.

(3-31-22)T

**005. -- 009. (RESERVED)**

**010. DEFINITIONS.**

**01. Accredited University or College.** An accredited university or college is a college or university accredited by a regional accrediting agency as identified by the U.S. Department of Education.

(3-31-22)T

**02. Face-to-face Setting.** May include a secure live electronic face-to-face connection between the supervisor and supervisee.

(3-31-22)T

**03. Licensed Mental Health Professional Supervisor.** A clinical professional counselor, marriage and family therapist, psychologist, clinical social worker, or psychiatrist, whose license in Idaho is active, current, and in good standing and who, when applicable, is registered as a supervisor with their respective licensing board.

(3-31-22)T

**04. Practicum.** The term practicum includes a practicum, internship, or a combination, taken as part of the graduate level program.

(3-31-22)T

**05. Supplemental Practicum Hours.** Supplemental practicum hours are hours of direct client contact that are supervised at a ratio of one (1) hour of supervision for every ten (10) hours of direct client contact by a registered supervisor for the profession for which the applicant is seeking licensure.

(3-31-22)T

**011. -- 149. (RESERVED)**

**150. QUALIFICATIONS FOR PROFESSIONAL COUNSELOR LICENSURE.**

Licensure as a “professional counselor” is restricted to persons who have successfully completed the required examination and each of the following:

(3-31-22)T

**01. Graduate Program.** Possess a master’s degree or higher, which includes an educational specialist degree, that is primarily counseling in nature, from an accredited university or college offering a graduate program in counseling, provided that the program is either:

(3-31-22)T

**a.** Approved by the Council for Accreditation of Counseling and Related Educational Programs; or

(3-31-22)T

**b.** A counseling program of at least sixty (60) semester hours or ninety (90) quarter hours in length and that at a minimum includes successful completion of one (1) graduate level course unique to the eight (8) areas and an advanced counseling practicum as follows: (3-31-22)T

i. Human growth and development: Includes studies that provide a broad understanding of the nature and needs of individuals at all developmental levels. Emphasis is placed on psychological, sociological, and physiological approaches. Also included are areas such as human behavior (normal and abnormal), personality theory, and learning theory. (3-31-22)T

ii. Social and cultural foundations: Includes studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns. (3-31-22)T

iii. The helping relationship: Includes philosophic bases of the helping relationship: Consultation theory and/or an emphasis on the development of counselor and client (or consultee) self-awareness and self-understanding. (3-31-22)T

iv. Groups: Includes theory and types of groups, as well as descriptions of group practices, methods dynamics, and facilitative skills. It includes either a supervised practice and/or a group experience. (3-31-22)T

v. Life-style and career development: Includes areas such as vocational-choice theory, relationship between career choice and life-style, sources of occupational and educational information, approaches to career decision-making processes, and career-development exploration techniques. (3-31-22)T

vi. Appraisal of the individual: Includes the development of a framework for understanding the individual, including methods of data gathering and interpretation, individual and group testing, case-study approaches and the study of individual differences. Ethnic, cultural, and sex factors are also considered. (3-31-22)T

vii. Research and evaluation: Includes areas such as statistics, research design, and development of research and demonstration proposals. It also includes understanding legislation relating to the development of research, program development, and demonstration proposals, as well as the development and evaluation of program objectives. (3-31-22)T

viii. Professional orientation: Includes goals and objectives of professional counseling organizations, codes of ethics, legal consideration, standards of preparation, certification, and licensing and role of identity of counselors. (3-31-22)T

ix. Advanced counseling practicum: Complete at least two (2) semester courses of an advanced counseling practicum taken at the graduate school level, provided that the applicant completed a total of two hundred eighty hours (280) of direct client contact that is supervised at the ratio of at least one (1) hour of one-to-one supervision for every ten (10) hours of experience in the setting. An applicant may complete one (1) supplemental practicum hour for every hour in which the practicum was deficient and that meets the requirements of Subsection 230.02 of these rules. (3-31-22)T

**02. Supervised Experience Requirement.** One thousand (1,000) hours of supervised experience in counseling acceptable to the Board. (3-31-22)T

**a.** One thousand (1,000) hours is defined as one thousand (1,000) clock hours of experience working in a counseling setting, four hundred (400) hours of which must be direct client contact. Supervised experience in practicum taken at the graduate level may be utilized. The supervised experience includes a minimum of one (1) hour of face-to-face or one-to-one (1/1) or one-to-two (1/2) supervision with the supervisor for every twenty (20) hours of job/internship experience. (3-31-22)T

**b.** Supervision must be provided in compliance with the ACA Code of Ethics that was adopted by the Board at the time the supervision and provided by a counselor education faculty member at an accredited college or university, Professional Counselor, registered with the Board as a supervisor, or a licensed mental health professional supervisor as defined in these rules. If the applicant's supervision was provided in another state, it must have been

provided by a counseling professional licensed by that state, provided the requirements for licensure in that state are substantially equivalent to the requirements in Idaho. (3-31-22)T

**c.** Experience in counseling is defined as assisting individuals or groups, through the counseling relationship, to develop an understanding of personal problems, to define goals, and to plan action reflecting interests, abilities, aptitudes, and needs as related to persona-social concerns, educational progress, and occupations and careers. Counseling experience may include the use of appraisal instruments, referral activities, and research findings. (3-31-22)T

**d.** The Board considers the recommendation of the supervisor(s) when determining the acceptability of the applicant’s supervised experience. (3-31-22)T

**151. -- 224. (RESERVED)**

**225. CLINICAL PROFESSIONAL COUNSELOR LICENSURE.**

Licensure as a “clinical professional counselor” is restricted to applicants who have successfully passed the required examination and have met the following: (3-31-22)T

**01. License.** Hold a “professional counselor” license in this state or a license or other authorization in another state that has substantially similar requirements to a licensed professional counselor in this state, provided the license or authorization is current and in good standing; and (3-31-22)T

**02. Experience.** Document two thousand (2,000) hours of direct client contact experience under supervision accumulated in no less than a two (2) year period after licensure or other authorization to practice in any state. (3-31-22)T

**a.** All applicants must provide verification of meeting at least one thousand (1,000) hours of supervised experience under the supervision of a licensed Clinical Professional Counselor registered as a supervisor with the Board. The remainder of the supervision may be provided by a licensed mental health professional supervisor as defined in these rules. If the applicant’s supervision was provided in another state, it must have been provided by a counseling professional licensed by that state, provided the requirements for license and supervision are substantially equivalent to the requirements in Idaho. (3-31-22)T

**b.** One (1) hour of clinical supervision for every thirty (30) hours of direct client contact is required. Individual supervision is defined as one (1) hour of face-to-face, one-on-one (1:1) or one-to-two (1:2) supervision to every thirty (30) hours of direct client contact. Supervision must be provided in a face-to-face setting. (3-31-22)T

**c.** No more than one-half (1/2) of the required supervision hours may be group supervision. (3-31-22)T

**03. Recommendation of the Supervisor(s).** The Board considers the recommendation of the supervisor(s) when determining the acceptability of the applicant’s supervised experience. (3-31-22)T

**226. -- 229. (RESERVED)**

**230. QUALIFICATIONS FOR ASSOCIATE MARRIAGE AND FAMILY THERAPIST.**

An applicant for associate marriage and family therapist licensure must pass the required examination and meet the following: (3-31-22)T

**01. Graduate Degree.** Possess a graduate degree as outlined in Subsection 238.01 of these rules or a master’s degree or higher in marriage and family therapy or a related field from an accredited university or college, provided that the graduate program meets one of the following: (3-31-22)T

**a.** Accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE); or (3-31-22)T

**b.** Accredited by the Council for Accreditation of Counseling and Related Educational Programs-

Marriage, Couple, and Family Counseling (CACREP-MCFC); or (3-31-22)T

c. The program includes, at a minimum, twenty-seven (27) semester credits or thirty-six (36) quarter credits of the graduate level coursework set forth in Subsection 238.01.b of these rules. (3-31-22)T

**02. Practicum.** Completion of a supervised practicum in no less than a twelve (12) month period as part of the graduate program. The practicum must consist of at least three hundred (300) hours of direct client contact, of which at least one hundred fifty (150) hours must be with couples, families and other systems, provided that the Board may grant a license to an applicant who completed a practicum with fewer than the required hours and completed one (1) supplemental practicum hour for every hour in which the practicum was deficient. Supplemental practicum hours must be completed as: (3-31-22)T

a. A Registered Intern under Section 245 of these rules; or (3-31-22)T

b. Supervised practice in another jurisdiction that is sufficient to be considered substantially similar to the supplemental practicum hour requirements of these rules; or (3-31-22)T

c. A combination of Paragraph 02.a. and 02.b. of this subsection. (3-31-22)T

**231. – 237. (RESERVED)**

**238. MARRIAGE AND FAMILY THERAPISTS.**

An applicant for marriage and family therapist licensure must pass the required examination and meet the following: (3-31-22)T

**01. Graduate Degree.** Possess a master’s degree or higher in marriage and family therapy or a related field from an accredited university or college provided that the program is either: (3-31-22)T

a. Accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE); or (3-31-22)T

b. A program of at least sixty (60) semester hours or ninety (90) quarter hours in length and that includes at a minimum: (3-31-22)T

i. Marriage and family studies – Nine (9) semester credit hours or twelve (12) quarter credit hours: includes theoretical foundations, history, philosophy, etiology and contemporary conceptual directions of marriage and family therapy or marriage and family counseling; family systems theories and other relevant theories and their application in working with a wide variety of family structures, including families in transition, nontraditional families and blended families, and a diverse range of presenting issues; and preventive approaches, including premarital counseling, parent skill training and relationship enhancement, for working with couples, families, individuals, subsystems and other systems; (3-31-22)T

ii. Marriage and family therapy – Nine (9) semester credit hours or twelve (12) quarter credit hours: includes the practice of marriage and family therapy related to theory, and a comprehensive survey and substantive understanding of the major models of marriage and family therapy or marriage and family counseling; and interviewing and assessment skills for working with couples, families, individuals, subsystems and other systems, and skills in the appropriate implementation of systematic interventions across a variety of presenting clinical issues including, but not limited to, socioeconomic disadvantage, abuse and addiction; (3-31-22)T

iii. Biopsychosocial health and development across the lifespan – Nine (9) semester credit hours or twelve (12) quarter credit hours: includes individual development and transitions across the life span; family, marital and couple life cycle development and family relationships, family of origin and intergenerational influences, cultural influences, ethnicity, race, socioeconomic status, religious beliefs, gender, sexual orientation, social and equity issues and disability; human sexual development, function and dysfunction, impacts on individuals, couples and families, and strategies for intervention and resolution; and issues of violence, abuse and substance use in a relational context, and strategies for intervention and resolution; (3-31-22)T

iv. Psychological and mental health competency – Six (6) semester credit hours or eight (8) quarter credit hours: includes psychopathology, including etiology, assessment, evaluation and treatment of mental disorders, use of the current diagnostic and statistical manual of mental disorders, differential diagnosis and multiaxial diagnosis; standard mental health diagnostic assessment methods and instruments, including standardized tests; and psychotropic medications and the role of referral to and cooperation with other mental health practitioners in treatment planning, and case management skills for working with individuals, couples, families, and other systems and relational groups; (3-31-22)T

v. Professional ethics and identity – Three (3) semester credit hours or four (4) quarter credit hours: includes professional identity, including professional socialization, professional organizations, training standards, credentialing bodies, licensure, certification, practice settings and collaboration with other disciplines; ethical and legal issues related to the practice of marriage and family therapy, legal responsibilities of marriage and family therapy and marriage and family counseling practice and research, business aspects, reimbursement, recordkeeping, family law, confidentiality issues and the relevant codes of ethics, including the code of ethics specified by the board; and the interface between therapist responsibility and the professional, social and political context of treatment; (3-31-22)T

vi. Research – Three (3) semester credit hours or four (4) quarter credit hours: includes research in marriage and family therapy or marriage and family counseling and its application to working with couples and families; and research methodology, quantitative and qualitative methods, statistics, data analysis, ethics and legal considerations of conducting research, and evaluation of research. (3-31-22)T

**02. Practicum.** Completed a supervised practicum, including any supplemental practicum hours, which meets the requirements of Subsection 230.02 of these rules. (3-31-22)T

**03. Supervised Marriage and Family Therapy Experience.** Completed at least three thousand (3,000) hours of graduate or post-graduate supervised experience in marriage and family therapy that meets the following requirements: (3-31-22)T

a. A minimum of two thousand (2,000) post-master’s direct client contact hours, over a period of not less than two (2) years, which must include a minimum of one thousand (1,000) direct client contact hours with couples, families, and other systems; and (3-31-22)T

b. A minimum of two hundred (200) hours of post-master’s supervision. (3-31-22)T

c. Other hours must support development as a marriage and family therapist, and may include: additional hours of supervision, additional practicum hours above the three hundred (300) hours required in Subsection 230.02 of these rules, writing clinical reports, writing case notes, case consultation, coordination of care, administering tests, and attending workshops, training sessions, and conferences. (3-31-22)T

d. A minimum of one hundred (100) hours post-master’s supervision must be obtained from a registered marriage and family therapist supervisor. The remaining one hundred (100) hours of supervision may also be obtained from a licensed mental health professional supervisor as defined in these rules who documents: (3-31-22)T

i. A minimum of five (5) years of experience providing marriage and family therapy; and (3-31-22)T

ii. Fifteen (15) contact hours of education in supervisor training; and (3-31-22)T

iii. Has not been the subject of any disciplinary action for five (5) years immediately prior to providing supervision. (3-31-22)T

e. No more than one hundred (100) hours of group supervision are allowed. Group supervision is defined as up to six (6) supervisees and one (1) supervisor; and (3-31-22)T

f. Individual supervision is defined as up to two (2) supervisees per supervisor; and (3-31-22)T

- g.** Supervision must employ observation of client contact such as the use of audio technologies or video technologies or co-therapy, or live supervision; and (3-31-22)T
- h.** A supervisor may not act as an applicant’s personal Professional Counselor/Therapist. (3-31-22)T
- i.** The Board considers the recommendation of the supervisor(s) when determining the acceptability of the applicant’s supervised experience. (3-31-22)T
- j.** Supervision obtained in another jurisdiction or from a supervisor in another jurisdiction must conform with the jurisdiction’s requirements provided they are substantially equivalent to Idaho’s requirements. (3-31-22)T

**239. SUPERVISOR REQUIREMENTS.**

Licenses in Idaho must be registered with the board to provide supervision for those individuals pursuing licensure in the state of Idaho as a counselor or marriage and family therapist. (3-31-22)T

**01. Requirements for Registration.** The board will register an applicant who: (3-31-22)T

- a.** Possesses two (2) years experience as a licensed counselor or marriage and family therapist, respective to the profession for which the applicant seeks registration as a supervisor, and document at least one thousand five hundred (1,500) hours of direct client contact as a counselor or two thousand (2,000) hours of direct client contact with couples, families, and other systems as a marriage and family therapist. (3-31-22)T
- b.** Documents fifteen (15) contact hours of education in supervisor training as approved by the Board. (3-31-22)T
- c.** Has not been subject to discipline for five (5) years prior to registration, provided that the Board may in its discretion approve a supervisor with disciplinary action for failing to complete continuing education requirements. (3-31-22)T

**02. Supervision.** (3-31-22)T

- a.** A registered supervisor must provide supervision in conformance with the guidelines for supervisors set forth in the ACA Code of Ethics for counselor supervisors or the American Association for Marriage and Family Therapists and the guidelines set forth in the AAMFT Code of Ethics for marriage and family therapist supervisors. (3-31-22)T
- b.** Unless the primary work role of an individual is as a clinical supervisor, a registered supervisor may not supervise more than six (6) supervisees concurrently. (3-31-22)T
- c.** Supervision must be provided in a face-to-face setting. (3-31-22)T
- d.** A registered supervisor must ensure that informed consent containing information about the roles of the supervisor and supervisee is obtained from clients of the supervisee. (3-31-22)T

**03. Renewal.** A supervisor’s registration is valid for a term of five (5) years, provided the supervisor’s license remains current, active, in good standing, and is not subject to discipline. To renew a supervisor registration, the licensee must submit to the Board a complete application for registration renewal and document six (6) hours of continuing education in advanced supervisor training as approved by the Board and completed within the previous twenty-four (24) months, unless good cause is shown. (3-31-22)T

**240. EXAMINATION FOR LICENSURE.**

Applicants must have successfully completed the required written examination. (3-31-22)T

**01. Examination.** The required written examination is: (3-31-22)T

- a.** For counselor applicants, the National Counselor Examination prepared by the National Board of

Certified Counselors (NBCC). (3-31-22)T

**b.** For clinical counselor applicants, the National Clinical Mental Health Counselor Examination (NCMHCE) prepared by the National Board of Certified Counselors (NBCC). (3-31-22)T

**c.** For associate marriage and family therapist and marriage and family therapist applicants, the National Marital and Family Therapy Examination as approved by the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) or another recognized competency examination in marriage and family therapy that is approved by the Board. (3-31-22)T

**02. Time and Place.** The examination will be conducted at a time and place specified by the Board or the examining entity. (3-31-22)T

**03. Successful Passage.** Successful passage of the examination is defined as achievement of the passing score set by the preparer of the examination. Reexamination consists of the entire examination. (3-31-22)T

**241. NON-UNITED STATES EDUCATED APPLICANTS.**

Applicants with a graduate degree from a country other than the United States may be required to submit a certification from a credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or approved by the Board. The service must certify that the graduate degree is equivalent to a graduate degree from the United States. All costs for the certification are the responsibility of the applicant. All information submitted to the Board must be submitted with an English translation. (3-31-22)T

**242. -- 244. (RESERVED)**

**245. REGISTERED INTERNS.**

The Board may issue a registration to allow an intern to engage in the practice of counseling or marriage and family therapy while completing either the supervised experience or supplemental practicum hours required for licensure. A registered intern may only practice under the direct supervision of a person registered as a supervisor with the Board or otherwise approved to provide supervision under this chapter. (3-31-22)T

**01. Requirements for Registration.** An applicant must meet the following requirements: (3-31-22)T

**a.** Possess a graduate degree in counseling, marriage and family therapy, or a closely related field from an accredited university or college. (3-31-22)T

**b.** Designate a supervisor who is registered with the board as a supervisor as set forth in these rules or who is otherwise approved to provide marriage and family therapy supervision as set forth in Section 238 of these rules. (3-31-22)T

**02. Supervision.** The designated supervisor is responsible to provide supervision and ensure that a Registered Intern is competent to practice such counseling or marriage and family therapy as may be provided. (3-31-22)T

**03. Designation of Intern Status.** Only a Registered Intern may use the title Registered Counselor Intern or Registered Marriage and Family Therapist Intern. Registered interns must explicitly state that they are interns in their documentation and advertising, such as business cards, informed consent forms, and other disclosures. (3-31-22)T

**04. Expiration.** An individual may not practice as an intern for more than four (4) years from the original date of registration, unless good cause is demonstrated to the board. (3-31-22)T

**246. -- 249. (RESERVED)**

**250. FEES.**

**01. Application, License, and Registration Fee.** All fees are non refundable:

<b>LICENSE/PERMIT/REGISTRATION</b>	<b>INITIAL FEE (Not to Exceed)</b>	<b>ANNUAL RENEWAL FEE (Not to Exceed)</b>
Application	\$100	
License	\$100	\$120
Intern Registration	\$25	
Reinstatement Fee	As provided in Section 67-2614, Idaho Code	
Senior License		\$60
Inactive License		\$60
Inactive to Active License Fee	The difference between the current inactive and active license renewal fees	

(3-31-22)T

**02. Examination or Reexamination Fee.** The examination or reexamination fees are the fees set by the provider of the approved examination plus an administration fee of twenty-five dollars (\$25) for the Marriage and Family Therapy examination. (3-31-22)T

**251. -- 299. (RESERVED)**

**300. ENDORSEMENT.**

The Board may grant a license by endorsement to an applicant who pays the required fee, submits a completed board-approved application, and satisfies the Board that they hold a valid and current license in good standing issued by the authorized regulatory entity of another state, territory, or jurisdiction of the United States, which in the opinion of the Board imposes substantially equivalent licensing requirements. (3-31-22)T

**301. -- 349. (RESERVED)**

**350. CODE OF ETHICS.**

The Board adopts the American Counseling Association (ACA) Code of Ethics and the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics. All licensees must adhere to the appropriate Code of Ethics pertaining to their licensure. (3-31-22)T

**351. -- 359. (RESERVED)**

**360. INACTIVE STATUS.**

**01. Request for Inactive Status.** Each person requesting an inactive status must submit a written request and pay the established fee. (3-31-22)T

**02. Inactive License Status.** (3-31-22)T

**a.** All continuing education requirements will be waived for any year or portion thereof that a licensee maintains an inactive license. (3-31-22)T

**b.** When the licensee desires active status, the licensee must show acceptable fulfillment of continuing education requirements for the previous twelve (12) months and submit a fee equivalent to the difference between the inactive and active renewal fee, provided that a licensee whose license has been inactive five (5) years or more must provide an account to the Board for that period of time during which the license was inactive and fulfill requirements that demonstrate competency to resume practice. Those requirements may include, but are not limited to, education,



supervised practice, and examination as determined by the Board. The Board may consider practice in another jurisdiction in determining competency. (3-31-22)T

**c.** Licensees may not practice or supervise counseling or marriage and family therapy in Idaho while on inactive status. (3-31-22)T

**361. -- 374. (RESERVED)**

**375. SENIOR STATUS.**

**01. Request for Senior Status.** Each person having attained the age of sixty-five (65) and requesting a senior status during the renewal of their active license must submit a written request and pay the established fee. (3-31-22)T

**02. Continuing Education.** Continuing education must be completed annually per Section 425 of this rule. (3-31-22)T

**376. -- 424. (RESERVED)**

**425. CONTINUING EDUCATION.**

All licensees must complete in each twenty-four-month period preceding the renewal of a license, forty (40) contact hours of continuing education. A contact hour is one (1) hour of actual participation in a continuing education activity, exclusive of breaks. (3-31-22)T

**01. Contact Hours.** The contact hours of continuing education must be obtained in areas of study germane to the practice for which the license is issued as approved by the Board. No less than six (6) contact hours for each renewal period must be in ethics, which must be specific to legal issues, law, or ethics. Therapeutic workshops, retreats and other self-help activities are not considered continuing education training unless specific parts of the experience are applicable to counseling or therapy practice. (3-31-22)T

**02. Documentation of Attendance.** Each licensee must maintain documentation verifying hours of attendance by securing authorized signatures or other documentation from the course instructors, providers, or sponsoring institution. This documentation is subject to audit and must be provided upon request by the Board or its agent. (3-31-22)T

**03. Approved Contact Hours, Limitations, and Required Documents.** (3-31-22)T

**a.** College or University Courses for Credit or Audit. There is no limit to the contact hours that a licensee may obtain in this category during each reporting period. However, all courses are subject to Board approval. For college or university courses, one (1) semester credit equals fifteen (15) contact hours; one (1) quarter credit equals ten (10) contact hours. The licensee must provide the Board with a copy of the licensee's transcript substantiating any hours attended by the licensee. (3-31-22)T

**b.** Seminars, Workshops, Conferences. There is no limit to the contact hours that a licensee may obtain in this category during each reporting period. Verifying documentation is a copy of the certificate, or letter signed by course instructors, providers, or sponsoring institution substantiating any hours attended by the licensee. (3-31-22)T

**c.** Publications. A maximum of eight (8) contact hours may be counted in this category during each reporting period. Publication activities are limited to articles in journals, a chapter in an edited book, or a published book or professional publication. Verifying documentation is a copy of the cover page or the article or book in which the licensee has been published. For a chapter in an edited book the licensee must submit a copy of the table of contents. (3-31-22)T

**d.** Presentations. A maximum of eight (8) contact hours may be counted in this category during each reporting period. Class, conference, or workshop presentations may be used for contact hour credit if the topic is germane to the field. A specific presentation given repeatedly can only be counted once. A particular presentation

will qualify for contact hour credit one (1) time in a five (5) year period. Only actual presentation time may be counted; preparation time does not qualify for contact hour credit. Verifying documentation is a copy of the conference program or a letter from the sponsor, host organization, or professional colleague. (3-31-22)T

**e.**        Clinical Supervision and Case Consultation. A maximum of ten (10) contact hours of received supervision/consultation may be counted in this category during each reporting period. In order to qualify for contact hour credit, supervision/consultation must be received on a regular basis with a set agenda. No credit will be given for the licensee's supervision of others. Verifying documentation is a letter from the supervisor or consultant listing periods of supervision or consultation. (3-31-22)T

**f.**        Dissertation. A maximum of ten (10) contact hours may be counted in this category during each reporting period. Verifying documentation is a copy of the licensee's transcript and the title of the dissertation. (3-31-22)T

**g.**        Leadership. A maximum of eight (8) contact hours may be counted in this category during each reporting period. Verifying documentation is a letter from a professional colleague listing the position of leadership, periods of leadership, and the name of the organization under which the leadership took place. The following leadership positions qualify for continuing education credits: (3-31-22)T

**i.**        Executive officer of a state or national counseling or therapy organization; (3-31-22)T

**ii.**       Editor or editorial board service of a professional counseling or therapy journal; (3-31-22)T

**iii.**       Member of a national ethics disciplinary review committee rendering licenses, certification, or professional membership; (3-31-22)T

**iv.**       Active member of a counseling or therapy working committee producing a substantial written product; (3-31-22)T

**v.**        Chair of a major counseling or therapy conference or convention; or (3-31-22)T

**vi.**       Other leadership positions with justifiable professional learning experiences. (3-31-22)T

**h.**        Home Study and On-line Education. There is no limit to the contact hours that a licensee may obtain in this category during each reporting period. Home study or on-line courses qualify for contact hours, provided that the course is provided by a Board-approved continuing education provider or a course pre-approved by the Board. Verifying documentation is a copy of the certification that is verified by the authorized signatures from the course instructors, providers, or sponsoring institution and substantiates any hours completed by the licensee. A licensee seeking contact credit for reading a publication must submit results from a test on the information contained within the publication and administered by an independent third-party. (3-31-22)T

**i.**        Board Meetings. Continuing education credit may be granted for a maximum of four (4) hours each renewal period for time spent attending two (2) Board meetings. (3-31-22)T

**04. Waiver.** The Board may waive continuing education requirements for reasons of individual hardship, including health (certified by a medical doctor) or other good cause. The licensee must request such waiver prior to renewal and provide any information requested by the Board to assist in substantiating hardship cases. This waiver is granted at the sole discretion of the Board. (3-31-22)T

**426. – 524. (RESERVED)**

**525. DOCUMENTATION OF INFORMED CONSENT.**

In accordance with Section 54-3410A, Idaho Code, all licensees and registered interns will document the process of obtaining the informed consent of clients at the beginning of treatment and at other times as appropriate. Licensees and interns must adhere to their respective Codes of Ethics and state law in obtaining informed consent and disclosing information to clients. The receipt of the disclosure must be acknowledged in writing by both the client and the licensee or intern, and such disclosure of information concerning their practice must include: (3-31-22)T

- 01. Name, Business Address and Phone Number of Licensee or Intern.** If the licensee or intern is practicing under supervision, the statement must include the licensee or intern status as such and the designated qualified supervisor's name, business address and phone number; (3-31-22)T
- 02. License Type and License Number, Credentials, and Certifications.** (3-31-22)T
- 03. Education.** Education with the name(s) of the institution(s) attended and the specific degree(s) received; (3-31-22)T
- 04. Theoretical Orientation and Approach.** Counseling or marriage and family therapy; (3-31-22)T
- 05. Relationship.** Information about the nature of the clinical relationship; fee structure and billing arrangements; cancellation policy; (3-31-22)T
- 06. The Extent and Limits of Confidentiality.** (3-31-22)T
- 07. Written Statement.** A statement that sexual intimacy is never appropriate with a client and should be reported to the board. (3-31-22)T
- 08. Client's Rights.** The client's rights to be a participant in treatment decisions, to seek a second opinion, to file a complaint without retaliation, and to refuse treatment. (3-31-22)T
- 09. Board Information.** The name, address, and phone number of the Board with the information that the practice of licensees and interns is regulated by the Board. (3-31-22)T
- 526. -- 999. (RESERVED)**

## 24.16.01 – RULES OF THE STATE BOARD OF DENTURITRY

### 000. LEGAL AUTHORITY.

These rules are promulgated pursuant to Section 54-3309. (3-31-22)T

### 001. SCOPE.

These rules govern the practice of denturitry in Idaho. (3-31-22)T

### 002. -- 009. (RESERVED)

### 010. DEFINITIONS.

**01. Denturist Services.** For purposes of the unconditional ninety (90) day guarantee prescribed in Section 54-3320(c), Idaho Code, denturist services include any and all prosthetic dental appliances and materials and/or services related to the furnishing or supplying of such a denture, including preparatory work, construction, fitting, furnishing, supplying, altering, repairing or reproducing any prosthetic dental appliance or device. (3-31-22)T

**02. Denture Technician.** A person who is limited to making, constructing, altering, reproducing or repairing of a full upper or lower removable prosthetic denture, the repairing of a removable partial upper or lower prosthetic denture but is not allowed to make an impression or come in direct contact with a patient. (3-31-22)T

### 011. -- 149. (RESERVED)

### 150. EXAMINATIONS.

**01. Date of Licensure Examination.** The licensure examination will be held no less than two (2) times per year at such times and places as may be determined by the Board. (3-31-22)T

**02. Content.** Examinations include both a written theory examination and a practical demonstration of skills. (3-31-22)T

**03. Grading.** An applicant must obtain a score of seventy-five percent (75%) or better on each part of the examination in order to pass the examination. (3-31-22)T

**04. Re-Examination.** (3-31-22)T

**a.** Applicants who fail either part or all of the examination will be required to make application and pay the required fees prior to being eligible to retake the failed part of the examination. (3-31-22)T

**b.** Applicants failing either part or all of the examination on the first attempt will not be required to complete any additional instruction prior to being eligible to make application and retake the examination. (3-31-22)T

**c.** Applicants failing either part or all of the examination on a second attempt and all subsequent attempts are not eligible to make application and retake the examination within one (1) year of the date of the examination failure. The Board may recommend additional course work or clinical work for any applicant who has failed an examination two (2) or more times. (3-31-22)T

### 151. -- 199. (RESERVED)

### 200. APPLICATIONS.

**01. Application Form for Licensure.** Applications for licensure must be made on forms approved by the Board and furnished by the Division of Occupational and Professional Licenses and include all other documents necessary to establish the applicant meets the requirements for licensure except examination and is eligible to take the licensure examination. (3-31-22)T

**02. Authorization for Examination.** (3-31-22)T

**a.** After the Board evaluates the applicant's qualifications to take the examination the applicant will be notified in writing of the approval or denial, and, if denied, the reason for the denial. (3-31-22)T

**b.** At the time the Board approves an applicant to take the examination the Board will set the date and

location(s) of the next examination if it has not already been set. Approved applicants will be notified of the date and location(s) of the next examination. (3-31-22)T

**201. -- 249. (RESERVED)**

**250. FEES.**

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>
License Application and Examination	\$300
License Application and Re-examination	\$300
Intern Application and Permit	\$300
Initial License	\$300
Inactive License	\$50
Annual Renewal	\$750

(3-31-22)T

**251. -- 299. (RESERVED)**

**300. INTERNSHIP.**

**01. Requirements and Conditions for Internship.** (3-31-22)T

**a.** To be eligible for internship the applicant must have completed: (3-31-22)T

i. The educational requirements set forth in Section 54-3310(b), Idaho Code; or (3-31-22)T

ii. Have dentistry experience of three (3) years within the five (5) years immediately preceding application. (3-31-22)T

**b.** Where an internship is established based on experience, the internship is valid only while the intern is actively pursuing completion of Idaho licensure requirements. (3-31-22)T

**c.** Application must be made on forms provided by the Division of Occupational and Professional Licenses and must: (3-31-22)T

i. Document the location of practice; (3-31-22)T

ii. Include the name and address of the supervising dentist or dentist; (3-31-22)T

iii. Include a sworn or affirmed statement by the supervising dentist or dentist; (3-31-22)T

iv. Include a sworn or affirmed statement by the supervisor accepting supervision of the intern; (3-31-22)T

v. Include a sworn statement by applicant that he is knowledgeable of law and rules and will abide by all requirements of such law and rules; and (3-31-22)T

vi. Include such other information necessary to establish applicant's qualifications for licensure as a dentist and establish compliance with pre-intern requirements. (3-31-22)T

**d.** The supervising dentist or dentist must be present and directly observe any intern interaction with a patient. (3-31-22)T

e. Two (2) years of internship under the supervision of a licensed dentist must be completed in not less than twenty-four (24) months and may not exceed thirty (30) months except as approved by the Board.

(3-31-22)T

**02. Internship Equivalency.** A person is considered to have the equivalent of two (2) years internship under a licensed dentist who has met and verifies one (1) of the following within the five (5) years immediately preceding application:

(3-31-22)T

a. Two (2) years internship as a denture lab technician under a licensed dentist; or (3-31-22)T

b. Two (2) years in the military as a denture lab technician; or (3-31-22)T

c. Three (3) years experience as a dentist under licensure in another state or Canada. (3-31-22)T

**03. Internship Not to Exceed One Year.** Internship not to exceed one (1) year acquired through a formal training program in an acceptable school will be accepted toward the two (2) year required internship for licensure.

(3-31-22)T

**04. Training Requirements.** Each year of required internship consists of two thousand (2,000) clock hours of training and performance of the following minimum procedures for licensure.

(3-31-22)T

a. Procedures include all steps required in constructing a finished denture but are not limited to the following:

(3-31-22)T

i. Patient charting -- thirty-six (36) minimum. (3-31-22)T

ii. Operatory sanitation -- thirty-six (36) minimum. (3-31-22)T

iii. Oral examination -- thirty-six (36) minimum. (3-31-22)T

iv. Impressions, preliminary and final (pour models, custom trays) -- thirty-six (36) minimum. (3-31-22)T

v. Bite registrations -- twelve (12) minimum. (3-31-22)T

vi. Articulations -- twelve (12) minimum. (3-31-22)T

vii. Set ups -- twelve (12) minimum. (3-31-22)T

viii. Try ins -- twelve (12) minimum. (3-31-22)T

ix. Processing (wax up, flask-boil out, packing, grind-polish) -- thirty-six (36) minimum. (3-31-22)T

x. Delivery-post adjustment -- thirty-six (36) minimum. (3-31-22)T

b. Processed relines (one (1) plate = one (1) unit) -- twenty-four (24) units. (3-31-22)T

c. Tooth repairs -- forty-eight (48) minimum. (3-31-22)T

d. Broken or fractured plates or partials -- forty-eight (48) minimum. (3-31-22)T

**05. Reporting Requirements.** Interns must file reports, attested to by the supervisor, with the Board on forms provided by the Division of Occupational and Professional Licenses on a monthly basis and recapped at termination or completion of the training.

(3-31-22)T

**06. Denture Clinic Requirements.** Denture clinic requirements for approved internship training:

(3-31-22)T

**a.** There may not be more than one (1) internee per licensed denturist or dentist who is practicing at the clinic on a full time basis. (3-31-22)T

**b.** There must be a separate work station in the laboratory area for each intern with standard equipment, i.e. lathe, torch and storage space. The intern must provide necessary hand tools to perform the duties of the denture profession. Use of the operatory facilities and other equipment will be shared with the intern. (3-31-22)T

**07. Internship Supervisor Requirements.** (3-31-22)T

**a.** A supervisor must: (3-31-22)T

**i.** Be approved in advance by the Board for each internship. (3-31-22)T

**ii.** Not have been the subject of any disciplinary action by the Board, by the Idaho Board of Dentistry or by any other jurisdiction for five (5) years immediately prior to being approved as the supervisor. (3-31-22)T

**b.** A supervisor that is a denturist must: (3-31-22)T

**i.** Hold an Idaho denturist license that is current and in good standing and is renewed as provided in these rules; and (3-31-22)T

**ii.** Have actively practiced dentistry for at least three (3) of the five (5) years immediately prior to being approved as the supervisor. (3-31-22)T

**c.** A supervisor that is a dentist must: (3-31-22)T

**i.** Hold an Idaho dentist license that is current and in good standing and is renewed as provided in Chapter 9, Title 54, Idaho Code; and (3-31-22)T

**ii.** Have actively practiced general dentistry, or a dental specialty accepted by the Board, for at least three (3) of the five (5) years immediately prior to being approved as a supervisor. (3-31-22)T

**d.** Supervise only one (1) intern. A supervisor will not be approved to supervise more than one (1) intern at a time. (3-31-22)T

**e.** Termination of supervisor approval. Approval of the supervisor immediately terminates if the supervisor is disciplined or ceases to meet supervisor requirements. (3-31-22)T

**301. -- 314. (RESERVED)**

**315. INACTIVE LICENSURE STATUS.**

**01. Request License be Placed on Inactive Status.** A dentistry licensee may request the Board that his license be placed upon inactive status for no more than five years. A licensee on inactive status may not provide or perform denturist services. (3-31-22)T

**02. Reactivating Inactive License.** A licensee on inactive status may reactivate his license to active status by paying the renewal fee for an active license and providing proof they have completed and obtained such continuing education as required by Board rule. (3-31-22)T

**316. -- 349. (RESERVED)**

**350. CONTINUING EDUCATION.**

The Board may accredit education programs for purposes of continuing education where the subject matter of the program is determined to be pertinent to the practice of dentistry. (3-31-22)T

**01. Subjects.** Subjects deemed pertinent to the practice of dentistry are those set forth in Section 54-3311(b), Idaho Code and may also include ethics courses. (3-31-22)T

**02. Request for Approval.** Requests for approval of continuing education programs must be made to the Board, in writing, and provide an outline of the program which the Board is being asked to approve. The request must also address the matters set forth in Subsection 350.05 below. Requests may accompany the annual renewal form or may be made to the Board in advance of the program for which approval is sought as indicated in Subsection 350.03, below. (3-31-22)T

**03. Requests for Pre-Approval.** Requests for pre-approval of continuing education programs must be made to the Board, in writing, and provide an outline of the program which the Board is being asked to approve. Requests for pre-approval must also address the matters set forth in Subsection 350.05 below. (3-31-22)T

**a.** Requests for pre-approval must be received by the Division of Occupational and Professional Licenses no less than eleven (11) working days prior to the date of the program. (3-31-22)T

**b.** Requests for pre-approval which are not denied within ten (10) working days from receipt by the Division will be deemed approved. (3-31-22)T

**c.** Only those continuing education programs sponsored by recognized educational institutions (such as accredited colleges or universities), state or national dentist boards or associations, will be eligible for pre-approval consideration by the Board. All other programs will be considered at the time of renewal. (3-31-22)T

**04. Credit for Continuing Education Attendance.** Continuing education credit will be given only for actual time in attendance by the licensee. No credit will be given for non-instructive time. Correspondence or Home Study courses are not eligible for continuing education credits. (3-31-22)T

**05. Requests for Approval of Programs.** All requests for approval or pre-approval of educational programs must be accompanied by a statement that includes the name of the instructor or instructors, the date and time and location of the course, the specific agenda for the course, and a statement by the licensee of how the course is believed to be pertinent to the practice of dentistry as specified in Section 54-3311(b), Idaho Code. (3-31-22)T

**351. -- 399. (RESERVED)**

**400. INSPECTIONS.**

**01. Who May Examine or Inspect.** The Board or its agents may examine and inspect the place of business of any dentist at anytime during business hours or upon at least seventy-two (72) hours notice made by U.S. mail to the address of record of the dentist when the Board or its agents are unable to establish the regular business hours. (3-31-22)T

**02. Reason for Inspection.** Inspections are made to insure compliance with the Standards of Conduct and practice set forth in Section 450. Deficiencies are a violation of Section 450 and actionable against the dentist under Section 54-3314(c), Idaho Code. (3-31-22)T

**401. -- 449. (RESERVED)**

**450. STANDARDS OF CONDUCT AND PRACTICE.**

**01. Sanitation.** (3-31-22)T

**a.** There must be three (3) separate rooms; a reception room, and operatory room and a laboratory. (3-31-22)T

**b.** The operatory room must have hot and cold running water, basin with approved disposal system; disinfectant soap; single-use towels, a cuspidor with running water and a closed waste receptacle. (3-31-22)T



- c. The laboratory room must have hot and cold running water, and basin with approved disposal system. (3-31-22)T
- d. There must be a method of sterilization and disinfection evident and in use to insure the protection of the public. (3-31-22)T
- e. All floors, walls, ceiling and benches must be kept in a sanitary condition at all times. (3-31-22)T
- f. Every patient must have a separate and clean bib and a disposable cup. (3-31-22)T
- g. The hands of every denturist must be washed in the presence of every patient with germicidal or antiseptic soap and water. Every denturist must wear disposable gloves. (3-31-22)T
- h. Adequate and conveniently located toilet facilities with hot and cold running water, basin with approved disposal system, soap and single use towels will be provided within the building. (3-31-22)T
- i. All denturist offices are open to inspection anytime during the business hours to inspection by the Board or its agents. (3-31-22)T
- 02. Office Standards.** (3-31-22)T
- a. Denturists must take care to use proper sterilization and sanitation techniques in all phases of their work. (3-31-22)T
- b. A complete record of each patient must be kept. (3-31-22)T
- c. All teeth and materials used must meet ADA standards. (3-31-22)T
- 03. Advertisements.** (3-31-22)T
- a. No denturist may disseminate or cause the dissemination of any advertisement or advertising that is any way fraudulent, false, deceptive or misleading. (3-31-22)T
- 04. General Conditions.** (3-31-22)T
- a. Conditions deemed by investigators to be a menace to the public health will be brought to the attention of the Board for consideration and immediate action. (3-31-22)T
- b. These Standards of Conduct and Practice must be conspicuously posted in every licensed denturist's place of business. (3-31-22)T
- 05. Patient Record.** A denturist must record, update and maintain documentation for each patient relevant to health history, clinical examinations and treatment, and financial data. Documentation must be written or computerized. Records must be maintained in compliance with any applicable state and federal laws, rules and regulations, including the health insurance portability and accountability act (HIPAA), P.L. 104-191 (1996), and the health information technology for economic and clinical health act (HITECH), P.L. 111-115 (2009). Such records must be accessible to other providers and to the patient in accordance with applicable laws, rules and regulations. Records must include, but are not limited to, the following: (3-31-22)T
- a. Patient data, including name, address, date and description of examination; (3-31-22)T
- b. Evidence of informed consent; (3-31-22)T
- c. Date and description of treatment, services rendered, and any complications; (3-31-22)T
- d. Health history as applicable; and (3-31-22)T

e. Any other information deemed appropriate to patient care. (3-31-22)T

**06. Record Retention.** Patient documentation, written or archived electronically by computer, must be retained for a minimum of seven (7) years and available upon request by the Board. (3-31-22)T

**451. -- 474. (RESERVED)**

**475. REGISTRATION STATEMENT.**

To enable the Board to examine or inspect the place of business of any licensed dentist as referred to in Section 54-3314(5)(b), Idaho Code, the filing of an annual statement is required of all licensed dentists. (3-31-22)T

**01. Statement.** must list the name and principal place of business of the dentist who is responsible for the practice of dentistry at that location. (3-31-22)T

**02. Other Business Locations.** Any other business locations maintained by the principal dentist and all dentists employed at the business. (3-31-22)T

**03. Date of Filing.** must be filed with the Board annually or within ten (10) days of any change in either location, identity of principal dentist or dentist employees. (3-31-22)T

**04. Failure to Timely File.** Failure to timely file or update this statement will constitute grounds for discipline pursuant to Section 54-3314(a), Idaho Code. (3-31-22)T

**476. GUARANTEE OF DENTIST SERVICES.**

As prescribed in Section 54-3320(c), Idaho Code, unconditional guarantee of dentist services will require that the licensee refund, in full, any monies received in connection with the providing of dentist services, if demanded by the purchaser within ninety (90) days of delivery of the dentures, or the providing of services for which a fee is charged. (3-31-22)T

**01. Ninety Day Period.** The ninety (90) day period will be tolled for any period in which the dentist has taken possession or control of the dentures after original delivery. (3-31-22)T

**02. Written Contract.** By written contract signed by the purchaser, the dentist may specify the amount of the purchase price of the dentures, if any, that is nonrefundable should the consumer choose to cancel the purchase within the guarantee period. (3-31-22)T

**03. Nonrefundable Amount.** Under no circumstances will the nonrefundable amount exceed twenty-five percent (25%) of the total purchase price of the dentures. (3-31-22)T

**04. Limitation.** There is no limitation on the consumer's right to cancel. (3-31-22)T

**05. Cancellation of Agreement.** If the licensee elects to cancel the agreement or refuses to provide adjustments or other appropriate services to the consumer, the consumer will be entitled to a complete refund. (3-31-22)T

**477. -- 479. (RESERVED)**

**480. DISCIPLINE.**

**01. Civil Fine.** The Board may impose a civil fine not to exceed one thousand dollars (\$1,000) upon a licensed dentist for each violation of Section 54-3314(a), Idaho Code. (3-31-22)T

**02. Costs and Fees.** The Board may order a licensed dentist to pay the costs and fees incurred by the Board in the investigation or prosecution of the licensee for violation of Section 54-3314(a), Idaho Code. (3-31-22)T

**481. -- 999. (RESERVED)**

## 24.17.01 – RULES OF THE STATE BOARD OF ACUPUNCTURE

### 000. LEGAL AUTHORITY.

These rules are promulgated pursuant to Section 54-4705, Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules review and establish the minimum requirements for licensure/certification of acupuncturists. (3-31-22)T

### 002. -- 009. (RESERVED)

### 010. DEFINITIONS.

**01. Accredited College or University.** An accredited college or university is a college or university accredited by an accrediting organization approved by the U.S. Department of Education. (3-31-22)T

**02. Approved Acupuncture Program.** A formal full-time acupuncture educational program that has met the standards of the Accreditation Commission for Acupuncture and Oriental Medicine or an equivalent educational body. An acupuncture program may be established as having satisfied this requirement by obtaining: (3-31-22)T

a. Accreditation; or (3-31-22)T

b. Candidacy for accreditation; or (3-31-22)T

c. An equivalent evaluation performed by a private, state government, or foreign government agency recognized for that purpose by the NCCAOM (National Certification Commission for Acupuncture and Oriental Medicine) Eligibility Committee. (3-31-22)T

**03. License.** Any license or certification issued to a qualified applicant pursuant to the laws and rules of the Board, permitting said applicant to practice acupuncture in the state of Idaho. (3-31-22)T

**04. Practitioner.** A person to whom a license, certification, or acupuncture trainee has been issued pursuant to Title 54, Chapter 47, Idaho Code. (3-31-22)T

### 011. -- 199. (RESERVED)

### 200. QUALIFICATIONS FOR LICENSURE OR CERTIFICATION.

**01. Requirements for Licensure.** Applicants for licensure must submit a complete application, required fee, and official certified documentation of either: (3-31-22)T

a. Certification from NCCAOM; or (3-31-22)T

b. Graduation from an approved formal full-time acupuncture program of at least one thousand seven hundred twenty-five (1,725) hours of entry-level acupuncture education which includes a minimum of one thousand (1000) hours of didactic course work and five hundred (500) clinical hours practice; and (3-31-22)T

c. Successful completion of an acupuncture internship, or other equivalent experience as approved by the Board; and (3-31-22)T

d. Receipt of a passing grade on an NCCAOM Acupuncture certification examination; or (3-31-22)T

e. Other demonstration of proficiency as uniformly required by the Board for other similarly qualified applicants for licensure; and (3-31-22)T

f. Successful completion of a Blood Borne Pathogen course and comprehensive examination that incorporates clean needle techniques and OSHA procedures and requirements. (3-31-22)T

### 201. ACUPUNCTURE TRAINEE PERMIT.

The Board may issue an acupuncture trainee permit to allow a person to engage in the practice of acupuncture while actively pursuing licensure or certification. The permit will expire one (1) year from date of issue. The permit may be extended in accordance with Section 54-4708, Idaho Code. The holder of an acupuncture trainee permit may only practice under the supervision of a person licensed or certified under this chapter who meets the requirements in

Section 404 of these rules. An applicant for a permit must present evidence satisfactory to the Board of meeting the following requirements: (3-31-22)T

- 01. Education.** An applicant must submit documentation of either: (3-31-22)T
  - a.** Current enrollment in an Approved Acupuncture Program and actively pursuing completion of the program; or (3-31-22)T
  - b.** Satisfaction of the requirement for certification as set forth in Section 54-4707, Idaho Code. (3-31-22)T
- 02. Supervision.** Submission of a supervision plan specifying at a minimum the name of the supervisor and the setting and location where the permit holder will practice. A supervision plan may be approved by a designated Board member. (3-31-22)T

**202. -- 225. (RESERVED)**

**226. REQUEST FOR APPROVAL OF QUALIFICATION.**

**01. Course Review.** A person or entity may request approval of a course of study in acupuncture that will be offered to qualify applicants for a credential to practice acupuncture. The request must include a complete description of the required hours, scope and extent of academic and other training and clinical experience offered through the course along with appropriate supporting documentation and course materials. The request must also designate whether approval is sought for compliance with standards for certification. (3-31-22)T

**02. Individual Qualification.** An applicant may request approval of his individual qualification for licensure or certification in acupuncture. The request must include a complete description of the number of hours, scope and extent of academic and other training and clinical experience the individual has received along with available supporting documentation. The request must also designate whether qualification is sought for licensure or certification. A demonstration of proficiency or examination may be required as a part of the determination of the individual's qualification. (3-31-22)T

**227. -- 299. (RESERVED)**

**300. FEES.**  
All fees are non-refundable:

<b>License/Certification/Permit/Certification</b>	<b>Initial Fee (Not to Exceed)</b>	<b>Annual Renewal Fee (Not to Exceed)</b>
Application	\$50	n/a
License	\$150	\$75
Certification	\$150	\$75
Acupuncture Trainee	\$150	\$50
Inactive License or Certification	n/a	\$50
Reinstatement	\$250	n/a

(3-31-22)T

**301. REINSTATEMENT OF LICENSE.**

The applicant must submit proof of having met the continuing education required of licensees by Section 305 through 307 of these rules as follows: (3-31-22)T

- 01. Expired for One Year or Less.** For licenses or certificates expired for one (1) year or less, one (1)

year of continuing education; (3-31-22)T

**02. Expired More than One Year.** For licenses or certificates expired for more than one (1) year, two (2) years of continuing education. (3-31-22)T

**302. INACTIVE STATUS.**

A currently licensed or certified practitioner may request in writing to have their license placed on inactive status and pay the inactive status fee. Such request must be made prior to the expiration date of the license. (3-31-22)T

**01. Waiving Continuing Education Requirements – Inactive Status.** All continuing education requirements will be waived for any year or portion thereof that a licensee maintains an inactive license. (3-31-22)T

**02. Return to Active Status.** (3-31-22)T

**a.** A licensee desiring to return to active status must complete the equivalent of one (1) year of continuing education for every year the license was inactive and submit a fee equivalent to the difference between the inactive fee and renewal fee. (3-31-22)T

**b.** For licenses inactive five (5) years or greater, the licensee shall complete forty-five (45) hours of continuing education and either provide proof that the licensee has actively engaged in the practice of acupuncture in another state or territory of the United States for at least three (3) of the immediately preceding five (5) years, or provide proof that the licensee is competent to practice acupuncture in Idaho. (3-31-22)T

**c.** The Board may consider the following factors when determining proof of competency: (3-31-22)T

i. Practice of acupuncture in another jurisdiction; (3-31-22)T

ii. Number of years of practice prior to transfer from active status; (3-31-22)T

iii. Completion of continuing education courses; (3-31-22)T

iv. Employment in a field similar to acupuncture; and (3-31-22)T

v. Any other factors the Board deems appropriate. (3-31-22)T

**303. -- 304. (RESERVED)**

**305. CONTINUING EDUCATION REQUIREMENTS.**

In order to further protect the public health and to facilitate the administration of the Acupuncture Act, the Board has adopted the following requirements: (3-31-22)T

**01. Requirement.** All practitioners are required to complete a minimum of fifteen (15) hours of continuing education within the preceding twelve (12) months. A minimum of ten (10) hours of continuing education must be from Category I topics, and a maximum of five (5) hours of continuing education may be from Category II topics, as set forth in Sections 306 and 307 of these rules. (3-31-22)T

**02. Verification of Attendance.** Each licensee must maintain verification of attendance by securing authorized signatures or other documentation from the course instructors or sponsoring institution substantiating any hours attended by the applicant. This verification must be maintained by the licensee for no less than four (4) years and provided to the Board upon the request of the Board or its agent. (3-31-22)T

**03. Distance Learning and Independent Study.** The Board may approve a course of study for continuing education credit that does not include the actual physical attendance of the applicant in a face-to-face setting with the course instructor. Distance Learning or Independent Study courses are eligible for continuing education credits if approved by NCCAOM or upon approval of the Board. (3-31-22)T

**04. Special Exemption.** The Board has authority to make exceptions for reasons of individual

hardship. The licensee must provide any information requested by the Board to assist in substantiating hardship cases. This exemption is granted at the sole discretion of the Board. (3-31-22)T

**05. Carryover.** A continuing education course taken in a renewal year, but not claimed for continuing education credit in that year, may only be claimed for credit in the following renewal year. (3-31-22)T

**06. Credit for Teaching.** Licensees may earn continuing education credit by teaching Board-approved courses. A licensee will earn one (1) credit hour for every two (2) hours of teaching. Credit for teaching will not exceed five (5) hours of the total continuing education hours required for a renewal period and will be credited to the category of the topic taught. (3-31-22)T

**306. APPROVAL OF CONTINUING EDUCATION COURSES.**

Approved continuing education courses are those courses, programs, and activities that are approved or provided by the following entities or organizations, or otherwise approved by the Board: (3-31-22)T

**01. NCCAOM;** (3-31-22)T

**02. Accredited Schools.** Acupuncture and oriental medicine; and (3-31-22)T

**03. Other Courses May Be Approved by the Board.** Other courses may be approved based upon documentation submitted by the licensee or course provider. All requests for approval or pre-approval of educational programs must be made to the Board in writing, and must be accompanied by a statement that includes the name of the instructor or instructors, the date and time and location of the course, the specific agenda for the course, the number of continuing education credit hours requested, and a statement of how the course is believed to be pertinent to the practice of acupuncture. (3-31-22)T

**307. CONTENT OF CONTINUING EDUCATION COURSES.**

The content of a continuing education course must be germane to the practice of acupuncture as defined in Section 54-4702, Idaho Code, and: (3-31-22)T

**01. Category I.** Category I courses relate to the following topics: (3-31-22)T

**a.** Acupuncture and the practice of acupuncture as defined in Section 54-4702, Idaho Code including topics that directly concern the history and theory of acupuncture, oriental medicine diagnosis and treatment techniques, and techniques of adjunctive oriental medicine therapies; (3-31-22)T

**b.** The role of acupuncture in individual and public health, such as emergencies and disasters; or (3-31-22)T

**c.** Research and evidence-based medicine as related to acupuncture and Asian medicine; (3-31-22)T

**02. Category II.** Category II courses relate to the following topics: (3-31-22)T

**a.** Western biomedicine and biological sciences; (3-31-22)T

**b.** Scientific or clinical content with a direct bearing on the quality of patient care, community or public health, or preventive medicine; (3-31-22)T

**c.** Laws and ethics; (3-31-22)T

**d.** Enhancement of effective communication with other medical practitioners; (3-31-22)T

**e.** Behavioral sciences, patient counseling, and patient management and motivation when such courses are specifically oriented to the improvement of patient health; (3-31-22)T

**f.** Practice management unrelated to clinical matters and direct patient care, including, but not limited to, administrative record keeping, insurance billing and coding, and general business organization and management;

or (3-31-22)T

**g.** Patient education including, but not limited to, patient education in East Asian therapeutic exercise techniques and Asian nutritional therapies. (3-31-22)T

**308. -- 400. (RESERVED)**

**401. RECORDS.**

A practitioner must keep accurate records of each patient the practitioner treats. The records must at a minimum include the name of the patient and the indication and nature of treatment given. Records must be kept on file for a minimum of five (5) years. A patient's records will be made available to the patient within thirty (30) days of a request. (3-31-22)T

**402. (RESERVED)**

**403. EMPLOYMENT OF UNLICENSED, NON-EXEMPT INDIVIDUALS.**

Individuals who do not have a license and are not exempt from licensure may not perform any insertion of acupuncture needles or use similar devices and therapies, including application of moxibustion. They may only support the practitioner's professional practice by performing office and ministerial acts related to acupuncture. The practitioner is responsible for the services provided by such employees. (3-31-22)T

**404. SUPERVISION OF TRAINEES.**

A licensed or certified acupuncturist providing supervision to trainees shall be responsible for the services provided by such individuals. Failure to adequately supervise such an individual may subject the supervisor to discipline. (3-31-22)T

**01. Qualifications of Supervisors.** Prior to providing supervision to a trainee, a supervisor must: (3-31-22)T

**a.** Have held a current acupuncture license or certification without restriction for a minimum of five (5) years. (3-31-22)T

**b.** Have not been the subject of any disciplinary action within the preceding five (5) years, provided that the Board may in its discretion approve a supervisor with disciplinary action for failing to complete continuing education requirements. (3-31-22)T

**02. Supervision.** For the first one hundred (100) hours of practice, the supervisor must provide supervision in person when the trainee is providing treatment. After the first one hundred (100) hours of practice, the supervisor may provide supervision by making themselves accessible to the trainee by telephone, or video conferencing, provided that the trainee has successfully completed the requirement in Paragraph 404.02.a. of this rule, and provided that the supervisor meets with the trainee in person on at least a monthly basis during which time the supervisor must review case studies and require the trainee to demonstrate acupuncture point location and needle placement technique. (3-31-22)T

**a.** Before providing treatment without in-person supervision, the trainee must successfully complete a Blood Borne Pathogen course and comprehensive examination that incorporates clean needle techniques and OSHA procedures and requirements. (3-31-22)T

**b.** The supervisor must provide the trainee with adequate training, which must include at a minimum charting, diagnosis, and treatment plans, and opportunities for the trainee to complete at least twenty-five (25) case studies. (3-31-22)T

**c.** The supervisor and trainee must keep adequate records of supervision, which shall include at a minimum, summary of case studies in progress or completed by the trainee under supervision, treatment plan for each patient, and the dates of supervision. (3-31-22)T

**03. Continuing Education.** A supervisor may annually count up to ten (10) hours of supervision of a

trainee toward the Category I continuing education requirements. Supervision hours not claimed in the current renewal year may be claimed in the next renewal year. A maximum of ten (10) hours may be carried forward from the immediately preceding year, and may not be carried forward more than one renewal year. (3-31-22)T

**04. Completion of Supervision.** At the conclusion of supervision of a trainee, the supervisor must verify the hours of supervision, the type of supervision provided to the trainee, and the documentation of at least twenty-five (25) case studies by the trainee. (3-31-22)T

**05. Termination of Supervision or Change in Supervisor.** A supervisor may terminate supervision at any time by submitting written notice of termination to the Board. (3-31-22)T

**405. ADVERTISING.**

A practitioner shall not disseminate or cause the dissemination of any advertisement or advertising including offers, statements, or other representations, which is in any way fraudulent, false, deceptive, or misleading. (3-31-22)T

**406. – 574. (RESERVED)**

**575. DISCIPLINE.**

**01. Civil Fine.** The Board may impose a civil fine not to exceed one thousand dollars (\$1,000) upon a licensee for each violation of Section 54-4711, Idaho Code. (3-31-22)T

**02. Costs and Fees.** The Board may order a licensee to pay the costs and fees incurred by the Board in the investigation or prosecution of the licensee for violation of Section 54-4711, Idaho Code. (3-31-22)T

**576. -- 999. (RESERVED)**



**24.19.01 – RULES OF THE BOARD OF EXAMINERS OF RESIDENTIAL  
CARE FACILITY ADMINISTRATORS**

**000. LEGAL AUTHORITY.**

These rules are promulgated pursuant to Section 54-4205, Idaho Code. (3-31-22)T

**001. SCOPE.**

These rules govern the practice of residential care facility administration in Idaho. (3-31-22)T

**002. – 003. (RESERVED)**

**004. INCORPORATION BY REFERENCE.**

The document titled “ACHCA Code of Ethics,” published by the American College of Health Care Administrators (ACHCA) as referenced in Section 650, is herein incorporated by reference and is available from the Board’s office and on the Board web site. (3-31-22)T

**005. -- 099. (RESERVED)**

**100. APPLICATIONS.**

Applications will be on forms approved by the Board. No application will be considered for any action unless accompanied by the appropriate fees and until the required supporting documentation is received by the Division. If an applicant fails to respond to a Board request or an application has lacked activity for twelve (12) consecutive months, the application on file with the Board will be deemed denied and will be terminated upon thirty (30) days written notice, unless good cause is established to the Board. (3-31-22)T

**101. -- 149. (RESERVED)**

**150. QUALIFICATIONS FOR ADMINISTRATOR LICENSE.**

Each applicant for an administrator’s license must submit proof, along with their application, that said individual is at least twenty-one (21) years of age and meets all the following qualifications for the issuance of a license: (3-31-22)T

**01. Criminal Background Check.** The applicant must submit a criminal background check by an entity approved by the Board establishing that the applicant has not been convicted, pled guilty or nolo contendere or received a withheld judgment for a felony or any crime involving dishonesty or the health or safety of a person. (3-31-22)T

**02. Education and Experience.** The applicant must document one (1) of the combinations of education and experience in accordance with Section 54-4206, Idaho Code, and Subsection 400 of these rules. (3-31-22)T

**03. Coursework.** The applicant must document completion of a specialized course or program of study as set forth in Subsection 400 of these rules. (3-31-22)T

**04. Examination.** The applicant must submit proof of successful passage of a relevant examination as approved by the Board and defined in Subsection 300 of these rules. (3-31-22)T

**151. -- 159. (RESERVED)**

**160. NURSING HOME ADMINISTRATOR QUALIFICATIONS FOR LICENSE.**

Any applicant who holds a valid Idaho nursing home administrator license must meet the requirements provided in Section 54-4211(2), Idaho Code, and must take and pass the Board-approved residential care administrator examination. This requirement may be waived if the applicant submits evidence satisfactory to the Board that he has at least one (1) year of leadership or management experience working in a residential care facility or nursing home facility within the five (5) years preceding the application. (3-31-22)T

**161. -- 299. (RESERVED)**

**300. EXAMINATIONS.**

**01. Examination.** The Board approves the following examinations for licensure: (3-31-22)T

**a.** The Residential Care Facility Administrators examination developed and administered by the National Association of Boards of Examiners of Long Term Care Administrators (NAB) and an open book

examination of law and rules governing residential care administrators in Idaho. The passing score for the NAB examination is determined by NAB. An applicant for examination is required to register with NAB and pay any required examination fees directly to NAB. The passing score for the open book examination is seventy-five percent (75%). (3-31-22)T

- b. Other examinations as approved by the Board. (3-31-22)T

**301. -- 399. (RESERVED)**

**400. EDUCATIONAL AND TRAINING REQUIREMENTS.**

- 01. Approved Course.** (3-31-22)T

a. The Certification Program for Residential Care Facility Administrators course, administered by the Idaho Health Care Association (IHCA)/Idaho Center for Assisted Living (ICAL), are approved courses of study to qualify for licensure. (3-31-22)T

b. Any Certification Program for Residential Care Facility Administrators provided by a state or national Residential Care Facility Administrator organization or a nationally or regionally accredited college or university must be an approved course of study to qualify for licensure. (3-31-22)T

**02. Approval of Other Courses.** Applicants may, in lieu of completion of the Certification Program for Residential Care Facility Administrators, submit official documentation of successful completion of relevant courses. These courses must be approved by the Board before equivalency will be given. (3-31-22)T

**401. CONTINUING EDUCATION.**

**01. Minimum Hours Required.** Applicants for annual renewal or reinstatement are required to complete a minimum of twelve (12) hours of continuing education courses within the preceding twelve-month (12) period. Basic First Aid, Cardio-Pulmonary Resuscitation, medication assistance, or fire safety courses will not be considered for continuing education credit. (3-31-22)T

**02. Course Approval.** Courses of study relevant to residential care facility administration and sponsored or provided by the following entities or organizations are approved for continuing education credits: (3-31-22)T

- a. Accredited colleges or universities. (3-31-22)T
- b. Federal, state or local government entities. (3-31-22)T
- c. National or state associations. (3-31-22)T

d. Otherwise approved by the Board based upon documentation submitted by the licensee or course provider reviewing the nature and subject of the course and its relevancy to residential care administration, name of instructor(s) and their qualifications, date, time and location of the course and procedures for verification of attendance. (3-31-22)T

**03. Credit.** Continuing education credit will only be given for actual time in attendance or for the time spent participating in the educational activity. One (1) hour of continuing education is equal to sixty (60) minutes. Courses taken by correspondence or by computer on-line may be approved for continuing education if the courses require an exam or other proof of successful completion. Each licensee must maintain proof of attendance or successful completion documentation of all continuing education courses for a period of three (3) years. (3-31-22)T

**04. Special Exemption.** The Board has authority to make exceptions for reasons of individual hardship, including health, when certified by a medical doctor, or other good cause. The licensee must provide any information requested by the Board to assist in substantiating hardship cases. This exemption is granted at the sole discretion of the Board. (3-31-22)T

**402. -- 449. (RESERVED)**

**450. SCOPE OF PRACTICE.**

A residential care facility administrator must possess the education, training, and experience necessary to insure that appropriate services and care are provided for each facility resident within any facility under the licensee's administration. Information contained within the application together with supporting documentation maintained by the licensee is prima facie evidence of the licensee's education and experience. It is the responsibility of the individual licensee to maintain adequate documentation of education and experience appropriate to the planning, organizing, directing and control of the operation of a residential care facility. (3-31-22)T

**451. -- 599. (RESERVED)**

**600. FEES.**

<b>FEE TYPE</b>	<b>AMOUNT (Not to Exceed)</b>
Application	\$150
Annual Renewal	\$150
Provisional Permit	\$150
Reissuance of Lost License	\$10
Reinstatement	As provided in Section 67-2614, Idaho Code

(3-31-22)T

**601. -- 649. (RESERVED)**

**650. DISCIPLINE.**

**01. Civil Fine.** The Board may impose a civil fine not to exceed one thousand dollars (\$1,000) upon a licensed residential care facility administrator for each violation of Section 54-4213(1), Idaho Code. (3-31-22)T

**02. Costs and Fees.** The Board may order a licensed residential care facility administrator to pay the costs and fees incurred by the Board in the investigation or prosecution of the licensee for violation of Section 54-4213(1), Idaho Code. (3-31-22)T

**03. Code of Ethics.** The Board has adopted (ACHCA) Code of Ethics. Violations of the code of ethics is considered grounds for disciplinary action. (3-31-22)T

**651. -- 999. (RESERVED)**

**24.23.01 – RULES OF THE SPEECH, HEARING, AND COMMUNICATION SERVICES LICENSURE BOARD**

**000. LEGAL AUTHORITY.**

These rules are promulgated pursuant to Section 54-2910, Idaho Code. (3-31-22)T

**001. SCOPE.**

These rules govern speech, hearing, and communication services in Idaho. (3-31-22)T

**002. – 003. (RESERVED)**

**004. INCORPORATION BY REFERENCE.**

The document titled “National Association of the Deaf (NAD)-Registry of Interpreters for the Deaf, Inc. (RID) Code of Professional Conduct,” copyright 2005 by the Registry of Interpreters for the Deaf, is incorporated by reference into this rule and is available at the Board’s office and on the Board’s web site. (3-31-22)T

**005. -- 009. (RESERVED)**

**010. DEFINITIONS.**

**01. Audiology Support Personnel.** Unlicensed natural persons who work under the direction and supervision of an audiologist who is licensed in accordance with Title 54, Chapter 29, Idaho Code, and is engaged in the practice of audiology. (3-31-22)T

**02. Direct Client Contact.** Assessment, diagnosis, evaluation, screening, treatment, report writing, family or client consultation, counseling, or any combination of these activities. (3-31-22)T

**03. Dual Licensure.** The status of a person who holds more than one (1) license under Title 54, Chapter 29, Idaho Code. (3-31-22)T

**011. -- 174. (RESERVED)**

**175. FEES.**

All fees are non-refundable. Fees are established in accord with Title 54, Chapter 29, Idaho Code as follows: (3-31-22)T

**01. License, Permit, and Registration Fees.**

LICENSE/PERMIT/REGISTRATION	INITIAL FEE (Not to Exceed)	ANNUAL RENEWAL FEE (Not to Exceed)
Application	\$30	
Original or Endorsement	\$70	\$100
Provisional Permit or Extension	\$100	
Registration Out-of-State Licensee	\$10	
Reinstatement fee	As provided in Section 67-2614, Idaho Code.	
Inactive license		\$65
Inactive to active license fee	The difference between the current inactive and active license renewal fees	

(3-31-22)T

**02. Examination Fees.** The examination fee is that charged by the examination provider plus an administration fee of one hundred dollars (\$100) when the examination is administered by the Board. (3-31-22)T

**176. -- 204. (RESERVED)**

**205. INACTIVE STATUS.**

**01. Request for Inactive Status.** Each person requesting an inactive status of an active license must submit a written request and pay the established fee. (3-31-22)T

**02. Inactive License Status.** (3-31-22)T

**a.** All continuing education requirements will be waived for any year or portion thereof that a licensee maintains an inactive license. (3-31-22)T

**b.** When the licensee desires active status, the licensee must show acceptable fulfillment of ten (10) contact hours of continuing education during the previous twelve (12) months and submit a fee equivalent to the difference between the inactive and active renewal fee, provided that a licensee whose license has been inactive five (5) years or more must provide an account to the Board for that period of time during which the license was inactive and fulfill requirements that demonstrate competency to resume practice. Those requirements may include, but are not limited to, education, supervised practice, and examination as determined by the Board. The Board may consider practice in another jurisdiction in determining competency. (3-31-22)T

**c.** Licensees may not practice or supervise in Idaho as an Audiologist, Speech-Language Pathologist, Speech-Language Pathologist Aide, Speech-Language Pathologist Assistant, Hearing Aid Dealer and Fitter, or Sign Language Interpreter while on inactive status. (3-31-22)T

**206. -- 209. (RESERVED)**

**210. QUALIFICATIONS FOR AUDIOLOGIST LICENSURE.**

All applicants for licensure as an audiologist must comply with the following education, experience, and examination requirements: (3-31-22)T

**01. Graduate Program Requirement.** A master's or doctoral degree with emphasis in audiology or not less than seventy-five (75) semester credit hours of post-baccalaureate study that culminates in a doctoral degree from a nationally accredited school for audiology. (3-31-22)T

**02. Examination.** Pass the audiology examination given by PRAXIS within the last five (5) years or other examination as may be approved by the Board. (3-31-22)T

**03. Experience.** Successfully complete a supervised academic clinical practicum as part of a doctoral program that satisfies Subsection 210.01 of this rule or supervised postgraduate experience that is substantially equivalent to such a practicum. An applicant who has insufficient supervised experience as part of the doctoral program may obtain the necessary experience under a provisional permit as provided in these rules. (3-31-22)T

**211. SUPPORT PERSONNEL: AUDIOLOGY.**

**01. Supervising Audiologist – Responsibilities – Restrictions.** (3-31-22)T

**a.** The supervising licensed audiologist is responsible for everything audiology support personnel do or fail to do while performing their duties under the supervising audiologist's supervision. (3-31-22)T

**b.** Responsibilities of the supervising audiologist include, but are not limited to: (3-31-22)T

**i.** Training, assessing the competency, and evaluating the performance of audiology support personnel. (3-31-22)T

**ii.** Approving or disapproving all orders and directives concerning audiology tasks issued by administrators or other managers. (3-31-22)T

**iii.** Assigning audiology tasks to audiology support personnel and supervising the performance of those tasks. Assigned tasks must not exceed the knowledge and skills of audiology support personnel nor require the

exercise of professional judgment, interpretation of test results, or the development or modification of treatment plans. (3-31-22)T

iv. Assessing the abilities of audiology support personnel to perform assigned audiology tasks. (3-31-22)T

v. Providing feedback to audiology support personnel to facilitate improved job performance. (3-31-22)T

c. The number of audiology support personnel that an audiologist may supervise at any one time must be consistent with the delivery of appropriate, quality service, and Title 54, Chapter 29, Idaho Code. (3-31-22)T

d. An audiologist must supervise audiology support personnel in the following manner: (3-31-22)T

i. A supervising audiologist must directly supervise audiology support personnel no less than one (1) time for every five (5) times that support personnel provide audiology services to a patient (twenty percent (20%)). Direct supervision requires in-view real-time observation and guidance while an assigned activity is performed. This requirement can be met when the supervisor is providing supervision from a distant site using two-way video and audio transmission. The supervising audiologist will document and retain a record of all direct supervision periods. (3-31-22)T

ii. When not providing direct supervision, the supervising audiologist must provide direction and supervision to audiology support personnel while support personnel are providing audiology services to a patient by making themselves accessible to the support personnel by telephone, video conferencing or in person. (3-31-22)T

**02. Audiology Support Personnel – Roles – Restrictions.** Audiology support personnel perform only tasks that are planned, delegated, and supervised by the supervising audiologist. Duties and responsibilities are assigned based on training, certification, available supervision, and specific work setting, provided that an audiologist may not allow audiology support personnel to perform the following: (3-31-22)T

a. Any task prohibited by state or federal law. (3-31-22)T

b. Interpreting observations or data into diagnostic statements of clinical management strategies or procedures. (3-31-22)T

c. Determining case selection. (3-31-22)T

d. Transmitting clinical information, either verbally or in writing, to anyone without the approval of the supervising audiologist. (3-31-22)T

e. Composing clinical reports except for progress notes to be reviewed by the audiologist and held in the client's records. (3-31-22)T

f. Referring a patient/client to other professionals or agencies. (3-31-22)T

g. Referring to self or using in connection with audiology support person's name, any title other than one determined by the supervising audiologist that is consistent with state and federal law. (3-31-22)T

h. Signing any formal documents (e.g. treatment plans, reimbursement forms, or reports). (3-31-22)T

i. Discharging a patient/client from services. (3-31-22)T

j. Removal of cerumen. (3-31-22)T

**03. Audiology Support Personnel – Pre-Service and In-Service Instruction.** (3-31-22)T

a. The supervising audiologist is responsible for maintaining a written record of completed training

activity. (3-31-22)T

**b.** Training will be conducted pre-service (before tasks are assigned) and in-service (after tasks are assigned). The quality and content of training is left to the discretion of the supervising audiologist. The following guidelines apply to both pre-service and in-service training. (3-31-22)T

**i.** Training should be well-defined and specific to assigned tasks. (3-31-22)T

**ii.** Supervising audiologists should ensure that the scope and intensity of training is sufficient to prepare audiology support personnel to successfully perform assigned tasks. (3-31-22)T

**iii.** Training should be competency-based and be provided through a variety of formal and informal instructional methods accompanied by written policies and procedures. (3-31-22)T

**iv.** Supervising audiologists should provide audiology support personnel with a written description of their roles and functions. Audiologists should provide personnel with ongoing training opportunities to ensure that audiology practices are current and skills are maintained. (3-31-22)T

**v.** Training should include the identification of and appropriate response to linguistic and cultural challenges which may affect the delivery of service. (3-31-22)T

**212. NEWBORN HEARING SCREENING TESTS.**

Performing newborn hearing screening tests on infants using automated equipment that produces a pass/fail response does not, by itself, constitute the practice of audiology or convert persons performing the tests into audiology support personnel. (3-31-22)T

**213. -- 219. (RESERVED)**

**220. QUALIFICATIONS FOR SPEECH-LANGUAGE PATHOLOGIST LICENSURE.**

All applicants for licensure as a speech-language pathologist must comply with the following education, experience, and examination requirements: (3-31-22)T

**01. Graduate Program Requirement.** A master's or doctoral degree from a nationally accredited school of speech-language pathology with a curriculum approved by the Board and includes a supervised academic clinical practicum. (3-31-22)T

**02. Examination.** Pass an examination in speech-language pathology given by PRAXIS or other examination as may be approved by the Board. (3-31-22)T

**03. Supervised Experience.** Satisfactorily complete the supervised postgraduate experience approved by the Board as follows: (3-31-22)T

**a.** One thousand two hundred sixty (1,260) hours of experience gained under the supervision of a licensed speech-language pathologist in no less than thirty-six (36) weeks of full-time (thirty-five (35) hours per week) experience or the equivalent part-time experience and in no more than forty-eight (48) months. (3-31-22)T

**b.** One thousand ten (1,010) hours of experience must be in direct client contact as defined in these rules. (3-31-22)T

**c.** A minimum of eighteen (18) hours of direct client contact must be observed on-site by the Board-approved supervisor and provided on a regular basis throughout the hours of experience. (3-31-22)T

**d.** The nature of the supervision and contact must allow for immediate feedback and can be conducted using audio/visual, in person, electronic means, or telephone. (3-31-22)T

**221. -- 229. (RESERVED)**

**230. QUALIFICATIONS FOR SPEECH-LANGUAGE PATHOLOGIST AIDE LICENSURE.**

All applicants for licensure as a speech-language pathologist aide must comply with the following education and examination requirements: (3-31-22)T

**01. Education Program Requirement.** A baccalaureate degree from a nationally accredited school of speech-language pathology with a curriculum approved by the Board. (3-31-22)T

**02. Examination.** Pass an examination in speech-language pathology aide as approved by the Board. (3-31-22)T

**03. Supervision.** A speech-language pathologist aide must work under the supervision of a speech-language pathologist. (3-31-22)T

**231. -- 239. (RESERVED)**

**240. QUALIFICATIONS FOR SPEECH-LANGUAGE PATHOLOGIST ASSISTANT LICENSURE.**

All applicants for licensure as a speech-language pathologist assistant must comply with the following education and examination requirements: (3-31-22)T

**01. Education Program Requirement.** An associate degree from a nationally accredited school of speech-language pathology with a curriculum approved by the Board. (3-31-22)T

**02. Examination.** Pass an examination in speech-language pathology assistant approved by the Board. (3-31-22)T

**03. Supervision.** A speech-language pathologist assistant must work under the supervision of a speech-language pathologist. (3-31-22)T

**241. -- 249. (RESERVED)**

**250. QUALIFICATIONS FOR HEARING AID DEALER AND FITTER LICENSURE.**

All applicants for licensure as a hearing aid dealer and fitter must comply with the following education, experience, and examination requirements: (3-31-22)T

**01. Education Requirement.** A high school diploma or successful passage of the General Educational Development diploma (GED). (3-31-22)T

**02. Examination.** Pass the national International Hearing Instrument Studies examination and the practical examination approved by the Board. An applicant who fails to obtain a satisfactory score as determined by the examination provider in either the written examination or a section of the practical examination, may retake only the portion of the examination failed in order to qualify for licensure. If the applicant again fails the examination the applicant must retake the entire examination until the examination is successfully passed to qualify for licensure. (3-31-22)T

**251. -- 259. (RESERVED)**

**260. QUALIFICATIONS FOR SIGN LANGUAGE INTERPRETER LICENSURE.**

The Board may grant a sign language interpreter license to an applicant who meets the following: (3-31-22)T

**01. Education.** Possess a high school diploma or the equivalent; (3-31-22)T

**02. Examination or Certification.** Pass one (1) written and one (1) practical or performance competency examination approved by the Board or hold a current certification approved by the Board. (3-31-22)T

**a.** Written examinations approved by the Board include, but are not limited to: The Educational Interpreter Performance Assessment (EIPA), any interpreting generalist written examination developed by the Registry of Interpreters for the Deaf (RID), the Center for Assessment of Sign Language Interpreters (CASLI), or any



state government. (3-31-22)T

**b.** Practical or performance examinations approved by the Board include, but are not limited to: any practical or performance general interpreting examination recognized by the Registry of Interpreters for the Deaf (RID) or the Educational Interpreter Performance Assessment (EIPA) at score 4.0 or above. The practical or performance examination must have been passed within ten (10) years before the date of original application for licensure. (3-31-22)T

**c.** Certifications approved by the Board include, but are not limited to, those administered by: Registry of Interpreters for the Deaf (RID); National Association of the Deaf (NAD); Center for Assessment of Sign Language Interpreters (CASLI); Board for Evaluation of Interpreters (BEI) at basic level or above, or if certified before 2014, at intermediate level or above; Utah Interpreter Program (UIP) at professional or master level, or a Utah Certified: Deaf Interpreter (UC:DI). (3-31-22)T

**261. -- 264. (RESERVED)**

**265. CODE OF ETHICS AND STANDARDS FOR SIGN LANGUAGE INTERPRETERS.**

All licensed sign language interpreters must follow the National Association of the Deaf (NAD)-Registry of Interpreters for the Deaf, Inc. (RID) code of professional conduct as incorporated by reference in Section 004 of these rules, and must practice competently and in a manner consistent with the licensee's training, skill, and experience. (3-31-22)T

**266. -- 269. (RESERVED)**

**270. TEMPORARY REGISTRATION FOR OUT-OF-STATE LICENSEES.**

A person licensed or certified in good standing as a sign language interpreter in another state, territory, or the District of Columbia may practice sign language interpreting in this state without a license issued by the Board for a period of thirty (30) days within a twelve (12) month period, provided they pay the required fee and meet the requirements of this section. The Board may grant an extension or additional registrations for good cause. (3-31-22)T

**01. Statement of Registration.** Before commencing such work, the person will file with the Board on a form approved by the board a statement of registration providing the person's name, residence, sign language interpreter license or certificate of registration number, and the name, address, and phone number of the issuing authority. (3-31-22)T

**271. -- 279. (RESERVED)**

**280. DEAF INTERPRETERS.**

**01. Letter of Endorsement.** Persons who are deaf or hard-of-hearing and are not sign language interpreters may perform sign language interpreting services in the role of a deaf interpreter if they file with the Board two (2) written endorsement letters from sign language interpreters licensed by the Board. Each letter must, at a minimum, include: (3-31-22)T

**a.** Date letter of endorsement was written; (3-31-22)T

**b.** Full name, mailing address, and phone number of the deaf interpreter; (3-31-22)T

**c.** Name, mailing address, and phone number of the sign language interpreter; and (3-31-22)T

**d.** A statement endorsing the deaf interpreter to perform sign language interpreting services and an explanation as to why the sign language interpreter believes that the deaf interpreter has the skills and the knowledge to perform this role. (3-31-22)T

**02. Withdrawal of Endorsement.** A sign language interpreter who has endorsed a deaf interpreter may withdraw their endorsement at any time upon delivery of written notice to the deaf interpreter and the Board. (3-31-22)T

**281. -- 309. (RESERVED)**

**310. ENDORSEMENT.**

The Board may grant a license to any person who holds a current, active license, at the level for which a license is being sought, issued by the authorized regulatory entity in another state and has not engaged in conduct that would constitute grounds for discipline under Section 54-2918, Idaho Code, unless the applicant has demonstrated suitability for licensure as set forth in these rules. (3-31-22)T

**311. -- 319. (RESERVED)**

**320. WRITTEN STATEMENT OF SUITABILITY FOR LICENSURE.**

An applicant who or whose license has a conviction, finding of guilt, withheld judgment, or suspended sentence for a felony or has been subject to discipline in another state, territory, or country must submit with his application a written statement and any supplemental information establishing the applicant's current suitability for licensure. (3-31-22)T

**01. Consideration of Factors and Evidence.** The board may consider the factors set forth in Section 67-9411, Idaho Code. (3-31-22)T

**02. Interview.** The Board may, at its discretion, grant an interview of the applicant. (3-31-22)T

**03. Applicant Bears the Burden.** The applicant bears the burden of establishing the applicant's current suitability for licensure. (3-31-22)T

**321. -- 399. (RESERVED)**

**400. CONTINUING EDUCATION.**

All licensees must complete the following continuing education requirements: (3-31-22)T

**01. Requirement.** For licensed sign language interpreters and up until January 1, 2021, for all other licensees, each licensee will successfully complete, in the twelve (12) months preceding each renewal of their license, a minimum of ten (10) contact hours of continuing education. (3-31-22)T

**a.** Effective January 1, 2021, for licensees other than sign language interpreters, each licensee will successfully complete, in the three (3) years prior to their license expiration date, a minimum of thirty (30) contact hours of continuing education. (3-31-22)T

**b.** A contact hour is a measurement of the licensee's participation in an area of study germane to the practice for which the license is issued as approved by the Board. One (1) contact hour requires one (1) hour of participation in a Board-approved continuing education program excluding meals and breaks. One (1) contact hour equals one (1) clock hour for purposes of obtaining continuing education credit. (3-31-22)T

**c.** For college or university courses that are approved by the Board for continuing education credit, one (1) semester credit hour equals fifteen (15) contact hours; one (1) quarter credit hour equals ten (10) contact hours. (3-31-22)T

**d.** For proctoring the hearing aid dealing and fitting examination administered by the Board, a licensee may claim three (3) contact hours per exam up to a total of six (6) contact hours during each year, provided that a licensee may not claim more than nine (9) contact hours during any three (3) year period. (3-31-22)T

**e.** Effective January 1, 2021, the Board will waive the continuing education requirement for the first three (3) license renewals after initial licensure for licensees other than sign language interpreters. For sign language interpreters and up until January 1, 2021, for all other licensees, the Board will waive the continuing education requirement for the first renewal after initial licensure. (3-31-22)T

**02. Documentation.** Each licensee must maintain documentation verifying hours of attendance by

securing authorized signatures or other documentation from the course instructors, providers, or sponsoring institution. This documentation is subject to audit and must be provided upon request by the Board or its agent.

(3-31-22)T

**03. Waiver.** The Board may waive continuing education requirements for reasons of individual hardship, including health, when certified by a medical doctor, or other good cause. The licensee must provide any information requested by the Board to assist in substantiating hardship cases. This waiver is granted at the sole discretion of the Board.

(3-31-22)T

**04. Carryover of Continuing Education Hours.** Until January 1, 2021, continuing education hours not claimed in the current renewal year may be claimed in the next renewal year. A maximum of ten (10) hours may be carried forward from the immediately preceding year, and may not be carried forward more than one renewal year.

(3-31-22)T

**401. -- 449. (RESERVED)**

**450. PROVISIONAL PERMITS.**

**01. Scope and Purpose.** The Board may issue a provisional permit to allow an applicant to engage in the supervised practice of a profession regulated by Title 54, Chapter 29, Idaho Code, while pursuing licensure for that profession.

(3-31-22)T

**a.** A provisional permit holder for audiology or speech language may practice the respective profession while completing the supervised experience necessary for licensure set forth in Subsection 210.03 or Subsection 220.03.

(3-31-22)T

**b.** A provisional permit holder for sign language interpreting or hearing aid dealing and fitting may practice the respective profession while pursuing passage of examination(s) or certification necessary for licensure as set forth in Subsections 250.02 and 260.02.

(3-31-22)T

**02. Supervisor.** A provisional permit holder may only practice under the supervision of a licensee(s) whose license is current, in good standing, has not had discipline in the last two (2) years, and who is not supervising more than one (1) other permit holder, and as set forth below:

(3-31-22)T

**a.** A permit holder must be supervised by a licensee for the profession corresponding to the permit, except that a hearing aid dealer and fitter permit holder must be supervised by:

(3-31-22)T

**i.** A hearing aid dealer and fitter who holds a current hearing instrument sciences (BC-HIS) from the National Board for Certification in Hearing Instrument Sciences or has three (3) years of active practice immediately preceding approval as a supervisor; or

(3-31-22)T

**ii.** An audiologist with one (1) year of active practice immediately preceding approval as a supervisor.

(3-31-22)T

**iii.** For an applicant who holds a current hearing instrument sciences (BC-HIS) from the National Board for Certification in Hearing Instrument Sciences, the Board may within its discretion approve a supervisor who is an audiologist with less than one (1) year of practice, is supervising more than one (1) other permit holder, or both. The Board's approval of such a supervisor may be rescinded in the event the permit holder fails a licensing examination or the permit holder failure to take the licensing examination within six (6) months after issuance of the permit. The Board may allow the supervisor to continue to supervise the permit holder upon adequate assurance that the supervision being provided is sufficient to ensure the safe and effective delivery of hearing aid dealing and fitting services and preparation for the examination.

(3-31-22)T

**b.** A supervisor for a permit holder, except for sign language interpreter supervisor, must have an established business site in Idaho. A supervisor and permit holder for hearing aid dealing and fitting must work in the same facility.

(3-31-22)T

c. A supervisor may terminate their supervision of a permit holder by a written notice to the Board and the permit holder by certified mail at least ten (10) calendar days prior to the termination. (3-31-22)T

**03. Supervision.** The supervisor is responsible for all practice and conduct of each permit holder under supervision. The supervisor and permit holder for hearing aid dealing and fitting must have adequate personal contact, which at a minimum includes: (3-31-22)T

a. Personal contact each work day to review any assignments, client contacts, and hearing aid fittings for the first sixty (60) days of practice. The nature of the supervision and contact must allow for immediate feedback and includes audio/visual, in person, or telephone contacts. (3-31-22)T

b. After the first sixty (60) days of practice, personal contact as described in Subsection 450.03.a. must be made no less than once in each calendar week throughout the remaining period of the permit. (3-31-22)T

c. In the event a permit holder fails the licensing examination two (2) consecutive times and is eligible to maintain a permit, the supervisor and permit holder must reinstate contact in person each work day as set forth in Subsection 450.03.a. (3-31-22)T

**04. Plan of Training and Quarterly Reports.** An applicant must submit a plan of training approved by the designated supervisor(s). Permit holders must submit quarterly reports signed by the supervisor(s) reflecting the progress on the plan(s) of training and any additional information required by this rule. (3-31-22)T

a. A plan of training for hearing aid dealing and fitting or a sign language interpreter must cover all sections of the license examination(s). (3-31-22)T

b. A plan of training and supervision for an audiology or speech language pathology permit holder must provide for adequate direct client contact activities which include assessment, diagnosis, evaluation, screening, treatment, and client management. (3-31-22)T

c. Quarterly reports must be on forms approved by the Board, attested to and signed by the permit holder and approved supervisor(s), and include: (3-31-22)T

i. A log of client and supervisor contacts; (3-31-22)T

ii. Supervisor's statement of completed training assignments by the permit holder; (3-31-22)T

iii. For an audiology permit holder, documentation of all hearing aid sales or fittings made by the permit holder; (3-31-22)T

iv. For a sign language interpreter, certification of attendance for any workshop or training session that permit holder has attended; (3-31-22)T

v. For a hearing aid dealing and fitting permit holder, a copy of test results for all persons tested by the permit holder whether or not a sale occurred and a copy of each hearing aid order for all fittings including specifications of instruments ordered. (3-31-22)T

d. Quarterly reports are due on or before April 10th, July 10th, October 10th, and January 10th for the three (3) calendar month period preceding the month due. If the permit has not been in effect for the entire quarter, the report is due for that portion of the quarter in which the permit was in effect. If quarterly reports are not received by the specified due date, are inadequate, or document inadequate progress or incompetent practice the permit may be suspended or revoked upon notice and an opportunity to be heard. (3-31-22)T

**05. Change in Supervisor or Plan of Training.** A permit holder must notify the Board prior to changing supervisors or changing the plan of training, and the change must be approved by the Board, or a designated member of the Board, prior to the commencement of supervision by a new supervisor or implementation of the change. Any supervision obtained from a supervisor or under a plan of training prior to or without approval of the Board will only be accepted at the discretion of the Board. (3-31-22)T

**06. Cancellation of Permit.** A permit is cancelled upon any of the following: issuance of a license, expiration of the permit, or ten (10) business days after termination or disqualification of all supervision or supervisors if the permit holder has not applied for a change of supervisor. (3-31-22)T

**07. Expiration.** Following the approval of a permit holder’s original application, a provisional permit expires after: (3-31-22)T

**a.** Twenty-four (24) months for the practice of audiology or the practice of hearing aid dealing and fitting. (3-31-22)T

**b.** Forty-eight (48) months for the practice of speech language pathology. (3-31-22)T

**c.** Twelve (12) months for the practice of sign language interpreting, provided that the Board may at its discretion, and upon application of the permit holder and approval of the supervisor, extend the time period by an additional twelve (12) months. The permit holder may apply for an extension a maximum of two (2) times, such that no permit holder may practice under a permit for more than thirty-six (36) months after the approval of the original application. (3-31-22)T

**d.** The Board may extend the time period for reasons of individual hardship, including health when certified by a medical doctor, or other good cause that prevented the permit holder from completing the supervision within the stated time period. (3-31-22)T

**451. -- 499. (RESERVED)**

**500. HEARING EVALUATION.**

**01. Purpose of Rule.** The purpose of this rule is to define, “tests utilizing appropriate procedures,” as used in Section 54-2923(6), Idaho Code. This rule is intended to be consistent with and to complement FDA Rule 801.420 as it refers to hearing evaluations. (3-31-22)T

**02. Pre-Fitting Testing.** All prospective hearing aid consumers must be given calibrated pure-tone air and bone tests with masking when applicable. Speech tests must be given by appropriate equipment calibrated to current H.T.L. reference levels. (3-31-22)T

**03. Sound Field Testing.** Before the prospective consumer purchases a hearing aid or within six (6) weeks afterward, the licensee must conduct the testing necessary to document that the fitted instrument meets industry standards and provides benefit to the consumer. This testing must be accomplished using appropriate sound field testing so as to ensure repeatability. Verification of benefit may be accomplished using any one (1) of the following tests: (3-31-22)T

**a.** Soundfield testing for speech discrimination in both the aided and unaided conditions; (3-31-22)T

**b.** Soundfield testing using warble tones or narrowband noise to evaluate functional gain; or (3-31-22)T

**c.** “Real ear” probe microphone measurements. (3-31-22)T

**04. Records.** A copy of all test data must be kept on file by the licensee for two (2) years after sale. (3-31-22)T

**05. Exemptions.** The testing requirements contained in Subsections 500.02 and 500.03 of this rule do not apply to consumers who cannot respond to acceptable audiological tests, for any reason. (3-31-22)T

**551. -- 599. (RESERVED)**

**600. WRITTEN CONTRACTS.**

**01. Contract Form.** Any person who practices the fitting and sale of hearing aids must enter into a written contract with the person to be supplied with the hearing aid, which is signed by the licensee and the consumer and contains the information required in Subsections 600.01.a. through g. The written contract must be given to the consumer at the time of the sale and must contain the following: (3-31-22)T

- a. License number; (3-31-22)T
- b. Business address; (3-31-22)T
- c. The specifications as to the make, model, and manufacture date of the hearing aid; (3-31-22)T
- d. Clearly state the full terms of the sale, including the exact portion of the purchase price, not to exceed twenty-five (25%) percent of the total purchase price of the hearing instrument and fitting expenses, that is nonrefundable; (3-31-22)T
- e. Provide the serial number of the hearing aid upon delivery; (3-31-22)T
- f. Be clearly marked as “used” or “reconditioned,” whichever is applicable, if the aid is not new; and (3-31-22)T
- g. In print size no smaller than ten (10) point type: (3-31-22)T
  - i. The address of the Division of Occupational and Professional Licenses and the procedure for filing complaints against anyone licensed to dispense hearing aids. (3-31-22)T
  - ii. A nonwaivable statement that the contract is null and void and unenforceable if the hearing aid being purchased is not delivered to the consumer within thirty (30) days of the date the written contract is signed, and that in the event the hearing aid is not delivered to the consumer within thirty (30) days of the date the written contract is signed, the licensee shall promptly refund any and all moneys paid for the purchase of the hearing aid. (3-31-22)T

**02. Cancellation and Refund.** The written contract must grant the consumer a nonwaivable thirty (30) day right to cancel the purchase and obtain a refund. The thirty (30) day right to cancel commences from either the date the contract is signed or the hearing aid is originally delivered to the consumer, whichever is later. The thirty (30) day period is tolled for any period in which the licensee has taken possession or control of the hearing aid after its original delivery. (3-31-22)T

**03. Dealer Cancellation.** In the event that any licensee cancels, nullifies, or otherwise, of their own volition, refuses to honor any written contract, for any reason other than consumer cancellation as set forth in Subsection 600.02, that licensee must promptly refund any and all moneys paid for the purchase of the hearing aid, including any monies designated by the contract as nonrefundable in the event that the consumer had canceled the purchase. (3-31-22)T

**601. -- 999. (RESERVED)**

**24.24.01 – RULES OF THE GENETIC COUNSELORS LICENSING BOARD**

**000. LEGAL AUTHORITY.**

These rules are promulgated pursuant to Title 54, Chapter 56, Idaho Code. (3-31-22)T

**001. SCOPE.**

These rules regulate the profession of genetic counseling in the interest of the public health, safety, and welfare. (3-31-22)T

**002. INCORPORATION BY REFERENCE.**

The document titled “National Society of Genetic Counselors Code of Ethics,” adopted January 1992 and revised December 2004, January 2006, and April 2017, is incorporated by reference into this rule and is available at the Board’s office and on the Board’s web site. (3-31-22)T

**003. -- 249. (RESERVED)**

**250. FEES.**

All fees are non-refundable except that, if a license fee is tendered but the Board does not issue a license, the respective license fee will be returned. Fees are established in accord with Section 54-5613, Idaho Code as follows:

FEE TYPE	AMOUNT (Not to Exceed)
Application	\$200
Original License	\$200
Annual Renewal	\$200
Provisional License	\$200
License by Endorsement	\$200
Examination	Determined by third-party examination administrator
Reinstatement	As provided in Section 67-2614, Idaho Code

(3-31-22)T

**251. -- 299. (RESERVED)**

**300. REQUIREMENTS FOR ORIGINAL LICENSURE.**

**01. General.** An applicant who in any state, territory or country has had a license revoked or suspended or has been otherwise disciplined by a Board, a government agency, or any other disciplinary body, or has been found guilty, convicted, received a withheld judgment or suspended sentence for a felony or a lesser crime conviction must submit with his application a written statement and any supplemental information establishing his current suitability for licensure. (3-31-22)T

**02. Consideration of Factors and Evidence.** The Board will consider the factors set forth in Section 67-9411, Idaho Code. (3-31-22)T

**03. Interview.** The Board may, at its discretion, grant an interview of the applicant. (3-31-22)T

**04. Applicant Bears the Burden.** The applicant will bear the burden of establishing his current suitability for licensure. (3-31-22)T

**05. Education.** An applicant must hold a master’s degree or higher in genetics from an American Board of Genetic Counseling (ABGC), American Board of Medical Genetics (ABMG), Accreditation Council for Genetic Counseling (ACGC), or National Society of Genetic Counselors (NSGC) accredited program or master’s degree or higher in a related field of study as approved by the Board. (3-31-22)T

**06. Examination.** An applicant must pass an ABGC or ABMG administered genetic counselor certification exam. The passage of the exam may have occurred prior to the effective date of these rules. (3-31-22)T

- 07. Certification.** An applicant must provide proof of current certification from the ABGC or ABMG. (3-31-22)T

**301. -- 309. (RESERVED)**

**310. REQUIREMENTS FOR LICENSURE BY ENDORSEMENT.**

The Board may grant a license to an applicant for licensure by endorsement who meets the following requirements: (3-31-22)T

- 01. General.** Meets the requirements prescribed in Subsection 300.01 of these rules; and (3-31-22)T

**02. Holds a Current License.** The applicant must be the holder of a current active license in the profession and at the level for which a license is being sought, issued by the authorized regulatory entity of another state, territory, or jurisdiction. The state, territory, or jurisdiction must have licensing requirements substantially equivalent to or higher than those required for new applicants in Idaho. The certification of licensure must be received by the Board from the issuing agency. (3-31-22)T

**311. REQUIREMENTS FOR PROVISIONAL LICENSE.**

The Board may issue a provisional license to allow a person who has been granted active candidate status to engage in the practice of genetic counseling. The holder of a provisional license may only practice under the general supervision of a person fully licensed under this chapter or a physician licensed in this state. (3-31-22)T

- 01. General.** Meets the requirements prescribed in Subsection 300.01 of these rules; and (3-31-22)T

**02. Supervision.** While the provisional licensee is providing genetic counseling services, the licensee's supervisor need not be physically present; however, the supervisor must be readily accessible to the provisional licensee by telephone or by electronic means for consultation and assistance. (3-31-22)T

**312. INACTIVE STATUS.**

**01. Request for Inactive Status.** Licensees requesting an inactive status during the renewal of their active license must submit a written request and pay the established fee. (3-31-22)T

**02. Inactive License Status.** All continuing education requirements will be waived for any year or portion thereof that a licensee maintains an inactive license and is not actively practicing in Idaho. (3-31-22)T

**03. Reinstatement to Full Licensure from Inactive Status.** An inactive licensee may reinstate to active status by submitting a completed, board-approved application and paying the appropriate fee, provide proof of ABGC certification and one (1) year of continuing education immediately preceding application. (3-31-22)T

**313. -- 499. (RESERVED)**

**500. CONTINUING EDUCATION.**

All licensees must comply with the following continuing education requirements: (3-31-22)T

**01. Requirement.** Beginning with the second renewal of their license, a licensee will be required to complete a minimum of two (2) Continuing Education Units (CEUs) within the preceding twelve (12) months or one (1) CEU and one (1) Professional Activity Credit (PAC) within the preceding twelve (12) months. (3-31-22)T

**02. Documentation.** Each licensee will maintain documentation verifying continuing education course attendance and curriculum, or completion of the educational activity for a period of five (5) years from the date of completion. This documentation will be subject to audit by the Board. (3-31-22)T

**a.** Documented evidence of meeting the continuing education course requirement must be in the form of a certificate or letter from the sponsoring entity that includes verification of attendance by the licensee, the title of the activity, the subject material covered, the dates and number of hours credited, and the presenter's full name and



professional credentials. Documented evidence of completing a continuing education activity must be in such form as to document both completion and date of the activity. (3-31-22)T

**b.** A licensee must submit the verification documentation to the Board, if requested by the Board. If a licensee fails to provide the Board with acceptable documentation of the hours attested to on the renewal application, the licensee may be subject to disciplinary action. (3-31-22)T

**03. Waiver.** The Board may for good cause waive the requirements of this rule. The licensee should request the waiver in advance of renewal and must provide any information requested by the Board to assist in substantiating hardship cases. This waiver is granted at the sole discretion of the Board. (3-31-22)T

**04. Carryover of Continuing Education Hours.** CEUs and PACs not claimed in the current renewal year may be claimed in the next renewal year. A maximum of two (2) CEUs or one (1) PAC and one (1) CEU may be carried forward from the immediately preceding year, and may not be carried forward more than one renewal year. (3-31-22)T

**501. -- 699. (RESERVED)**

**700. UNPROFESSIONAL AND UNETHICAL CONDUCT.**

Unprofessional and unethical conduct is conduct that does not conform to the guidelines for genetic counseling contained within the (NSGC) Code of Ethics, incorporated by reference into Section 002 of these rules and approved by the Board as the Idaho Code of Ethics. (3-31-22)T

**701. -- 899. (RESERVED)**

**900. DISCIPLINE.**

**01. Disciplinary Action.** If the Board determines that grounds for discipline exist for violations of Title 54, Chapter 56, Idaho Code, violations of these rules, or both, it may impose disciplinary sanctions against the licensee. (3-31-22)T

**901. -- 999. (RESERVED)**

**24.26.01 – RULES OF THE IDAHO BOARD OF MIDWIFERY**

**000. LEGAL AUTHORITY.**

These rules are promulgated pursuant to Section 54-5504, Idaho Code. (3-31-22)T

**001. SCOPE.**

These rules govern the licensure and regulation of the practice of midwifery in Idaho. (3-31-22)T

**002. INCORPORATION BY REFERENCE.**

The following documents are incorporated by reference into these rules, and are available at the Board’s office and through the Board’s website: (3-31-22)T

**01. Prevention of Perinatal Group B Streptococcal Disease.** Published by the Centers for Disease Control and Prevention, MMWR 2010;59 (No. RR 10), dated November 19, 2010. (3-31-22)T

**02. Essential Documents of the National Association of Certified Professional Midwives.** Copyright date 2004. (3-31-22)T

**03. 2016 Job Analysis Survey.** Published by the North American Registry of Midwives (NARM). (3-31-22)T

**003. -- 099. (RESERVED)**

**100. QUALIFICATIONS FOR LICENSURE.**

**01. Applications.** Applications for licensure must be submitted on Board-approved forms. (3-31-22)T

**02. Qualifications.** Applicants for licensure must submit a completed application, required application and licensing fees, and documentation, acceptable to the Board, establishing that the applicant: (3-31-22)T

**a.** Currently is certified as a CPM by NARM or a successor organization. (3-31-22)T

**b.** Has successfully completed Board-approved, MEAC-accredited courses in pharmacology, the treatment of shock/IV therapy, and suturing specific to midwives. (3-31-22)T

**101. -- 174. (RESERVED)**

**175. FEES.**

Unless otherwise provided for, all fees are non-refundable.

APPLICATION	FEE (Not to Exceed)
Initial Application	\$200
Initial License	\$800 (amount will be refunded if license not issued)
Renewal	\$850 (amount will be refunded if license not renewed)
Reinstatement	\$50

(3-31-22)T

**176. -- 199. (RESERVED)**

**200. RENEWAL OF LICENSE.**

**01. Complete Practice Data.** The information submitted by the licensed midwife must include complete practice data for the calendar year preceding the date of the renewal application. Such information includes: (3-31-22)T

**a.** The number of clients to whom the licensed midwife has provided care; (3-31-22)T

**b.** The number of deliveries, including; (3-31-22)T

- i. The number of cesareans; (3-31-22)T
  - ii. The number of vaginal births after cesarean (VBACs); (3-31-22)T
  - c. The average, oldest, and youngest maternal ages; (3-31-22)T
  - d. The number of primiparae; (3-31-22)T
  - e. All APGAR scores below five (5) at five (5) minutes; (3-31-22)T
  - f. The number of prenatal transfers and transfers during labor, delivery and immediately following birth, including: (3-31-22)T
    - i. Transfers of mothers; (3-31-22)T
    - ii. Transfers of babies; (3-31-22)T
    - iii. Reasons for transfers; (3-31-22)T
    - iv. Transfers of all newborns being admitted to the neonatal intensive care unit (NICU) for more than twenty four (24) hours. (3-31-22)T
  - g. Any perinatal deaths occurring up to six weeks post-delivery, broken out by: weight, gestational age, age of the baby, and stillbirths, if any. (3-31-22)T
  - h. Any significant neonatal or perinatal problem, not listed above, during the six (6) weeks following birth. (3-31-22)T
- 02. Current Cardiopulmonary Resuscitation Certification.** A licensed midwife to renew their license must certify on their renewal application that they possess a current certification in adult, infant, and child cardiopulmonary resuscitation and in neonatal resuscitation obtained through completion of American Heart Association or the Health and Safety Institute approved cardiopulmonary resuscitation courses and American Academy of Pediatrics approved neonatal resuscitation courses. (3-31-22)T
- 03. Continuing Education Verification.** When a licensed midwife submits a renewal application, the licensed midwife must certify by signed affidavit that the annual continuing education requirements set by the Board have been met. The Board may conduct such continuing education audits and require verification of attendance as deemed necessary to ensure compliance with continuing education requirements. (3-31-22)T

**201. -- 299. (RESERVED)**

**300. CONTINUING EDUCATION REQUIREMENT.**

- 01. Annual Continuing Education Requirement.** A licensed midwife must successfully complete a minimum of ten (10) continuing education hours per year for the year preceding renewal. Two (2) of these hours must be in peer review participation as described in Subsection 300.06. One (1) continuing education hour equals one (1) clock hour. A licensed midwife is considered to have satisfied the annual continuing education requirement for the first renewal of the initial license. (3-31-22)T
- 02. Subject Material.** The subject material of the continuing education must be germane to the practice of midwifery and either acceptable to NARM as counting towards recertification of a licensed midwife as a CPM or otherwise approved by the Board. (3-31-22)T
- 03. Verification of Attendance.** Each licensed midwife must maintain verification of attendance by securing authorized signatures or other documentation from the course instructors or sponsoring institution substantiating any hours attended. This verification must be maintained by the licensed midwife for no less than

seven (7) years and provided to the Board upon request by the Board or its agent. (3-31-22)T

**04. Distance Learning and Independent Study.** The Board may approve a course of study for continuing education credit that does not include the actual physical attendance of the licensed midwife in a face-to-face setting with the course instructor. Distance Learning or Independent Study courses will be eligible for continuing education credits if approved by NARM or upon approval of the Board. (3-31-22)T

**05. Requests for Board Approval.** All requests for Board approval of educational programs must be made to the Board in writing at least sixty (60) days before the program is scheduled to occur. Requests must be accompanied by a statement that includes: (3-31-22)T

- a. The name of the instructor or instructors; (3-31-22)T
- b. The date and time and location of the course; (3-31-22)T
- c. The specific agenda for the course; (3-31-22)T
- d. The number of continuing education credit hours requested; and (3-31-22)T
- e. A statement of how the course is believed to be germane to the practice of midwifery. (3-31-22)T

**06. Peer Review System.** As part of the Board's annual continuing education requirement, each licensed midwife must participate in peer review activities for a minimum of two (2) hours per year. (3-31-22)T

a. The purpose of peer review is to enable licensed midwives to retrospectively present and review cases in an effort to further educate themselves about the appropriateness, quality, utilization, and ethical performance of midwifery care. (3-31-22)T

b. Licensed midwives are responsible for organizing their own peer review sessions. At least three (3) licensed midwives or CPMs must participate in a peer review session in order for the session to count towards a licensed midwife's annual two-hour peer review activity requirement. (3-31-22)T

c. Each licensed midwife must make a presentation that must include, without limitation, the following information: (3-31-22)T

- i. Total number of clients currently in the licensed midwife's care; (3-31-22)T
- ii. The number of upcoming due dates for clients in the licensed midwife's practice; (3-31-22)T
- iii. The number of women in the licensed midwife's practice that are postpartum; (3-31-22)T
- iv. The number of births the licensed midwife has been involved with since the last peer review session; and (3-31-22)T
- v. One (1) or more specific cases arising since the licensed midwife's last peer review session. The licensed midwife must present any cases involving serious complications or the transport of a mother or baby to the hospital. (3-31-22)T

d. The information presented in a peer review session is confidential. The identities of the client, other health care providers, and other persons involved in a case may not be divulged during the peer review session. (3-31-22)T

**07. Carryover Hours.** A licensed midwife may carryover a maximum of five (5) hours of continuing education to meet the next year's continuing education requirement. (3-31-22)T

**08. Hardship Waiver.** The Board may waive the continuing education requirement for good cause. The licensed midwife must request the waiver and provide the Board with any information requested to assist the

Board in substantiating the claimed hardship. (3-31-22)T

**301. -- 324. (RESERVED)**

**325. INFORMED CONSENT.**

**01. Informed Consent Required.** A licensed midwife must obtain and document informed consent from a client before caring for that client. The informed consent must be documented on an informed consent form, signed and dated by the client, in which the client acknowledges, at a minimum, the provisions listed in Section 54-5511, Idaho Code and the following: (3-31-22)T

**a.** Instructions for obtaining a copy of the Essential Documents of the NACPM and 2016 Job Analysis Survey, published by NARM; (3-31-22)T

**b.** Instructions for filing complaints with the Board; (3-31-22)T

**02. Record of Informed Consent.** All licensed midwives must maintain a record of all signed informed consent forms for each client for a minimum of nine (9) years after the last day of care for such client. (3-31-22)T

**326. -- 350. (RESERVED)**

**351. USE OF FORMULARY DRUGS.**

**01. Protocols.** A licensed midwife may use the drugs described in the midwifery formulary according to the following protocol describing the indication for use, dosage, route of administration and duration of treatment:

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Oxygen	Maternal/Fetal Distress	10-12 L/min. 10 L/min.	Bag and mask Mask	Until maternal/fetal stabilization is achieved or transfer to hospital is complete
	Neonatal Resuscitation	10-12 L/min. 10 L/min.	Bag and mask Mask	Until stabilization is achieved or transfer to a hospital is complete
Oxytocin (Pitocin)	Postpartum hemorrhage only	10 Units/ml	Intramuscularly only	1-2 doses Transport to hospital required if more than two doses are administered
Lidocaine HCl 2%	Local anesthetic for use during postpartum repair of lacerations or episiotomy	Maximum 50 ml	Percutaneous infiltration only	Completion of repair
Penicillin G (Recommended)	Group B Strep Prophylaxis	5 million units initial dose, then 2.5 million units every 4 hours until birth	IV in $\geq$ 100 ml LR, NS or D <sub>5</sub> LR	Birth of baby

<b>Drug</b>	<b>Indication</b>	<b>Dose</b>	<b>Route of Administration</b>	<b>Duration of Treatment</b>
Methergine (Methylergonovine)	Postpartum hemorrhage only	0.2mg/ml	Intramuscularly only 1 dose	Transport to hospital required if single dose does not stop hemorrhage
Ampicillin Sodium  (Alternative)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 4 hours until birth	IV in $\geq$ 100 ml NS or LR	Birth of baby
Cefazolin Sodium (drug of choice for penicillin allergy with low risk for anaphylaxis)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 8 hours	IV in $\geq$ 100 ml LR, NS or D <sub>5</sub> LR	Birth of baby
Clindamycin Phosphate  (drug of choice for penicillin allergy with high risk for anaphylaxis)	Group B Strep Prophylaxis	900 mg every 8 hours	IV in $\geq$ 100 ml NS (not LR)	Birth of baby
Epinephrine HCl 1:1000	Treatment or post-exposure prevention of severe allergic reactions	0.3 ml	Subcutaneously or intramuscularly	Every 20 minutes or until emergency medical services arrive  Administer first dose then immediately request emergency services
Lactated Ringer's (LR)  5% Dextrose in Lactated Ringer's solution (D <sub>5</sub> LR)  0.9% Sodium Chloride (NS)  Sterile Water	To achieve maternal stabilization    Reconstitution of antibiotic powder	1 - 2 liter bags  First liter run in at a wide-open rate, the second liter titrated to client's condition  As directed	Intravenously with $\geq$ 18 gauge catheter   As directed	Until maternal stabilization is achieved or transfer to a hospital is complete   Birth of Baby
Cytotec (Misoprostol)	Postpartum hemorrhage only	800 mcg	Rectally is the preferred method Orally is allowed	1-2 doses  Transport to hospital required if more than one dose is administered

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Rho(d) Immune Globulin	Prevention of Rho (d) sensitization in Rho (d) negative women	300 mcg	Intramuscularly	Single dose at any gestation for Rho (d) negative, antibody negative women within 72 hours of spontaneous bleeding or abdominal trauma.  Single dose at 26-28 weeks gestation for Rho (d) negative, antibody negative women  Single dose for Rho (d) negative, antibody negative women within 72 hours of delivery of Rho (d) positive infant, or infant with unknown blood type
Phytonadione	Prophylaxis for Vitamin K Deficiency Bleeding	1 mg	Intramuscularly	1 dose
0.5% Erythromycin Ophthalmic Ointment	Prophylaxis of Neonatal Ophthalmia	1 cm ribbon in each eye	Topical	1 dose

(3-31-22)T

**352. OBTAINING, STORING, AND DISPOSING OF FORMULARY DRUGS.**

A licensed midwife must adhere to the following protocol for obtaining, storing, and disposing of formulary drugs during the practice of midwifery. (3-31-22)T

**01. Obtaining Formulary Drugs.** A licensed midwife may obtain formulary drugs as allowed by law, including, without limitation, from: (3-31-22)T

**a.** A person or entity that is licensed as a Wholesale Distributor by the Idaho State Board of Pharmacy; and (3-31-22)T

**b.** A retail pharmacy, in minimal quantities for office use. (3-31-22)T

**02. Storing Formulary Drugs.** A licensed midwife must store all formulary drugs in secure areas suitable for preventing unauthorized access and for ensuring a proper environment for the preservation of the drugs. However, licensed midwives may carry formulary drugs to the home setting while providing care within the course and scope of the practice of midwifery. (3-31-22)T

**03. Disposing of Formulary Drugs.** A licensed midwife must dispose of formulary drugs using means that are reasonably calculated to guard against unauthorized access by persons and harmful excretion of the drugs into the environment. The means that may be used include, without limitation: (3-31-22)T

**a.** Transferring the drugs to a reverse distributor who is registered to destroy drugs with the U.S. Drug Enforcement Agency; (3-31-22)T

**b.** Removing the drugs from their original containers, mixing them with an undesirable substance such as coffee grounds or kitty litter, putting them in impermeable, non-descript containers such as empty cans or

sealable bags, and throwing the containers in the trash; or (3-31-22)T

c. Flushing the drugs down the toilet if the accompanying patient information instructs that it is safe to do so. (3-31-22)T

**353. -- 354. (RESERVED)**

**355. MEDICAL WASTE.**

A licensed midwife must dispose of medical waste during the practice of midwifery according to the following protocol: (3-31-22)T

**01. Containers for Non-Sharp, Medical Waste.** Medical waste, except for sharps, must be placed in disposable containers/bags which are impervious to moisture and strong enough to preclude ripping, tearing or bursting under normal conditions of use. The bags must be securely tied so as to prevent leakage or expulsion of solid or liquid waste during storage, handling or transport. The containment system must have a tight-fitting cover and be kept clean and in good repair. All bags used for containment of medical waste must be clearly identified by label or color, or both. (3-31-22)T

**02. Containers for Sharps.** Sharps must be placed in impervious, rigid, puncture-resistant containers immediately after use. Needles must not be bent, clipped or broken by hand. Rigid containers of discarded sharps must either be labeled or colored like the disposable bags used for other medical waste, or placed in such labeled or colored bags. (3-31-22)T

**03. Storage Duration.** Medical waste may not be stored for more than seven (7) days, unless the storage temperature is below thirty-two (32) degrees Fahrenheit. Medical waste must never be stored for more than ninety (90) days. (3-31-22)T

**04. Waste Disposal.** Medical waste must be disposed of by persons knowledgeable in handling of medical waste. (3-31-22)T

**356. SCOPE AND PRACTICE STANDARDS.**

A licensed midwife must adhere to the following scope and practice standards when providing antepartum, intrapartum, postpartum, and newborn care. (3-31-22)T

**01. NACPM Scope and Practice Standards.** The Board adopts the Essential Documents of the National Association of Certified Professional Midwives as scope and practice standards for licensed midwives. All licensed midwives must adhere to these scope and practice standards during the practice of midwifery to the extent such scope and practice standards are consistent with the Board's enabling law, Chapter 55, Title 54, Idaho Code. (3-31-22)T

**02. Conditions for Which a Licensed Midwife May Not Provide Care.** A licensed midwife may not provide care for a client with conditions listed in Section 54-5505(1)(e)(i), Idaho Code. (3-31-22)T

**03. Conditions for Which a Licensed Midwife May Not Provide Care Without Health Care Provider Involvement.** A licensed midwife may not provide care for a client with a history of the disorders, diagnoses, conditions, or symptoms listed in Section 54-5505(1)(e)(ii), Idaho Code, unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed health care provider. For purposes of this Paragraph, in Section 54-5505(1)(e)(ii), Idaho Code, "history" means a "current history" and "illegal drug use" means "illegal drug abuse or addiction." Before providing care to such a client, the licensed midwife must notify the client in writing that the client must obtain the described physician care as a condition to the client's eligibility to obtain maternity care from the licensed midwife. The licensed midwife must, additionally, obtain the client's signed acknowledgment that the client has received the written notice. (3-31-22)T

**04. Conditions for Which a Licensed Midwife Must Recommend Physician Involvement.** Before providing care for a client with a history of any of the disorders, diagnoses, conditions or symptoms listed in Section 54-5505(1)(e)(iii), Idaho Code, a licensed midwife must provide written notice to the client that the client is advised to see a physician licensed under Chapter 18, Title 54, Idaho Code, or under an equivalent provision of the law of a



state bordering Idaho, during the client's pregnancy. Additionally, the licensed midwife must obtain the client's signed acknowledgment that the client has received the written notice. (3-31-22)T

**05. Conditions for which a Licensed Midwife must Facilitate Hospital Transfer. (3-31-22)T**

**a.** Conditions. A licensed midwife must facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the disorders, diagnoses, conditions or symptoms listed in Section 54-5505(1)(e)(iv), Idaho Code, and the following: (3-31-22)T

**i.** Maternal fever in labor of more than 100.4 degrees Fahrenheit, in the absence of environmental factors; (3-31-22)T

**ii.** Suggestion of fetal jeopardy, such as frank bleeding before delivery, any abnormal bleeding (with or without abdominal pain), evidence of placental abruption, meconium with non-reassuring fetal heart tone patterns where birth is not imminent, or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent; (3-31-22)T

**b.** Plan for Emergency Transfer and Transport. When facilitating a transfer under Subsection 356.05, the licensed midwife must notify the hospital when the transfer is initiated, accompany the client to the hospital, if feasible, or communicate by telephone with the hospital if the licensed midwife is unable to be present personally. The licensed midwife must also ensure that the transfer of care is accompanied by the client's medical record, which must include items defined in Section 54-5505(1)(e)(v), Idaho Code, and if feasible, the licensed midwife's assessment of the client's current medical condition and description of the care provided by the licensed midwife before transfer. (3-31-22)T

**c.** Transfer or Termination of Care. A midwife who deems it necessary to transfer or terminate care pursuant to the laws and rules of the Board or for any other reason must transfer or terminate care and will not be regarded as having abandoned care or wrongfully terminated services. (3-31-22)T

**357. -- 359. (RESERVED)**

**360. NEWBORN TRANSFER OF CARE OR CONSULTATION.**

**01. Newborn Transfer of Care.** Conditions for which a licensed midwife must facilitate the immediate transfer of a newborn to a hospital for emergency care: (3-31-22)T

**a.** Respiratory distress defined as respiratory rate greater than eighty (80) or grunting, flaring, or retracting for more than one (1) hour. (3-31-22)T

**b.** Any respiratory distress following delivery with moderate to thick meconium stained fluid. (3-31-22)T

**c.** Central cyanosis or pallor for more than ten (10) minutes. (3-31-22)T

**d.** Apgar score of six (6) or less at five (5) minutes of age. (3-31-22)T

**e.** Abnormal bleeding. (3-31-22)T

**f.** Any condition requiring more than six (6) hours of continuous, immediate postpartum evaluation. (3-31-22)T

**g.** Any vesicular skin lesions. (3-31-22)T

**h.** Seizure-like activity. (3-31-22)T

**i.** Any bright green emesis. (3-31-22)T

**j.** Poor feeding effort due to lethargy or disinterest in nursing for more than two (2) hours immediately following birth. (3-31-22)T

**02. Newborn Consultation Required.** Conditions for which a licensed midwife must consult a Pediatric Provider (Neonatologist, Pediatrician, Family Practice Physician, Advanced Practice Registered Nurse, or Physician Assistant): (3-31-22)T

**a.** Temperature instability, defined as a rectal temperature less than ninety-six point eight (96.8) degrees Fahrenheit or greater than one hundred point four (100.4) degrees Fahrenheit documented two (2) times more than fifteen (15) minutes apart. (3-31-22)T

**b.** Murmur lasting more than twenty-four (24) hours immediately following birth. (3-31-22)T

**c.** Cardiac arrhythmia. (3-31-22)T

**d.** Congenital anomalies. (3-31-22)T

**e.** Birth injury. (3-31-22)T

**f.** Clinical evidence of prematurity, including but not limited to, low birth weight of less than two thousand five hundred (2,500) grams, smooth soles of feet, or immature genitalia. (3-31-22)T

**g.** Any jaundice in the first twenty-four (24) hours after birth or significant jaundice at any time. (3-31-22)T

**h.** No stool for more than twenty-four (24) hours immediately following birth. (3-31-22)T

**i.** No urine output for more than twenty-four (24) hours. (3-31-22)T

**j.** Development of persistent poor feeding effort at any time. (3-31-22)T

**361. -- 449. (RESERVED)**

**450. UNPROFESSIONAL CONDUCT.**

**01. Standards of Conduct.** If a licensed midwife or an applicant for licensure, renewal, or reinstatement has engaged in unprofessional conduct, the Board may refuse to issue, renew, or reinstate the applicant's license and may discipline the licensee. Unprofessional conduct includes, without limitation, those actions defined in Section 54-5510, Idaho Code, and any of the following: (3-31-22)T

**a.** Having a license suspended, revoked, or otherwise disciplined in this or any other state or jurisdiction; (3-31-22)T

**b.** Having been convicted of any felony, or of a lesser crime that reflects adversely on the person's fitness to be a licensed midwife. Such lesser crimes include, but are not limited to, any crime involving the delivery of health care services, dishonesty, misrepresentation, theft, or an attempt, conspiracy or solicitation of another to commit a felony or such lesser crimes. (3-31-22)T

**c.** Violating any standards of conduct set forth in these rules, whether or not specifically labeled as such, and including without limitation any scope and practice standards, record-keeping requirements, notice requirements, or requirements for documenting informed consent. (3-31-22)T

**02. Discipline.** If the Board determines that a licensed midwife has engaged in unprofessional conduct, it may impose discipline against the licensed midwife that includes, without limitation, the following: (3-31-22)T

**a.** Require that a licensed midwife practice midwifery under the supervision of another health care provider. The Board may specify the nature and extent of the supervision and may require the licensed midwife to

enter into a consultation, collaboration, proctoring, or supervisory agreement, written or otherwise, with the other health care provider; (3-31-22)T

**b.** Suspend or revoke a license; (3-31-22)T

**c.** Impose a civil fine not to exceed one thousand dollars (\$1,000) for each violation of the Board's laws and rules; and (3-31-22)T

**d.** Order payment of the costs and fees incurred by the Board for the investigation and prosecution of the violation of the Board's laws and rules. (3-31-22)T

**451. -- 999. (RESERVED)**

**24.27.01 – RULES OF THE IDAHO STATE BOARD OF MASSAGE THERAPY**

**000. LEGAL AUTHORITY.**

These rules are promulgated pursuant to Section 54-4007, Idaho Code. (3-31-22)T

**001. SCOPE.**

These rules regulate the profession of massage therapy. (3-31-22)T

**002. -- 009. (RESERVED)**

**010. DEFINITIONS.**

**01. Approved Massage Program.** A massage therapy program conducted by an entity that is registered with the Idaho State Board of Education pursuant to Chapter 24, Title 33, Idaho Code, or with a comparable authority in another state, and that meets the entry-level educational requirements as set forth in Section 600 of these rules. (3-31-22)T

**02. Clinical Work.** Supervised, hands-on training in a classroom setting. (3-31-22)T

**03. Code of Ethics.** The Idaho Code of Ethics for Massage Therapy attached to these rules as Appendix A. (3-31-22)T

**04. Standards of Practice.** The Standards of Practice of Massage Therapy attached to these rules as Appendix B. (3-31-22)T

**011. -- 199. (RESERVED)**

**200. APPLICATION.**

**01. Filing an Application.** Applicants for licensure must submit a complete application, verified under oath, to the Board at its official address. The application must be on the forms approved by the Board and submitted together with the appropriate fee(s) and supporting documentation. (3-31-22)T

**02. Supplemental Documents.** The applicant must provide or facilitate the provision of any supplemental third party documents that may be required under the qualifications for the license being sought. (3-31-22)T

**201. -- 249. (RESERVED)**

**250. FEES.**

All fees are non-refundable except that, if a license is not issued, the license fee will be refunded

FEE TYPE	AMOUNT (Not to Exceed)
Application	\$50
Original License	\$65
Annual Renewal	\$65
License by Endorsement	\$75
Temporary License	\$25
Provisional Permit	\$25
Reinstatement	As provided in Section 67-2614, Idaho Code
Examination	Established by Administrator

(3-31-22)T

**251. -- 299. (RESERVED)**

**300. REQUIREMENTS FOR ORIGINAL LICENSURE.**

The Board may grant a license to an applicant for licensure who completes an application as set forth in Section 200 of these rules and meets the following general, education, and examination requirements: (3-31-22)T

**01. General.** (3-31-22)T

**a.** An applicant must provide evidence of being at least eighteen (18) years of age. (3-31-22)T

**b.** An applicant must certify that he/she has not been found guilty, convicted, received a withheld judgment, or suspended sentence for a felony or a crime involving moral turpitude, or if the applicant has been found guilty, convicted, received a withheld judgment, or suspended sentence for such a crime, the applicant must submit a written statement of suitability for licensure as set forth in Section 306 of these rules. (3-31-22)T

**c.** An applicant must certify that he/she has not been convicted of a crime under any municipal, state, or federal narcotic or controlled substance law, or if the applicant has been convicted of such a crime, the applicant must submit a written statement of suitability for licensure as set forth in Section 306 of these rules. (3-31-22)T

**d.** An applicant must certify that their license has not been subject to any disciplinary action by a regulatory entity in another state, territory or country including, but not limited to, having an application for licensure denied. If the applicant or their license has been subject to discipline, the applicant must submit a written statement of suitability for licensure as set forth in Section 306 of these rules. (3-31-22)T

**301. -- 304. (RESERVED)**

**305. APPROVED EXAMINATIONS.**

Approved examinations are the following examinations or another nationally recognized competency examination in massage therapy that is approved by the Board. (3-31-22)T

**01. Approved Examinations.** (3-31-22)T

**a.** Massage and Bodywork Licensing Examination (MBLEx) as administered by the Federation of State Massage Therapy Boards (FSMTB); (3-31-22)T

**b.** National Certification Examination for Therapeutic Massage and Bodywork (NCETMB) or National Certification Examination for Therapeutic Massage (NCETM) as administered by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB), if taken before February 1, 2015. (3-31-22)T

**c.** Other nationally recognized competency examinations in massage therapy that are approved by the Board. A written request for approval must be submitted to the Board together with supporting documentation as may be requested by the Board. (3-31-22)T

**02. Successful Passage.** A passing score, or successful passage of the exam, will be determined by the entity administering the exam. (3-31-22)T

**03. Date of Exam.** The passage of the exam may have occurred prior to the effective date of these rules. (3-31-22)T

**306. WRITTEN STATEMENT OF SUITABILITY FOR LICENSURE.**

An applicant who or whose license has a conviction, finding of guilt, withheld judgment, or suspended sentence for a felony or crime involving moral turpitude, has a conviction for any crime under any municipal, state, or federal narcotic or controlled substance law, or has been subject to discipline in another state, territory or country must submit with his application a written statement and any supplemental information establishing his current suitability for licensure. (3-31-22)T

**01. Consideration of Factors and Evidence.** The Board considers the factors set forth in Section 67-9411, Idaho Code. (3-31-22)T

**02. Interview.** The Board may, at its discretion, grant an interview of the applicant. (3-31-22)T

**03. Applicant Bears the Burden.** The applicant bears the burden of establishing his current suitability for licensure. (3-31-22)T

**307. -- 309. (RESERVED)**

**310. REQUIREMENTS FOR LICENSURE BY ENDORSEMENT.**

The Board may grant a license to an applicant for licensure by endorsement who completes an application as set forth in Section 200 and meets the following requirements: (3-31-22)T

**01. Holds a Current License.** The applicant must be the holder of a current active license or certificate in good standing in the profession, and at the level for which a license is being sought, issued by the authorized regulatory entity in another state. The state must have licensing or certification requirements substantially equivalent to or higher than those required for new applicants in Idaho. The certification of licensure or certification must be received by the Board from the issuing agency; (3-31-22)T

**02. Has Not Been Disciplined.** The applicant or his/her license must have not been voluntarily surrendered, revoked, or suspended by any regulatory entity. The Board may consider an applicant who, or whose license, has been restricted, denied, sanctioned, or otherwise disciplined. If the applicant or his/her license has been subject to discipline, the applicant must submit a written statement of suitability for licensure as set forth in Section 306 of these rules; (3-31-22)T

**03. Is of Good Moral Character.** The applicant must not have been found guilty, convicted, received a withheld judgment, or suspended sentence for any felony or any crime involving moral turpitude. If the applicant has been found guilty, convicted, received a withheld judgment, or suspended sentence for such a crime the applicant must submit a written statement of suitability for licensure as set forth in Section 306 of these rules; and (3-31-22)T

**04. Has Not Been Convicted of a Drug Offense.** The applicant must not have been convicted of any crime under any municipal, state, or federal narcotic or controlled substance law. If the applicant has been convicted of such a crime, the applicant must submit a written statement of suitability for licensure as set forth in Section 306 of these rules. (3-31-22)T

**311. -- 319. (RESERVED)**

**320. TEMPORARY LICENSE.**

**01. General.** Any person who has submitted to the Board a complete application for licensure by examination under Section 54-4009, Idaho Code, or by endorsement under Section 54-4010, Idaho Code, together with the required fees, may apply for a temporary license to practice massage therapy while their application is being processed by the Board. (3-31-22)T

**02. Duration.** An applicant will be issued only one (1) temporary license that will be valid for a period not to exceed four (4) months or until the Board acts upon the licensure application, whichever occurs first. (3-31-22)T

**321. -- 329. (RESERVED)**

**330. PROVISIONAL PERMIT.**

Upon application to the Board and payment of the required fees, an applicant may be issued a provisional permit to practice massage therapy if the applicant meets all the requirements for licensure under section 54-4009, Idaho Code, except for having successfully passed a nationally recognized competency examination in massage therapy that is approved by the Board as described in Subsection 305.01. (3-31-22)T

**01. General.** A provisional permit will be issued subject to the following conditions: (3-31-22)T

**a.** The applicant must certify that the applicant will take the next scheduled examination for licensure

approved by the Board, and that the applicant has not failed two (2) previous examinations for licensure; and (3-31-22)T

**b.** A licensed massage therapist certifies to the Board that the applicant will practice massage therapy only under the supervision of the licensed massage therapist while both are in the same location. (3-31-22)T

**02. Duration and Renewal.** An applicant will be issued only one (1) provisional permit that is valid for a period not to exceed six (6) months or until the applicant is issued a temporary license or the Board acts upon the massage therapist license application, whichever occurs first. A provisional permit may only be renewed once upon a showing of good cause. (3-31-22)T

**331. -- 399. (RESERVED)**

**400. RENEWAL OR EXPIRATION OF LICENSE.**

A license expires on the license holder's birth date. The individual must annually renew the license before the license holder's birth date. Licenses not so renewed will be immediately canceled in accordance with Section 67-2614, Idaho Code. (3-31-22)T

**01. Renewal.** A license must be renewed before it expires by submitting a complete application for renewal on forms approved by the Board together with the renewal fee. As part of a complete renewal application, the licensee will attest to completion of the required continuing education pursuant to Section 500 of these rules. False attestation of satisfaction of the continuing education requirements on a renewal application subjects the licensee to disciplinary action, including revocation. (3-31-22)T

**02. Reinstatement.** A license that has been canceled for failure to renew may be reinstated in accordance with Section 67-2614, Idaho Code. (3-31-22)T

**a.** Within five (5) years of cancellation, an applicant seeking reinstatement must submit to the Board evidence that the applicant has completed the required continuing education together with a complete renewal application and appropriate fee(s). (3-31-22)T

**i.** The applicant must submit evidence of completion of continuing education hours totaling the hours required at the time of cancellation and for each year the license was canceled. (3-31-22)T

**ii.** The applicant must pay a reinstatement fee as set forth in Section 250 of these rules. (3-31-22)T

**b.** After five (5) years of cancellation, the applicant will be treated as a new applicant, and application must be made on the same forms and in the same manner as an application for an original license in accordance with Section 200 of these rules. (3-31-22)T

**401. -- 499. (RESERVED)**

**500. CONTINUING EDUCATION.**

All licensees must comply with the following continuing education requirements: (3-31-22)T

**01. Requirement.** Beginning with the second renewal of their license, a licensee is required to complete a minimum of six (6) hours of continuing education, which includes one (1.0) hour in ethics, within the preceding twelve (12) months that meet the requirements in Sections 501, 502 and 503 of these rules. (3-31-22)T

**a.** An hour is defined as fifty (50) minutes out of each sixty (60) minute segment. (3-31-22)T

**b.** Continuing education credit will only be given for actual time in attendance or for the time spent participating in the educational activity. (3-31-22)T

**c.** The educational course setting may include a classroom, conference, seminar, on-line or a virtual classroom. (3-31-22)T

**d.** If the licensee completes two (2) or more courses having substantially the same content during any one (1) renewal period, the licensee will only receive continuing education credit for one (1) of the courses. (3-31-22)T

**02. Documentation.** Each licensee must maintain documentation verifying continuing education course attendance and curriculum, or completion of the educational activity for a period of five (5) years from the date of completion. This documentation will be subject to audit by the Board. (3-31-22)T

**a.** Documented evidence of meeting the continuing education course requirement must be in the form of a certificate or letter from the sponsoring entity that includes verification of attendance by the licensee, the title of the activity, the subject material covered, the dates and number of hours credited, and the presenter's full name and professional credentials. Documented evidence of completing a continuing education activity must be in such form as to document both completion and date of the activity. (3-31-22)T

**b.** A licensee must submit the verification documentation to the Board, if requested by the Board. In the event a licensee fails to provide the Board with acceptable documentation of the hours attested to on the renewal application, the licensee may be subject to disciplinary action. (3-31-22)T

**03. Waiver.** The Board may waive the requirements of this rule for reasons of individual hardship, including health or other good cause. The licensee should request the waiver in advance of renewal and must provide any information requested by the Board to assist in substantiating hardship cases. This waiver is granted at the sole discretion of the Board. (3-31-22)T

**04. Carryover of Continuing Education Hours.** Continuing education hours not claimed in the current renewal year may be claimed in the next renewal year. A maximum of six (6) hours may be carried forward from the immediately preceding year, and may not be carried forward more than one renewal year. (3-31-22)T

**05. Exemption.** A licensee is exempt from the continuing education requirements under this Section for the period between the initial issuance of the original license and the first expiration date of that license. (3-31-22)T

**501. APPROVAL OF CONTINUING EDUCATION COURSES.**

Approved continuing education courses are those courses and programs that meet the requirements of these rules, and are approved, sponsored, or provided by the following entities or organizations, or otherwise approved by the Board: (3-31-22)T

**01. A College or University.** Accredited by a nationally recognized accrediting agency as recognized by the United States Secretary of Education; (3-31-22)T

**02. Federal, State or Local Governmental Entities;** and (3-31-22)T

**03. National and State Massage Therapy Associations.** (3-31-22)T

**04. Provider Course Approval.** Other courses may be approved by the Board based upon documentation submitted by a continuing education provider. Requests for approval of courses made by the provider must be submitted on a form approved by the Board that includes: (3-31-22)T

**a.** The nature and subject of the course and its relevancy to the practice of massage therapy; (3-31-22)T

**b.** The name of instructor(s) and their qualifications; (3-31-22)T

**c.** The date, time and location of the course; (3-31-22)T

**d.** The specific agenda for the course; (3-31-22)T

**e.** The number of continuing education hours requested; (3-31-22)T



- f. The procedures for verification of attendance; and (3-31-22)T
- g. Other information as may be requested by the Board. (3-31-22)T
- h. Upon review of all information requested, the Board may deny any request for a course that does not meet the requirements of Idaho law or rule. Board approval of a course will be granted for a period not to exceed five (5) years, or until the course materials or instructors are changed, whichever may occur first. (3-31-22)T

**05. Licensee Course Approval.** Other courses may be approved by the Board based upon documentation submitted by the licensee. All requests for approval must be made to the Board in writing and include the nature and subject of the course and its relevancy to the practice of massage therapy, name of instructor(s) and their qualifications, date, time and location of the course, and procedures for verification of attendance. (3-31-22)T

**502. CONTINUING EDUCATION ACTIVITIES.**

The following educational activities qualify for continuing education as set forth: (3-31-22)T

**01. Teaching a Course For The First Time, Not to Exceed Six Hours.** A report must be submitted, including the name of the course, course outline, qualifications for teaching, number of hours taught, number of participants taught, date and location of the training. (3-31-22)T

**02. Publishing Articles or Books.** The hours awarded as determined at the discretion of the Board. (3-31-22)T

**03. Self Study.** Using books, audio tapes, video tapes, DVD's, research materials, professional publications, online sources, and/or other electronic sources/methods documented by a type-written two-page report summarizing the study content. (3-31-22)T

**503. CONTENT OF CONTINUING EDUCATION.**

The content of continuing education activities and course content must be germane to the practice of massage therapy as defined in Section 54-4002, Idaho Code, and courses in ethics must also be specific to legal issues, law, standards of practice, or ethics. (3-31-22)T

**01. Continuing Education.** Content germane to the practice of massage therapy includes, but is not limited to: (3-31-22)T

**a.** Applications of massage and bodywork therapy for specific needs, conditions, or client populations. (3-31-22)T

**b.** Client assessment protocols, skills for client record keeping, strategies for interfacing with other health care providers. (3-31-22)T

**c.** Use of external agents such as water, sound, heat, cold, or topical applications of plant or mineral-based substances. (3-31-22)T

**d.** Body-centered or somatic psychology, psychophysiology, or interpersonal skills which may include communication skills, boundary functions, dual relationships, transference, counter-transference, and projection. (3-31-22)T

**e.** Standards of practice, professional ethics, or state laws. (3-31-22)T

**f.** Strategies for the marketing of massage and bodywork therapy practices. (3-31-22)T

**g.** Theory or practice of ergonomics as applied to therapists or clients. (3-31-22)T

**h.** Hygiene, methods of infectious disease control, organization and management of the treatment environment. (3-31-22)T

i. Body sciences, which may include anatomy, physiology, kinesiology or pathology, as they apply to massage therapy. (3-31-22)T

j. Certified CPR or first aid training. (3-31-22)T

**504. -- 599. (RESERVED)**

**600. EDUCATIONAL PROGRAM STANDARDS.**

Approved educational programs are those programs conducted by an entity that meet the definition in Section 010 and that consist of a minimum of five hundred (500) hours of in-class supervised hours of coursework and clinical work that meets the following entry-level educational standards: (3-31-22)T

**01. Coursework Content and Hours.** Coursework must include the following content areas and minimum hours: (3-31-22)T

a. Two hundred (200) hours in massage and bodywork assessment, theory, and application; (3-31-22)T

b. One hundred twenty-five (125) hours in body systems including anatomy, physiology, and kinesiology; (3-31-22)T

c. Forty (40) hours in pathology; (3-31-22)T

d. Twenty-five (25) hours in business and ethics; and (3-31-22)T

**02. Clinical Work.** A minimum of one hundred ten (110) hours must be clinical work. (3-31-22)T

a. Students are not permitted to render any clinical services to clients until students have completed at least twenty percent (20%) of the required hours of instruction. (3-31-22)T

b. All clinical services must be performed under the supervision of a person fully licensed. (3-31-22)T

**601. SUPERVISION.**

**01. Supervision of Clinical Work.** The supervising massage therapist must consult with the student, evaluate student performance and be physically present and available to render direction in person and on the premises where massage therapy is being provided. (3-31-22)T

**02. Supervision of Fieldwork.** The supervising massage therapist must be available to render direction either in person or by means of telecommunications but is not required to be physically present on the premises where massage therapy is being provided. (3-31-22)T

**602. -- 699. (RESERVED)**

**700. SCOPE OF PRACTICE.**

All licensees must practice in a competent manner consistent with their level of education, training, and experience. (3-31-22)T

**701. -- 749. (RESERVED)**

**750. STANDARDS OF PRACTICE.**

All licensees must comply with the Idaho Standards of Practice for Massage Therapy as approved by the Board and attached as Appendix B. (3-31-22)T

**751. -- 799. (RESERVED)**

**800. CODE OF ETHICS.**

All licensees must comply with the Code of Ethics for Massage Therapy as approved by the Board and attached to these rules as Appendix A. (3-31-22)T

**801. -- 899. (RESERVED)**

**900. DISCIPLINE.**

If the Board determines that grounds for discipline exist for violations of Title 54, Chapter 40, Idaho Code, violations of these rules, or both, it may impose disciplinary sanctions against the licensee including, without limitation, any or all of the following: (3-31-22)T

- 01. Refuse License.** Refuse to issue, renew, or reinstate a license; (3-31-22)T
- 02. Revoke License.** Revoke or suspend the licensee's license(s); (3-31-22)T
- 03. Restrict License.** Condition, restrict, or limit the licensee's practice, license, or both; (3-31-22)T
- 04. Administrative Fine.** Impose an administrative fine not to exceed one thousand dollars (\$1,000) for each violation of the Board's laws or rules; and (3-31-22)T
- 05. Licensee Costs.** Order a licensee to pay the costs and fees incurred by the Board in the investigation, prosecution, or both, of the licensee for violation(s) of the Board's laws, rules, or both. (3-31-22)T

**901. -- 999. (RESERVED)**

**IDAHO BOARD OF MASSAGE THERAPY CODE OF ETHICS -- APPENDIX A**

Preamble: This Code of Ethics is a summary statement of the standards of conduct that define ethical practice of massage therapy. All licensees are responsible for maintaining and promoting ethical practice.

A licensee shall:

- 1.** Conduct all business and professional activities honestly and within their scope of practice and all applicable legal and regulatory requirements.
- 2.** Inform clients of the limitations of the licensee's practice, the limitations of massage therapy, and the contraindications for massage therapy.
- 3.** Refer the client to other professionals or services if the treatment or service is beyond the licensee's scope of practice.
- 4.** Not engage in any sexual conduct, sexual activities, or sexualizing behavior involving a client, even if the client attempts to sexualize the relationship. Sexual activity includes any verbal and/or nonverbal behavior for the purpose of soliciting, receiving, or giving sexual gratification.
- 5.** Be truthful in advertising and marketing, and not misrepresent services, charges for services, credentials, training, experience or results.
- 6.** Safeguard the confidentiality of all client information, unless disclosure is requested by the client in writing or as allowed or required by law.
- 7.** Obtain informed and voluntary consent from clients.
- 8.** Allow a client the right to refuse, modify or terminate treatment regardless of prior consent given.

9. Provide draping and treatment in a way that ensures the safety, comfort, and privacy of the client.
10. Possess the right to refuse to treat any person or part of the body.
11. Refuse any gifts or benefits that are intended to influence a referral, decision, treatment or the professional relationship between the licensee and the client.
12. Report to the Idaho Board of Massage Therapy any unlicensed practice of massage therapy, and any evidence indicating unethical, incompetent or illegal acts committed by a licensee or individual.
13. Do no harm to the physical, mental, and emotional well being of clients.

**IDAHO BOARD OF MASSAGE THERAPY STANDARDS OF PRACTICE --  
APPENDIX B**

**Standard I: Professionalism**

In his/her professional role the licensee shall:

1. Cooperate with any Board investigation regarding any alleged violation of the Massage Therapy law or rules.
2. Use professional verbal, nonverbal, and written communications.
3. Provide an environment that is safe for the client and which meets all legal requirements for health and safety.
4. Use standard precautions to ensure professional hygienic practices and maintain a level of personal hygiene appropriate for practitioners in the therapeutic setting.
5. Wear clothing that is clean and professional.
6. Obtain voluntary and informed consent from the client, or written informed consent from client's legal guardian, prior to initiating the treatment plan.
7. If applicable, conduct an accurate needs assessment, develop a plan of care with the client, and update the plan as needed.
8. Use appropriate draping to protect the client's physical and emotional privacy. When clients remain dressed for seated massage or sports massage, draping is not required.
9. Not practice under the influence of alcohol, drugs, or any illegal substances, with the exception of legal or prescribed dosage of medication which does not impair the licensee.

**Standard II: Legal and Ethical Requirements**

In his/her professional role the licensee shall:

1. Maintain accurate and complete client billing and records. Client Records includes notes written by a licensee and kept in a separate client file that indicates the date of the session, areas of complaint as stated by client, and observations made and actions taken by the licensee.
2. Report within thirty (30) days to the Idaho Board of Massage Therapy any felony or misdemeanor

criminal convictions of the licensee.

**Standard III: Confidentiality**

In his/her professional role the licensee shall:

1. Protect the confidentiality of the client's identity in conversations, all advertisements, and any and all other matters unless disclosure of identifiable information is requested or permitted by the client in writing or is required or allowed by law.
2. Protect the interests of clients who are minors or clients who are unable to give voluntary and informed consent by securing written informed consent from an appropriate third party or guardian.
3. Solicit only information that is relevant or reasonable to the professional relationship.
4. Maintain the client files for a minimum period of seven (7) years.
5. Store and dispose of client files in a secure manner.

**Standard IV: Business Practices**

In his/her professional role the licensee shall:

1. Not use sensational, sexual, or provocative language and/or pictures to advertise or promote their business.
2. Display/discuss a schedule of fees in advance of the session that is clearly understood by the client or potential client.
3. Make financial arrangements in advance that are clearly understood by, and safeguard the best interests of, the client or consumer.

**Standard V: Roles and Boundaries**

In his/her professional role the licensee shall:

1. Not participate in client relationships that could impair professional judgment or result in exploitation of the client.

**Standard VI: Prevention of Sexual Misconduct**

In his/her professional role the licensee shall:

1. Not engage in any behavior that sexualizes, or appears to sexualize, the client/licensee relationship.
2. Not participate in a sexual relationship or sexual conduct with the client, whether consensual or otherwise, from the beginning of the client/licensee relationship and for a minimum of twelve (12) months after the termination of the client/licensee relationship.
3. In the event that the client initiates sexual behavior, clarify the purpose of the therapeutic session and, if such conduct does not cease, terminate or refuse the session.

## 24.31.01 – RULES OF THE IDAHO STATE BOARD OF DENTISTRY

### 000. LEGAL AUTHORITY.

This Chapter is adopted under the legal authority of Chapter 9, Title 54, Idaho Code. (3-31-22)T

### 001. SCOPE.

The rules constitute the minimum requirements for licensure and regulation of dentists, dental hygienists, and dental therapists. (3-31-22)T

### 002. INCORPORATION BY REFERENCE.

Pursuant to Section 67-5229, Idaho Code, this chapter incorporates by reference the following documents: (3-31-22)T

#### 01. Professional Standards. (3-31-22)T

a. AAOMS, Office Anesthesia Evaluation Manual, 8th Edition, 2012. (3-31-22)T

b. CDC, Guidelines for Infection Control in Dental Health-Care Settings, 2003. (3-31-22)T

c. ADA, Principles of Ethics, Code of Professional Conduct and Advisory Opinions, January 2009. (3-31-22)T

d. ADHA Hygienists' Association, Standards for Clinical Dental Hygiene Practice, 2016. (3-31-22)T

### 003. -- 009. (RESERVED)

### 010. DEFINITIONS AND ABBREVIATIONS.

01. ACLS. Advanced Cardiovascular Life Support or Pediatric Advanced Life Support. (3-31-22)T

02. ADA. American Dental Association. (3-31-22)T

03. ADHA. American Dental Hygienists Association. (3-31-22)T

04. AAOMS. American Association of Oral and Maxillofacial Surgeons. (3-31-22)T

05. BLS. Basic Life Support. (3-31-22)T

06. CDC. Centers for Disease Control and Prevention. (3-31-22)T

07. CODA. Commission on Dental Accreditation. (3-31-22)T

08. **Deep Sedation.** A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilator function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained. (3-31-22)T

09. **Enteral.** Administration of a drug in which the agent is absorbed through the gastrointestinal tract or mucosa. (3-31-22)T

10. EPA. United States Environmental Protection Agency. (3-31-22)T

11. **General Anesthesia.** A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilator function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. (3-31-22)T

12. **Inhalation.** Administration of a gaseous or volatile agent introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface. (3-31-22)T

13. **Local Anesthesia.** The elimination of sensation, especially pain, in one (1) part of the body by the topical application or regional injection of a drug. (3-31-22)T

**14. Minimal Sedation.** A minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilator and cardiovascular functions are unaffected. In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. Further, patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation. (3-31-22)T

**15. Moderate Sedation.** A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. (3-31-22)T

**16. Monitor or Monitoring.** The direct clinical observation of a patient during the administration of sedation by a person trained to observe the physical condition of the patient and capable of assisting with emergency or other procedures. (3-31-22)T

**17. NBDE.** National Board Dental Examination. (3-31-22)T

**18. NBDHE.** National Board Dental Hygiene Examination. (3-31-22)T

**19. Operator.** The supervising dentist or another person who is authorized by these rules to induce and administer sedation. (3-31-22)T

**20. Parenteral.** Administration of a drug which bypasses the gastrointestinal tract [i.e., intramuscular, intravenous, intranasal, submucosal, subcutaneous, intraosseous]. (3-31-22)T

**21. Sedation.** The administration of minimal, moderate, and deep sedation and general anesthesia. (3-31-22)T

**011. APPLICATION AND LICENSE FEES.**

Application fees are not refunded. A license shall not be issued or renewed unless fees have been paid. License fees are prorated from date of initial licensure to the next successive license renewal date. The application fees and license fees are as follows:

License/Permit Type	Application Fee	License/Permit Fee
Dentist/Dental Specialist	\$300	Active Status: \$375 Inactive Status: \$160
Dental Hygienist	\$150	Active Status: \$175 Inactive Status: \$85
Dental Therapist	\$200	Active Status: \$250 Inactive Status: \$125
Sedation Permit	\$300	\$300

(3-31-22)T

**012. EXAMINATIONS FOR LICENSURE.**

**01. Written Examination.** Successful completion of the NBDE may be required of all applicants for a license to practice dentistry or a dental specialty. Successful completion of the NBDHE may be required of all applicants for a license to practice dental hygiene. Dental therapists must successfully complete a board-approved written examination. Any other written examination will be specified by the Board. (3-31-22)T

**02. Clinical Examination.** All applicants for a license to practice general dentistry, dental hygiene or dental therapy are required to pass a Board-approved clinical examination upon such subjects as specified by the Board. Applicants for dental hygiene and dental therapy licensure must pass a clinical local anesthesia examination. Clinical examination results will be valid for licensure by examination for a period of (5) five years from the date of successful completion of the examination. (3-31-22)T

**013. REQUIREMENTS FOR LICENSURE.**

Applicants for licensure to practice dentistry must furnish proof of graduation from a school of dentistry accredited by CODA at the time of applicant's graduation. Applicants for licensure to practice dental hygiene must furnish proof of graduation from a dental hygiene program accredited by CODA at the time of applicant's graduation. Applicants for licensure to practice dental therapy must furnish proof of graduation from a dental therapy program accredited by CODA at the time of applicant's graduation. (3-31-22)T

**014. REQUIREMENT FOR BLS.**

Applicants for initial licensure will provide proof of current BLS certification. Practicing licensees must maintain current BLS certification. (3-31-22)T

**015. CONTINUING EDUCATION REQUIREMENTS.**

A licensee renewing an active status license shall report 30 oral health/health-related continuing education hour credits to the Board of verifiable CE or volunteer practice. (3-31-22)T

**016. – 020. (RESERVED)**

**021. PROVISIONAL LICENSURE.**

This type of license may be granted at the Board's discretion to applicants with active practice within the previous (2) years, current license in good standing in another state, and evidence of not failing an exam given by the Board. (3-31-22)T

**022. VOLUNTEER DENTAL HYGIENE SERVICES.**

A person holding an unrestricted active status dental hygiene license issued by the Board may provide dental hygiene services in an extended access oral health care setting without being issued an extended access license endorsement. The dental hygiene services performed are limited to oral health screening and patient assessment, preventive and oral health education, preparation and review of health history, non-surgical periodontal treatment, oral prophylaxis, the application of caries preventive agents including fluoride, the application of pit and fissure sealants with recommendation that the patient will be examined by a dentist; (3-31-22)T

**023. DENTAL HYGIENISTS – LICENSE ENDORSEMENTS.**

The Board may grant license endorsements to qualified dental hygienists as follows: (3-31-22)T

**01. Extended Access Endorsement.** Upon application, the Board may grant an extended access endorsement to a person holding an unrestricted active status dental hygienist's license issued by the Board who provides satisfactory proof that all of the following requirements are met: (3-31-22)T

**a.** The person has been licensed as a dental hygienist during the two (2) year period immediately prior to the date of application for an extended access endorsement; (3-31-22)T

**b.** For a minimum of one thousand (1000) total hours within the previous two (2) years, the person has either been employed as a dental hygienist in supervised clinical practice or has been engaged as a clinical practice educator in an approved dental hygiene school; (3-31-22)T

**c.** The person has not been disciplined by the Board or another licensing authority upon grounds that bear a demonstrable relationship to the ability of the dental hygienist to safely and competently practice under general supervision in an extended access oral health care setting; and (3-31-22)T

**d.** Any person holding an unrestricted active status dental hygienist's license issued by the Board who is employed as a dental hygienist in an extended access oral health care setting in this state may be granted an extended access endorsement without being required to satisfy the experience requirements specified in this rule.



(3-31-22)T

**02. Extended Access Restorative Endorsement.** Notwithstanding any other provision of these rules, a qualified dental hygienist holding an extended access restorative endorsement may perform specified restorative functions under the direct supervision of a dentist in an extended access oral health care setting. Permissible restorative functions under this endorsement are limited to the placement of a restoration into a tooth prepared by a dentist and the carving, contouring and adjustment of the contacts and occlusion of the restoration. Upon application, the Board may grant an extended access restorative endorsement to a person holding an unrestricted active status dental hygienist's license issued by the Board who provides satisfactory proof that the following requirements are met: (3-31-22)T

**a.** The person has successfully completed the Western Regional Examining Board's restorative examination or an equivalent restorative examination approved by the Board; and (3-31-22)T

**b.** The person has not been disciplined by the Board or another licensing authority upon grounds that bear a demonstrable relationship to the ability of the dental hygienist to safely and competently practice under in an extended access oral health care setting. (3-31-22)T

**03. Renewal.** Upon payment of the appropriate license fee and completion of required CE credits specified for a license endorsement, a person meeting all other requirements for renewal of a license to practice dental hygiene is also entitled to renewal of a license endorsement for the effective period of the license. An endorsement immediately expires and is cancelled at such time as a person no longer holds an unrestricted active status dental hygienist's license issued by the Board or upon a person's failure to complete the required CE. (3-31-22)T

#### **024. LICENSURE OF DENTAL SPECIALISTS.**

**01. Requirements for Specialty Licensure.** Each applicant for specialty licensure must have graduated from a CODA accredited dental school and hold a license to practice general dentistry in the state of Idaho or another state. The Board may grant licensure in specialty areas of dentistry for which a dentist has completed a CODA accredited postdoctoral advanced dental education program of at least two full-time academic years. (3-31-22)T

**02. Examination.** Specialty licensure in those specialties recognized may be granted solely at the discretion of the Board. An examination covering the applicant's chosen field may be required and, if so, will be conducted by the Board or a testing agent. Applicants who have met the requirements for licensure as a specialist may be required to pass an examination as follows: (3-31-22)T

**a.** Applicants who have passed a general licensure examination acceptable to the Board may be granted specialty licensure by Board approval. (3-31-22)T

**b.** Applicants who have passed a general licensure examination not acceptable to the Board may be required to pass a specialty examination. (3-31-22)T

**c.** Applicants who are certified by the American Board of that particular specialty as of the date of application for specialty licensure may be granted specialty licensure by Board approval. (3-31-22)T

**03. Limitation of Practice.** No dentist may announce or otherwise hold himself out to the public as a specialist unless he has first complied with the requirements established by the Board for such specialty and has been issued a specialty license authorizing him to do so. Any individual granted a specialty license must limit his practice to the specialty(s) in which he is licensed. (3-31-22)T

#### **025. SPECIALTY ADVERTISING.**

The specialty advertising rules are intended to allow the public to be informed about dental specialties and to require appropriate disclosures to avoid misperceptions on the part of the public. (3-31-22)T

**01. Recognized Specialty License.** An advertisement may not state that a licensee is a specialist unless the licensee has been granted a license in that specialty area of dental practice by the Board. Use of words or terms in

advertisements such as “Specialist,” “Board Certified,” “Diplomate,” “Practice Limited To,” and “Limited To Specialty Of” shall be prima facie evidence that the licensee is holding himself out to the public as a licensed specialist in a specialty area of dental practice. (3-31-22)T

**02. Disclaimer.** A licensee who has not been granted a specialty license by the Board may advertise as being qualified in a recognized specialty area of dental practice so long as each such advertisement, regardless of form, contains a prominent, clearly worded disclaimer that the licensee is “licensed as a general dentist” or that the specialty services “will be provided by a general dentist.” Any disclaimer in a written advertisement must be in the same font style and size as that in the listing of the specialty area. (3-31-22)T

**03. Unrecognized Specialty.** A licensee may not advertise as being a specialist in or as specializing in any area of dental practice which is not a Board recognized and licensed specialty area unless the advertisement, regardless of form, contains a prominent, clearly worded disclaimer that the advertised area of dental practice is not recognized as a specialty area of dental practice by the Idaho Board of Dentistry. Any disclaimer in a written advertisement shall be in the same font style and size as that in the listing of the specialty area. (3-31-22)T

**026. PATIENT RECORDS.**

A record must be maintained for each person receiving dental services, regardless of whether any fee is charged. Records must be in the form of an acronym such as “PARQ” (Procedure, Alternatives, Risks and Questions) or “SOAP” (Subjective Objective Assessment Plan) or their equivalent. Patient records must be maintained for no less than seven (7) years from the date of last entry unless: the patient requests the records be transferred to another dentist who will maintain the records, the dentist gives the records to the patient, or the dentist transfers the dentist's practice to another dentist who will maintain the records. (3-31-22)T

**027. – 030. (RESERVED)**

**031. INFECTION CONTROL.**

In determining what constitutes unacceptable patient care with respect to infection control, the Board may consider current infection control guidelines such as those of the CDC. Additionally, licensees and dental assistants must comply with the following requirements: (3-31-22)T

**01. Gloves, Masks, and Eyewear.** Disposable gloves must be worn whenever placing fingers into the mouth of a patient or when handling blood or saliva contaminated instruments or equipment. Appropriate hand hygiene must be performed prior to gloving. Masks and protective eyewear or chin-length shields must be worn when spattering of blood or other body fluids is likely. (3-31-22)T

**02. Instrument Sterilization.** Between each patient use, instruments and other equipment that come in contact with body fluids must be sterilized. (3-31-22)T

**03. Sterilizing Devices Testing.** Heat sterilizing devices must be tested for proper function by means of a biological monitoring system that indicates micro-organisms kill. Devices must be tested each calendar week in which scheduled patients are treated. Testing results must be retained by the licensee for the current calendar year and the two (2) preceding calendar years. (3-31-22)T

**04. Non-Critical Surfaces.** Environmental surfaces that are contaminated by blood or saliva must be disinfected with an EPA registered hospital disinfectant. (3-31-22)T

**05. Clinical Contact Surfaces.** Impervious backed paper, aluminum foil, or plastic wrap should be used to cover surfaces that may be contaminated by blood or saliva. The cover must be replaced between patients. If barriers are not used, surfaces must be cleaned and disinfected between patients by using an EPA registered hospital disinfectant. (3-31-22)T

**06. Disposal.** All contaminated wastes and sharps must be disposed of according to any governmental requirements. (3-31-22)T

**032. EMERGENCY MEDICATIONS OR DRUGS.**

The following emergency medications or drugs are required in all sites where anesthetic agents of any kind are

administered: anti-anaphylactic agent, antihistaminic, aspirin, bronchodilator, coronary artery vasodilator, and glucose. (3-31-22)T

**033. DENTAL HYGIENISTS – PRACTICE.**

Dental hygienists are hereby authorized to perform the activities specified below: (3-31-22)T

**01. General Supervision.** A dental hygienist may perform specified duties under general supervision as follows: (3-31-22)T

**a.** Oral prophylaxis (removal of stains and plaque biofilm and if present, supragingival and/or subgingival calculus); (3-31-22)T

**b.** Medical history assessments and intra-oral and extra-oral assessments (including charting of the oral cavity and surrounding structures, taking case histories and periodontal assessment); (3-31-22)T

**c.** Developing patient care plans for prophylaxis, non-surgical periodontal therapy and supportive and evaluative care in accordance with the treatment parameters set by supervising dentist; (3-31-22)T

**d.** Root planing; (3-31-22)T

**e.** Non-surgical periodontal therapy; (3-31-22)T

**f.** Closed subgingival curettage; (3-31-22)T

**g.** Administration of local anesthesia; (3-31-22)T

**h.** Removal of marginal overhangs (use of high speed handpieces or surgical instruments is prohibited); (3-31-22)T

**i.** Application of topical antibiotics or antimicrobials (used in non-surgical periodontal therapy); (3-31-22)T

**j.** Provide patient education and instruction in oral health education and preventive techniques; (3-31-22)T

**k.** Placement of antibiotic treated materials pursuant to dentist authorization; (3-31-22)T

**l.** Administration and monitoring of nitrous oxide/oxygen; and (3-31-22)T

**m.** All duties which may be performed by a dental assistant. (3-31-22)T

**02. Direct Supervision.** A dental hygienist may perform specified duties under direct supervision as follows: (3-31-22)T

**a.** Use of a laser restricted to gingival curettage and bleaching. (3-31-22)T

**034. DENTAL HYGIENISTS – PROHIBITED PRACTICE.**

**01. Diagnosis and Treatment.** Definitive diagnosis and dental treatment planning. (3-31-22)T

**02. Operative Preparation.** The operative preparation of teeth for the placement of restorative materials. (3-31-22)T

**03. Intraoral Placement or Carving.** The intraoral placement or carving of restorative materials unless authorized by issuance of an extended access restorative endorsement. (3-31-22)T

**04. Anesthesia.** Administration of any general anesthesia or moderate sedation. (3-31-22)T

- 05. Final Placement.** Final placement of any fixed or removable appliances. (3-31-22)T
- 06. Final Removal.** Final removal of any fixed appliance. (3-31-22)T
- 07. Cutting Procedures.** Cutting procedures utilized in the preparation of the coronal or root portion of the tooth, or cutting procedures involving the supportive structures of the tooth. (3-31-22)T
- 08. Root Canal.** Placement of the final root canal filling. (3-31-22)T
- 09. Occlusal Equilibration Procedures.** Occlusal equilibration procedures for any prosthetic restoration, whether fixed or removable. (3-31-22)T
- 10. Other Final Placement.** Final placement of prefabricated or cast restorations or crowns. (3-31-22)T

**035. DENTAL THERAPISTS – PRACTICE.**

Dental therapists are authorized to perform activities specified by the supervising dentist who practices in the same practice setting in conformity with a written collaborative practice agreement at the supervision levels set forth in the agreement. (3-31-22)T

**036. DENTAL THERAPISTS – PROHIBITED PRACTICE.**

- 01. Sedation.** Administration of minimal, moderate or deep sedation or general anesthesia except as otherwise allowed by these rules; (3-31-22)T
- 02. Cutting Procedures.** Cutting procedures involving the supportive structures of the tooth including both the soft and hard tissues. (3-31-22)T
- 03. Periodontal Therapy.** Periodontal scaling and root planing, including the removal of subgingival calculus. (3-31-22)T
- 04. All Extractions with Exception.** All extractions except: (3-31-22)T
  - a.** Under direct supervision. (3-31-22)T
    - i.** Non-surgical extractions. (3-31-22)T
  - b.** Under general supervision or as specified in Section 035. (3-31-22)T
    - i.** Removal of periodontally diseased teeth with class III mobility. (3-31-22)T
    - ii.** Removal of coronal remnants of deciduous teeth. (3-31-22)T
- 05. Root Canal Therapy.** (3-31-22)T
- 06. All Fixed and Removable Prosthodontics** (except stainless steel crowns). (3-31-22)T
- 07. Orthodontics.** (3-31-22)T

**037. DENTAL ASSISTANTS – PRACTICE.**

Dental assistants are authorized to perform dental services for which they are trained unless prohibited by these rules. Dental assistants must be directly supervised by a dentist when performing intraoral procedures except when providing palliative care as directed by the supervising dentist. (3-31-22)T

- 01. Prohibited Duties.** A dental assistant is prohibited from performing the following duties: (3-31-22)T

- a. The intraoral placement or carving of permanent restorative materials. (3-31-22)T
- b. Any irreversible procedure. (3-31-22)T
- c. The administration of any sedation or local injectable anesthetic. (3-31-22)T
- d. Removal of calculus. (3-31-22)T
- e. Use of an air polisher. (3-31-22)T
- f. Any intra-oral procedure using a high-speed handpiece, except for the removal of orthodontic cement or resin. (3-31-22)T
- g. Any dental hygiene prohibited duty. (3-31-22)T

**038. – 040. (RESERVED)**

**041. LOCAL ANESTHESIA.**

Dental offices in which local anesthesia is administered to patients shall, at a minimum, have and maintain suction equipment capable of aspirating gastric contents from the mouth and pharynx, a portable oxygen delivery system including full face masks and a bag-valve mask combination capable of delivering positive pressure, oxygen-enriched ventilation to the patient, a blood pressure cuff of appropriate size and a stethoscope. (3-31-22)T

**042. NITROUS OXIDE/OXYGEN.**

Persons licensed to practice and dental assistants trained in accordance with these rules may administer nitrous oxide/oxygen to patients. (3-31-22)T

**01. Patient Safety.** A dentist must evaluate the patient to ensure the patient is an appropriate candidate for nitrous oxide/oxygen; ensure that any patient under nitrous oxide/oxygen is continually monitored; and ensure that a second person is in the practice setting who can immediately respond to any request from the person administering the nitrous oxide/oxygen. (3-31-22)T

**02. Required Facilities and Equipment.** Dental offices where nitrous oxide/oxygen is administered to patients must have the following: a fail-safe nitrous oxide delivery system that is maintained in working order; a scavenging system; and a positive-pressure oxygen delivery system suitable for the patient being treated. (3-31-22)T

**03. Personnel.** For nitrous oxide/oxygen administration, personnel shall include an operator and an assistant currently certified in BLS. (3-31-22)T

**043. MINIMAL SEDATION.**

Persons licensed to practice dentistry may administer minimal sedation to patients of sixteen (16) years of age or older. When the intent is minimal sedation, the appropriate dosing of a single enteral drug is no more than the maximum FDA-recommended dose for unmonitored home use. In cases where the patient weighs less than one hundred (100) pounds, or is under the age of sixteen (16) years, minimal sedation may be administered without a permit by use of nitrous oxide, or with a single enteral dose of a sedative agent administered in the dental office. (3-31-22)T

**01. Patient Safety.** The administration of minimal sedation is permissible so long as it does not produce an alteration of the state of consciousness in a patient to the level of moderate sedation, general anesthesia, or deep sedation. A dentist must qualify for and obtain a permit from the Board to be authorized to sedate patients to the level of moderate sedation, general anesthesia, or deep sedation. Nitrous oxide/oxygen may be used in combination with a single enteral drug in minimal sedation, except as described in Section 043 of these rules. Notwithstanding any other provision in these rules, a dentist must initiate and regulate the administration of nitrous oxide/oxygen when used in combination with minimal sedation. (3-31-22)T

**02. Personnel.** At least one (1) additional person currently certified in BLS must be present in addition to the dentist. (3-31-22)T

**044. MODERATE SEDATION, GENERAL ANESTHESIA AND DEEP SEDATION.**

Dentists licensed in the state of Idaho cannot administer moderate sedation, general anesthesia, or deep sedation in the practice of dentistry unless they have obtained a permit from the Board. A moderate sedation permit may be either enteral or parenteral. A dentist may not administer moderate sedation to children under sixteen (16) years of age and one hundred (100) pounds unless they have qualified for and been issued a moderate parenteral sedation permit. A moderate enteral sedation permit authorizes dentists to administer sedation by either enteral or combination inhalation-enteral routes of administration. A moderate parenteral, general anesthesia, or deep sedation permit authorizes a dentist to administer sedation by any route of administration. To qualify for a moderate, general anesthesia, or deep sedation permit, a dentist must provide proof of the following: (3-31-22)T

**01. Training Requirements.** For Moderate Sedation Permits, completion of training in the administration of moderate sedation to a level consistent with requirements established by the Board within the five (5) year period immediately prior to the date of application. For General Anesthesia and Deep Sedation Permits, completion of an advanced education program accredited by CODA that affords comprehensive training necessary to administer and manage deep sedation or general anesthesia within the five (5) year period immediately preceding the date of application. The five (5) year requirement is not applicable to applicants who hold an equivalent permit in another state which has been in effect for the twelve (12) month period immediately prior to the application date. Qualifying training courses must be sponsored by or affiliated with a dental school accredited by CODA, or be approved by the Board. (3-31-22)T

**02. ACLS.** Verification of current certification in ACLS or PALS, whichever is appropriate for the patient being sedated. (3-31-22)T

**03. Office Inspection.** The qualified dentist is responsible for the sedative management, adequacy of the facility and staff, diagnosis and treatment of emergencies related to the administration of moderate sedation, general anesthesia, or deep sedation and providing the equipment, drugs and protocol for patient rescue. Evaluators appointed by the Board will inspect the adequacy of the facility and competence of the sedation team prior to issuance of a moderate, general anesthesia, or deep sedation permit and at intervals not to exceed five (5) years. For general anesthesia and deep sedation, the Board adopts the standards incorporated by reference in these rules, as set forth by the AAOMS in their office anesthesia evaluation manual. (3-31-22)T

**a. Facility, Equipment and Drug Requirements.** The following facilities, equipment and drugs must be available for immediate use during the sedation and recovery phase: (3-31-22)T

**i.** An operating room large enough to adequately accommodate the patient on an operating table or in an operating chair and to allow an operating team of at least two (2) individuals to freely move about the patient; (3-31-22)T

**ii.** An operating table or chair that permits the patient to be positioned so the operating team can maintain the patient's airway, quickly alter the patient's position in an emergency, and provide a firm platform for the administration of basic life support; (3-31-22)T

**iii.** A lighting system that permits evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit completion of any operation underway in the event of a general power failure; (3-31-22)T

**iv.** Suction equipment that permits aspiration of the oral and pharyngeal cavities and a backup suction device which will function in the event of a general power failure; (3-31-22)T

**v.** An oxygen delivery system with adequate full face mask and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate backup system; (3-31-22)T

**vi.** A recovery area that has available oxygen, adequate lighting, suction and electrical outlets. The recovery area can be the operating room (3-31-22)T

- vii. A sphygmomanometer, pulse oximeter, oral and nasopharyngeal airways, supraglottic airway devices, and automated external defibrillator (AED); and (3-31-22)T
- viii. Emergency drugs including, but not limited to, pharmacologic antagonists appropriate to the drugs used, bronchodilators, and antihistamines. (3-31-22)T
- ix. Additional emergency equipment and drugs required for moderate parenteral sedation permits include precordial/pretracheal stethoscope or end-tidal carbon dioxide monitor, intravenous fluid administration equipment, vasopressors, and anticonvulsants. (3-31-22)T
- x. Additional emergency equipment and drugs required for general anesthesia and deep sedation permits include precordial/pretracheal stethoscope and end-tidal carbon dioxide monitor, intravenous fluid administration equipment, vasopressors, and anticonvulsants. (3-31-22)T
- b. Personnel** (3-31-22)T
- i. For moderate sedation, the minimum number of personnel is two (2) including: the operator and one (1) additional individual currently certified in BLS. (3-31-22)T
- ii. For general anesthesia or deep sedation, the minimum number of personnel is three (3) including: the operator and two (2) additional individuals currently certified in BLS. When the same individual administering the general anesthesia or deep sedation is performing the dental procedure one (1) of the additional individuals must be designated for patient monitoring. (3-31-22)T
- iii. Auxiliary personnel must have documented training in BLS, will have specific assignments, and shall have current knowledge of the emergency cart inventory. The dentist and all office personnel must participate in documented periodic reviews of office emergency protocol, including simulated exercises, to assure proper equipment function and staff interaction. (3-31-22)T
- c. Pre-sedation Requirements.** Before inducing moderate sedation, general anesthesia, or deep sedation a dentist must: (3-31-22)T
- i. Evaluate the patient's medical history and document, using the American Society of Anesthesiologists Patient Physical Status Classifications, that the patient is an appropriate candidate for moderate sedation, general anesthesia, or deep sedation; (3-31-22)T
- ii. Give written preoperative and postoperative instructions to the patient or, when appropriate due to age or psychological status of the patient, the patient's guardian; (3-31-22)T
- iii. Obtain written informed consent from the patient or patient's guardian for the sedation; and (3-31-22)T
- iv. Maintain a sedation record and enter the individual patient's sedation into a case/drug log. (3-31-22)T
- d. Patient Monitoring.** Patients must be monitored as follows: (3-31-22)T
- i. For moderate sedation the patient must be continuously monitored using pulse oximetry. For general anesthesia or deep sedation, the patient must be continuously monitored using pulse oximetry and end-tidal carbon dioxide monitors. (3-31-22)T
- ii. The patient's blood pressure, heart rate, and respiration must be recorded every five (5) minutes during the sedation and then continued every fifteen (15) minutes until the patient meets the requirements for discharge. These recordings must be documented in the patient record. The record must also include documentation of preoperative and postoperative vital signs, all medications administered with dosages, time intervals and route of administration. If this information cannot be obtained, the reasons must be documented in the patient's record. (3-31-22)T

- iii. During the recovery phase, the patient shall be monitored by an individual trained to monitor patients recovering from sedation; (3-31-22)T
- iv. A dentist will not release a patient who has undergone sedation except to the care of a responsible third party; (3-31-22)T
- v. The dentist will assess the patient's responsiveness using preoperative values as normal guidelines and discharge the patient only when the following criteria are met: vital signs are stable, patient is alert and oriented, and the patient can ambulate with minimal assistance; and (3-31-22)T
- vi. A discharge entry will be made by the dentist in the patient's record indicating the patient's condition upon discharge and the name of the responsible party to whom the patient was discharged. (3-31-22)T
- e. Sedation of Other Patients. The permit holder must not initiate sedation on another patient until the previous patient is in a stable monitored condition and in the recovery phase following discontinuation of their sedation. (3-31-22)T

**045. SEDATION PERMIT RENEWAL.**

**01. Permit Renewal.** Before the expiration date of a permit, the board will provide notice of renewal to the licensee. Failure to timely submit a renewal application and permit fee shall result in expiration of the permit and termination of the licensee's right to administer sedation. Failure to submit a complete renewal application and permit fee within thirty (30) days of expiration of the permit shall result in cancellation of the permit. Renewal of the permit will be required every five (5) years. Proof of a minimum of twenty-five (25) continuing education credit hours in sedation which may include training in medical/office emergencies will be required to renew a permit. In addition to the continuing education credit hours, a dentist must: (3-31-22)T

- a. For a moderate enteral sedation permit, maintain current certification in BLS or ACLS. (3-31-22)T
- b. For a moderate parenteral, general anesthesia, or deep sedation permit, maintain current certification in ACLS. (3-31-22)T

**02. Reinstatement.** A dentist may apply for reinstatement of a canceled or surrendered permit issued by the Board within five (5) years of the date of the permit's cancellation or surrender. Applicants for reinstatement of a sedation permit must satisfy the facility and personnel requirements and verify they have obtained an average of five (5) continuing education credit hours in sedation for each year subsequent to the date upon which the permit was canceled or surrendered. A fee for reinstatement will be assessed. (3-31-22)T

**046. SUSPENSION, REVOCATION OR RESTRICTION OF SEDATION PERMIT.**

The Board may, at any time and for just cause, institute proceedings to revoke, suspend, or otherwise restrict a sedation permit issued pursuant to Section 044 of these rules. If the Board determines that emergency action is necessary to protect the public, summary suspension may be ordered pending further proceedings. Proceedings to suspend, revoke or restrict a permit shall be subject to applicable statutes and rules governing administrative procedures before the Board. (3-31-22)T

**047. DETERMINATION OF DEGREE OF SEDATION BY THE BOARD.**

In any matter under review or in any proceeding being conducted in which the Board must determine the degree of central nervous system depression, the Board may base its findings or conclusions on, among other matters, the type, and dosages, and routes of administration of drugs administered to the patient and what result can reasonably be expected from those drugs in those dosages and routes administered in a patient of that physical and psychological status. (3-31-22)T

**048. USE OF OTHER ANESTHESIA PERSONNEL.**

A dentist who does not hold a sedation permit may perform dental procedures in a dental office on a patient who receives sedation induced by an anesthesiologist, a certified registered nurse anesthetist, or another dentist with a sedation permit as follows: (3-31-22)T



**01. Facility, Equipment, Drugs, and Personnel Requirements.** The dentist will have the same facility, equipment, drugs, and personnel available during the procedure and during recovery as required of a dentist who has a permit for the level of sedation being provided. (3-31-22)T

**02. Patient's Condition Monitored Until Discharge.** The qualified sedation provider who induces sedation will monitor the patient's condition until the patient is discharged and record the patient's condition at discharge in the patient's dental record as required by the rules applicable to the level of sedation being induced. The sedation record must be maintained in the patient's dental record and is the responsibility of the dentist who is performing the dental procedures. (3-31-22)T

**03. Use of Services of a Qualified Sedation Provider.** A dentist who intends to use the services of a qualified sedation provider must notify the Board in writing of his intent. Such notification need only be submitted once every licensing period. (3-31-22)T

**04. Advertising.** A dentist who intends to use the services of a qualified sedation provider may advertise the service provided so long as each such advertisement contains a prominent disclaimer that the service "will be provided by a qualified sedation provider." (3-31-22)T

**049. INCIDENT REPORTING.**

Dentists must report to the Board, in writing, within seven (7) days after the death or transport to a hospital or emergency center for medical treatment for a period exceeding twenty-four (24) hours of any patient to whom sedation was administered. (3-31-22)T

**050. – 055. (RESERVED)**

**056. UNPROFESSIONAL CONDUCT.**

A licensee shall not engage in unprofessional conduct in the course of his practice. Unprofessional conduct by a person licensed under the provisions of Title 54, Chapter 9, Idaho Code, is defined as, but not limited to, one (1) of the following: (3-31-22)T

**01. Fraud.** Obtaining fees by fraud or misrepresentation, or over-treatment either directly or through an insurance carrier. (3-31-22)T

**02. Unlicensed Practice.** Employing directly or indirectly any suspended or unlicensed individual as defined in Title 54, Chapter 9, Idaho Code. (3-31-22)T

**03. Unlawful Practice.** Aiding or abetting licensed persons to practice unlawfully. (3-31-22)T

**04. Dividing Fees.** A dentist shall not divide a fee for dental services with another party, who is not a partner or associate with him in the practice of dentistry, unless: (3-31-22)T

**a.** The patient consents to employment of the other party after a full disclosure that a division of fees will be made; (3-31-22)T

**b.** The division is made in proportion to the services performed and responsibility assumed by each dentist or party. (3-31-22)T

**05. Prescription Drugs.** Prescribing or administering prescription drugs not reasonably necessary for, or within the scope of, providing dental services for a patient. A dentist may not prescribe or administer prescription drugs to himself. A dentist shall not use controlled substances as an inducement to secure or maintain dental patronage or aid in the maintenance of any person's drug addiction by selling, giving or prescribing prescription drugs. (3-31-22)T

**06. Harassment.** The use of threats or harassment to delay or obstruct any person in providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of Title 54, Chapter 9, Idaho Code, or the Board's

- Rules, or to aid in such compliance. (3-31-22)T
- 07. Discipline in Other States.** Conduct himself in such manner as results in a suspension, revocation or other disciplinary proceedings with respect to his license in another state. (3-31-22)T
- 08. Altering Records.** Alter a patient's record with intent to deceive. (3-31-22)T
- 09. Office Conditions.** Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental profession in the state of Idaho and CDC guidelines as incorporated by reference in these rules. (3-31-22)T
- 10. Abandonment of Patients.** Abandonment of patients by licensees before the completion of a phase of treatment, as such phase of treatment is contemplated by the customary practice and standards of the dental profession in the state of Idaho, without first advising the patient of such abandonment and of further treatment that is necessary. (3-31-22)T
- 11. Use of Intoxicants.** Practicing while under the influence of an intoxicant or controlled substance where the same impairs the licensee's ability to practice with reasonable and ordinary care. (3-31-22)T
- 12. Mental or Physical Condition.** The inability to practice with reasonable skill and safety to patients by reason of age, illness, or as a result of any mental or physical condition. (3-31-22)T
- 13. Consent.** Revealing personally identifiable facts, data or information obtained in a professional capacity without prior consent of the patient, except as authorized or required by law. (3-31-22)T
- 14. Scope of Practice.** Practicing or offering to practice beyond the scope permitted by law, or accepting and performing professional responsibilities that the licensee knows or has reason to know that he or she is not competent to perform. (3-31-22)T
- 15. Delegating Duties.** Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows, or with the exercise of reasonable care and control should know, that such a person is not qualified by training or by licensure to perform them. (3-31-22)T
- 16. Unauthorized Treatment.** Performing professional services that have not been authorized by the patient or his legal representative. (3-31-22)T
- 17. Supervision.** Failing to exercise appropriate supervision over persons who are authorized to practice only under the supervision of a licensed professional. (3-31-22)T
- 18. Legal Compliance.** Failure to comply with any provisions of federal, state or local laws, statutes, rules, and regulations governing or affecting the practice of dentistry or dental hygiene. (3-31-22)T
- 19. Exploiting Patients.** Exercising undue influence on a patient in such manner as to exploit a patient for the financial or personal gain of a practitioner or of a third party. (3-31-22)T
- 20. Misrepresentation.** Willful misrepresentation of the benefits or effectiveness of dental services. (3-31-22)T
- 21. Disclosure.** Failure to advise patients or their representatives in understandable terms of the treatment to be rendered, alternatives, the name and professional designation of the provider rendering treatment, and disclosure of reasonably anticipated fees relative to the treatment proposed. (3-31-22)T
- 22. Sexual Misconduct.** Making suggestive, sexual or improper advances toward a patient or committing any lewd or lascivious act upon or with a patient. (3-31-22)T
- 23. Patient Management.** Use of unreasonable and/or damaging force to manage patients, including but not limited to hitting, slapping or physical restraints. (3-31-22)T

**24. Compliance with Dentist Professional Standards.** Failure by a dentist to comply with professional standards applicable to the practice of dentistry, as incorporated by reference in this chapter. (3-31-22)T

**25. Compliance with Dental Hygienist Professional Standards.** Failure by a dental hygienist to comply with professional standards applicable to the practice of dental hygiene, as incorporated by reference in this chapter. (3-31-22)T

**26. Failure to Provide Records to a Patient or Patient's Legal Guardian.** Refusal or failure to provide a patient or patient's legal guardian with records within five (5) business days. A patient or patient's legal guardian may not be denied a copy of his records for any reason, regardless of whether the person has paid for the dental services rendered. A person may be charged for the actual cost of providing the records but in no circumstances may a person be charged an additional processing or handling fee or any charge in addition to the actual cost. (3-31-22)T

**27. Failure to Cooperate with Authorities.** Failure to cooperate with authorities in the investigation of any alleged misconduct or interfering with a Board investigation by willful misrepresentation of facts, willful failure to provide information upon request of the Board, or the use of threats or harassment against any patient or witness to prevent them from providing evidence. (3-31-22)T

**28. Advertising.** Advertise in a way that is false, deceptive, misleading or not readily subject to verification. (3-31-22)T

**057. – 999. (RESERVED)**

**24.33.01 – RULES OF THE BOARD OF MEDICINE FOR THE LICENSURE TO PRACTICE  
MEDICINE AND OSTEOPATHIC MEDICINE IN IDAHO**

**000. LEGAL AUTHORITY.**

The rules are promulgated pursuant to Sections 6-1002, 54-1806(2), 54-1806(4), 54-1806(11), 54-1806A, 54-1807, 54-1812, 54-1813, 54-1814 and 54-1841, Idaho Code. (3-31-22)T

**001. SCOPE.**

The rules govern the licensure to practice medicine and osteopathic medicine in Idaho. (3-31-22)T

**002. -- 009. (RESERVED)**

**010. DEFINITIONS.**

**01. Acceptable International School of Medicine.** An international medical school located outside the United States or Canada that meets the standards for medical educational facilities set forth in Subsection 051.02 and is accredited by the ECFMG. (3-31-22)T

**02. Medical Practice Act.** Title 54, Chapter 18, Idaho Code. (3-31-22)T

**011. ABBREVIATIONS.**

**01. ACGME.** Accreditation Council for Graduate Medical Education. (3-31-22)T

**02. AOA.** American Osteopathic Association. (3-31-22)T

**03. COCA.** Commission on Osteopathic College Accreditation. (3-31-22)T

**04. ECFMG.** Educational Commission for Foreign Medical Graduates. (3-31-22)T

**05. FAIMER.** Foundation for Advancement of International Medical Education. (3-31-22)T

**06. FSMB.** Federation of State Medical Boards. (3-31-22)T

**07. LCME.** Liaison Committee on Medical Education. (3-31-22)T

**08. USMLE.** United States Medical Licensing Exam. (3-31-22)T

**09. WFME.** World Federation for Medical Education. (3-31-22)T

**012. -- 049. (RESERVED)**

**050. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.**

Requirements for licensure and renewal are found in Title 54, Chapter 18, Idaho Code, IDAPA 24.33.03, and on Board approved forms. (3-31-22)T

**01. Additional Circumstances.** The Board may require further inquiry when in its judgment the need is apparent as outlined in Board policy. (3-31-22)T

**02. Special Purpose Examination.** Upon inquiry, if further examination is required, the Board may require passage of the Special Purpose Examination (SPEX) administered by the FSMB, a post licensure assessment conducted by the FSMB, or an evaluation by an independent agency accepted by the Board to evaluate physician competence. (3-31-22)T

**03. Board Determinations.** Where the Board deems necessary, it may limit, condition, or restrict a newly issued license based on the Board's determination and the recommendation of the assessment or evaluation. (3-31-22)T

**051. LICENSURE FOR GRADUATES OF INTERNATIONAL MEDICAL SCHOOLS LOCATED OUTSIDE OF THE UNITED STATES AND CANADA.**

**01. International Medical Graduate.** In addition to meeting the requirements of Section 050, graduates of international medical schools located outside of the United States and Canada must submit to the Board:

(3-31-22)T

**a.** Original certificate from the ECFMG or original documentation that the applicant has passed the examination either administered or recognized by the ECFMG and passed an examination acceptable to the Board that demonstrates qualification for licensure or successfully completed the USMLE; (3-31-22)T

**b.** Original documentation directly from the international medical school that establishes to the satisfaction of the Board that the international medical school meets the standards for medical educational facilities set forth in Subsection 051.02; (3-31-22)T

**c.** A transcript from the international medical school showing successful completion of all the courses taken and grades received and original documentation of successful completion of all clinical coursework; and (3-31-22)T

**d.** Original documentation of successful completion of two (2) years of progressive postgraduate training at one (1) training program accredited for internship, residency, or fellowship training by the ACGME, AOA or the Royal College of Physicians and Surgeons of Canada or its successor organization, provided however, a resident who is attending an Idaho based residency program may be licensed after successful completion of one (1) years of progressive post graduate training, if the following conditions are met: (3-31-22)T

i. Written approval of the residency program director; (3-31-22)T

ii. Signed written contract with the Idaho residency program to complete the entire residency program; (3-31-22)T

iii. Remained in good standing at the Idaho-based residency program; (3-31-22)T

iv. Notified the Board within thirty (30) days if there is a change in circumstances or affiliation with the program; and (3-31-22)T

v. Received a MD or DO degree from an approved school that is eligible for Idaho licensure after graduation. (3-31-22)T

**02. International Medical School Requirements.** An international medical school must be listed in the World Directory of Medical Schools, a joint venture of WFME and FAIMER. Graduates of schools not listed in WFME or FAIMER must submit to the Board original documentation of three (3) of the four (4) requirements listed below: (3-31-22)T

**a.** A valid ECFMG Certificate. (3-31-22)T

**b.** Successful completion of three (3) years of progressive post graduate training at one (1) training program accredited for internship, residency or fellowship training in an ACGME or AOA or Royal College of Physicians and Surgeons of Canada or its successor organization’s approved program. (3-31-22)T

**c.** Current board certification by a specialty board approved by the American Board of Medical Specialties or the AOA. (3-31-22)T

**d.** Evidence of five (5) years of unrestricted practice as a licensee of any United States or Canadian jurisdiction. (3-31-22)T

**052. -- 078. (RESERVED)**

**079. CONTINUING MEDICAL EDUCATION (CME) REQUIRED.**

**01. Renewal.** Each person licensed to practice medicine and surgery or osteopathic medicine or surgery in Idaho shall complete no less than forty (40) hours of practice relevant, Category 1, CME every two (2) years. (3-31-22)T

**02. Verification of Compliance.** Licensees will, at license renewal, provide an attestation to the Board indicating compliance. The Board, in its discretion, may require such additional evidence as is necessary to verify compliance. (3-31-22)T

**03. Alternate Compliance.** The Board may accept certification or recertification by a member of the American Board of Medical Specialties, the AOA, or the Royal College of Physicians and Surgeons of Canada or its successor organization in lieu of compliance with continuing education requirements during the cycle in which the certification or recertification is granted. The Board may also grant an exemption for full time participation in a residency or fellowship training at a professionally accredited institution. (3-31-22)T

**04. Penalties for Noncompliance.** The Board may condition, limit, suspend, or refuse to renew the license of any person whom the Board determines has failed to comply with the continuing education requirements of this chapter. (3-31-22)T

**080. PHYSICIAN PANELIST FOR PRELITIGATION CONSIDERATION OF MEDICAL MALPRACTICE CLAIMS.**

**01. Eligibility.** A physician licensed to practice medicine or osteopathic medicine in Idaho must be available to serve in any two (2) year period, or a longer period not to exceed five (5) years, as determined by the panel chairman, as a physician panelist for prelitigation consideration of a medical malpractice claim. (3-31-22)T

**02. Excusing Physicians from Serving.** A physician panelist so selected must serve unless he had served on a prelitigation panel during any previous two (2) year period, or a longer period not to exceed five (5) years, as determined by the panel chairman or for good cause shown, is excused by the panel chairman. To show good cause for relief from serving, the selected physician panelist must present an affidavit to the panel chairman which shall set out the facts showing that service would constitute an unreasonable burden or undue hardship. The panel chairman has the sole authority to excuse a selected physician from serving on a prelitigation panel. (3-31-22)T

**03. Penalties for Noncompliance.** The Board may condition, limit, suspend, or refuse to renew the license of any physician whom the Board determines has failed to serve as a physician panelist for the prelitigation consideration of a medical malpractice claim. (3-31-22)T

**081. -- 099. (RESERVED)**

**100. FEES -- TABLE.**

**01. Fees -- Table.** Nonrefundable fees are as follows:

<b>Fees – Table (Non-Refundable)</b>		
Licensure Fee	-	Not more than \$600
Temporary License	-	Not more than \$300
Reinstatement License Fee plus total of renewal fees not paid by applicant	-	Not more than \$300
Inactive License Renewal Fee	-	Not more than \$100
Renewal of License to Practice Medicine Fee	-	Not more than \$300
Duplicate Wallet License	-	Not more than \$20
Duplicate Wall Certificate	-	Not more than \$50
Volunteer License Application Fee	-	\$0
Volunteer License Renewal Fee	-	\$0

(3-31-22)T

**02. Administrative Fees for Services.** Administrative fees for services shall be billed on the basis of time and cost. (3-31-22)T

**101. -- 150. (RESERVED)**

**151. DEFINITIONS RELATING TO SUPERVISING AND DIRECTING PHYSICIANS.**

**01. Athletic Trainer.** A person who has met the qualifications for licensure as set forth in Title 54, Chapter 39, Idaho Code, is licensed under that chapter, and carries out the practice of athletic training under the direction of a designated Idaho licensed physician, registered with the Board. (3-31-22)T

**02. Directing Physician.** A designated Idaho licensed physician, registered with the Board pursuant to this chapter and Title 54, Chapter 39, Idaho Code, who oversees the practice of athletic training and is responsible for the athletic training services provided by the athletic trainer. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. (3-31-22)T

**03. Medical Personnel.** An individual who provides cosmetic treatments using prescriptive medical/cosmetic devices and products that are exclusively non-incisive or non-ablative under the direction and supervision of a supervising physician registered with the Board, pursuant to the applicable Idaho statutes and the applicable rules promulgated by the Board. (3-31-22)T

**04. Supervising Physician of Interns or Residents.** Any person approved by and registered with the Board who is licensed to practice medicine and surgery or osteopathic medicine and surgery in Idaho, who signs the application for registration of an intern or resident, and who is responsible for the direction and supervision of their activities. (3-31-22)T

**05. Supervising Physician of Medical Personnel.** An Idaho licensed physician who is registered with the Board pursuant to this chapter, who supervises and has full responsibility for cosmetic treatments using prescriptive medical/cosmetic devices and products provided by medical personnel. (3-31-22)T

**152. – 160. (RESERVED)**

**161. DUTIES OF DIRECTING PHYSICIANS.**

**01. Responsibilities.** The directing physician accepts full responsibility for the acts and athletic training services provided by the athletic trainer and oversees the practice of athletic training of the athletic trainer, and for the supervision of such acts which include, but are not limited to: (3-31-22)T

**a.** An on-site visit at least semiannually to personally observe the quality of athletic training services provided; and (3-31-22)T

**b.** Recording of a periodic review of a representative sample of the records, including, but not limited to, records made from the past six (6) months of the review to evaluate the athletic training services that were provided. (3-31-22)T

**02. Scope of Practice.** The directing physician must ensure the scope of practice of the athletic trainer, as set forth in IDAPA 24.33.05, and Section 54-3903, Idaho Code, will be limited to and consistent with the scope of practice of the directing physician and exclude any independent practice of athletic training by an athletic trainer. (3-31-22)T

**03. Directing Responsibility.** The responsibilities and duties of a directing physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician without prior notification and Board approval. (3-31-22)T

**04. Available Supervision.** The directing physician will oversee the activities of the athletic trainer

and must be available either in person or by telephone to supervise, direct, and counsel the athletic trainer. The scope and nature of the direction of the athletic trainer will be outlined in an athletic training service plan or protocol, as set forth in IDAPA 24.33.05. (3-31-22)T

**05. Disclosure.** It is the responsibility of each directing physician to ensure that each athlete who receives athletic training services is aware of the fact that said person is not a licensed physician. (3-31-22)T

**162. DUTIES OF COLLABORATING PHYSICIANS.**

**01. Responsibilities.** A collaborating physician is responsible for complying with the requirements set forth in Title 54, Chapter 18 and IDAPA 24.33.02 when collaborating and consulting in the medical services provided by any physician assistant or graduate physician assistant either through a collaborative practice agreement or through the facility bylaws or procedures of any facility with credentialing and privileging systems. (3-31-22)T

**163. DUTIES OF SUPERVISING PHYSICIANS OF INTERNS AND RESIDENTS.**

**01. Responsibilities.** The supervising physician is responsible for the direction and supervision of the medical acts and patient services provided by an intern or resident. The direction and supervision of such activities include, but are not limited to: (3-31-22)T

**a.** Synchronous direct communication at least monthly with intern or resident to ensure the quality of care provided; (3-31-22)T

**b.** Recording of a periodic review of a representative sample of medical records to evaluate the medical services that are provided; and (3-31-22)T

**c.** Regularly scheduled conferences between the supervising physician and the intern or resident. (3-31-22)T

**02. Available Supervision.** The supervising physician will oversee the activities of the intern or resident, and must always be available either in person or by telephone to supervise, direct and counsel the intern or resident. (3-31-22)T

**03. Disclosure.** It is the responsibility of each supervising physician to ensure that each patient who receives the services of an intern or resident is notified of the fact that said person is not a licensed physician. (3-31-22)T

**164. SUPERVISING PHYSICIANS OF MEDICAL PERSONNEL.**

The “practice of medicine” as defined in Section 54-1803(1), Idaho Code, includes the performance of cosmetic treatments using prescriptive medical/cosmetic devices and products which penetrate and alter human tissue. Such cosmetic treatments can result in complications such as visual impairment, blindness, inflammation, burns, scarring, hypopigmentation, and hyperpigmentation and, therefore, can only be performed as set forth herein. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. (3-31-22)T

**01. Definitions.** (3-31-22)T

**a.** Ablative. Ablative is the separation, eradication, removal, or destruction of human tissue. (3-31-22)T

**b.** Incisive. Incisive is the power and quality of cutting of human tissue. (3-31-22)T

**c.** Cosmetic Treatment. An aesthetic treatment prescribed by a physician for a patient that uses prescriptive medical/cosmetic devices and/or products to penetrate or alter human tissue. (3-31-22)T

**d.** Prescriptive Medical/Cosmetic Device. A federal food and drug administration approved prescriptive device that uses waveform energy including, but not limited to, intense pulsed light or lasers, to



cosmetically alter human tissue. (3-31-22)T

**e.** Prescriptive Medical/Cosmetic Product. A federal food and drug administration approved prescriptive product whose primary intended use of the product is achieved through chemical action and cosmetically alters human tissue including, but not limited to, filler substances such as collagen or fat; lipo transfer; muscle immobilizers or sclerosing agents. (3-31-22)T

**02. Duties and Responsibilities of Supervising Physicians.** The supervising physician accepts full responsibility for cosmetic treatments provided by medical personnel and for the supervision of such treatments. The supervising physician must be trained in the safety and use of prescriptive medical/cosmetic devices and products. (3-31-22)T

**a.** Patient Record. The supervising physician must document an adequate legible patient record of his evaluation, assessment and plan for the patient prior to the initial cosmetic treatment. (3-31-22)T

**b.** Supervisory Responsibility. A supervising physician of medical personnel may not supervise more than three (3) such medical personnel contemporaneously. The Board, however, may authorize a supervising physician to supervise a total of six (6) such medical personnel contemporaneously if necessary to provide adequate cosmetic treatments and upon prior petition documenting adequate safeguards to protect the public health and safety. (3-31-22)T

**c.** Available Supervision. The supervising physician will be on-site or immediately available to respond promptly to any questions or problems that may occur while a cosmetic treatment is being performed by medical personnel. Such supervision includes, but is not limited to: (3-31-22)T

**i.** Periodic review of the medical records to evaluate the prescribed cosmetic treatments that are provided by such medical personnel including any adverse outcomes or changes in the treatment protocol; and (3-31-22)T

**ii.** Regularly scheduled conferences between the supervising physician and such medical personnel. (3-31-22)T

**d.** Scope of Cosmetic Treatments. Cosmetic treatments can only be performed by a physician or by medical personnel under the supervision of a physician. Medical personnel providing cosmetic treatments are limited to using prescriptive medical/cosmetic devices and products that are exclusively non-incisive and non-ablative. The supervising physician will ensure cosmetic treatments provided by medical personnel are limited to and consistent with the scope of practice of the supervising physician. The supervising physician will ensure that, with respect to each procedure performed, the medical personnel possess the proper training in cutaneous medicine, the indications for the prescribed treatment, and the pre- and post-procedure care involved. (3-31-22)T

**e.** Verification Training. The supervising physician will verify the training of medical personnel upon the board-approved Medical Personnel Supervising Physician Registration form. The Medical Personnel Supervising Physician Registration Form will be maintained on file at each practice location and at the address of record of the supervising physician. (3-31-22)T

**f.** Disclosure. It is the responsibility of each supervising physician to ensure that every patient receiving a cosmetic treatment is advised of the education and training of the medical personnel rendering the treatment and that such medical personnel are not licensed physicians. (3-31-22)T

**g.** Patient Complaints. The supervising physician will report to the Board of Medicine all patient complaints received against medical personnel that relate to the quality and nature of cosmetic treatments rendered. (3-31-22)T

**h.** Duties and Responsibilities Nontransferable. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician or person. (3-31-22)T

165. -- 241. (RESERVED)

**242. DEFINITIONS RELATED TO INTERNS AND RESIDENTS.**

**01. Acceptable Training Program.** A medical training program or course of medical study that has been approved by the LCME, Council on Medical Education or COCA of the AOA. (3-31-22)T

**02. Acceptable Post Graduate Training Program.** A post graduate medical training program or course of medical study that has been approved by the ACGME or AOA. (3-31-22)T

**243. RESIDENT AND INTERN REGISTRATION.**

**01. Registration Certificate.** Upon approval of the registration application, the Board may issue a registration certificate that sets forth the period during which the registrant may engage in activities that may involve the practice of medicine. Each registration will be issued for a period of not less than one (1) year and will set forth its expiration date on the face of the certificate. Each registration will identify the supervising physician. Each registrant will notify the Board in writing of any change of the supervising physician or the program or course of study fourteen (14) days prior to any such change. If the Board deems the intern or resident qualified, and if the course study requires, the Board may additionally certify on the registration certificate that the intern or resident is qualified to write prescriptions for Class III through Class V scheduled medications. (3-31-22)T

**02. Termination of Registration.** The registration of an intern or resident may be terminated, suspended, or made conditional by the Board on the grounds set forth in Section 54-1814, Idaho Code, and under the procedures set forth in Section 54-1806A, Idaho Code. (3-31-22)T

**03. Annual Renewal of Registration.** Each registration must be renewed annually prior to its expiration date. Any registration not renewed by its expiration date will be canceled. (3-31-22)T

**04. Notification of Change.** Each registrant must notify the Board in writing of any adverse action or termination, whatever the outcome, from any post graduate training program and any name changes within fourteen (14) days of such event. (3-31-22)T

**05. Disclosure.** It is the responsibility of each registrant to ensure that every patient is aware of the fact that such intern and resident is currently enrolled in a post graduate training program and under the supervision of a licensed physician. (3-31-22)T

**244. FEES - TABLE.**

Nonrefundable fees are as follows:

Fees – Table		
Resident and Intern Registration Fee	-	Not more than \$25
Registration Annual Renewal Fee	-	Not more than \$25

(3-31-22)T

245. -- 999. (RESERVED)

## 24.33.02 – RULES FOR THE LICENSURE OF PHYSICIAN ASSISTANTS

### 000. LEGAL AUTHORITY.

These rules are promulgated pursuant to Section 54-1806, Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules govern the practice of physician assistants and graduate physician assistants. (3-31-22)T

### 002. -- 009. (RESERVED)

### 010. DEFINITIONS.

**01. Approved Program.** A course of study for the education and training of physician assistants that is accredited by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) or predecessor agency or equivalent agency recognized by the Board as recommended by the Committee. (3-31-22)T

### 011. -- 019. (RESERVED)

### 020. REQUIREMENTS FOR LICENSURE.

Requirements for licensure and renewal are found in Title 54, Chapter 18, Idaho Code, IDAPA 24.33.03, and on Board-approved forms. (3-31-22)T

### 021. -- 027. (RESERVED)

### 028. SCOPE OF PRACTICE.

**01. Scope.** The scope of practice of physician assistants and graduate physician assistants includes only those duties and responsibilities identified in a collaborative practice agreement or the facility bylaws or procedures of any facility with credentialing and privileging systems. (3-31-22)T

**02. Collaborative Practice Agreement.** A collaborative practice agreement will comply with Title 54, Chapter 18, Idaho Code and will contain the following elements: (3-31-22)T

**a.** The parties to the agreement; (3-31-22)T

**b.** The authorized scope of practice for each licensed physician assistant or graduate physician assistant; (3-31-22)T

**c.** A requirement that the physician assistant or graduate physician assistant must collaborate with, consult with, or refer to the collaborating physician or another appropriate physician as indicated by: the condition of the patient; the education, experience and competence of the physician assistant or graduate physician assistant; and the community standard of care; and (3-31-22)T

**d.** If necessary, any monitoring parameters. (3-31-22)T

**03. Advertise.** No physician assistant or graduate physician assistant may advertise or represent himself either directly or indirectly, as a physician. (3-31-22)T

**04. Emergency or Disaster Care.** A collaborative practice agreement is not necessary for a licensed physician assistant or graduate physician assistant to render medical services to an ill or injured person at the scene of an emergency or disaster (not to be defined as an emergency situation which occurs in the place of one's employment) and while continuing to care for such person. (3-31-22)T

### 029. CONTINUING EDUCATION REQUIREMENTS.

Requirements for Renewal. Prior to renewal of each license as set forth by the expiration date on the face of the certificate, physician assistants shall attest to maintenance of certification by the National Commission on Certification of Physician Assistants or similar certifying agency approved by the Board, which certification requires a minimum of one hundred (100) hours of continuing medical education over a two-year (2) period. (3-31-22)T

### 030. -- 035. (RESERVED)

### 036. GRADUATE PHYSICIAN ASSISTANT.

**01. Licensure Prior to Certification Examination -- Board Consideration.** Any person who has graduated from an approved physician assistant training program and meets all Idaho requirements, including achieving a college baccalaureate degree, but has not yet taken and passed the certification examination, may be considered by the Board for licensure as a graduate physician assistant for six (6) months when an application for licensure as a graduate physician assistant has been submitted to the Board on forms supplied by the Board and payment of the prescribed fee, provided: (3-31-22)T

**a.** The applicant will submit to the Board, within ten (10) business days of receipt, a copy of acknowledgment of sitting for the national certification examination. The applicant will submit to the Board, within ten (10) business days of receipt, a copy of the national certification examination results. (3-31-22)T

**b.** After the graduate physician assistant has passed the certification examination, the Board will receive verification of national certification directly from the certifying entity. Once the verification is received by the Board, the graduate physician assistant's license will be converted to a permanent license and he may apply for prescribing authority. (3-31-22)T

**c.** The applicant who has failed the certification examination one (1) time, may petition the Board for a one-time extension of his graduate physician assistant license for an additional six (6) months. (3-31-22)T

**d.** If the graduate physician assistant fails to pass the certifying examination on two (2) separate occasions, the graduate physician assistant's license will automatically be canceled upon receipt of the second failing certification examination score. (3-31-22)T

**e.** The graduate physician assistant applicant will agree to execute an authorization for the release of information, attached to his application as Exhibit A, authorizing the Board or its designated agents, having information relevant to the application, including but not limited to the status of the certification examination, to release such information, as necessary, to his supervising physician. (3-31-22)T

**02. Licensure Prior to College Baccalaureate Degree -- Board Consideration.** Licensure as a graduate physician assistant may also be considered upon application made to the Board on forms supplied by the Board and payment of the prescribed fee when all application requirements have been met as set forth in Section 020 of these rules, except receipt of documentation of a college baccalaureate degree, provided: (3-31-22)T

**a.** A college baccalaureate degree from a nationally accredited school with a curriculum approved by the United States Secretary of Education, the Council for Higher Education Accreditation, or both, or from a school accredited by another such agency approved by the Board shall be completed within five (5) years of initial licensure in Idaho; (3-31-22)T

**03. No Prescribing Authority.** Graduate physician assistants shall not be entitled to issue any written or oral prescriptions unless granted an exemption by the Board. Application for an exemption must be in writing and accompany documentation of a minimum of five (5) years of recent practice as a physician assistant in another state. (3-31-22)T

**037. -- 050. (RESERVED)**

**051. FEES - TABLE.**

Nonrefundable fees are as follows:

<b>Fees – Table (Non-Refundable)</b>	
Licensure Fee - Physician Assistant & Graduate Physician Assistant	- Not more than \$250
Annual License Renewal Fee	- Not more than \$150
Reinstatement Fee	- \$50 plus past renewal fees
Reinstatement Fee for Graduate Physician Assistant	- Not more than \$100
Inactive License Fee	- Not more than \$150

<b>Fees – Table (Non-Refundable)</b>	
Annual Renewal of Inactive License Fee	- Not more than \$100
Inactive Conversion Fee	- Not more than \$150

(3-31-22)T

**052. -- 999. (RESERVED)**

## 24.33.04 – RULES FOR THE LICENSURE OF NATUROPATHIC MEDICAL DOCTORS

### 000. LEGAL AUTHORITY.

These rules are promulgated pursuant to Section 54-5105(2), Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules govern the licensure, scope of practice, and discipline of the Naturopathic Medical Doctors in Idaho. (3-31-22)T

### 002. – 009. (RESERVED)

### 010. DEFINITIONS.

**01. Council on Naturopathic Medical Education (CNME).** The accrediting organization that is recognized by the United States Department of Education as the accrediting agency for education programs that prepare naturopathic medical doctors. (3-31-22)T

**02. North American Board of Naturopathic Examiners (NABNE).** The independent, nonprofit organization that qualifies applicants to take the Naturopathic Physicians Licensing Exam and submits those results to the regulatory authority. (3-31-22)T

**03. Naturopathic Physicians Licensing Exam (NPLEX).** The board examination for naturopathic medical doctors. (3-31-22)T

**04. Naturopathic Medical Doctor.** A person who meets the definition in Section 54-5101(5), Idaho Code. Licensed naturopathic physician, physician of naturopathic medicine, naturopathic medical doctor and NMD are interchangeable terms. (3-31-22)T

**05. Primary Care.** Comprehensive first contact and/or continuing care for persons with any sign, symptom, or health concern not limited by problem of origin, organ system, or diagnosis. It includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illness. It includes collaborating with other health professionals and utilizing consultation or referral as appropriate. (3-31-22)T

### 011. – 020. (RESERVED)

### 021. APPLICATION FOR LICENSURE.

**01. Application.** Each applicant for licensure will submit a completed written application to the Board on forms prescribed by the Board, together with the nonrefundable application fee. (3-31-22)T

**02. Licensing Examinations.** Each applicant must provide certification of passing the following four (4) NPLEX exams: (3-31-22)T

- a. Part I Biomedical Science; (3-31-22)T
- b. Part II Core Clinical Science; (3-31-22)T
- c. Part II Clinical Elective Minor Surgery; and (3-31-22)T
- d. Part II Clinical Elective Pharmacology. (3-31-22)T

### 022. AUTHORITY TO PRESCRIBE, DISPENSE, ADMINISTER, AND ORDER.

Naturopathic medical doctors are allowed to prescribe, dispense, administer, and order the following: (3-31-22)T

**01. Laboratory and Diagnostic Procedures.** Naturopathic medical doctors licensed under this chapter may perform and order physical examinations, laboratory tests, imaging, and other diagnostic tests consistent with primary care. (3-31-22)T

a. All examinations, laboratory, and imaging tests not consistent with primary care must be referred to an appropriately licensed health care professional for treatment and interpretation. (3-31-22)T

b. Any test result or lesion suspicious of malignancy must be referred to the appropriate physician

licensed pursuant to Chapter 18, Title 54 Idaho Code. (3-31-22)T

**02 Naturopathic Formulary.** The formulary for naturopathic medical doctors licensed under this chapter consists of non-controlled legend medications (excluding testosterone) deemed appropriate for the primary health care of patients within the scope of practice and training of each naturopathic medical doctor. Prescribing pursuant to the Naturopathic Formulary shall be according to the standard of health care provided by other qualified naturopathic medical doctors in the same community or similar communities, taking into account their training, experience and the degree of expertise to which they hold themselves out to the public. (3-31-22)T

**03. Formulary Exclusions.** The naturopathic formulary does not include: (3-31-22)T

**a.** Scheduled, controlled drugs, except for testosterone used in physiologic doses with regular lab assessment for hormone replacement therapy, gender dysphoria, or hypogonadism; (3-31-22)T

**b.** General anesthetics; (3-31-22)T

**c.** Blood derivatives except for platelet rich plasma; or (3-31-22)T

**d.** Systemic antineoplastic agents, except for the following antineoplastic agents used orally or topically for non-cancer purposes: (3-31-22)T

**i.** Fluorouracil (5FU); (3-31-22)T

**ii.** Anastrozole; and (3-31-22)T

**iii.** Letrozole. (3-31-22)T

**023. – 031. (RESERVED)**

**032. GROUNDS FOR DISCIPLINE OR DENIAL OF A LICENSE.**

In addition to statutory grounds for discipline set forth in Section 54-5109, Idaho Code, every person licensed as a naturopathic medical doctor is subject to discipline by the Board under the following grounds: (3-31-22)T

**01. Ability to Practice.** Demonstrating a manifest incapacity to carry out the functions of the licensee’s ability to practice naturopathic medicine or deemed unfit by the Board to practice naturopathic medicine; (3-31-22)T

**02. Controlled Substance or Alcohol Abuse.** Using any controlled substance or alcohol in a manner which has or may have a direct and adverse bearing on the licensee’s ability to practice naturopathic medicine with reasonable skill and safety; (3-31-22)T

**03. Education or Experience.** Misrepresenting educational or experience attainments; (3-31-22)T

**04. Medical Records.** Failing to maintain adequate naturopathic medical records. Adequate naturopathic medical records mean legible records that contain subjective information, an evaluation or report of objective findings, assessment or diagnosis, and the plan of care; (3-31-22)T

**05. Untrained Practice.** Practicing in an area of naturopathic medicine for which the licensee is not trained; (3-31-22)T

**06. Sexual Misconduct.** Committing any act of sexual contact, misconduct, exploitation, or intercourse with a patient or former patient or related to the licensee's practice of naturopathic medicine; (3-31-22)T

**a.** Consent of the patient shall not be a defense. (3-31-22)T

**b.** Subsection 032.06 does not apply to sexual contact between a naturopathic medical doctor and the naturopathic medical doctor’s spouse or a person in a domestic relationship who is also a patient. (3-31-22)T

**c.** A former patient includes a patient for whom the naturopathic medical doctor has provided naturopathic medical services within the last twelve (12) months. Sexual or romantic relationships with former patients beyond that period of time may also be a violation if the naturopathic medical doctor uses or exploits the trust, knowledge, emotions, or influence derived from the prior professional relationship with the patient. (3-31-22)T

**07. Failure to Report.** Failing to report to the Board any known act or omission of a licensee, applicant, or any other person, that violates any of the rules promulgated by the Board under the authority of the act; (3-31-22)T

**08. Interfering with or Influencing Disciplinary Outcome.** Interfering with an investigation or disciplinary proceeding by willful misrepresentation of facts or by use of threats or harassment against any patient, Board or naturopathic medical board, Board staff, hearing officer, or witness in an attempt to influence the outcome of a disciplinary proceeding, investigation or other legal action; (3-31-22)T

**09. Failure to Obey Laws and Rules.** Failing to obey federal and local laws and rules governing the practice of naturopathic medicine. (3-31-22)T

**033. CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS.**

**01. Renewal.** Every two (2) years, a total of forty-eight (48) hours (twenty (20) of which is pharmacology) of Board-approved CME is required as part of the naturopathic medical doctor’s license renewal. (3-31-22)T

**02. Verification of Compliance.** Licensees must, at license renewal, provide a signed statement to the Board indicating compliance. The Board, in its discretion, may require such additional evidence as it deems necessary to verify compliance. (3-31-22)T

**034. – 040. (RESERVED)**

**041. FEES.**

Nonrefundable fees are shown in the following table:

<b>Fees – Table (Non-Refundable)</b>	
Licensure Fee	Not more than \$600
Annual License Renewal Fee	Not more than \$300
Reinstatement Fee	Not more than \$200
Inactive License Renewal Fee	Not more than \$100
Duplicate Wallet License Fee	Not more than \$20
Duplicate Wall Certificate Fee	Not more than \$50

(3-31-22)T

**042. – 999. (RESERVED)**



## 24.33.05 – RULES FOR THE LICENSURE OF ATHLETIC TRAINERS TO PRACTICE IN IDAHO

### 000. LEGAL AUTHORITY.

These rules are promulgated pursuant to Sections 54-3907 and 54-3913(2), Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules govern the practice of athletic training in Idaho. (3-31-22)T

### 002. -- 009. (RESERVED)

### 010. DEFINITIONS.

**01. Actively Engaged.** A person who is employed in Idaho on a remuneration basis by an educational or health care institution, professional, amateur, or recreational sports club, or other bona fide athletic organization and is involved in athletic training as a responsibility of his employment. (3-31-22)T

**02. Association.** The Idaho Athletic Trainers' Association. (3-31-22)T

**03. Athletic Training Service Plan or Protocol.** A written document, made upon a form provided by the Board, mutually agreed upon, signed and dated by the athletic trainer and directing physician that defines the athletic training services to be provided by the athletic trainer. The Board may review athletic training service plans or protocols, job descriptions, policy statements, or other documents that define the responsibilities of the athletic trainer in the practice setting, and may require such changes as needed to achieve compliance with this chapter and Title 54, Chapter 39, Idaho Code, and to safeguard the public. The Board of Chiropractic Physicians may review those athletic training service plans or protocols or other documents that define the responsibilities of the athletic trainer for those athletic trainers whose directing physicians are chiropractic physicians. (3-31-22)T

### 011. SCOPE OF PRACTICE.

**01. Referral by Directing Physician.** An athletic injury not incurred in association with an educational institution, professional, amateur, or recreational sports club or organization must be referred by a directing physician, but only after such directing physician has first evaluated the athlete. An athletic trainer treating or evaluating an athlete with an athletic injury incurred in association with an amateur or recreational sports club or organization will especially consider the need for a directing physician to subsequently evaluate the athlete and refer for further athletic training services. (3-31-22)T

**02. Limitations of Scope of Practice.** The scope of practice of the athletic trainer, as set forth in this chapter and Section 54-3903, Idaho Code, shall be limited to and consistent with the scope of practice of his directing physician. (3-31-22)T

**03. Identification.** The athletic trainer will at all times when on duty identify himself as an athletic trainer. (3-31-22)T

### 012. ATHLETIC TRAINING SERVICE PLAN OR PROTOCOL.

Each licensed athletic trainer providing athletic training services will create, upon a form provided by the Board, an athletic training service plan or protocol with his directing physician. This athletic training service plan or protocol must be reviewed and updated on an annual basis. Each licensed athletic trainer must notify the Board within thirty (30) days of any change in the status of his directing physician. This plan or protocol will not be sent to the Board, but must be maintained on file at each location in which the athletic trainer is practicing. The Board may review athletic training service plans or protocols, job descriptions, policy statements, or other documents that define the responsibilities of the athletic trainer in the practice setting, and may require such changes as needed to achieve compliance with this chapter, Title 54, Chapter 39, Idaho Code, and to safeguard the public. This plan or protocol will be made immediately available to the Board upon request. This plan or protocol will be made immediately available to the Board of Chiropractic Physicians upon request for those athletic trainers whose directing physicians are chiropractic physicians. This plan or protocol will include: (3-31-22)T

**01. Listing of Services and Activities.** A listing of the athletic training services to be provided and specific activities to be performed by the athletic trainer. (3-31-22)T

**02. Locations and Facilities.** The specific locations and facilities in which the athletic trainer will function; and (3-31-22)T

**03. Methods to be Used.** The methods to be used to ensure responsible direction and control of the

activities of the athletic trainer, which will provide for the: (3-31-22)T

- a. Recording of an on-site visit by the directing physician at least semiannually or every semester; (3-31-22)T
- b. Availability of the directing physician to the athletic trainer in person or by telephone and procedures for providing direction for the athletic trainer in emergency situations; and (3-31-22)T
- c. Procedures for addressing situations outside the scope of practice of the athletic trainer.(3-31-22)T

**013. -- 019. (RESERVED)**

**020. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.**

Requirements for licensure and renewal are found in Title 54, Chapter 39, Idaho Code, IDAPA 24.33.03, and on Board-approved forms. (3-31-22)T

**021. -- 029. (RESERVED)**

**030. APPLICATION FOR LICENSURE.**

**01. Application for Provisional Licensure. (3-31-22)T**

a. The Board, based upon the recommendation of the Board of Athletic Trainers, may issue provisional licensure to applicants who have successfully completed a bachelor's or advanced degree from an accredited four (4) year college or university, and met the minimum athletic training curriculum requirement established by the Board as recommended by the Board of Athletic Trainers and who have met all the other requirements set forth by Section 020 of these rules but who have not yet passed the examination conducted by the National Athletic Trainers' Association Board of Certification or a nationally recognized credentialing agency, approved by the Board as recommended by the Board of Athletic Trainers. (3-31-22)T

b. Each applicant for provisional licensure will submit a completed written application to the Board on forms prescribed by the Board, together with the application fee. The application shall be verified, under oath, and include an affidavit signed by an Idaho licensed athletic trainer affirming and attesting to supervise and be responsible for the athletic training services of the provisionally licensed athletic trainer and to review and countersign all records and documentation of services performed by the provisionally licensed athletic trainer. (3-31-22)T

ii. Supervision. A provisionally licensed graduate athletic trainer must be in direct association with his directing physician and Idaho licensed athletic trainer who will supervise and be available to render direction in person and on the premises where the athletic training services are being provided. The directing physician and the supervising athletic trainer is responsible for the athletic training services provided by the provisionally licensed graduate athletic trainer. The extent of communication between the directing physician and supervising athletic trainer and the provisionally licensed athletic trainer is determined by the competency of the provisionally licensed athletic trainer and the practice setting and the type of athletic training services being rendered. (3-31-22)T

c. Scope of Practice. The scope of practice of the provisionally licensed athletic trainer, as set forth in this chapter and Section 54-3903, Idaho Code, is limited to and consistent with the scope of practice of his directing physician and supervising athletic trainer and conform with the established athletic training service plan or protocol. (3-31-22)T

d. Expiration of Provisional License. All provisional licenses for athletic trainers will expire upon meeting the minimum athletic training curriculum requirement established by the Board as recommended by the Board of Athletic Trainers and meeting all the other requirements set forth by Section 020 of these rules, including passing the certification examination conducted by the National Athletic Trainers' Association Board of Certification or a nationally recognized credentialing agency, approved by the Board as recommended by the Board of Athletic Trainers. (3-31-22)T

**031. -- 051. (RESERVED)**

**052. DENIAL OR REFUSAL TO RENEW LICENSURE OR SUSPENSION OR REVOCATION OF LICENSURE.**

**01. Application or Renewal Denial.** A new or renewal application for licensure may be denied by the Board and shall be considered a contested case. Every person licensed pursuant to Title 54, Chapter 39, Idaho Code and these rules is subject to discipline pursuant to the procedures and powers established by and set forth in Section 54-3911, Idaho Code, and the Idaho Administrative Procedure Act. (3-31-22)T

**02. Petitions for Reconsideration of Denial.** All petitions for reconsideration of a denial of a license application or reinstatement application shall be made to the Board within one (1) year from the date of the denial. (3-31-22)T

**053. -- 060. (RESERVED)**

**061. FEES -- TABLE.**

Nonrefundable fees are as follows:

<b>Fees – Table (Non-Refundable)</b>	
Athletic Trainer Licensure Fee	- Not more than \$240
Athletic Trainer Annual Renewal Fee	- Not more than \$160
Directing Physician Registration Fee	- Not more than \$50
Annual Renewal of Directing Physician Registration Fee	- Not more than \$25
Alternate Directing Physician Registration/Renewal Fee	- \$0
Provisional Licensure Fee	- Not more than \$80
Annual Renewal of Provisional License Fee	- Not more than \$40
Inactive License Renewal Fee	- Not more than \$80
Reinstatement Fee	- Not more than \$50 plus unpaid renewal fees

(3-31-22)T

**062. -- 999. (RESERVED)**

**24.33.06 – RULES FOR LICENSURE OF RESPIRATORY THERAPISTS AND  
PERMITTING OF POLYSOMNOGRAPHERS IN IDAHO**

**000. LEGAL AUTHORITY.**

The rules are promulgated pursuant to Sections 54-4305, 54-4310, and 54-4311, Idaho Code. (3-31-22)T

**001. SCOPE.**

The rules govern the practice of respiratory care and polysomnography related to respiratory care. (3-31-22)T

**002. -- 009. (RESERVED)**

**010. DEFINITIONS.**

**01. Board of Registered Polysomnographic Technologists.** A nationally recognized private testing, examining and credentialing body for the polysomnography related respiratory care profession. (3-31-22)T

**02. Comprehensive Registry Exam.** The comprehensive registry examination administered by the Board of Registered Polysomnographic Technologists, or administered by an equivalent board, recognized by the Board, the successful completion of which entitles a person to the professional designation of Registered Polysomnographic Technologist (RPSGT). (3-31-22)T

**03. Written Registry and Clinical Simulation Examinations.** The certification examinations administered by the National Board of Respiratory Care, Inc., or certification examinations administered by an equivalent board, recognized by the Board, the successful completion of which entitles a person the professional designation of "Registered Respiratory Therapist" (RRT). (3-31-22)T

**011. -- 030. (RESERVED)**

**031. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.**

Requirements for licensure and renewal are found in Title 54, Chapter 43, Idaho Code, IDAPA 24.33.03, and on Board-approved forms. (3-31-22)T

**01. Application for Respiratory Care and Polysomnography Related Respiratory Care Practitioner.** (3-31-22)T

**a.** The Board may issue a dual license/permit to an applicant who meets the requirements set forth in this chapter and Sections 54-4308 and 54-4307(2) and (3), Idaho Code. A dual license/permit shall authorize the holder to perform respiratory care and polysomnography related respiratory care in this state. (3-31-22)T

**b.** Application for a dual license/permit shall be made to the Board on a form prescribed by the Board, together with the application fee. (3-31-22)T

**c.** Such dual license/permit shall expire on the expiration date printed on the face of the certificate unless renewed. (3-31-22)T

**032. CONTINUING EDUCATION.**

**01. Evidence of Completion.** Prior to renewal, reinstatement or reapplication, each applicant shall submit evidence of successfully completing no less than twelve (12) hours per year of approved respiratory therapy related continuing education. Continuing education activities include but are not limited to: attending or presenting at conferences, seminars or inservice programs; or formal course work in respiratory therapy related subjects. (3-31-22)T

**02. Polysomnographer Continuing Education.** Prior to renewal, reinstatement or reapplication, each applicant shall submit evidence of successfully completing no less than twelve (12) hours per year of approved polysomnographic-related respiratory care continuing education. The Board, as recommended by the Licensure Board, may substitute all or a portion of the coursework required in Subsection 032.02 when an applicant for renewal shows evidence of passing an approved challenge exam or of completing equivalent education as determined by the Board, as recommended by the Licensure Board, to be in full compliance with the education requirements of this chapter. (3-31-22)T

**033. PROVISIONAL LICENSE OR PERMIT.**

**01. Provisional Licensure or Permit by Examination.** A provisional license or permit may be issued until notification of exam results to an applicant following graduation from an accredited or approved respiratory care or polysomnography-related respiratory care educational program as set forth in Sections 54-4303, 54-4306, 54-4307, 54-4308, 54-4309, Idaho Code, if: the applicant otherwise meets the license or permit requirements set forth in Sections 54-4307(2) & (4) or 54-4308, Idaho Code; and the applicant has either applied to take or has taken the requisite Board-approved national examination(s) and is awaiting results. Provisional licenses and permits issued to examination candidates are issued for a period not to exceed six (6) months and are nonrenewable. (3-31-22)T

**02. Unsuccessful Examination Candidates.** An applicant who fails to pass the requisite Board-approved national examination(s) during the six (6) month timeframe is not eligible for further temporary licensure or permitting. (3-31-22)T

**034. SUPERVISION OF RESPIRATORY CARE.**

The practice or provision of respiratory care or polysomnography services by persons holding a student, consulting, or training exemption or a provisional license or permit shall be under the supervision of a respiratory care practitioner or licensed physician who shall be responsible for the activities of the person being supervised and shall review and countersign all patient documentation performed by the person being supervised. The supervising respiratory care practitioner or licensed physician need not be physically present or on the premises at all times but must be available for telephonic consultation. The extent of communication between the supervising or consulting respiratory care practitioner or licensed physician and the person being supervised shall be determined by the competency of the person, the treatment setting, and the diagnostic category of the client. (3-31-22)T

**035. -- 045. (RESERVED)**

**046. FEES -- TABLE.**

**01. Fees -- Table.** Nonrefundable fees for Respiratory Care Practitioners are as follows:

<b>Fees – Table (Non-Refundable)</b>	
Respiratory Care Practitioner Initial Licensure Fee	- Not more than \$180
Respiratory Care Practitioner Reinstatement Fee	- \$50 plus unpaid renewal fees
Annual Renewal Fee for Inactive License	- Not more than \$100
Inactive Conversion Fee	- Not more than \$100
Annual Renewal Fee	- Not more than \$140
Provisional License Fee	- Not more than \$90

(3-31-22)T

**02. Fees – Table.** Nonrefundable Permit Fees for Polysomnography Related Respiratory Care Practitioners.

<b>Fees – Table (Non-Refundable)</b>	
Initial Permit Fee – Registered Polysomnographic Technologist and Polysomnographic Technician	- Not more than \$180
Reinstatement Fee – Registered Polysomnographic Technologist and Polysomnographic Technician	- \$50 plus unpaid renewal fees
Annual Renewal Fee – Registered Polysomnographic Technologist and Polysomnographic Technician	- Not more than \$140
Provisional Permit Fee – Registered Polysomnographic Technologist	- Not more than \$90

<b>Fees – Table (Non-Refundable)</b>	
Annual Renewal Fee for Inactive License—Polysomnographic Technologist and Polysomnographic Technician	- Not more than \$100
Inactive Conversion Fee	- Not more than \$100 plus unpaid active licensure fees for the time inactive

(3-31-22)T

**03. Fees - Table.** Nonrefundable Dual Licensure/Permit Fees for Practitioners of Respiratory and Polysomnography Related Respiratory Care. (3-31-22)T

**a.** Initial Licensure/Permit Fee. A person holding a current license or permit, if qualified, may apply for and obtain a dual license/permit without paying an additional fee.

<b>Fees – Table (Non-Refundable)</b>	
Dual Licensure/Permit Fee	- Not more than \$180
A person holding a current license or permit, if qualified, may apply for and obtain a dual license/permit without paying an additional fee.	
Reinstatement Fee	- \$50 plus unpaid renewal fees
Annual Renewal Fee	- Not more than \$140
Renewal is required upon the expiration of either the permit or the license, whichever expires first if the two (2) initially were not obtained at the same time.	

(3-31-22)T

**047. -- 999. (RESERVED)**

**24.33.07 – RULES FOR THE LICENSURE OF DIETITIANS**

**000. LEGAL AUTHORITY.**

These rules are promulgated pursuant to Section 54-3505(2), Idaho Code. (3-31-22)T

**001. SCOPE.**

These rules govern the practice of dietetics in Idaho. (3-31-22)T

**002. -- 019. (RESERVED)**

**020. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.**

Requirements for licensure and renewal are found in Title 54, Chapter 35, Idaho Code, IDAPA 24.33.03, and on Board-approved forms. (3-31-22)T

**021. PROVISIONAL LICENSURE.**

**01. Provisional License.** The Board may issue a provisional license to a person who has successfully completed the academic requirements of an education program in dietetics approved by the licensure board and has successfully completed a dietetic internship or preprofessional practice program, coordinated program or such other equivalent experience as may be approved by the board and who has met all the other requirements set forth by Section 020 of this rule but who has not yet passed the examination conducted by the Commission on Dietetic Registration. (3-31-22)T

**02. Provisional License Dietitian/Monitor Affidavit.** The provisionally licensed dietitian must obtain an affidavit signed by an Idaho licensed dietitian affirming and attesting that they will be responsible for the activities of the provisionally licensed dietitian and will review and countersign all patient documentation signed by the provisionally licensed dietitian. The supervising monitor need not be physically present or on the premises at all times but must be available for telephonic consultation. The extent of communication between the monitor and the provisionally licensed dietitian will be determined by the competency of the individual, the treatment setting, and the diagnostic category of the patients. (3-31-22)T

**03. Provisional Licensure Expiration.** Provisional licenses will become full active licenses upon the date of receipt of a copy of registration by the Commission on Dietetic Registration. All provisional licenses will expire on the last day of the current renewal cycle. (3-31-22)T

**022. -- 031. (RESERVED)**

**032. DENIAL OR REFUSAL TO RENEW, SUSPENSION OR REVOCATION OF LICENSE.**

**01. Disciplinary Authority.** A new or renewal application may be denied or a license may be suspended or revoked by the Board, and every person licensed pursuant to Title 54, Chapter 35, Idaho Code and these rules is subject to disciplinary actions or probationary conditions pursuant to the procedures and powers established by and set forth in Section 54-3505, Idaho Code, and the Idaho Administrative Procedure Act. (3-31-22)T

**033. -- 040. (RESERVED)**

**041. FEES -- TABLE.**

Nonrefundable fees are as follows:

<b>Fees – Table (Non-Refundable)</b>	
Initial Licensure Fee	- Not more than \$150
Annual Renewal Fee	- Not more than \$100
Reinstatement Fee	- \$50 plus unpaid renewal fees
Inactive Conversion Fee	- Not more than \$50

(3-31-22)T

**042. -- 999. (RESERVED)**

## 24.34.01 – RULES OF THE IDAHO BOARD OF NURSING

### 000. LEGAL AUTHORITY.

This chapter is adopted in accordance with Section 54-1404(13), Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules govern the standards of nursing practice, licensure, educational programs and discipline in Idaho. (3-31-22)T

### 002. FILING OF DOCUMENTS.

All written communications and documents that are intended to be part of an official record for decision in a rulemaking or contested case must be filed with the executive director of the Board. One (1) original is sufficient for submission to the hearing officer, with one (1) copy for the Board and one (1) copy submitted to the opposing party. Whenever documents are filed by facsimile transmission (FAX), originals are to be deposited in the mail the same day or hand delivered the following business day to the hearing officer or the Board, and opposing parties. (3-31-22)T

### 003. CHANGES IN NAME AND ADDRESS – ADDRESS FOR NOTIFICATION PURPOSES.

**01. Change of Name.** Whenever a change of licensee name or address occurs, the Board is to be immediately notified of the change. Documentation confirming the change of name will be provided to the Board on request. (3-31-22)T

**02. Address for Notification Purposes.** (3-31-22)T

**a.** The most recent mailing or electronic address on record with the Board is utilized for purposes of all written communication with the licensee. (3-31-22)T

**b.** In a contested case proceeding, the service of process of Board documents (including notices, summonses, complaints, subpoenas and orders) is made by: (3-31-22)T

**i.** Personal service; (3-31-22)T

**ii.** Mailing to the licensee's mailing address on record; or (3-31-22)T

**iii.** E-mailing to the licensee's electronic address on record, if authorized. Service on an electronic address is authorized when the licensee has already appeared in the proceeding or has agreed in writing to service by e-mail. (3-31-22)T

### 004. -- 009. (RESERVED)

### 010. DEFINITIONS.

The definitions set forth in Section 54-1402, Idaho Code, are applicable to these rules. In addition, unless the context clearly denotes or requires otherwise, for purposes of these rules, the below terms have the following meanings: (3-31-22)T

**01. Abandonment.** The termination of a nurse/patient relationship without first making appropriate arrangements for continuation of required nursing care. The nurse/patient relationship begins when responsibility for nursing care of a patient is accepted by the nurse. Refusal to accept an employment assignment or refusal to accept or begin a nurse/patient relationship is not abandonment. Reasonable notification, or a timely request for alternative care for a patient, directed to a qualified provider or to a staff supervisor, prior to leaving the assignment, constitutes termination of the nurse/patient relationship. (3-31-22)T

**02. Accreditation.** The official authorization or status granted by a recognized accrediting entity or agency other than a state board of nursing. (3-31-22)T

**03. Administration of Medications.** The process whereby a prescribed medication is given to a patient by one (1) of several routes. Administration of medication is a complex nursing responsibility which requires a knowledge of anatomy, physiology, pathophysiology, and pharmacology. Only persons authorized under Board statutes and these rules may administer medications and treatments as prescribed by health care providers authorized to prescribe medications. (3-31-22)T

**04. Approval.** The process by which the Board evaluates and grants official recognition to education



- programs that meet standards established by the Board. (3-31-22)T
- 05. Assist.** To aid or help in the accomplishment of a prescribed set of actions. (3-31-22)T
- 06. Assistance With Medications.** The process whereby a non-licensed care provider is delegated tasks by a licensed nurse to aid a patient who cannot independently self-administer medications. (3-31-22)T
- 07. Board Staff.** The executive director and other such personnel as are needed to implement the Nursing Practice Act and these rules. (3-31-22)T
- 08. Charge Nurse.** A licensed nurse who bears primary responsibility for assessing, planning, prioritizing and evaluating care for the patients on a unit, as well as the overall supervision of the licensed and unlicensed staff delivering the nursing care. (3-31-22)T
- 09. Clinical Preceptor.** A licensed registered nurse, or other qualified individual as defined in these rules, who acts to facilitate student training in a manner prescribed by a written agreement between the preceptor's employer and an educational institution. (3-31-22)T
- 10. Competence.** Safely performing those functions within the role of the licensee in a manner that demonstrates essential knowledge, judgment and skills. (3-31-22)T
- 11. Curriculum.** The systematic arrangement of learning experiences including didactic courses, practical experiences, and other activities needed to meet the requirements of the nursing program and of the certificate or degree conferred by the parent institution. (3-31-22)T
- 12. Delegation.** The process by which a licensed nurse assigns tasks to be performed by others. (3-31-22)T
- 13. Disability.** Any physical, mental, or emotional condition that interferes with the ability to safely and competently practice. (3-31-22)T
- 14. Emeritus License.** A license issued to a nurse retiring from active practice for any length of time. (3-31-22)T
- 15. Licensing Examination.** A licensing examination acceptable to the Board. (3-31-22)T
- 16. License in Good Standing.** A license not subject to current disciplinary action, restriction, probation or investigation in any jurisdiction. (3-31-22)T
- 17. Nursing Assessment.** The systematic collection of data related to the patient's health needs. (3-31-22)T
- 18. Nursing Diagnosis.** The clinical judgment or conclusion regarding patient/client/family/community response to actual or potential health problems made as a result of the nursing assessment. (3-31-22)T
- 19. Nursing Intervention.** An action deliberately selected and performed to support the plan of care. (3-31-22)T
- 20. Nursing Jurisdiction.** Unless the context clearly denotes a different meaning, when used in these rules, the term nursing jurisdiction means any or all of the fifty (50) states, U.S. territories or commonwealths, as the case may be. (3-31-22)T
- 21. Nursing Service Administrator.** A licensed registered nurse who has administrative responsibility for the nursing services provided in a health care setting. (3-31-22)T
- 22. Organized Program of Study.** A written plan of instruction to include course objectives and content, teaching strategies, provisions for supervised clinical practice, evaluation methods, length and hours of

course, and faculty qualifications. (3-31-22)T

**23. Patient.** An individual or a group of individuals who are the beneficiaries of nursing services in any setting and may include client, resident, family, community. (3-31-22)T

**24. Patient Education.** The act of teaching patients and their families, for the purpose of improving or maintaining an individual's health status. (3-31-22)T

**25. Plan of Care.** The goal-oriented strategy developed to assist individuals or groups to achieve optimal health potential. (3-31-22)T

**26. Practice Standards.** General guidelines that identify roles and responsibilities for a particular category of licensure and, used in conjunction with the decision-making model, define a nurse's relationship with other care providers. (3-31-22)T

**27. Probation.** A period of time set forth in an order in which certain restrictions, conditions or limitations are imposed on a licensee. (3-31-22)T

**28. Protocols.** Written standards that define or specify performance expectations, objectives, and criteria. (3-31-22)T

**29. Restricted License.** A nursing license subject to specific restrictions, terms, and conditions. (3-31-22)T

**30. Revocation.** Termination of the authorization to practice. (3-31-22)T

**31. Scope of Practice.** The extent of treatment, activity, influence, or range of actions permitted or authorized for licensed nurses based on the nurse's education, preparation, and experience. (3-31-22)T

**32. Supervision.** Designating or prescribing a course of action, or giving procedural guidance, direction, and periodic evaluation. Direct supervision requires the supervisor to be physically present and immediately accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. (3-31-22)T

**33. Suspension.** An order temporarily withdrawing a nurse's right to practice nursing. (3-31-22)T

**34. Technician/Technologist.** These individuals are not credentialed by regulatory bodies in Idaho and may include, but are not limited to: surgical, dialysis and radiology technicians/technologists, monitor technicians and medical assistants. (3-31-22)T

**35. Unlicensed Assistive Personnel (UAP).** This term is used to designate unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. The term also includes licensed or credentialed health care workers whose job responsibilities extend to health care services beyond their usual and customary roles and which activities are provided under the direction and supervision of licensed nurses. UAPs are prohibited from performing any licensed nurse functions that are specifically defined in Section 54-1402, Idaho Code. UAPs may not be delegated procedures involving acts that require nursing assessment or diagnosis, establishment of a plan of care or teaching, the exercise of nursing judgment, or procedures requiring specialized nursing knowledge, skills or techniques. (3-31-22)T

**36. Universal Precautions.** The recommendations published by the Center for Disease Control, Atlanta, Georgia, for preventing transmission of infectious disease. (3-31-22)T

**011. -- 039. (RESERVED)**

**040. TEMPORARY LICENSE.**  
A temporary license is a nonrenewable license. (3-31-22)T

**01. Issued at Discretion of Board.** Temporary licenses are issued, and may be extended, at the discretion of the Board. (3-31-22)T

**02. Temporary Licensure by Interstate Endorsement.** A temporary license may be issued to an applicant for interstate endorsement on proof of current licensure in good standing in another nursing jurisdiction, satisfactory documentation of employment within the three (3) years immediately preceding application, and compliance with the requirements of Section 240 of these rules. (3-31-22)T

**03. Temporary Licensure by Examination.** A temporary license to practice nursing until notification of examination results and completion of criminal background check may be issued to an applicant for Idaho licensure beginning thirty (30) days prior to graduation from a nursing education program recognized by the professional licensing board for another nursing jurisdiction, and compliance with Section 221 of these rules. (3-31-22)T

**a.** The practice of nursing by new graduates holding temporary licensure is limited as follows: (3-31-22)T

**i.** Direct supervision by a licensed registered nurse is provided. (3-31-22)T

**ii.** Precluded from acting as charge nurse. (3-31-22)T

**b.** Temporary licenses issued to examination candidates are issued for a period not to exceed ninety (90) days. (3-31-22)T

**04. Unsuccessful Examination Candidates.** (3-31-22)T

**a.** An applicant who fails to pass the licensing examination is not eligible for further temporary licensure. (3-31-22)T

**b.** In the event that such applicant subsequently passes the licensing examination after twelve (12) months or more have elapsed following completion of the educational program, a temporary license with conditions may be issued until verification of clinical competence is received. (3-31-22)T

**05. Applicants Not in Active Practice.** A temporary license with specific terms and conditions may be issued to a person who has not actively engaged in the practice of nursing in any nursing jurisdiction for more than three (3) years immediately prior to the application for licensure or to an applicant whose completed application indicates the need for confirmation of the applicant's ability to practice safe nursing. (3-31-22)T

**06. Applicants from Other Countries.** Upon final evaluation of the completed application, the Board may, at its discretion, issue a temporary license to a graduate from a nursing education program outside of a nursing jurisdiction, pending notification of results of the licensing examination. (3-31-22)T

**07. Fee.** The applicant pays the temporary license fee, as prescribed in of these rules. (3-31-22)T

**041. -- 059. (RESERVED)**

**060. LPN, RN, AND APRN LICENSE RENEWAL.** All licenses are renewed as prescribed in Section 54-1411, Idaho Code. (3-31-22)T

**01. Renewal Applications.** Renewal applications may be obtained by contacting the Board. (3-31-22)T

**02. Final Date to Renew.** The original completed renewal application and renewal fee as prescribed in Section 900 of these rules, are submitted to the Board and post-marked or electronically dated not later than August 31 of the appropriate renewal year. (3-31-22)T

**03. Date License Lapsed.** Licenses not renewed prior to September 1 of the appropriate year are lapsed and therefore invalid. (3-31-22)T

**061. CONTINUED COMPETENCE REQUIREMENTS FOR RENEWAL OF AN ACTIVE LICENSE.**

**01. Learning Activities.** In order to renew an LPN or RN license, a licensee shall complete or comply with at least two (2) of any of the learning activities listed below in Paragraphs 061.01.a., b., or c. within the two-year (2) renewal period: (3-31-22)T

- a. Practice:** (3-31-22)T
  - i. Current nursing specialty certification as defined in Section 402 of these rules; or (3-31-22)T
  - ii. One hundred (100) hours of practice or simulation practice, paid or unpaid, in which the nurse applies knowledge or clinical judgment in a way that influences patients, families, nurses, or organizations; (3-31-22)T
- b. Education, Continuing Education, E-learning, and In-service:** (3-31-22)T
  - i. Fifteen (15) contact hours of continuing education, e-learning, academic courses, nursing-related in-service offered by an accredited educational institution, healthcare institution, or organization (a contact hour equals not less than fifty (50) minutes); or (3-31-22)T
  - ii. Completion of a minimum of one (1) semester credit hour of post-licensure academic education relevant to nursing practice, offered by a college or university accredited by an organization recognized by the U.S. Department of Education; or (3-31-22)T
  - iii. Completion of a Board-recognized refresher course in nursing or nurse residency program; or (3-31-22)T
  - iv. Participation in or presentation of a workshop, seminar, conference, or course relevant to the practice of nursing and approved by an organization recognized by the Board to include, but not limited to: (3-31-22)T
    - (1) A nationally recognized nursing organization; (3-31-22)T
    - (2) An accredited academic institution; (3-31-22)T
    - (3) A provider of continuing education recognized by another board of nursing; (3-31-22)T
    - (4) A provider of continuing education recognized by a regulatory board of another discipline; or (3-31-22)T
    - (5) A program that meets criteria established by the Board; (3-31-22)T
- c. Professional Engagement:** (3-31-22)T
  - i. Acknowledged contributor to a published nursing-related article or manuscript; or (3-31-22)T
  - ii. Teaching or developing a nursing-related course of instruction; or (3-31-22)T
  - iii. Participation in related professional activities including, but not limited to, research, published professional materials, nursing-related volunteer work, teaching (if not licensee's primary employment), peer reviewing, precepting, professional auditing, and service on nursing or healthcare related boards, organizations, associations or committees. (3-31-22)T

**02. APRN Continued Competence Requirements.** Registered nurses who also hold an active license as an APRN shall only meet the requirements of Section 300 of these rules. (3-31-22)T

**03. First Renewal Exemption.** A licensee is exempt from the continued competence requirement for the first renewal following initial licensure by examination. (3-31-22)T

**04. Extension.** The Board may grant an extension for good cause for up to one (1) year for the completion of continuing competence requirements. Such extension shall not relieve the licensee of the continuing competence requirements. (3-31-22)T

**05. Beyond the Control of Licensee Exemption.** The Board may, in the exercise of its sound discretion, grant an exemption for all or part of the continuing competence requirements due to circumstances beyond the control of the licensee. (3-31-22)T

**06. Disciplinary Proceeding.** Continued competence activities or courses required by Board order in a disciplinary proceeding shall not be counted as meeting the requirements for licensure renewal. (3-31-22)T

**07. Compliance Effective Dates.** Compliance with the continuing competence requirements of Sections 061 and 062 will be necessary to renew an LPN license beginning with 2018 renewals and an RN license beginning with 2019 renewals. (3-31-22)T

**062. DOCUMENTING COMPLIANCE WITH CONTINUED COMPETENCE REQUIREMENTS.**

**01. Retention of Original Documentation.** All licensees are to maintain original documentation of completion for a period of two (2) years following renewal and to provide such documentation within thirty (30) days of a request from the Board for proof of compliance. (3-31-22)T

**02. Documentation of Compliance.** Documentation of compliance consists of the following: (3-31-22)T

**a.** Evidence of national certification includes a copy of a certificate that includes the name of licensee, name of certifying body, date of certification, and date of certification expiration. Certification will be initially attained during the licensure period, have been in effect during the entire licensure period, or have been recertified during the licensure period. (3-31-22)T

**b.** Evidence of post-licensure academic education includes a copy of the transcript with the name of the licensee, name of educational institution, date(s) of attendance, name of course, and number of credit hours received. (3-31-22)T

**c.** Evidence of completion of a Board-recognized refresher course includes certificate or written correspondence from the provider with the name of the licensee, name of provider, and verification of successful completion of the course. (3-31-22)T

**d.** Evidence of completion of research or a nursing project includes an abstract or summary, the name of the licensee, role of the licensee as principal or contributing investigator, date of completion, statement of the problem, research or project objectives, methods used, and summary of findings. (3-31-22)T

**e.** Evidence of contributing to a published nursing-related article, manuscript, paper, book, or book chapter includes a copy of the publication to include the name of the licensee and publication date. (3-31-22)T

**f.** Evidence of teaching a course for college credit includes documentation of the course offering indicating instructor, course title, course syllabus, and the number of credit hours. Teaching a particular course may only be used once to satisfy the continued competence requirement unless the course offering and syllabus has changed in a material or significant fashion. (3-31-22)T

**g.** Evidence of teaching a course for continuing education credit includes a written attestation from the director of the program or authorizing entity including the date(s) of the course and the number of hours awarded. (3-31-22)T

**h.** Evidence of hours of continuing learning activities or courses includes the name of the licensee,

title of activity, name of provider, number of hours, and date of activity. (3-31-22)T

i. Evidence of one hundred (100) hours of practice in nursing includes the name of the licensee and documentation satisfactory to the Board of the number of hours worked during review period validated by the employer/recipient agency. If self-employed, hours worked may be validated through other methods such as tax records or other business records. If practice is of a volunteer or gratuitous nature, hours worked may be validated by the recipient agency. (3-31-22)T

**063. REINSTATEMENT (NON-DISCIPLINE).**

A person whose license has lapsed for failure to pay the renewal fee by the specified date may apply for reinstatement by submitting the items set out in Section 54-1411(3), Idaho Code and a current fingerprint-based criminal history check as set forth in Section 54-1401(3), Idaho Code, as well as paying the fees prescribed in these rules. (3-31-22)T

**064. REINSTATEMENT AFTER DISCIPLINE.**

**01. Submission of Application Materials.** A person whose license has been subject to disciplinary action by the Board may apply for reinstatement of the license to active and unrestricted status by: (3-31-22)T

a. Submitting the items set out in Section 54-1411(3), Idaho Code; (3-31-22)T

b. Submitting a current fingerprint-based criminal history check as set forth in Section 54-1401(3), Idaho Code; (3-31-22)T

c. Paying the fees prescribed in these rules; and (3-31-22)T

d. Documenting compliance with any term and restrictions set forth in any order as a condition of reinstatement. (3-31-22)T

**02. Appearance Before Board.** Applicants for reinstatement may be called to appear before the Board. (3-31-22)T

**03. Application for Reinstatement After Revocation.** Unless otherwise provided in the order of revocation, applicants for reinstatement of revoked licenses are precluded from applying for reinstatement for a period of two (2) years after entry of the order. (3-31-22)T

**065. -- 075. (RESERVED)**

**076. PERSONS EXEMPTED BY BOARD.**

Licensure to practice nursing is not necessary, nor is the practice of nursing prohibited for persons exempted by the Board including: (3-31-22)T

**01. Technicians and Technologists.** Technicians and technologists who comply with Section 491 of these rules. (3-31-22)T

**02. Non-Resident Nurses.** Non-resident nurses currently licensed in good standing in another nursing jurisdiction, who are in Idaho on a temporary basis because of enrollment in or presentation of a short term course of instruction recognized or approved by the Board and who are performing functions incident to formal instruction. (3-31-22)T

**03. Family Members and Others.** (3-31-22)T

a. Family members providing care to a person to whom they are related by blood, marriage, adoption, legal guardianship or licensed foster care. (3-31-22)T

b. Non-family members who provide gratuitous care to a person on a temporary basis in order to give respite to family members who regularly provide care to that person. (3-31-22)T

c. Live-in domestics, housekeepers and companions provided they do not represent themselves as, nor receive compensation as, licensed nurses or other nursing care providers and so long as any health care provided is incidental to the services for which they are employed. (3-31-22)T

**04. Nurse Apprentice.** A nurse apprentice is a nursing student or recent graduate who is employed for remuneration in a non-licensed capacity outside the student role by a Board approved health care agency. (3-31-22)T

a. Applicants for nurse apprentice must: (3-31-22)T

i. Be enrolled in an accredited/approved nursing education program that is substantially equivalent to Idaho's approved programs for practical/registered nursing. (3-31-22)T

ii. Be in good academic standing at the time of application and notify the Board of any change in academic standing. (3-31-22)T

iii. Meet the employing agency's health care skills validation requirements. (3-31-22)T

iv. Satisfactorily complete a basic nursing fundamentals course. (3-31-22)T

v. Use obvious designations that identify the applicant as a nurse apprentice. (3-31-22)T

b. A completed application for nurse apprentice consists of: (3-31-22)T

i. Completed application form provided by the Board; and (3-31-22)T

ii. Verification of satisfactory completion of a basic nursing fundamentals course; and (3-31-22)T

iii. Validation of successful demonstration of skills from a nursing education program; and (3-31-22)T

iv. Verification of good academic standing. (3-31-22)T

c. An individual whose application is approved will be issued a letter identifying the individual as a nurse apprentice for a designated time period to extend not more than three (3) months after successful completion of the nursing education program. (3-31-22)T

d. A nurse apprentice may, under licensed registered nurse supervision, perform all functions approved by the Board for unlicensed assistive personnel as set forth in Section 490 of these rules. (3-31-22)T

**05. Employer Application.** (3-31-22)T

a. Health care agencies wishing to employ nurse apprentices are to complete an application form provided by the Board that consists of: (3-31-22)T

i. Job descriptions for apprentice; (3-31-22)T

ii. A written plan for orientation and skill validation; (3-31-22)T

iii. The name of the licensed registered nurse who is accountable and responsible for the coordination or management of the nurse apprentice program; (3-31-22)T

iv. Assurance that a licensed registered nurse is readily available when nurse apprentice is working; (3-31-22)T

v. A written procedure for the nurse apprentice who is asked to perform a task that could jeopardize a patient and who declines to perform the task; and (3-31-22)T

vi. A fee of one hundred dollars (\$100). (3-31-22)T

**b.** Following application review, the Board may grant approval to a health care agency to employ nurse apprentices for a period of up to one (1) year. (3-31-22)T

**c.** To ensure continuing compliance with Board requirements, each approved agency submits an annual report to the Board on forms provided by the Board. Based on its findings, the Board may grant continuing approval annually for an additional one (1) year period. (3-31-22)T

**d.** At any time, if the employing agency fails to inform the Board of changes in conditions upon which approval was based or otherwise fails to comply with established requirements, the Board may notify the agency of withdrawal of approval. (3-31-22)T

**077. -- 089. (RESERVED)**

**090. REAPPLICATION FOR A LICENSE AFTER PREVIOUS DENIAL.**

**01. Request for Review.** Review of a denied application may be requested by submitting a written statement and documentation that includes evidence, satisfactory to the Board, of rehabilitation, or elimination or cure of the conditions for denial. (3-31-22)T

**02. Reapplication Files.** Reapplication files remain open and active for a period of twelve (12) months from date of receipt. After twelve (12) months, the file is closed and any subsequent reapplication will require submission of a new application form and payment of the applicable fees. (3-31-22)T

**091. -- 099. (RESERVED)**

**100. GROUNDS FOR DISCIPLINE.**

**01. False Statement.** A false, fraudulent or forged statement or misrepresentation in procuring a license to practice nursing means, but need not be limited to: (3-31-22)T

**a.** Procuring or attempting to procure a license to practice nursing by filing forged or altered documents or credentials; or (3-31-22)T

**b.** Falsifying, misrepresenting facts or failing to verify and accurately report any and all facts submitted on any application for licensure, examination, relicensure, or reinstatement of licensure by making timely and appropriate inquiry of all jurisdictions in which licensee has made application for, or obtained, licensure or certification or engaged in the practice of nursing; or (3-31-22)T

**c.** Impersonating any applicant or acting as proxy for the applicant in any examination for nurse licensure. (3-31-22)T

**02. Conviction of a Felony.** Conviction of, or entry of a withheld judgment or a plea of nolo contendere to, conduct constituting a felony. (3-31-22)T

**03. False or Assumed Name.** Practicing nursing under a false or assumed name means, but need not be limited to, carrying out licensed nursing functions while using other than the individual's given or legal name. (3-31-22)T

**04. Offense Involving Moral Turpitude.** An offense involving moral turpitude means, but need not be limited to, an act of baseness, vileness, or depravity in the private and social duties that a man owes to his fellow man, or to society in general, contrary to the accepted and customary rule of right and duty between man and man. (3-31-22)T

**05. Gross Negligence or Recklessness.** Gross negligence or recklessness in performing nursing functions means, but need not be limited to, a substantial departure from established and customary standards of care which, under similar circumstances, would have been exercised by a licensed peer; an act or an omission where there



is a legal duty to act or to refrain from acting that a reasonable and prudent practitioner of nursing under same or similar facts and circumstances would have done, would have refrained from doing or would have done in a different manner and which did or could have resulted in harm or injury to a patient/client. An exercise of so slight a degree of care as to justify the belief that there was a conscious or overt disregard or indifference for the health, safety, well-being, or welfare of the public shall be considered a substantial departure from the accepted standard of care.

(3-31-22)T

**06. Habitual Use of Alcohol or Drugs.** Habitual use of alcoholic beverages or drugs means, but need not be limited to, the use of such substances to the extent that the nurse's judgment, skills, or abilities to provide safe and competent nursing care are impaired; or that the individual is unable to care for himself or his property or his family members because of such use; or it is determined by a qualified person that the individual is in need of medical or psychiatric care, treatment or rehabilitation or counseling because of drug or alcohol use.

(3-31-22)T

**07. Physical or Mental Unfitness.** Physical or mental unfitness to practice nursing means, but need not be limited to, a court order adjudging that a licensee is mentally incompetent, or an evaluation by a qualified professional person indicating that the licensee is mentally or physically incapable of engaging in registered or practical nursing in a manner consistent with sound patient care; or uncorrected physical defect that precludes the safe performance of nursing functions.

(3-31-22)T

**08. Violations of Standards of Conduct.** Violations of standards of conduct and practice adopted by the Board means, but need not be limited to, any violation of those standards of conduct described in Section 101 of these rules.

(3-31-22)T

**09. Conduct to Deceive, Defraud or Endanger.** Conduct of a character likely to deceive, defraud, or endanger patients or the public includes, but need not be limited to:

(3-31-22)T

a. Violating the standards of conduct and practice adopted by the Board.

(3-31-22)T

b. Being convicted of any crime or act substantially related to nursing practice and including, but not limited to, sex crimes, drug violations, acts of violence and child or adult abuse.

(3-31-22)T

**10. Action Against a License.** Action against a license means entry of any order restricting, limiting, revoking or suspending or otherwise disciplining a license or privilege to practice nursing by any jurisdiction. A certified copy of an order entered in any jurisdiction is prima facie evidence of the matters contained therein.

(3-31-22)T

**11. Failure to Make Timely and Appropriate Inquiry.** Failing to make timely and appropriate inquiry verifying licensure status in all jurisdictions in which the applicant has ever applied for licensure, certification or privilege to practice, including those jurisdictions in which the applicant is currently or was ever licensed, or in which applicant has practiced, prior to filing any application, verification or other statement regarding licensure status with the Board.

(3-31-22)T

**12. Failure to Cooperate With Authorities.** Failure to cooperate with authorities in the investigation of any alleged misconduct or interfering with a Board investigation by willful misrepresentation of facts, failure to provide information on request of the Board, or the use of threats or harassment against any patient or witness to prevent them from providing evidence.

(3-31-22)T

**13. Patterns of Poor Practice.** Repeatedly engaging in conduct that departs from the customary standards of care.

(3-31-22)T

## **101. STANDARDS OF CONDUCT.**

**01. Violations.** Any violation of these Standards of Conduct is grounds for disciplinary action in accordance with Section 54-1413(1), Idaho Code, of the Idaho Nursing Practice Act and Section 090 or 100 of these rules.

(3-31-22)T

**02. Classification.** For purposes of convenience, the standards of conduct are grouped generally into

one (1) of three (3) categories: license, practice, and professional responsibility. The fact that any particular standard is so classified in any particular category is not relevant for any purpose other than ease of use. (3-31-22)T

**03. License.** (3-31-22)T

**a.** Period of Practice. The nurse can practice registered or practical nursing in Idaho only with a current Idaho license or during the period of valid temporary licensure or as otherwise allowed by law. (3-31-22)T

**b.** Aiding in Violation of Law. The nurse shall not aid, abet, or assist any other person to violate or circumvent laws or rules pertaining to the conduct and practice of nursing. (3-31-22)T

**c.** Reporting Grossly Negligent or Reckless Practice. The nurse shall report to the Board any licensed nurse who is grossly negligent or reckless in performing nursing functions or who otherwise violates the Nursing Practice Act or the Board rules. (3-31-22)T

**d.** Unlawful Use of License. The nurse shall not permit their license to be used by another person for any purpose or permit unlicensed persons under their jurisdiction or supervision to indicate in any way that they are licensed to perform functions restricted to licensed persons. (3-31-22)T

**e.** Impairment of Ability. The nurse shall not practice nursing while the ability to practice is impaired by alcohol or drugs or physical, mental or emotional disability. (3-31-22)T

**04. Practice.** The nurse shall have knowledge of the statutes and rules governing nursing and function within the defined legal scope of nursing practice, not assume any duty or responsibility within the practice of nursing without adequate training or where competency has not been maintained, and: (3-31-22)T

**a.** Delegate activities only to persons who are competent and qualified to undertake and perform the delegated activities and will not delegate to non-licensed persons functions that are to be performed only by licensed nurses. The nurse delegating functions is to supervise the persons to whom the functions have been assigned or delegated. (3-31-22)T

**b.** Act to safeguard the patient from the incompetent practice, verbal or physical abusive acts or illegal practice of any person. (3-31-22)T

**c.** Not obtain, possess, furnish or administer prescription drugs to any person, including self, except as directed by a person authorized by law to prescribe drugs. (3-31-22)T

**d.** Not abandon patients in need of nursing care in a negligent or wanton manner. The nurse will leave a nursing assignment only after properly reporting and notifying appropriate personnel and will transfer responsibilities to appropriate personnel or care giver when continued care is necessitated by the patient's condition. (3-31-22)T

**e.** Respect the patient's privacy. (3-31-22)T

**f.** Not disseminate information about the patient to individuals not entitled to such information except where such information is mandated by law or for the protection of the patient. (3-31-22)T

**g.** Observe the condition and signs and symptoms of a patient, record the information, and report to appropriate persons any significant changes. (3-31-22)T

**h.** Function as a member of the health team and shall collaborate with other health team members as necessary to meet the patient's health needs. (3-31-22)T

**i.** Adhere to universal precautions and carry out principles of asepsis and infection control and not place the patient, the patient's family or the nurse's coworkers at risk for the transmission of infectious diseases. (3-31-22)T

- 05. Professional Responsibility.** (3-31-22)T
- a. Disclosing Contents of Licensing Examination.** The nurse is not to disclose contents of any licensing examination, or solicit, accept, or compile information regarding the contents of any examination before, during, or after its administration. (3-31-22)T
- b. Considerations in Providing Care.** In providing nursing care, the nurse will respect and consider the individual's human dignity, health problems, personal attributes, national origin, and handicaps and not discriminate on the basis of age, sex, race, religion, economic or social status or sexual preferences. (3-31-22)T
- c. Responsibility and Accountability Assumed.** The nurse is responsible and accountable for their nursing judgments, actions and competence. (3-31-22)T
- d. Witnessing Wastage of Controlled Substances Medication.** Controlled substances may not be wasted without witnesses. The nurse cannot sign any record as a witness attesting to the wastage of controlled substance medications unless the wastage was personally witnessed. The nurse cannot solicit the signatures on any record of a person as a witness to the wastage of a controlled substance when that person did not witness the wastage. The nurse will solicit signatures of individuals who witnessed the wastage in a timely manner. (3-31-22)T
- e. Record-keeping.** The nurse shall make or keep accurate, intelligible entries into records mandated by law, employment or customary practice of nursing, and will not falsify, destroy, alter or knowingly make incorrect or unintelligible entries into patients' records or employer or employee records. (3-31-22)T
- f. Diverting or Soliciting.** The nurse will respect the property of the patient and employer and not take or divert equipment, materials, property, or drugs without prior consent or authorization, nor solicit or borrow money, materials or property from patients. (3-31-22)T
- g. Exploit, Solicit, or Receive Fees.** The nurse shall not exploit the patient or the patient's family for personal or financial gain or offer, give, solicit, or receive any fee or other consideration for the referral of a patient or client. (3-31-22)T
- h. Professionalism.** The nurse must not abuse the patient's trust, will respect the dignity of the profession and maintain appropriate professional boundaries with respect to patients, the patients' families, and the nurse's coworkers. The nurse is not to engage in sexual misconduct or violent, threatening or abusive behavior towards patients, patients' families or the nurse's coworkers. The nurse will be aware of the potential imbalance of power in professional relationships with patients, based on their need for care, assistance, guidance, and support, and ensure that all aspects of that relationship focus exclusively upon the needs of the patient. (3-31-22)T
- i. For purposes of this rule and Section 54-1413, Idaho Code, sexual misconduct violations include, but are not limited to:** (3-31-22)T
- (1) Engaging in or soliciting any type of sexual conduct with a patient; (3-31-22)T
  - (2) Using the nurse-patient relationship, trust and confidence of the patient derived from the nurse-patient relationship, or any information obtained as a result of the nurse-patient relationship, to solicit, suggest or discuss dating or a romantic or sexual relationship with a patient; (3-31-22)T
  - (3) Using confidential information obtained during the course of the nurse-patient relationship to solicit, suggest or discuss dating or a romantic relationship, or engage in sexual conduct with a patient, former patient, colleague, or member of the public; and (3-31-22)T
  - (4) Engaging in or attempting to engage in sexual exploitation or criminal sexual misconduct directed at patients, former patients, colleagues, or members of the public, whether within or outside the workplace. (3-31-22)T
- ii. For purposes of this rule:** (3-31-22)T

(1) Consent of a patient is not a defense. In the case of sexual exploitation or criminal sexual misconduct, consent of the victim is not a defense. (3-31-22)T

(2) A patient ceases to be a patient thirty (30) days after receiving the final nursing services, or final reasonably anticipated nursing services from a nurse, unless the patient is determined by the Board to be particularly vulnerable by his minority; known mental, emotional, or physical disability; known alcohol or drug dependency; or other circumstance. A patient deemed particularly vulnerable ceases to be a patient one (1) year after receiving the final nursing services, or final reasonably anticipated nursing services from a nurse. (3-31-22)T

(3) It is not a violation of this rule for a nurse to continue a sexual relationship with a spouse or individual of majority if a consensual sexual relationship existed prior to the establishment of the nurse-patient relationship. (3-31-22)T

iii. The following definitions apply to this rule: (3-31-22)T

(1) “Sexual conduct” means any behavior that might reasonably be interpreted as being designed or intended to arouse or gratify the sexual desires of an individual. This includes, but is not limited to, physical touching of breasts, buttocks or sexual organs, creation or use of pornographic images, discussion about sexual topics unrelated to the patient's care, intentional exposure of genitals, and not allowing a patient privacy, except as may be medically necessary. (3-31-22)T

(2) “Sexual exploitation” means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual conduct of another, or withholding or threatening to withhold care, medication, food or other services to coerce sexual conduct. (3-31-22)T

(3) “Criminal sexual misconduct” means any sexual conduct that, if proven, would constitute a felony or misdemeanor under state or federal law. (3-31-22)T

**102. -- 131. (RESERVED)**

**132. RESTRICTED LICENSES.**

Restricted licenses may be issued to qualified individuals in four (4) categories: post-discipline, non-practicing status, restricted status, and substance use and mental health disorders. Failure to comply with the terms and conditions of a restricted license will be cause for summary suspension. (3-31-22)T

**01. Following Disciplinary Action.** (3-31-22)T

a. After evaluation of an application for licensure reinstatement, the Board may issue a restricted license to a nurse whose license has been revoked. (3-31-22)T

b. The Board will specify the conditions of issuance of the restricted license in writing. The conditions may be stated on the license. (3-31-22)T

**02. Non-Practicing Status.** (3-31-22)T

a. Individuals who are prevented from engaging in the active practice of nursing may be issued a restricted license. (3-31-22)T

b. Non-practicing status does not entitle the licensee to engage in the active practice of nursing. The status will be noted on the license. (3-31-22)T

c. The non-practicing restriction may be removed by the Board following receipt and evaluation of evidence satisfactory to the Board confirming that the licensee's physical or mental health status no longer prevents the individual from engaging in the active practice of nursing. (3-31-22)T

**03. Restricted Status.** (3-31-22)T

- a.** Individuals whose disabilities restrict or inhibit their ability to provide a full range of nursing services may be issued a restricted license. (3-31-22)T
- b.** The conditions may include, but are not limited to: (3-31-22)T

  - i. Notifying the Board of changes in employment status. (3-31-22)T
  - ii. Submission of regular reports by the employer or by such other entities or individuals as the Board may desire. (3-31-22)T
  - iii. Meeting with Board representatives. (3-31-22)T
  - iv. Specific parameters of practice, excluding the performance of specific nursing functions. (3-31-22)T
- d.** The conditions of restricted practice may be removed by the Board following receipt and evaluation of satisfactory evidence confirming that the health status of the licensee no longer restricts or inhibits the person's ability to provide a full range of nursing services. (3-31-22)T
- 04. Disability Due to Substance Use Disorder or Mental Health Disorder.** (3-31-22)T
- a.** Individuals whose practice is or may be impaired due to substance use disorder or to mental health disorder may qualify for issuance of a restricted license as an alternative to discipline. (3-31-22)T
- b.** The executive director may restrict the license of an individual who has a substance use disorder or mental health disorder for a period not to exceed five (5) years and who: (3-31-22)T

  - i. Holds a current license to practice in Idaho as a registered nurse, advanced practice registered nurse, or licensed practical nurse, or is otherwise eligible, and is in the process of applying for licensure; (3-31-22)T
  - ii. Has a demonstrated or diagnosed substance use disorder or mental health disorder such that ability to safely practice is, or may be, impaired; (3-31-22)T
  - iii. Sign a written statement admitting to all facts that may constitute grounds for disciplinary action or demonstrate impairment of the safe practice of nursing, and waiving the right to a hearing and all other rights to due process in a contested case under the Idaho Administrative Procedures Act and the Nursing Practice Act; and (3-31-22)T
  - iv. Submit reliable evidence, satisfactory to the executive director, that they are competent to safely practice nursing before being authorized to return to active practice. (3-31-22)T
- c.** If ordered, the applicant must satisfactorily complete a treatment program accepted by the Board. (3-31-22)T
- d.** The applicant agrees to participation in the Board's monitoring program. (3-31-22)T
- e.** Admission to the Program for Recovering Nurses or issuance of a restricted license, or both, may be denied for any reason including, but not limited to the following: (3-31-22)T

  - i. The applicant diverted controlled substances for other than self-administration; or (3-31-22)T
  - ii. The applicant creates too great a safety risk; or (3-31-22)T
  - iii. The applicant has been terminated from this, or any other, alternative program for non-compliance. (3-31-22)T

**f.** Upon satisfactory compliance with all of the terms of the restricted license, and provided that the licensee demonstrates that they are qualified and competent to practice nursing, the executive director will lift the restriction imposed. (3-31-22)T

**05. Compliance Required.** Restricted licensure is conditioned upon the individual's prompt and faithful compliance with terms and conditions, which may include: (3-31-22)T

**a.** Satisfactory progress in any ordered continuing treatment or rehabilitation program. (3-31-22)T

**b.** Regular and prompt notification to the Board of changes in name and address of self or any employer. (3-31-22)T

**c.** Obtaining of performance evaluations prepared by the employer to be submitted at specified intervals and at any time upon request. (3-31-22)T

**d.** Continuing participation in, and compliance with all recommendations and requirements of, the approved treatment or rehabilitation program, and obtaining of reports of progress submitted by the person directing the treatment or rehabilitation program at specified intervals and at any time upon request. (3-31-22)T

**e.** Submission of self-evaluations and personal progress reports at specified intervals and at any time upon request. (3-31-22)T

**f.** Submission of reports of supervised random alcohol/drug screens at specified intervals and at any time upon request. Participant is responsible for reporting as directed, submitting a sufficient quantity of sample to be tested, and payment for the screening. (3-31-22)T

**g.** Meeting with the Board's professional staff or advisory committee at any time upon request. (3-31-22)T

**h.** Working only in approved practice settings. (3-31-22)T

**i.** Authorization by licensee of the release of applicable records pertaining to assessment, diagnostic evaluation, treatment recommendations, treatment and progress, performance evaluations, counseling, random chemical screens, and after-care at periodic intervals as requested. (3-31-22)T

**j.** Compliance with all laws pertaining to nursing practice, all nursing standards, and all standards, policies and procedures of licensee's employer relating to any of the admitted misconduct or facts as set out in the written statement signed by licensee, or relating to the providing of safe, competent nursing service. (3-31-22)T

**k.** Compliance with other specific terms and conditions as may be directed by the executive director. (3-31-22)T

**06. Summary Suspension - Lack of Compliance.** (3-31-22)T

**a.** Any failure to comply with the terms and conditions of a restricted license is deemed to be an immediate threat to the health, safety, and welfare of the public and the executive director will, upon receiving evidence of any such failure, summarily suspend the restricted license. (3-31-22)T

**i.** Summary suspension of a restricted license may occur if, during participation in the program, information is received which, after investigation, indicates the individual may have violated a provision of the law or Board rules governing the practice of nursing. (3-31-22)T

**b.** An individual whose restricted license has been summarily suspended by the executive director may request a hearing regarding the suspension by certified letter addressed to the Board. If the individual fails to request a hearing within twenty (20) days after service of the notice of suspension by the executive director, the right to a hearing is waived. If a hearing is timely requested, after the hearing the Board will enter an order affirming or rejecting summary suspension of the restricted license and enter such further orders revoking, suspending, or

otherwise disciplining the nursing license as may be necessary. The above provisions do not limit or restrict the right of Board staff to bring any summary suspension order before the Board for further proceedings, even if the licensee has not requested a hearing. (3-31-22)T

c. The Board may, for good cause, stay any order of the executive director or may modify the terms and conditions of a restricted license as deemed appropriate to regulate, monitor or supervise the practice of any licensee. (3-31-22)T

**133. EMERGENCY ACTION.**

If the Board finds that public health, safety, or welfare requires emergency action and incorporates a finding to that effect in its order, summary suspension of a license may be ordered pending proceedings for revocation or other action. Such proceedings will be promptly instituted and determined as authorized in Title 67, Chapter 52, Idaho Code. (3-31-22)T

**134. -- 219. (RESERVED)**

**220. QUALIFICATIONS FOR LICENSURE BY EXAMINATION.**

**01. In-State.** Individuals who have successfully completed all requirements for graduation from an Idaho nursing education program approved by the Board will be eligible to make application to the Board to take the licensing examination. (3-31-22)T

**02. Out-of-State.** Individuals who hold a certificate of completion from a nursing education program having board of nursing approval in another nursing jurisdiction will be eligible to make application to the Board to take the licensing examination, providing they meet substantially the same basic educational requirements as graduates of Idaho nursing education programs at the time of application. (3-31-22)T

**03. Practical Nurse Equivalency Requirement.** An applicant for practical nurse licensure by examination who has not completed an approved practical nurse program, must provide satisfactory evidence (such as official transcripts) of successful completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses to include a course in personal and vocational relationships of the practical nurse. Related courses are to be equivalent to those same courses included in a practical nursing program approved by the Board. (3-31-22)T

**04. Time Limit for Writing Examinations.** Graduates who do not take the examination within twelve (12) months following completion of the nursing education program must follow specific remedial measures as prescribed by the Board. (3-31-22)T

**221. EXAMINATION APPLICATION.**

A completed application for licensure by examination consists of a completed board approved application, all applicable fees and any additional required documentation. (3-31-22)T

**222. EXAMINATION AND RE-EXAMINATION.**

**01. Applicants for Registered or Practical Nurse Licensure.** Applicants will successfully pass the National Council Licensure Examination (NCLEX) for registered nurse licensure or for practical nurse licensure, as applied for and approved. In lieu of the NCLEX, the Board may accept documentation that the applicant has taken and successfully passed the State Board Test Pool examination. (3-31-22)T

**223. -- 239. (RESERVED)**

**240. QUALIFICATIONS FOR LICENSURE BY ENDORSEMENT.**

An applicant for Idaho licensure by interstate endorsement must: (3-31-22)T

**01. Graduation.** Be a graduate of a state approved/accredited practical or registered nursing education program that is substantially equivalent to Idaho's board-approved practical or registered nursing education program. Applicants for practical nurse licensure may also qualify under the provisions of Section 241 of these rules.

(3-31-22)T

**02. Licensing Examination.** Have taken the same licensing examination as that administered in Idaho and achieved scores established as passing for that examination by the Board. (3-31-22)T

**03. Minimum Requirements.** In lieu of the requirements in Subsections 240.01 and 240.02 of this rule, have qualifications that are substantially equivalent to Idaho’s minimum requirements. (3-31-22)T

**04. Current Practice Experience.** Have actively practiced nursing at least eighty (80) hours within the preceding three (3) years. (3-31-22)T

**05. License from Another Nursing Jurisdiction.** Hold a license in good standing from another nursing jurisdiction. The license of any applicant subject to official investigation or disciplinary proceedings is not considered in good standing. (3-31-22)T

**241. LICENSURE BY EQUIVALENCY AND ENDORSEMENT LICENSURE.**

**01. Application by Equivalency.** An applicant for practical nurse licensure by interstate endorsement based on equivalency must meet the following requirements: (3-31-22)T

**a.** Have successfully taken the same licensing examination as that administered in Idaho; and (3-31-22)T

**b.** Hold a license in another nursing jurisdiction based on successful completion of nursing and related courses at an approved school preparing persons for licensure as registered nurses to include a course in personal and vocational relationships of the practical nurse (or equivalent experience) and additional courses equivalent to those same courses included in a practical nursing program approved by the Board, and provide evidence thereof. (3-31-22)T

**02. Applicants Licensed in Another Nursing Jurisdiction.** Graduates of schools of nursing located outside the United States, its territories or commonwealths who are licensed in a nursing jurisdiction and who meet the requirements of Subsections 240.02 through 240.05 of these rules may be processed as applicants for licensure by endorsement from another state. (3-31-22)T

**03. Application for Licensure by Endorsement.** A completed application for licensure by interstate endorsement consists of a completed board approved application, all applicable fees and any additional required documentation. (3-31-22)T

**242. -- 259. (RESERVED)**

**260. QUALIFICATIONS FOR LICENSURE OF GRADUATES OF SCHOOLS OF NURSING LOCATED OUTSIDE THE UNITED STATES, ITS TERRITORIES, OR COMMONWEALTHS.**

A graduate from a nursing education program outside of the United States, its territories or commonwealths must: (3-31-22)T

**01. Qualifications.** Demonstrate nursing knowledge and English proficiency skills in reading, writing, speaking and listening. (3-31-22)T

**02. Education Credentials.** Have education qualifications that are substantially equivalent to Idaho’s minimum requirements at the time of application. (3-31-22)T

**03. License.** Hold a license or other indication of authorization to practice in good standing, issued by a government entity or agency from a country outside the United States, its territories or commonwealths. (3-31-22)T

**04. Examination/Re-Examination.** Take and achieve a passing score on the licensing examination required in Subsection 222.01 of these rules. (3-31-22)T



**261. APPLICATION FOR LICENSURE OF GRADUATES OF SCHOOLS OF NURSING LOCATED OUTSIDE THE UNITED STATES, ITS TERRITORIES, OR COMMONWEALTHS.**

A completed application for licensure by a graduate of a nursing education program outside of the United States, its territories or commonwealths consists of a completed board approved application, all applicable fees and any additional required documentation. (3-31-22)T

**262. -- 270. (RESERVED)**

**271. DEFINITIONS RELATED TO ADVANCED PRACTICE REGISTERED NURSING.**

**01. Accountability.** Means being answerable for one's own actions. (3-31-22)T

**02. Advanced Practice Registered Nurse.** Means a registered nurse licensed in this state who has gained additional specialized knowledge, skills and experience through a graduate or post-graduate program of study as defined herein and is authorized to perform advanced nursing practice, which may include acts of diagnosis and treatment, and the prescribing, administering and dispensing of therapeutic pharmacologic and non-pharmacologic agents, as defined herein. Advanced practice registered nurses includes nurses licensed in the roles of certified nurse-midwife, clinical nurse specialist, certified nurse practitioner, and certified registered nurse anesthetist. Advanced practice registered nurses, when functioning within the recognized scope of practice, assume primary responsibility for the care of their patients in diverse settings. This practice incorporates the use of professional judgment in the assessment and management of wellness and conditions appropriate to the advanced practice registered nurse's role, population focus and area of specialization. (3-31-22)T

**03. Authorized Advanced Practice Registered Nurse.** Means an advanced practice registered nurse authorized by the Board to prescribe and dispense pharmacologic and non-pharmacologic agents pursuant to Section 315 of these rules. (3-31-22)T

**04. Certification.** Means recognition of the applicant's advanced knowledge, skills and abilities in a defined area of nursing practice by a national organization recognized by the Board. The certification process measures the theoretical and clinical content denoted in the advanced scope of practice, and is developed in accordance with generally accepted standards of validation and reliability. (3-31-22)T

**05. Certified Nurse-Midwife.** Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate nurse-midwifery program, and has current certification as a nurse-midwife from a national organization recognized by the Board. (3-31-22)T

**06. Certified Nurse Practitioner.** Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate nurse practitioner program and has current certification as a nurse practitioner from a national organization recognized by the Board. (3-31-22)T

**07. Certified Registered Nurse Anesthetist.** Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate nurse anesthesia program and has current certification as a nurse anesthetist from a national organization recognized by the Board. (3-31-22)T

**08. Clinical Nurse Specialist.** Means a licensed registered nurse who has graduated from a nationally accredited graduate or post-graduate clinical nurse specialist program and has current certification as a clinical nurse specialist from a national organization recognized by the Board. (3-31-22)T

**09. Collaboration.** Means the cooperative working relationship with another health care provider, each contributing their respective expertise in the provision of patient care, and such collaborative practice includes the discussion of patient treatment and cooperation in the management and delivery of health care. (3-31-22)T

**10. Consultation.** Means conferring with another health care provider for the purpose of obtaining information or advice. (3-31-22)T

**11. Diagnosis.** Means identification of actual or potential health problems and the need for intervention based on analysis of data collected. Diagnosis depends upon the synthesis of information obtained through interview,

physical exam, diagnostic tests or other investigations. (3-31-22)T

**12. Intervention.** Means measures to promote health, protect against disease, treat illness in its earliest stages, manage acute and chronic illness, and treat disability. Interventions may include, but are not limited to ordering diagnostic studies, performing direct nursing care, prescribing pharmacologic or non-pharmacologic or other therapies and consultation with or referral to other health care providers. (3-31-22)T

**13. Peer Review Process.** The systematic process by which a qualified peer assesses, monitors, and makes judgments about the quality of care provided to patients measured against established practice standards. Peer review: (3-31-22)T

**a.** Measures on-going practice competency of the advance practice registered nurse (APRN); (3-31-22)T

**b.** Is performed by a licensed APRN, physician, physician assistant, or other professional certified by a recognized credentialing organization; and (3-31-22)T

**c.** Focuses on a mutual desire for quality of care and professional growth incorporating attitudes of mutual trust and motivation. (3-31-22)T

**14. Population Focus.** Means the section of the population which the APRN has targeted to practice within. The categories of population foci are: (3-31-22)T

**a.** Family/individual across the lifespan; (3-31-22)T

**b.** Adult-gerontology; (3-31-22)T

**c.** Women’s health/gender-related; (3-31-22)T

**d.** Neonatal; (3-31-22)T

**e.** Pediatrics; and (3-31-22)T

**f.** Psychiatric-mental health. (3-31-22)T

**15. Prescriptive and Dispensing Authorization.** Means the legal permission to prescribe, deliver, distribute and dispense pharmacologic and non-pharmacologic agents to a client in compliance with Board rules and applicable federal and state laws. Pharmacologic agents include legend and Schedule II through V controlled substances. (3-31-22)T

**16. Referral.** Means directing a client to a physician or other health professional or resource. (3-31-22)T

**17. Scope of Practice of Advanced Practice Registered Nurse.** Means those activities that the advanced practice registered nurse may perform. Those activities are defined by the Board according to the advanced practice registered nurse’s education, preparation, experience and the parameters set forth by the advanced practice registered nurse’s recognized, national certifying organization. (3-31-22)T

**18. Specialization.** Means a more focused area of preparation and practice than that of the APRN role/population foci that is built on established criteria for recognition as a nursing specialty to include, but not limited to, specific patient populations (e.g., elder care, care of post-menopausal women), and specific health care needs (e.g., palliative care, pain management, nephrology). (3-31-22)T

**272. -- 279. (RESERVED)**

**280. STANDARDS OF PRACTICE FOR ADVANCED PRACTICE REGISTERED NURSING.**

- 01. Purpose.** (3-31-22)T
- a.** To establish standards essential for safe practice by the advanced practice registered nurse; and (3-31-22)T
- b.** To serve as a guide for evaluation of advanced practice registered nursing to determine if it is safe and effective. (3-31-22)T
- 02. Core Standards for All Roles of Advanced Practice Registered Nursing.** The advanced practice registered nurse is a licensed independent practitioner who shall practice consistent with the definition of advanced practice registered nursing, recognized national standards and the standards set forth in these rules. (3-31-22)T
- a.** The advanced practice registered nurse shall provide client services for which the advanced practice registered nurse is educationally prepared and for which competence has been achieved and maintained. (3-31-22)T
- b.** The advanced practice registered nurse shall recognize their limits of knowledge and experience and consult and collaborate with and refer to other health care professionals as appropriate. (3-31-22)T
- c.** The advanced practice registered nurse shall evaluate and apply current evidence-based research findings relevant to the advanced nursing practice role. (3-31-22)T
- d.** The advanced practice registered nurse shall assume responsibility and accountability for health promotion and maintenance as well as the assessment, diagnosis and management of client conditions to include the use of pharmacologic and non-pharmacologic interventions and the prescribing and dispensing of pharmacologic and non-pharmacologic agents. (3-31-22)T
- e.** The advanced practice registered nurse shall use advanced practice knowledge and skills in teaching and guiding clients and other health care team members. (3-31-22)T
- f.** The advanced practice registered nurse shall have knowledge of the statutes and rules governing advanced nursing practice, and practice within the established standards for the advanced nursing practice role and population focus. (3-31-22)T
- g.** The advanced practice registered nurse shall practice consistent with Subsections 400.01 and 400.02 of these rules. (3-31-22)T
- 03. Certified Nurse-Midwife.** In addition to the core standards, the advanced practice registered nurse in the role of certified nurse midwife provides the full range of primary health care services to women throughout the lifespan, including gynecologic care, family planning services, preconception care, prenatal and postpartum care, childbirth, care of the newborn and reproductive health care treatment of the male partners of female clients. (3-31-22)T
- 04. Clinical Nurse Specialist.** In addition to core standards, the advanced practice registered nurse in the role of clinical nurse specialist provides services to patients, care providers and health care delivery systems including, but not limited to, direct care, expert consultation, care coordination, monitoring for quality indicators and facilitating communication between patients, their families, members of the health care team and components of the health care delivery system. (3-31-22)T
- 05. Certified Nurse Practitioner.** In addition to core standards, the advanced practice registered nurse in the role of certified nurse practitioner provides initial and ongoing comprehensive primary care services to clients including, but not limited to, diagnosis and management of acute and chronic disease, and health promotion, disease prevention, health education counseling, and identification and management of the effects of illness on clients and their families. (3-31-22)T
- 06. Certified Registered Nurse Anesthetist.** In addition to core standards, the advanced practice registered nurse in the role of certified registered nurse anesthetist provides the full spectrum of anesthesia care and

anesthesia-related care and services to individuals across the lifespan whose health status may range across the wellness-illness continuum to include healthy persons; persons with immediate, severe or life-threatening illness or injury; and persons with sustained or chronic health conditions. (3-31-22)T

**07. Documentation of Specialization.** Unless exempted under Section 305 of these rules, the advanced practice registered nurse must document competency within their specialty area of practice based upon education, experience and national certification in the role and population focus. (3-31-22)T

**281. -- 284. (RESERVED)**

**285. QUALIFICATIONS FOR ADVANCED PRACTICE REGISTERED NURSE.**  
To qualify as an advanced practice registered nurse, an applicant shall provide evidence of: (3-31-22)T

**01. Current Licensure.** Current licensure to practice as a registered nurse in Idaho; (3-31-22)T

**02. Completion of Advanced Practice Registered Nurse Program.** Successful completion of a graduate or post-graduate advanced practice registered nurse program which is accredited by a national organization recognized by the Board; and (3-31-22)T

**03. National Certification.** Current national certification by an organization recognized by the Board for the specified APRN role. (3-31-22)T

**286. -- 289. (RESERVED)**

**290. APPLICATION FOR LICENSURE -- ADVANCED PRACTICE REGISTERED NURSE.**  
A completed application for licensure as an advanced practice registered nurse requesting licensure to practice as a certified nurse-midwife, clinical nurse specialist, certified nurse practitioner or certified registered nurse anesthetist consists of a completed board-approved application, all applicable fees and any additional required documentation. (3-31-22)T

**291. -- 294. (RESERVED)**

**295. TEMPORARY LICENSURE -- ADVANCED PRACTICE REGISTERED NURSE.**  
A temporary license to engage in advanced practice registered nursing may be issued to the following: (3-31-22)T

**01. Applicants Awaiting Initial Certification Examination Results.** An otherwise qualified applicant who is eligible to take the first available certification examination following completion of an approved advanced practice registered nurse education program. Verification of registration to write a Board-recognized national certification examination must be received from the national certifying organization. (3-31-22)T

**a.** Temporary licensure to practice shall be deemed to expire upon failure of the certification examination. An applicant who fails the national certification exam shall not engage in advanced practice registered nursing until such time as all requirements are met. (3-31-22)T

**b.** An applicant who is granted a temporary license to practice as an advanced practice registered nurse must submit notarized results of the certification examination within ten (10) days of receipt. Failure to submit required documentation shall result in the immediate expiration of the temporary license. (3-31-22)T

**c.** The temporary license of an applicant who does not write the examination on the date scheduled shall immediately expire and the applicant shall not engage in advanced practice registered nursing until such time as all requirements are met. (3-31-22)T

**02. Applicants Whose Certification Has Lapsed.** A licensed registered nurse applying for re-entry into advanced registered nursing practice, who is required by the national certifying organization to meet certain specified practice requirements under supervision. The length of and conditions for temporary licensure shall be determined by the Board. (3-31-22)T

**03. Applicants Holding a Temporary Registered Nursing License.** An advanced practice registered nurse currently authorized to practice advanced practice registered nursing in another nursing jurisdiction upon issuance of a temporary license to practice as a registered nurse, and upon evidence of current certification as an advanced practice registered nurse from a Board-recognized national certifying organization. (3-31-22)T

**04. Applicants Without Required Practice Hours.** An advanced practice registered nurse who has not practiced the minimum required period of time during the renewal period may be issued a temporary license in order to acquire the required number of hours and demonstrate ability to safely practice. (3-31-22)T

**05. Application Processing.** An APRN whose application has been received but is not yet complete may be issued a temporary license. (3-31-22)T

**06. Term of Temporary License.** A temporary license expires at the conclusion of the term for which it is issued, or the issuance of a renewable license, whichever occurs earlier. (3-31-22)T

**296. -- 299. (RESERVED)**

**300. RENEWAL OF ADVANCED PRACTICE REGISTERED NURSE LICENSE.**

The advanced practice registered nurse license may be renewed every two (2) years as specified in Section 54-1411, Idaho Code, provided that the advanced practice registered nurse: (3-31-22)T

**01. Current Registered Nurse License.** Maintains a current registered nurse license or privilege to practice in Idaho. (3-31-22)T

**02. Evidence of Certification.** Submits evidence of current APRN certification by a national organization recognized by the Board. (3-31-22)T

**03. Evidence of Continuing Education.** Provides documentation of thirty (30) contact hours of continuing education during the renewal period, which shall include ten (10) contact hours in pharmacology if the nurse has prescriptive authority. Continuing education completed may be that required for renewal of national certification if documentation is submitted confirming the certifying organization's requirement is for at least thirty (30) contact hours. (3-31-22)T

**04. Hours of Practice.** Attests, on forms provided by the Board, to a minimum of two hundred (200) hours of advanced registered nursing practice within the preceding two (2) year period. (3-31-22)T

**05. Peer Review Process.** Provides evidence, satisfactory to the Board, of participation in a peer review process acceptable to the Board. (3-31-22)T

**06. Exemption From Requirements.** Nurse practitioners not certified by a national organization recognized by the Board and approved prior to July 1, 1998 shall be exempt from the requirement set forth in Subsection 300.02 of these rules. (3-31-22)T

**301. REINSTATEMENT OF ADVANCED PRACTICE REGISTERED NURSE LICENSE.**

An advanced practice registered nurse license may be reinstated as specified in Section 54-1411, Idaho Code, provided that the applicant: (3-31-22)T

**01. Current Registered Nurse License.** Maintains a current registered nurse license or privilege to practice in Idaho. (3-31-22)T

**02. Evidence of Certification.** Submits evidence of current APRN certification by a national organization recognized by the Board. (3-31-22)T

**03. Fee.** Pays the fee specified in Section 900 of these rules. (3-31-22)T

**302. -- 304. (RESERVED)**

**305. PERSONS EXEMPTED FROM ADVANCED PRACTICE REGISTERED NURSING LICENSE REQUIREMENTS.**

**01. Students.** Nothing in these rules prohibits a registered nurse who holds a current license, or privilege, to practice in Idaho and who is enrolled as a matriculated student in a nationally accredited educational program for advanced practice registered nursing from practicing as an advanced practice registered nurse when such practice is an integral part of the advanced practice registered nurse curriculum. (3-31-22)T

**02. Certified Nurse Practitioners Licensed Prior to July 1, 1998.** A certified nurse practitioner authorized to practice prior to July 1, 1998 may satisfy the requirement of Section 280.07 of these rules by documenting competency within their specialty area of practice based upon education, experience and national certification in that specialty or education, experience and approval by the Board. (3-31-22)T

**03. Advanced Practice Registered Nurses Educated Prior to January 1, 2016.** (3-31-22)T

**a.** An applicant for APRN licensure who completed a nationally accredited undergraduate or certificate APRN program prior to January 1, 2016, does not need to meet the APRN graduate or post-graduate educational requirements for initial licensure contained within Section 285 of these rules. (3-31-22)T

**b.** A person applying for APRN licensure in Idaho who: holds an existing APRN license issued by any nursing jurisdiction, completed their formal APRN education prior to January 1, 2016, and who meets all of the requirements for initial licensure contained within Sections 285 and 286 of these rules except for the APRN graduate or post-graduate educational requirement, may be issued an APRN license by endorsement if at the time the person received their APRN license in the other jurisdiction they would have been eligible for licensure as an APRN in Idaho. (3-31-22)T

**306. DISCIPLINARY ENFORCEMENT.**

The Board may revoke, suspend or otherwise discipline the advanced practice registered nurse license of a licensee who fails to comply with current recognized scope and standards of practice, who fails to maintain national certification or competency requirements, or who violates the provisions of the Nursing Practice Act or rules of the Board. (3-31-22)T

**307. -- 314. (RESERVED)**

**315. PRESCRIPTIVE AND DISPENSING AUTHORIZATION FOR ADVANCED PRACTICE REGISTERED NURSES.**

**01. Initial Authorization.** An application for the authority to prescribe and dispense pharmacologic and non-pharmacologic agents may be made as part of initial licensure application or by separate application at a later date. Advanced practice registered nurses who complete their APRN graduate or post-graduate educational program after December 31, 2015, will automatically be granted prescriptive and dispensing authority with the issuance of their Idaho license. (3-31-22)T

**a.** An advanced practice registered nurse who applies for authorization to prescribe pharmacologic and non-pharmacologic agents within the scope of practice for the advanced practice role, shall: (3-31-22)T

**i.** Provide evidence of completion of thirty (30) contact hours of post-basic education in pharmacotherapeutics obtained as part of study within a formal educational program or continuing education program, related to advanced nursing practice; and (3-31-22)T

**ii.** Submit a completed, notarized application form provided by the Board. (3-31-22)T

**b.** Exceptions to the pharmacotherapeutic education may be approved by the Board. (3-31-22)T

**c.** Prescriptions written by authorized advanced practice registered nurses shall contain all the minimum information required by Idaho Board of Pharmacy statute and administrative rules and applicable federal law as well as the printed name and signature of the nurse prescriber, and the abbreviation for the applicable role of

the advanced practice nurse (i.e. “CNP,” “CNM,” “CNS,” or CRNA”). If the prescription is for a controlled substance, it shall also include the DEA registration number and address of the prescriber. (3-31-22)T

**02. Temporary Authorization.** The Board may grant temporary prescriptive authority to an applicant who holds a temporary advanced practice registered nurse license and who meets the requirements for initial authorization pursuant to Subsection 315.01 of these rules. (3-31-22)T

**03. Expiration of Temporary Prescriptive Authorization.** Temporary prescriptive authorization automatically expires on the expiration, revocation, suspension, placement on probation, or denial of any advanced practice registered nurse license. (3-31-22)T

**04. Prescribing and Dispensing Authorization.** All authorized advanced practice registered nurses may prescribe and dispense pharmacologic and non-pharmacologic agents pursuant to applicable state and federal laws. (3-31-22)T

**05. Valid Advanced Practice Registered Nurse/Patient Relationships.** (3-31-22)T

**a.** An advanced practice registered nurse shall not dispense pharmacologic agents except in the course of his professional practice and when a bona fide advanced practice registered nurse/patient relationship has been established. A valid relationship will exist when the advanced practice registered nurse has obtained sufficient knowledge of the patient’s medical condition through examination and has assumed responsibility for the health care of the patient. (3-31-22)T

**b.** A valid advanced practice registered nurse/patient relationship is not required when dispensing or prescribing medications under the circumstances set forth at Section 54-1733(4), Idaho Code. (3-31-22)T

**316. GROUNDS FOR DISCIPLINE OF AN ADVANCED PRACTICE REGISTERED NURSE LICENSE.**

In addition to the grounds set forth in Section 54-1413, Idaho Code, and Section 100 of these rules, an advanced practice registered nursing license may be suspended, revoked, placed upon probation, or other disciplinary sanctions imposed by the Board on the following grounds: (3-31-22)T

**01. Prescribing or Dispensing Controlled Substances.** Prescribing, dispensing, or selling any drug classified as a controlled substance to a family member or to himself. For purposes of Section 316 of these rules, “family member” is defined as the licensee’s spouse, child (biological, adopted, or foster), parent, sibling, grandparent, grandchild, or the same relation by marriage. (3-31-22)T

**02. Violating Governing Law.** Violating any state or federal law relating to controlled substances. (3-31-22)T

**03. Outside Scope of Practice.** Prescribing or dispensing outside the scope of the advanced practice registered nurse’s practice. (3-31-22)T

**04. Other Than Therapeutic Purposes.** Prescribing or dispensing for other than therapeutic purposes. (3-31-22)T

**317. -- 319. (RESERVED)**

**320. RECOGNITION OF NATIONAL CERTIFYING ORGANIZATIONS FOR ADVANCED PRACTICE REGISTERED NURSING.**

The Board recognizes advanced practice registered nurse certification organizations that meet criteria as defined by the National Council of State Boards of Nursing. (3-31-22)T

**321. -- 389. (RESERVED)**

**390. USE OF TITLES, ABBREVIATIONS, AND DESIGNATIONS FOR THE PRACTICE OF NURSING.**

**01. Title for Graduates.** A new graduate issued a temporary license pursuant to Section 040 of these rules can use the title graduate nurse, abbreviated GN, or graduate practical nurse, abbreviated GPN, or graduate nurse midwife, abbreviated GNM, or graduate clinical nurse specialist, abbreviated GCNS, or graduate nurse practitioner, abbreviated GNP, or graduate nurse anesthetist, abbreviated GNA, whichever is appropriate, until the renewable license is issued. (3-31-22)T

**02. Titles for Advanced Practice Registered Nurses.** Individuals who have successfully met all requirements for licensure as an advanced practice registered nurse have the right to use the title corresponding to the role of advanced nursing practice for which the individual is licensed. (3-31-22)T

**a.** Individuals who have successfully met all requirements for licensure as a certified nurse-midwife have the right to use the title certified nurse-midwife, abbreviated APRN, CNM. (3-31-22)T

**b.** Title of Clinical Nurse Specialist. Individuals who have successfully met all requirements for licensure as a clinical nurse specialist have the right to use the title clinical nurse specialist, abbreviated APRN, CNS. (3-31-22)T

**c.** Individuals who have successfully met all requirements for licensure as a certified nurse practitioner have the right to use the title certified nurse practitioner, abbreviated APRN, CNP. (3-31-22)T

**d.** Individuals who have successfully met all requirements for licensure as a certified registered nurse anesthetist have the right to use the title certified registered nurse anesthetist, abbreviated APRN, CRNA. (3-31-22)T

**03. Registered Nurse Title.** Individuals who have successfully met all requirements for licensure as registered nurse have the right to use the title Registered Nurse, abbreviated RN. (3-31-22)T

**04. Licensed Practical Nurse Title.** Individuals who have successfully met all requirements for licensure as a practical nurse have the right to use the title Licensed Practical Nurse, abbreviated LPN. (3-31-22)T

**391. -- 399. (RESERVED)**

**400. DECISION-MAKING MODEL.**

The decision-making model is the process by which a licensed nurse evaluates whether a particular act is within the legal scope of that nurse's practice and determines whether to delegate the performance of a particular nursing task in a given setting. This model applies to all licensure categories permitting active practice, regardless of practice setting. (3-31-22)T

**01. Determining Scope of Practice.** To evaluate whether a specific act is within the legal scope of nursing practice, a licensed nurse shall determine whether: (3-31-22)T

**a.** The act is expressly prohibited by the Nursing Practice Act, or the act is limited to the scope of practice of advanced practice registered nurses or to licensed registered nurses, or the act is prohibited by other laws; (3-31-22)T

**b.** The act was taught as a part of the nurse's educational institution's required curriculum and the nurse possesses current clinical skills; (3-31-22)T

**c.** The act does not exceed any existing policies and procedures established by the nurse's employer; (3-31-22)T

**d.** The act is consistent with standards of practice published by a national specialty nursing organization or supported by recognized nursing literature or reputable published research and the nurse can document successful completion of additional education through an organized program of study including supervised clinical practice or equivalent demonstrated competency; (3-31-22)T

**e.** The employment setting/agency has established policies and procedures or job descriptions



authorizing performance of the act; and (3-31-22)T

**f.** Performance of the act is within the accepted standard of care that would be provided in a similar situation by a reasonable and prudent nurse with similar education and experience and the nurse is prepared to accept the consequences of the act. (3-31-22)T

**02. Deciding to Delegate.** When delegating nursing care, the licensed nurse retains accountability for the delegated acts and the consequences of delegation. Before delegating any task the nurse shall: (3-31-22)T

**a.** Determine that the acts to be delegated are not expressly prohibited by the Nursing Practice Act or Board rules and that the activities are consistent with job descriptions or policies of the practice setting; (3-31-22)T

**b.** Assess the client’s status and health care needs prior to delegation, taking into consideration the complexity of assessments, monitoring required and the degree of physiological or psychological instability; (3-31-22)T

**c.** Exercise professional judgment to determine the safety of the delegated activities, to whom the acts may be delegated, and the potential for harm; (3-31-22)T

**d.** Consider the nature of the act, the complexity of the care needed, the degree of critical thinking required and the predictability of the outcome of the act to be performed; (3-31-22)T

**e.** Consider the impact of timeliness of care, continuity of care, and the level of interaction required with the patient and family; (3-31-22)T

**f.** Consider the type of technology employed in providing care and the knowledge and skills required to effectively use the technology, including relevant infection control and safety issues; (3-31-22)T

**g.** Determine that the person to whom the act is being delegated has documented education or training to perform the activity and is currently competent to perform the act; and (3-31-22)T

**h.** Provide appropriate instruction for performance of the act. (3-31-22)T

**03. Delegating to UAPs.** (3-31-22)T

**a.** The nursing care tasks that may be delegated to UAPs shall be stated in writing in the practice setting. Decisions concerning delegation will be determined in accordance with the provisions of Section 400 of these rules. UAPs may complement the licensed nurse in the performance of nursing functions, but cannot substitute for the licensed nurse; UAPs cannot redelegate a delegated act. (3-31-22)T

**b.** Where permitted by law, after completion of a Board-approved training program, UAPs in care settings may assist patients who cannot independently self-administer medications, provided that a plan of care has been developed by a licensed registered nurse, and the act has been delegated by a licensed nurse. Assistance with medication may include: breaking a scored tablet, crushing a tablet, instilling eye, ear or nose drops, giving medication through a pre-mixed nebulizer inhaler or gastric (non-nasogastric) tube, assisting with oral or topical medications and insertion of suppositories. (3-31-22)T

**04. Monitoring Delegation.** Subsequent to delegation, the licensed nurse shall: (3-31-22)T

**a.** Evaluate the patient’s response and the outcome of the delegated act, and take such further action as necessary; and (3-31-22)T

**b.** Determine the degree of supervision required and evaluate whether the activity is completed in a manner that meets acceptable outcomes. The degree of supervision shall be based upon the health status and stability of the patient, the complexity of the care and the knowledge and competence of the individual to whom the activity is delegated. (3-31-22)T

**401. LICENSED REGISTERED NURSE (RN).**

In addition to providing hands-on nursing care, licensed registered nurses work and serve in a broad range of capacities including, but not limited to, regulation, delegation, management, administration, teaching, and case management. Licensed registered nurses, also referred to as registered nurses or as “RNs,” are expected to exercise competency in judgment, decision making, implementation of nursing interventions, delegation of functions or responsibilities, and administration of medications and treatments prescribed by legally authorized persons.

(3-31-22)T

**01. Standards of Practice.** A licensed registered nurse adheres to the decision-making model set forth in Section 400 of these rules.

(3-31-22)T

**02. Functions.** A partial listing of tasks within the licensed registered nurse’s function follows. This listing is for illustrative purposes only, it is not exclusive. The licensed registered nurse:

(3-31-22)T

- a. Assesses the health status of individuals and groups; (3-31-22)T
- b. Utilizes data obtained by assessment to identify and document nursing diagnoses which serve as a basis for the plan of nursing care; (3-31-22)T
- c. Collaborates with the patient, family, and health team members; (3-31-22)T
- d. Develops and documents a plan for nursing intervention based on assessment, analysis of data, identified nursing diagnoses and patient outcomes; (3-31-22)T
- e. Is accountable and responsible for implementation of planned and prescribed nursing care; (3-31-22)T
- f. Maintains safe and effective nursing care by:
  - i. Maintaining a safe environment; (3-31-22)T
  - ii. Evaluating patient status and instituting appropriate therapy or procedures which might be required in emergency situations to stabilize the patient’s condition or prevent serious complications in accordance with standard procedures established by the policy-making body in the health care setting, including but not limited to administration of intravenous drugs and starting intravenous therapy based on protocols if the patient has been assessed and determined to be in peril; (3-31-22)T
- iii. Acting as a patient’s advocate; (3-31-22)T
- iv. Applying principles of asepsis and infection control and universal standards when providing nursing care; (3-31-22)T
- v. Implementing orders for medications and treatments issued by an authorized prescriber; and (3-31-22)T
- vi. Providing information and making recommendations to patients and others in accordance with employer policies; (3-31-22)T
- g. Utilizes identified goals and outcomes to evaluate responses to interventions; (3-31-22)T
- h. Collaborates with other health professionals by:
  - i. Communicating significant changes in a patient’s status or responses to appropriate health team professionals; (3-31-22)T
  - ii. Coordinating the plan of care with other health team professionals; and (3-31-22)T

- iii. Consulting with nurses and other health team members as necessary; (3-31-22)T
- i. Teaches the theory and practice of nursing; and (3-31-22)T
- j. Facilitates, mentors and guides the practice of nursing formally and informally in practice settings. (3-31-22)T
- k. Engages in other interfaces with healthcare providers and other workers in settings where there is not a structured nursing organization and in settings where health care plays a secondary role, where the nurse needs to identify the nursing role and responsibility for the particular type of interface, for example, teaching, supervising, consulting, advising, etc. (3-31-22)T

**03. Chief Executive Role.** A licensed registered nurse functioning in a chief executive role is accountable and responsible for: (3-31-22)T

- a. Prescribing, directing and evaluating the quality of nursing services including, but not limited to, staff development and quality improvement; (3-31-22)T
- b. Assuring that organizational policies and procedures, job descriptions and standards of nursing practice conform to the Nursing Practice Act and nursing practice rules; (3-31-22)T
- c. Assuring that the knowledge, skills and abilities of nursing care staff are assessed and that nursing care activities do not exceed the legally defined boundaries of practice; and (3-31-22)T
- d. Assuring that documentation of all aspects of the nursing organization is maintained. (3-31-22)T

**04. Management Role.** A licensed registered nurse functioning in a management role is accountable and responsible for: (3-31-22)T

- a. The quality and quantity of nursing care provided by nursing personnel under their supervision; (3-31-22)T
- and b. Managing and coordinating nursing care in accordance with established guidelines for delegation; (3-31-22)T
- c. Providing leadership in formulating, interpreting, implementing, and evaluating the objectives and policies of nursing practice. (3-31-22)T

**402. LICENSED REGISTERED NURSE FUNCTIONING IN SPECIALTY AREAS.**

**01. Extended Functions.** A licensed registered nurse may carry out functions beyond the basic educational preparation described in Sections 600 through 681 of these rules under certain conditions. (3-31-22)T

**02. Conditions for Licensed Registered Nurses Functioning in Specialty Practice Areas.** A licensed registered nurse may carry out functions defined within parameters of a nursing specialty that meets criteria approved by the American Board of Nursing Specialties (ABNS) or the National Commission for Certifying Agencies (NCCA) of the National Organization for Competency Assurance (NOCA) when the nurse: (3-31-22)T

- a. Can document successful completion of additional education through an organized program of study including supervised clinical experience or equivalent demonstrated competence consistent with provisions of Section 400 of these rules; and (3-31-22)T
- b. Conforms to recognized nursing specialty practice parameters, characters, and standards for practice of the specialty. (3-31-22)T

**403. -- 459. (RESERVED)**

**460. LICENSED PRACTICAL NURSE (LPN).**

Licensed practical nurses function in dependent roles. Licensed practical nurses, also referred to as LPNs, provide nursing care at the delegation of a licensed registered nurse, licensed physician, or licensed dentist pursuant to rules established by the Board. The stability of the patient’s environment, the patient’s clinical state, and the predictability of the outcome determine the degree of direction and supervision that must be provided to the licensed practical nurse. (3-31-22)T

**01. Standards.** The licensed practical nurse shall be personally accountable and responsible for all actions taken in carrying out nursing activities and adheres to the decision-making model set forth in Section 400 of these rules. (3-31-22)T

**02. Functions.** A partial listing of some of the functions that are included within the legal definition of licensed practical nurse, Section 54-1402(3), Idaho Code, (Nursing Practice Act) follows. This list is for example only, it is not complete. The licensed practical nurse: (3-31-22)T

- a.** Contributes to the assessment of health status by collecting, reporting and recording objective and subjective data; (3-31-22)T
- b.** Participates in the development and modification of the plan of care; (3-31-22)T
- c.** Implements aspects of the plan of care; (3-31-22)T
- d.** Maintains safe and effective nursing care; (3-31-22)T
- e.** Participates in the evaluation of responses to interventions; (3-31-22)T
- f.** Fulfills charge nurse responsibilities in health care facilities as allowed by state and federal law; (3-31-22)T
- g.** Delegates to others as allowed by application of the decision-making model; and (3-31-22)T
- h.** Accepts delegated assignments only as allowed by application of the decision-making model. (3-31-22)T
- i.** Engages in other interfaces with healthcare providers and other workers in settings where there is not a structured nursing organization and in settings where health care plays a secondary role, where the nurse needs to identify the nursing role and responsibility for the particular type of interface, for example, teaching, supervising, consulting, advising, etc. (3-31-22)T

**461. -- 490. (RESERVED)**

**491. TECHNICIANS/TECHNOLOGISTS.**

**01. Functions.** Technicians/technologists may perform limited nursing functions within the ordinary, customary, and usual roles in their fields and are exempted from licensure by the Board under Section 54-1412, Idaho Code, provided they are: (3-31-22)T

- a.** Enrolled in or have completed a formal training program acceptable to the Board; or (3-31-22)T
- b.** Registered with or certified by a national organization acceptable to the Board. (3-31-22)T

**02. Supervision.** Technicians/technologists providing basic nursing care services on an organized nursing unit in an institutional setting must function under the supervision of a licensed registered nurse. (3-31-22)T

**492. -- 599. (RESERVED)**

**600. NURSING EDUCATION FOR REGISTERED AND PRACTICAL NURSES.**

**601. PURPOSE OF APPROVAL.**

To assure safe practice of nursing by establishing standards, criteria, and curriculum requirements for education programs preparing persons for the practice of nursing, and for enhancing the knowledge and skills of those in practice. (3-31-22)T

**01. Preparation of Graduates.** To ensure that graduates of nursing education programs are prepared for safe and effective nursing practice. (3-31-22)T

**02. Guide for Development.** To serve as a guide for the development of new nursing education programs. (3-31-22)T

**03. Continued Improvement.** To foster the continued improvement of established nursing education programs. (3-31-22)T

**04. Evaluation Criteria.** To provide criteria for the evaluation of new and established nursing education programs. (3-31-22)T

**05. Eligibility for Licensing Examination.** To assure eligibility for admission to the licensing examination for nurses, and to facilitate interstate endorsement of graduates of Board-approved nursing education programs. (3-31-22)T

**602. APPROVAL OF A NEW EDUCATIONAL PROGRAM.**

**01. Educational Programs.** (3-31-22)T

**a.** Any university, college, or other institution wishing to establish a nursing education program must make application to the Board on forms supplied by the Board. The following information is to be included with the initial application: (3-31-22)T

i. Purpose for establishing the nursing education program; (3-31-22)T

ii. Community needs and studies made, as basis for establishing a nursing education program; (3-31-22)T

iii. Type of program; (3-31-22)T

iv. Accreditation status, relationship of educational program to parent institution; (3-31-22)T

v. Financial provision for the educational program; (3-31-22)T

vi. Potential student enrollment; (3-31-22)T

vii. Provision for qualified faculty; (3-31-22)T

viii. Proposed clinical facilities and other physical facilities; and (3-31-22)T

ix. Proposed time schedule for initiating the program. (3-31-22)T

**b.** A representative of the Board will visit the educational and clinical facilities and then submit a written report to the Board. (3-31-22)T

**c.** Representatives of the parent institution must meet with the Board to review the application within ninety (90) days of the conduct of the initial survey visit. (3-31-22)T

**d.** Following the Board's review, the parent institution will be notified of the Board's decision within thirty (30) days of the review. (3-31-22)T

- e. Following the appointment of a qualified nurse administrator, a minimum period of twelve (12) months is necessary for planning to be completed before the first class of students is admitted to the program. (3-31-22)T
- f. Provisional approval may be applied for when the following conditions have been met: (3-31-22)T
  - i. A qualified nurse administrator has been appointed; (3-31-22)T
  - ii. There are sufficient qualified faculty to initiate the program; (3-31-22)T
  - iii. The curriculum and plans for its implementation have been developed, including tentative clinical affiliation agreements; and (3-31-22)T
  - iv. Program policies have been developed. (3-31-22)T
- g. Provisional approval must be granted before the first students are admitted to the nursing program. (3-31-22)T
- h. Students can be admitted to the nursing program once provisional approval is granted. (3-31-22)T
  - i. A representative of the Board will make a follow-up survey visit to the educational program and submit a written report to the Board. (3-31-22)T
  - ii. Following the Board's review, the parent institution will be notified of the Board's decision within thirty (30) days. (3-31-22)T
  - iii. Following its review, the Board may grant: full approval, if all conditions have been met; or conditional approval, if all standards have not been met, with such conditions and requirements as the Board may designate to insure compliance with standards within the designated time period; or denial of approval, if standards have not been met. (3-31-22)T
- i. Full approval will be applied for and granted within a three (3) year period following eligibility. (3-31-22)T

**603. CONTINUANCE OF FULL APPROVAL OF EDUCATIONAL PROGRAM.**

- 01. Continuing Full Approval.** (3-31-22)T
  - a. A certificate of continuing full approval will be granted for up to eight (8) years to nursing education programs that consistently meet the Board's standards, as evidenced by: (3-31-22)T
    - i. Information included in the annual report to the Board; (3-31-22)T
    - ii. Information obtained by a Board representative through consultation visits; and (3-31-22)T
    - iii. Acceptable performance on the licensing examination for each program shall be a pass rate of eighty percent (80%) for its first-time writers in any given calendar year. A program whose pass rate falls below eighty percent (80%) for first-time writers in any two (2) consecutive calendar years shall: (3-31-22)T
      - (1) Present to the Board a plan for identifying possible contributing factors and for correcting any identified deficiencies; and (3-31-22)T
      - (2) Submit periodic progress reports on a schedule determined by the Board. (3-31-22)T
  - b. To ensure continuing compliance with the Board's standards, each approved nursing education program will submit an annual report to the Board. Based on its findings the Board may: (3-31-22)T
    - i. Request additional information from the nursing education program. (3-31-22)T

- ii. Conduct an on-site review of the nursing education program. (3-31-22)T
- iii. Request a full survey of the nursing education program. (3-31-22)T
- c. Written reports of the survey will be submitted to the Board for review and acceptance. Copies of the report and recommendations will then be sent to the educational institution within thirty (30) days of the review. (3-31-22)T
- d. Nursing education programs that do not meet the standards of the Board may be placed on conditional approval status, with such conditions and requirements as the Board may designate to ensure compliance with standards within a reasonable time period. (3-31-22)T
- e. At the end of the period of conditional approval, full approval may be restored if the required conditions have been met, or approval may be withdrawn if the required conditions have not been met. Upon petition and written documentation by the nursing education program of extenuating circumstances, the Board may consider extending the period of conditional approval. The school must submit documentation within ten (10) days of notification of withdrawal of full approval. (3-31-22)T
- f. Following notification of the Board's decision to place a program on conditional approval or to withdraw program approval, the educational program will have ten (10) days in which to request a hearing. Upon receipt of a request for hearing, the Board's action will be stayed until the matter is heard. Hearings shall be conducted in the same manner as disciplinary hearings, in accordance with Title 67, Chapter 52, Idaho Code. (3-31-22)T

**604. DISCONTINUANCE OF AN EDUCATIONAL PROGRAM.**

When an educational institution plans to discontinue its education program, the following procedure must be used: (3-31-22)T

- 01. **Notify in Writing.** Notify the Board in writing at least one (1) academic year prior to the closure; and (3-31-22)T
- 02. **Follow Plan.** Follow institutional plan for program closure including: (3-31-22)T
  - a. Maintenance of program standards until last class has graduated; and (3-31-22)T
  - b. Provision for disposition of student records. (3-31-22)T

**605. -- 629. (RESERVED)**

**630. PHILOSOPHY AND OBJECTIVES OF EDUCATIONAL PROGRAM.**

The nursing education program shall have statements of philosophy and objectives that are consistent with those of the parent institution and with the law governing the practice of nursing. (3-31-22)T

**631. ADMINISTRATION OF EDUCATIONAL PROGRAM.**

- 01. **Administration of Educational Programs.** (3-31-22)T
  - a. The educational program in nursing shall be an integral part of an accredited institution of higher learning. (3-31-22)T
  - b. There shall be an institutional organizational design that demonstrates the relationship of the program to the administration and to comparable programs within the institution, and that clearly delineates the lines of authority, responsibility, and channels of communication. The program faculty are given the opportunity to participate in the governance of the program and the institution. (3-31-22)T
    - i. Qualifications, rights, and responsibilities of faculty are addressed in written personnel policies

which are consistent with those of the parent institution as well as those of other programs within the institution. (3-31-22)T

ii. Faculty workloads shall be consistent with responsibilities identified in Section 644 of these rules. (3-31-22)T

c. The program must have an organizational design with clearly defined authority, responsibility, and channels of communication that assures both faculty and student involvement. (3-31-22)T

d. Administrative responsibility and control shall be delegated to the nursing education administrator by the parent institution. (3-31-22)T

e. The program must have a written purpose that is consistent with the mission of the institution. The program must have written policies that are congruent with the institution's policies and are periodically reviewed. (3-31-22)T

**632. FINANCIAL SUPPORT OF EDUCATIONAL PROGRAM FOR PRACTICAL NURSE, REGISTERED NURSE, AND ADVANCED PRACTICE REGISTERED NURSE.**

There must be evidence of financial support and resources adequate to achieve the purpose of the program. Resources include: facilities, equipment, supplies, and qualified administrative, instructional, and support personnel and services. (3-31-22)T

**633. RECORDS OF EDUCATIONAL PROGRAM.**

The nursing education program structure shall provide for pre-admission and current records for each student while enrolled. Final records for each student shall be maintained on a permanent basis in accordance with the policies of the parent institution. (3-31-22)T

**634. -- 639. (RESERVED)**

**640. FACULTY QUALIFICATIONS.**

**01. Practical Nurse Program Faculty Qualifications.** Nursing faculty who have primary responsibility for planning, implementing, and evaluating curriculum in a program leading to licensure as a practical nurse shall have: (3-31-22)T

a. A current, unencumbered license to practice as a registered nurse in this state; (3-31-22)T

b. A minimum of a baccalaureate degree with a major in nursing; and (3-31-22)T

c. Evidence of nursing practice experience. (3-31-22)T

**02. Registered Nurse Program Faculty Qualifications.** There shall be sufficient faculty to achieve the purpose of the program. (3-31-22)T

a. Nursing faculty who have primary responsibility for planning, implementing, and evaluating curriculum in a program leading to licensure as a registered nurse shall have: (3-31-22)T

i. A current, unencumbered license to practice as a registered nurse in this state; (3-31-22)T

ii. A minimum of a master's degree with a major in nursing; and (3-31-22)T

iii. Evidence of nursing practice experience. (3-31-22)T

b. Additional support faculty necessary to accomplish program objectives shall have: (3-31-22)T

i. A current, unencumbered license to practice as a registered nurse in this state; (3-31-22)T



- ii. A minimum of a baccalaureate degree with a major in nursing; and (3-31-22)T
- iii. A plan approved by the Board for accomplishment of the master’s of nursing within three (3) years of appointment to the faculty position. (3-31-22)T

**03. Advanced Practice Registered Nurse Program Faculty Qualifications.** There shall be sufficient faculty to achieve the purpose of the program. Faculty who have primary responsibility for planning, implementing and evaluating curriculum in a program preparing individuals to license as an advanced practice registered nurse shall have: (3-31-22)T

- a. A current, unencumbered license to practice as a registered nurse in this state; and (3-31-22)T
- b. A graduate degree or post-graduate degree in nursing; (3-31-22)T
- c. An advanced practice registered nurse license and national certification if responsible for courses in a specific advanced practice registered nurse role and population; and (3-31-22)T
- d. Evidence of advanced registered nursing practice experience. (3-31-22)T

**04. Non-clinical Nursing Courses Faculty Qualifications.** Interprofessional faculty teaching non-clinical nursing course shall have advanced preparation appropriate for the content being taught. (3-31-22)T

**05. Clinical Preceptors in Registered Nurse, Practical Nurse, and Advanced Practice Registered Nurse Programs.** Clinical preceptors may be used to enhance clinical learning experiences. (3-31-22)T

- a. Clinical preceptors in registered and practical nurse programs shall be licensed for nursing practice at or above the license role for which the student is preparing. (3-31-22)T
- b. Clinical preceptors in advanced practice registered nurse programs shall be licensed to practice as an advanced practice registered nurse (APRN), a physician (MD or DO), or a physician assistant (PA) in an area of practice relevant to the educational course objectives. (3-31-22)T
- c. Student-Preceptor ratio shall be appropriate to accomplishment of learning objectives; to provide for patient safety; and to the complexity of the clinical situation. (3-31-22)T
- d. Criteria for selecting preceptors shall be in writing. (3-31-22)T
- e. Functions and responsibilities of the preceptor shall be clearly delineated in a written agreement between the agency, the preceptor, and the educational program. (3-31-22)T
- f. The faculty shall be responsible to: (3-31-22)T
  - i. Make arrangements with agency personnel in advance of the clinical experience, providing information such as numbers of students to be in the agency at a time, dates and times scheduled for clinical experience, faculty supervision to be provided, and arrange for formal orientation of preceptors. (3-31-22)T
  - ii. Inform agency personnel of faculty-defined objectives and serve as a guide for selecting students’ learning experiences and making assignments. (3-31-22)T
  - iii. Monitor students’ assignments, make periodic site visits to the agency, evaluate students’ performance on a regular basis with input from the student and from the preceptor, and be available by telecommunication during students’ scheduled clinical time. (3-31-22)T
- g. Provide direct supervision, by either a qualified faculty person or an experienced registered nurse employee of the agency, during initial home visits and whenever the student is implementing a nursing skill for the first time or a nursing skill with which the student has had limited experience. (3-31-22)T

**07. Continued Study.** The parent institution will support and make provisions for continued professional development of the faculty. (3-31-22)T

**641. FACULTY.**

**01. Numbers Needed.** There shall be sufficient faculty with educational preparation and nursing expertise to meet the objectives and purposes of the nursing education program. (3-31-22)T

**a.** Number of faculty shall be sufficient to design and implement the curriculum necessary to prepare students to function in a rapidly changing healthcare environment. (3-31-22)T

**b.** Number of faculty in the clinical setting shall be sufficient in number to assure patient safety and meet student learning needs. (3-31-22)T

**02. Faculty-Student Ratio.** There shall be no more than ten (10) students for every faculty person in the clinical agencies. Deviations may be presented for approval with the program’s annual report to the Board with written justification assuring client safety and supporting accomplishment of program objectives. (3-31-22)T

**642. (RESERVED)**

**643. ADMINISTRATOR RESPONSIBILITIES AND QUALIFICATIONS.**

**01. Administrator Responsibilities.** The administrator provides the leadership and is accountable for the administration, planning, implementation, and evaluation of the program. The administrator’s responsibilities include, but are not limited to: (3-31-22)T

**a.** Development and maintenance of an environment conducive to the teaching and learning processes; (3-31-22)T

**b.** Liaison with and maintenance of the relationship with administrative and other units within the institution; (3-31-22)T

**c.** Leadership within the faculty for the development and implementation of the curriculum; (3-31-22)T

**d.** Preparation and administration of the program budget; (3-31-22)T

**e.** Facilitation of faculty recruitment, development, performance review, promotion, and retention; (3-31-22)T

**f.** Liaison with and maintenance of the relationship with the Board; and (3-31-22)T

**g.** Facilitation of cooperative agreements with practice sites. (3-31-22)T

**02. Administrator Qualifications.** The administrator of the program shall be a licensed registered nurse, with a current unencumbered license to practice in this state, and with the additional education and experience necessary to direct the program. (3-31-22)T

**a.** Practical Nurse Administrator. The administrator in a program preparing for practical nurse licensure shall: (3-31-22)T

**i.** Hold a minimum of a graduate degree with a major in nursing; and (3-31-22)T

**ii.** Have evidence of experience in education, administration, and practice sufficient to administer the program. (3-31-22)T

**b.** Registered Nurse Administrator. The administrator in a program preparing for registered nurse licensure shall: (3-31-22)T

- and
- i. Hold a minimum of a graduate degree with a major in nursing and meet institutional requirements; (3-31-22)T
  - ii. Have evidence of experience in education, administration, and practice sufficient to administer the program. (3-31-22)T
  - c. Advanced Practice Registered Nurse Administrator. The administrator in a program preparing for advanced practice registered nursing shall: (3-31-22)T
    - i. Hold a graduate and post-graduate degree, one (1) of which is in nursing; and (3-31-22)T
    - ii. Have evidence of experience in education, administration, and practice sufficient to administer the program. (3-31-22)T

**03. Numbers of Administrators Needed.** There shall be at least one (1) qualified nursing administrator for each nursing education department or division. In institutions that offer nursing education programs for more than one (1) level of preparation and where the scope of administrative responsibility so requires, there shall be an individual administrator for each nursing education program. (3-31-22)T

**644. FACULTY RESPONSIBILITIES.**

**01. Faculty Responsibilities.** Nursing faculty responsibilities include, but are not limited to the following: (3-31-22)T

- a. Assess, plan, implement, evaluate, and modify the program based on sociological and environmental indicators; (3-31-22)T
- b. Design, implement, evaluate, and update the curriculum using a written plan; (3-31-22)T
- c. Develop, implement, evaluate, and update policies for student admission, progression, retention, and graduation in keeping with the policies of the school; (3-31-22)T
- d. Participate in academic advisement and guidance of students; (3-31-22)T
- e. Provide theoretical instruction and practice experiences; (3-31-22)T
- f. Select, monitor, and evaluate preceptors and the student learning experiences; (3-31-22)T
- g. Evaluate student achievement of curricular outcomes related to nursing knowledge and practice; (3-31-22)T
- h. Evaluate teaching effectiveness; (3-31-22)T
- i. Participate in activities that facilitate maintaining the faculty members' own nursing competence and professional expertise in the area of teaching responsibility, including instructional methodology; (3-31-22)T
- j. Participate in other scholarly activities, including research, consistent with institutional and professional requirements; and (3-31-22)T
- k. Participate in the organization of the program and institution. (3-31-22)T

**645. -- 659. (RESERVED)**

**660. STUDENTS, EDUCATIONAL PROGRAM.**

**01. Student Policies.** Student policies should facilitate mobility and articulation and be consistent with

the educational standards of the parent institution. Student policies in relation to the following must be in writing and available: (3-31-22)T

- a. Admission, readmission, progression, retention, graduation, dismissal, and withdrawal; (3-31-22)T
- b. Physical, mental health, and legal standards required by affiliate agencies and the law governing the practice of nursing; (3-31-22)T
- c. Student responsibilities; (3-31-22)T
- d. Student rights and grievance procedures; and (3-31-22)T
- e. Student opportunity to participate in program governance and evaluation. (3-31-22)T

**661. -- 679. (RESERVED)**

**680. CURRICULUM, EDUCATIONAL PROGRAM.**

**01. Student Competence. (3-31-22)T**

a. Students enrolled in a practical nursing program shall be provided the opportunity to acquire and demonstrate the knowledge, skills, and abilities for safe and effective nursing practice. The graduate from a practical nurse program is responsible and accountable to practice according to the standards of practice for the licensed practical nurse as defined in Section 460 of these rules. (3-31-22)T

b. Students enrolled in a registered nurse program shall be provided the opportunity to acquire and demonstrate the knowledge, skills, and abilities for safe and effective nursing practice. The graduate from a registered nurse program is responsible and accountable to practice according to the standards of practice for the registered nurse as defined in Section 401 of these rules. (3-31-22)T

c. Students enrolled in advanced practice registered nursing education shall be provided the opportunity to acquire and demonstrate the knowledge, skills, and abilities for safe and effective advanced nursing practice. The graduate from an advanced practice registered nursing program is responsible and accountable to practice according to the standards for the advanced practice nursing role for which the nurse is prepared as defined in Section 280 of these rules. (3-31-22)T

**02. Program Evaluation.** The program shall have a plan for total program evaluation that includes, but is not limited to the following: organization and administration, faculty, students, curriculum, and performance of graduates. Implementation of the plan and use of findings for relevant decision making must be evident. (3-31-22)T

**681. CURRICULUM REQUIREMENTS FOR NURSING EDUCATION PROGRAMS.**

**01. General Curriculum.** For licensed practical nurses, registered nurses, and advanced practice registered nurses the general curriculum is as follows: (3-31-22)T

- a. Be planned, implemented, and evaluated by the faculty with provisions for student input; (3-31-22)T
- b. Reflect the mission and purpose of the nursing education program; (3-31-22)T
- c. Be organized logically and sequenced appropriately; (3-31-22)T
- d. Facilitate articulation for horizontal and vertical mobility; (3-31-22)T
- e. Have a syllabus for each nursing course; (3-31-22)T
- f. Have written, measurable terminal outcomes that reflect the role of the graduate; and (3-31-22)T

- g. Be responsive to changing healthcare environment. (3-31-22)T
- 02. Curriculum Changes.** Major curriculum changes, as defined in Section 700 of these rules, will be submitted to the Board for approval prior to implementation. (3-31-22)T
- 03. Practice Sites.** The program will have sufficient correlated practice experiences to assure development of nursing competencies. (3-31-22)T
- 04. Practical Nurse Curriculum.** The curriculum includes: (3-31-22)T
- a. Nursing didactic content and practice experience that establish the knowledge base for demonstrating beginning competency; and (3-31-22)T
- b. Integrated, combined or separate coursework from the following academic disciplines and meets requirements for the credential with a major in practical nursing: (3-31-22)T
- i. Communication and information systems concepts; (3-31-22)T
- ii. Behavioral and social science concepts that serve as a framework for understanding growth and development throughout the life cycle, human behavior, interpersonal relationships, and cultural diversity; (3-31-22)T
- iii. Physical and biological sciences concepts that help the students gain an understanding of the principles of scientific theory and computation; (3-31-22)T
- iv. Nursing concepts that provide the basis for understanding the principles of nursing care and appropriate and sufficient correlated nursing practice experiences to assure development of competencies as a member of the interdisciplinary team; (3-31-22)T
- v. Concepts regarding legal, managerial, economic, and ethical issues related to responsibilities of the practical nurse; and (3-31-22)T
- vi. Courses to meet the school's general education requirements for the credential awarded. (3-31-22)T
- 05. Registered Nurse Curriculum.** The curriculum includes: (3-31-22)T
- a. Nursing didactic content and practice experience that establish the knowledge base for demonstrating beginning competency related to: (3-31-22)T
- i. Nursing practice; (3-31-22)T
- ii. Systems thinking and interdisciplinary team function; and (3-31-22)T
- iii. The promotion and restoration of optimal patient health throughout the lifespan in a variety of primary, secondary and tertiary settings focusing on individuals, groups, and communities. (3-31-22)T
- b. Integrated, combined or separate coursework from the following academic disciplines and meets requirements for a degree with a major in nursing: (3-31-22)T
- i. Concepts in written and oral communication, values clarification, scientific inquiry, computation, and informatics; (3-31-22)T
- ii. Behavioral and social sciences concepts that serve as a framework for the understanding of growth and development throughout the life cycle, human behavior, interpersonal relationships, cultural diversity, and economics related to the social context of healthcare; (3-31-22)T

iii. Physical and biological sciences concepts that help the student gain an understanding of the principles of scientific theory; (3-31-22)T

iv. Arts and humanities concepts that develop the aesthetic, ethical, and intellectual capabilities of the student; (3-31-22)T

v. Concepts regarding research, nursing theory, legal and ethical issues, trends in nursing, principles of education and learning, and professional responsibilities; (3-31-22)T

vi. Experiences that promote the development of leadership and management skills, interdisciplinary and professional socialization; and (3-31-22)T

vii. Courses to meet the school's general education requirements for the academic degree. (3-31-22)T

**06. Advanced Practice Registered Nursing Program Curriculum.** The curriculum includes: (3-31-22)T

a. Content necessary to prepare the graduate for practice consistent with defined standards for advanced nursing practice; and (3-31-22)T

b. Content from nursing and related academic disciplines and meet requirements for a graduate degree with a major in nursing; (3-31-22)T

i. Advanced theory and research in nursing, biological and behavioral sciences, interdisciplinary education, cultural diversity, economics and informatics sufficient to practice as a graduate prepared registered nurse; (3-31-22)T

ii. Legal, ethical, and professional responsibilities of a graduate prepared registered nurse; (3-31-22)T

iii. Didactic content and supervised practice experience relevant to the nursing focus of the graduate specialty; and (3-31-22)T

iv. Courses to meet the school's requirements for the graduate degree. (3-31-22)T

**682. -- 699. (RESERVED)**

**700. CURRICULUM CHANGE, EDUCATIONAL PROGRAM.**

Any proposed curriculum revision that involves major changes in the philosophy and objectives, significant course content changes, or changes in the length of the program, shall be submitted to and approved by the Board prior to implementation. Minor curriculum changes such as redistribution of nursing course content or slight increase or decrease in the number of theory and clinical hours must be reported to the Board in the Annual Report, but do not require Board approval. Curriculum revision that alters existing articulation agreements must be approved by the State Board of Education prior to implementation. (3-31-22)T

**701. -- 729. (RESERVED)**

**730. PRACTICE SITES.**

The program must have sufficient practice experiences to assure development of nursing competencies. (3-31-22)T

**01. Approval by Other Agencies.** Cooperating agencies shall be approved by the recognized accreditation, evaluation or licensing body as appropriate. (3-31-22)T

**02. Evaluation by Faculty.** Agencies used to provide practice experiences must be evaluated periodically by faculty. (3-31-22)T

**03. Sufficient Experiences.** There must be sufficient practice experiences to assure the development of nursing competencies consistent with the level of preparation. (3-31-22)T

**04. Written Agreements.** There must be written agreements with cooperating agencies that are reviewed and revised periodically. (3-31-22)T

**05. Faculty Supervision.** Sufficient faculty must be employed to supervise student practice experiences. An appropriate student to faculty ratio must be maintained to provide for safety and protection of patients, students, and faculty members. (3-31-22)T

**06. Planned Communication.** Means shall be provided for ongoing and periodic planned communication between faculty and agency administrative personnel and between faculties of all educational programs using the agency; the responsibility for coordination shall be specifically identified. (3-31-22)T

**731. -- 899. (RESERVED)**

**900. INITIAL LICENSE, RENEWAL AND REINSTATEMENT FEES.**

**01. Assessed Fees.** Fees will be assessed for renewal of licensure or for reinstatement of a lapsed, disciplined, limited, or emeritus license. Any person submitting the renewal application and fee post-marked or electronically dated later than August 31 shall be considered delinquent and the license lapsed and therefore invalid:

<b>24.34.01.900 - Initial Licensure, Renewal &amp; Reinstatement Fees</b>				
	<b>Registered Nurse</b>	<b>Practical Nurse</b>	<b>Advanced Practice Nurse</b>	<b>Medication Assistant - Certified</b>
Temporary License Fee	\$25	\$25	\$25	
Initial Application Fee			\$90	
License by Exam Fee	\$90	\$75	\$90	
License by Endorsement	\$110	\$110		
License Renewal	\$90	\$90	\$90	\$35
Expiration Date	Aug 31-odd years	Aug 31-even years	Aug 31-odd years	Aug 31-even years

(3-31-22)T

**02. Reinstatement Fee.** Nurses requesting reinstatement of a lapsed, disciplined, or restricted license, or reinstatement of an emeritus license to active status, will be assessed the records verification and renewal fees.

(3-31-22)T

**901. OTHER FEES.**

Fees will be assessed for licensure of registered and practical nurses by examination and endorsement, and for temporary licenses and verification of licensure to another state.

Records Verification Fee	\$35
Return Check Fee	\$25

(3-31-22)T

**902. (RESERVED)**

**903. EDUCATION PROGRAM FEES.**

**01. Evaluation of Nursing Education Programs.** A fee not to exceed two hundred fifty dollars (\$250) per day will be assessed for survey and evaluation of nursing education programs which will be due at the time the

evaluation is requested.

(3-31-22)T

**02. Evaluation of Courses of Instruction.** A fee not to exceed five hundred dollars (\$500) will be assessed for approval of courses of instruction related to nursing that are offered by commercial establishments. This fee will be due at the time the evaluation is requested. (3-31-22)T

**904. ONLY ONE LICENSE - EXCEPTION.**

A licensee may hold only one (1) active renewable license to practice nursing at any time except that licensed advanced practice registered nurses must also be licensed to practice as licensed registered nurses. (3-31-22)T

**905. -- 998. (RESERVED)**

**999. ADMINISTRATIVE FINE.**

An administrative fine not to exceed one hundred dollars (\$100) for each separate offense of practicing nursing without current licensure may be assessed as a condition of reinstatement of a license, or the issuance of a temporary or renewable license. (3-31-22)T



## 24.36.01 – RULES OF THE IDAHO STATE BOARD OF PHARMACY

### 000. LEGAL AUTHORITY.

This chapter is adopted under the legal authority of the Uniform Controlled Substances Act, Title 37, Chapter 27, Idaho Code; the Idaho Pharmacy Act, the Idaho Wholesale Drug Distribution Act, and the Idaho Legend Drug Donation Act, Title 54, Chapter 17, Idaho Code; and specifically pursuant to Sections 37-2702, 37-2715, 54-1717, 54-1753, and 54-1755, Idaho Code. (3-31-22)T

### 001. SCOPE.

These rules regulate and control the manufacture, distribution, and dispensing of controlled substances within or into the state, pursuant to the Uniform Controlled Substances Act, Section 37-2715, Idaho Code; and regulate and control the practice of pharmacy, pursuant to the Idaho Pharmacy Act, Title 54, Chapter 17, Idaho Code. (3-31-22)T

### 002. – 009. (RESERVED)

### 010. DEFINITIONS AND ABBREVIATIONS (A – N).

The definitions set forth in Sections 54-1705 and 37-2701, Idaho Code, are applicable to these rules. (3-31-22)T

01. **ACCME.** Accreditation Council for Continuing Medical Education. (3-31-22)T
02. **Accredited School or College of Pharmacy.** A school or college that meets the minimum standards of the ACPE and appears on its list of accredited schools or colleges of pharmacy. (3-31-22)T
03. **ACPE.** Accreditation Council for Pharmacy Education. (3-31-22)T
04. **ADS – Automated Dispensing and Storage.** A mechanical system that performs operations or activities, other than compounding or administration, relative to the storage, packaging, dispensing, or distribution of drugs and that collects, controls, and maintains transaction information. (3-31-22)T
05. **Change of Ownership.** A change of majority ownership or controlling interest of a drug outlet licensed or registered by the Board. (3-31-22)T
06. **CME.** Continuing medical education. (3-31-22)T
07. **Collaborative Pharmacy Practice.** A pharmacy practice whereby one (1) or more pharmacists or pharmacies jointly agree to work under a protocol authorized by one (1) or more prescribers to provide patient care and DTM services not otherwise permitted to be performed by a pharmacist under specified conditions. (3-31-22)T
08. **CPE.** Continuing pharmacy education. (3-31-22)T
09. **CPE Monitor.** An NABP service that allows pharmacists to electronically keep track of CPE credits from ACPE-accredited providers. (3-31-22)T
10. **DEA.** United States Drug Enforcement Administration. (3-31-22)T
11. **Distributor.** A supplier of drugs manufactured, produced, or prepared by others to persons other than the ultimate consumer. (3-31-22)T
12. **DME Outlet.** A registered outlet that may hold for sale at retail durable medical equipment (DME) and the following prescription drugs: pure oxygen for human application, nitrous oxide, sterile sodium chloride, and sterile water for injection. (3-31-22)T
13. **DTM – Drug Therapy Management.** Selecting, initiating, or modifying drug treatment pursuant to a collaborative pharmacy practice agreement. (3-31-22)T
14. **FDA.** United States Food and Drug Administration. (3-31-22)T
15. **Flavoring Agent.** An additive in food or drugs in the minimum quantity necessary. (3-31-22)T
16. **Floor Stock.** Drugs or devices not labeled for a specific patient that are maintained at a nursing station or other department of an institutional facility, excluding the pharmacy, for the purpose of administering to patients of the facility. (3-31-22)T

17. **FPGEC Certification.** Foreign Pharmacy Graduate Examination Committee Certification. (3-31-22)T
18. **Hazardous Drug.** Any drug listed as such by the National Institute for Occupational Safety and Health or any drug identified by at least one (1) of the following criteria: carcinogenicity; teratogenicity or developmental toxicity; reproductive toxicity in humans; organ toxicity at low doses in humans or animals; genotoxicity; or new drugs that mimic existing hazardous drugs in structure or toxicity. (3-31-22)T
19. **HIPAA.** Health Insurance Portability and Accountability Act of 1996. (3-31-22)T
20. **Limited Service Outlet.** Limited service outlets include, but are not limited to, sterile product pharmacies, remote dispensing pharmacies, facilities operating narcotic treatment programs, DME outlets, prescriber drug outlets, outsourcing facilities, nuclear pharmacies, cognitive service pharmacies, correctional facilities, offsite ADSs for non-emergency dispensing, reverse distributors, mobile pharmacies, and analytical or research laboratories. (3-31-22)T
21. **NABP.** National Association of Boards of Pharmacy. (3-31-22)T
22. **NAPLEX.** North American Pharmacists Licensure Examination. (3-31-22)T
23. **NDC.** National Drug Code. (3-31-22)T
- 011. DEFINITIONS AND ABBREVIATIONS (O – Z).**  
The definitions set forth in Sections 54-1705 and 37-2701, Idaho Code, are applicable to these rules. In addition, the following terms have the meanings set forth below: (3-31-22)T
01. **Parenteral Admixture.** The preparation and labeling of sterile products intended for administration by injection. (3-31-22)T
02. **Pharmaceutical Care Services.** A broad range of services, activities and responsibilities intended to optimize drug-related therapeutic outcomes for patients consistent with Rule 100. Pharmaceutical care services may be performed independent of, or concurrently with, the dispensing or administration of a drug or device and also encompasses services provided by way of DTM under a collaborative practice agreement. Pharmaceutical care services are not limited to, but may include one (1) or more of the following: (3-31-22)T
- a. Performing or obtaining necessary assessments of the patient’s health status, including the performance of health screening activities or testing; (3-31-22)T
- b. Reviewing, analyzing, evaluating, formulating or providing a drug utilization plan; (3-31-22)T
- c. Monitoring and evaluating the patient’s response to drug therapy, including safety and effectiveness; (3-31-22)T
- d. Coordinating and integrating pharmaceutical care services within the broader health care management services being provided to the patient; (3-31-22)T
- e. Ordering and interpreting laboratory tests; (3-31-22)T
- f. Performing drug product selection, substitution, prescription adaptation, or refill authorization as provided in these rules; and (3-31-22)T
- g. Prescribing drugs and devices as provided in these rules. (3-31-22)T
03. **PDMP.** Prescription Drug Monitoring Program. (3-31-22)T
04. **Practice of Pharmacy.** The safe interpretation, evaluation, compounding, administration and dispensing of prescription drug orders, patient counseling, collaborative pharmacy practice, the provision of

pharmaceutical care services, the proper storage of drugs and devices, and the prescribing of drugs and devices as may be further limited in law. (3-31-22)T

**05. Repackaging.** The act of transferring a drug, manually or using an automated system, from a manufacturer’s original container to another container prior to receiving a prescription drug order. (3-31-22)T

**06. Prescriber.** An individual currently licensed, registered, or otherwise authorized to prescribe and administer drugs in the course of professional practice. (3-31-22)T

**07. Purple Book.** The list of licensed biological products with reference product exclusivity and biosimilarity or interchangeability evaluations published by the FDA under the Public Health Service Act. (3-31-22)T

**08. Readily Retrievable.** Records are considered readily retrievable if they are able to be completely and legibly produced upon request within seventy-two (72) hours. (3-31-22)T

**09. Reconstitution.** The process of adding a diluent to a powdered medication to prepare a solution or suspension, according to the product’s labeling or the manufacturer’s instructions. (3-31-22)T

**10. Restricted Drug Storage Area.** The area of a drug outlet where prescription drugs are prepared, compounded, distributed, dispensed, or stored. (3-31-22)T

**11. Technician.** A term to indicate an individual authorized by registration with the Board to perform pharmacy support services under the direction of a pharmacist. (3-31-22)T

**12. Therapeutic Equivalent Drugs.** Products assigned an “A” code by the FDA in the Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book) and animal drug products published in the FDA Approved Animal Drug Products (Green Book). (3-31-22)T

**13. USP.** United States Pharmacopeia. (3-31-22)T

**14. USP-NF.** United State Pharmacopeia-National Formulary. (3-31-22)T

**012. – 099. (RESERVED)**

**SUBCHAPTER A – GENERAL PROVISIONS**  
**(Rules 100 through 199)**

**100. PRACTICE OF PHARMACY: GENERAL APPROACH.**

To evaluate whether a specific act is within the scope of pharmacy practice in or into Idaho, or whether an act can be delegated to other individuals under their supervision, a licensee or registrant of the Board must independently determine whether: (3-31-22)T

**01. Express Prohibition.** The act is expressly prohibited by: (3-31-22)T

**a.** The Idaho Pharmacy Act, Title 54, Chapter 17, Idaho Code; (3-31-22)T

**b.** The Uniform Controlled Substances Act, Title 37, Chapter 27, Idaho Code; (3-31-22)T

**c.** The rules of the Idaho State Board of Pharmacy; or (3-31-22)T

**d.** Any other applicable state or federal laws or regulations. (3-31-22)T

**02. Education, Training, and Experience.** The act is consistent with licensee or registrant’s education, training, and experience. (3-31-22)T

**03. Standard of Care.** Performance of the act is within the accepted standard of care that would be

provided in a similar setting by a reasonable and prudent licensee or registrant with similar education, training and experience. (3-31-22)T

**101. PRESCRIBER PERFORMANCE OF PHARMACY FUNCTIONS.**

For the purposes of this chapter, any function that a pharmacist may perform may similarly be performed by an Idaho prescriber or may be delegated by an Idaho prescriber to appropriate support personnel, in accordance with the prescriber's practice act. (3-31-22)T

**102. WAIVERS OR VARIANCES.**

**01. Emergency Waiver.** In the event of an emergency declared by the President of the United States, the Governor of the State of Idaho, or by any other person with legal authority to declare an emergency, the division administrator may waive any requirement of these rules for the duration of the emergency. (3-31-22)T

**103. BOARD INSPECTIONS AND INVESTIGATIONS.**

**01. Records Subject to Board Inspection.** Records created, maintained, or retained by Board licensees or registrants in compliance with statutes or rules enforced by the Board must be made available for inspection upon request by Board inspectors or authorized agents. It is unlawful to refuse to permit or to obstruct a Board inspection. (3-31-22)T

**02. Inspections.** Prior to the commencement of business, as applicable, and thereafter at regular intervals, registrants and licensees must permit the Board or its compliance officers to enter and inspect the premises and to audit the records of each drug outlet for compliance with laws enforced by or under the Board's jurisdiction. (3-31-22)T

**03. Inspection Deficiencies.** Deficiencies noted must be promptly remedied, and if requested, the Board office notified of corrective measures. One (1) follow-up inspection may be performed by the Board at no cost. For additional follow-up inspections, the drug outlet will be charged actual travel and personnel costs incurred in the inspection to be paid within ninety (90) days of inspection. (3-31-22)T

**04. Inspection Reports.** Inspection reports must be reviewed with the Board inspector and signed by an agent of the drug outlet upon completion of the exit interview. (3-31-22)T

**05. Investigations.** Licensees or registrants must fully cooperate with Board investigations conducted to confirm compliance with laws enforced by the Board, to gather information pertinent to a complaint received by the Board, or to enforce disciplinary actions. (3-31-22)T

**104. UNPROFESSIONAL CONDUCT.**

The following acts or practices by any licensee or registrant are declared to be specifically, but not by way of limitation, unprofessional conduct and conduct contrary to the public interest. (3-31-22)T

**01. Unethical Conduct.** Conduct in the practice of pharmacy or in the operation of a pharmacy that may reduce the public confidence in the ability and integrity of the profession of pharmacy or endangers the public health, safety, and welfare. A violation of this section includes committing fraud, misrepresentation, negligence, concealment, or being involved in dishonest dealings, price fixing, or breaching the public trust with respect to the practice of pharmacy. (3-31-22)T

**02. Lack of Fitness.** A lack of fitness for professional practice due to incompetency, personal habits, drug or alcohol dependence, physical or mental illness, or for any other cause that endangers public health, safety, or welfare. (3-31-22)T

**03. On-Duty Intoxication or Impairment.** Intoxication, impairment, or consumption of alcohol or drugs while on duty, including break periods after which the individual is expected to return to work, or prior to reporting to work. (3-31-22)T

**04. Diversion of Drug Products and Devices.** Supplying or diverting drugs, biologicals, and other

medicines, substances, or devices legally sold in pharmacies that allows the circumvention of laws pertaining to the legal sale of these articles. (3-31-22)T

**05. Unlawful Possession or Use of Drugs.** Possessing or using a controlled substance without a lawful prescription drug order. A failed drug test creates a rebuttable presumption of a violation of this rule. (3-31-22)T

**06. Prescription Drug Order Noncompliance.** Failing to follow the instructions of the person writing, making, or ordering a prescription as to its refills, contents, or labeling except as provided in these rules. (3-31-22)T

**07. Failure to Confer.** Failure to confer with the prescriber when necessary or appropriate or filling a prescription if necessary components of the prescription drug order are missing or questionable. (3-31-22)T

**08. Excessive Provision of Controlled Substances.** Providing an excessive amount of controlled substances. Evidentiary factors of a clearly excessive amount include, but are not limited to, the amount of controlled substances furnished and previous ordering patterns (including size and frequency of orders). (3-31-22)T

**09. Failure to Counsel or Offer Counseling.** Failing to counsel or offer counseling, unless specifically exempted or refused. (3-31-22)T

**10. Substandard, Misbranded, Adulterated, or Expired Products.** Manufacturing, compounding, delivering, distributing, dispensing, or permitting to be manufactured, compounded, delivered, distributed or dispensed substandard, misbranded, or adulterated drugs or preparations or those made using secret formulas. Failing to remove expired drugs from stock. (3-31-22)T

**11. Prescriber Incentives.** Allowing a commission or rebate to be paid, or personally paying a commission or rebate, to a person writing, making, or otherwise ordering a prescription. (3-31-22)T

**12. Exclusive Arrangements.** Participation in a plan or agreement that compromises the quality or extent of professional services or limits access to provider facilities at the expense of public health or welfare. (3-31-22)T

**13. Failure to Report.** Failing to report to the Board any violation of statutes or rules pertaining to the practice of pharmacy or any act that endangers the health, safety, or welfare of patients or the public. (3-31-22)T

**14. Failure to Follow Board Order.** Failure to follow an order of the Board. (3-31-22)T

**15. Use of False Information.** Knowingly using false information in connection with the prescribing, delivering, administering, or dispensing of a controlled substance or other drug product. (3-31-22)T

**16. Standard of Care.** Acts or omissions within the practice of pharmacy which fail to meet the standard provided by other qualified licensees or registrants in the same or similar setting. (3-31-22)T

**17. Unnecessary Services or Products.** Directly promoting or inducing for the provisions of health care services or products that are unnecessary or not medically indicated. (3-31-22)T

**18. Controlled Substance Non-Compliance.** Violating provisions of the federal Controlled Substances Act or Title 37, Chapter 27, Idaho Code. (3-31-22)T

**105. – 199. (RESERVED)**

**SUBCHAPTER B – RULES GOVERNING LICENSURE AND REGISTRATION**  
**(Rules 200 through 299)**

**200. BOARD OF PHARMACY LICENSURE AND REGISTRATION.**

The Board will issue or renew a license or certificate of registration upon application and determination that the applicant has satisfied the requirements of applicable statutes, and any additional criteria specified by these rules.

Licenses or registrations must be obtained prior to engaging in these practices or their supportive functions. (3-31-22)T

**201. LICENSURE AND REGISTRATION: GENERAL REQUIREMENTS.**

**01. Board Forms.** Initial applications, annual renewal applications, and other forms used for licensure, registration, or other purposes must be in such form as designated by the Board. (3-31-22)T

**02. Incomplete Applications.** Information requested on any form must be provided and submitted to the Board office with the applicable fee or the submission will be considered incomplete and will not be processed. Applications that remain incomplete after six (6) months from the date of initial submission will expire. (3-31-22)T

**03. On-Time Annual Renewal Application.** Licenses and registrations must be renewed annually prior to expiration to remain valid. Timely submission of the renewal application is the responsibility of each licensee or registrant. Licenses and certificates of registration issued to individuals will expire annually on the last day of the individual's birth month, and on December 31 for facilities, unless an alternate expiration term or date is stated in these rules. (3-31-22)T

**04. Late Renewal Application.** Failure to submit a renewal application prior to the expiration date will cause the license or registration to lapse and will result in the assessment of a late fee and possible disciplinary action. A lapsed license or registration is invalid until renewal is approved by the Board and if not renewed within thirty (30) days after its expiration will require reinstatement. (3-31-22)T

**05. Exemption.** New licenses and registrations issued ten (10) weeks or less prior to the renewal due date are exempt from the renewal requirements that year only. (3-31-22)T

**06. Cancellation and Registration.** Failure to maintain the requirements for any registration will result in the cancellation of the registration. (3-31-22)T

**07. Reinstatement of License or Registration.** Unless otherwise specified in Board rule, consideration of a request for reinstatement of a license or registration will require a completed application on a Board form, submission of a completed fingerprint card, as applicable, and payment of any applicable fees due or delinquent at the time reinstatement is requested. (3-31-22)T

**08. Parent or Legal Guardian Consent.** No person under the age of eighteen (18), unless an emancipated minor, may submit an application for licensure or registration without first providing the Board with written consent from a parent or legal guardian. (3-31-22)T

**202. BOARD FEES.**

**01. Fee Determination and Collection.** Pursuant to the authority and limitations established by Sections 37-2715 and 54-1720(5)(a), Idaho Code, the Board has determined and will collect fees for the issuance, annual renewal, or reinstatement of licenses and certificates of registration to persons and drug outlets engaged in acts or practices regulated by the Board. (3-31-22)T

**02. Time and Method of Payment.** Fees are due at the time of application payable to the "Idaho State Board of Pharmacy." (3-31-22)T

**03. Fee for Dishonored Payment.** A reasonable administrative fee may be charged for a dishonored check or other form of payment. If a license or registration application has been approved or renewed by the Board and payment is subsequently dishonored, the approval or renewal is immediately canceled on the basis of the submission of an incomplete application. The board may require subsequent payments to be made by cashier's check, money order, or other form of guaranteed funds. (3-31-22)T

**04. Fee Exemption for Controlled Substance Registrations.** Persons exempt pursuant to federal law from fee requirements applicable to controlled substance registrations issued by the DEA are also exempt from fees applicable to controlled substance registrations issued by the Board. (3-31-22)T

**203. FEE SCHEDULE.**

**01. Licenses and Registrations – Professionals.**

License/Registration	Initial Fee	Annual Renewal Fee
Pharmacist License	\$140	\$130
Nonresident PIC Registration	\$290	\$290
Pharmacist Intern	\$50	\$50
Technician	\$35	\$35
Practitioner Controlled Substance Registration	\$60	\$60

(3-31-22)T

**02. Certificates of Registration and Licensure – Facilities.**

License/Registration	Initial Fee	Annual Renewal Fee
Drug Outlet (unless otherwise listed)	\$100	\$100
Wholesale License	\$180	\$180
Wholesale Registration	\$150	\$150
Central Drug Outlet (Nonresident)	\$500	\$250
Mail Service Pharmacy	\$500	\$250
Durable Medical Equipment Outlet	\$50	\$50
Outsourcing Facility (Nonresident)	\$500	\$250
Manufacturer	\$150	\$150
Veterinary Drug Outlet	\$35	\$35

(3-31-22)T

**03. Late Fees and Reinstatements.**

Category	Fee
Late payment processing fee	\$50
License or registration reinstatement fee	One-half (1/2) of the amount of the annual renewal

(3-31-22)T

**04. Administrative Services.**

Category	Fee
Experiential hours certification	\$25
Duplicate pharmacist certificate of licensure	\$35

(3-31-22)T

204. – 209. (RESERVED)

**210. DETERMINATION OF NEED FOR NONRESIDENT LICENSURE OR REGISTRATION.**

**01. Independent Practice.** Nonresident pharmacists must be licensed if engaged in the independent practice of pharmacy across state lines and not practicing for an Idaho registered drug outlet. (3-31-22)T

**02. Practice for an Idaho Registered Drug Outlet.** A nonresident pharmacist serving as the PIC for an Idaho registered nonresident drug outlet must be registered to practice into Idaho. All other nonresident pharmacists who are employed by, or affiliated with, and practicing for the Idaho registered nonresident drug outlet, but who are not the PIC, are exempt from license and registration requirements for practice into Idaho. (3-31-22)T

**03. Multistate Pharmacists.** Multistate pharmacists, as defined in Section 54-1723B, Idaho Code, are exempt from separate licensure or registration in Idaho. (3-31-22)T

**04. Exemption from Separate Controlled Substance Registration.** All pharmacists who are practicing in or into Idaho are exempt from obtaining a separate controlled substance registration, but are subject to compliance with all requirements under Title 37, Chapter 27, Idaho Code. (3-31-22)T

**211. PHARMACIST LICENSURE BY EXAMINATION.**

To be considered for licensure, a person must satisfy the requirements of Section 54-1722(1)(a) through (e), Idaho Code, submit to the Board an application for licensure by examination, and meet the following: (3-31-22)T

**01. Graduates of U.S. Pharmacy Schools.** Graduate from an ACPE-accredited school or college of pharmacy within the United States. (3-31-22)T

**02. Graduates of Foreign Pharmacy Schools.** Graduate from a school or college of pharmacy located outside of the United States, submit certification by the FPGEC, and complete a minimum of seventeen hundred forty (1,740) experiential hours as verified on an employer's affidavit signed by a pharmacist licensed and practicing in the United States. The Board may request verifiable business records to document the hours. (3-31-22)T

**03. Licensure Examinations.** Qualified applicants must pass the NAPLEX in accordance with NABP standards. A candidate who fails the NAPLEX three (3) times must complete at least thirty (30) hours of continuing education accredited by an ACPE-accredited provider prior to being eligible to sit for each subsequent reexamination. Candidates are limited to five (5) total NAPLEX attempts. (3-31-22)T

**04. Score Transfer.** Score transfers into Idaho during the examination registration process are accepted for one (1) year. After taking the exam, score transfers into Idaho must be submitted within eighty-nine (89) days. (3-31-22)T

**212. PHARMACIST LICENSURE BY RECIPROCITY.**

An applicant for pharmacist licensure by reciprocity must satisfy the requirements of Section 54-1723, Idaho Code, and submit a preliminary application for licensure transfer through NABP. An applicant whose pharmacist license is currently restricted by a licensing entity in another state must appear before the Board to petition for licensure by reciprocity. An applicant not actively engaged in the practice of pharmacy during the year preceding the date of application may have to complete intern hours for each year away from the practice of pharmacy. (3-31-22)T

**213. PHARMACIST LICENSE: CPE REQUIREMENTS.**

Each pharmacist must complete fifteen (15) CPE hours each calendar year between January 1 and December 31. (3-31-22)T

**01. ACPE.** At least twelve (12) of the CPE hours obtained must be from programs by an ACPE that have a participant designation of "P" (for pharmacist) as the suffix of the ACPE universal program number. ACPE credits must be reported to and documented in CPE Monitor in order to be accepted. (3-31-22)T

**02. CME.** A maximum of three (3) of the hours may be obtained from CME, if the credits are:



(3-31-22)T

a. Obtained from an ACCME accredited provider; and (3-31-22)T

b. A certificate is furnished that identifies the name of the ACCME accredited provider and a clear reference to its accreditation status, the title of the CME program, the completed hours of instruction, the date of completion, and the name of the individual obtaining the credit. Upon audit, all CME certificates must be submitted to the Board. (3-31-22)T

**03. Alternative to CPE.** If audited, a pharmacist may substitute a current certification by a nationally accredited pharmacy practice-specific specialty certification program. (3-31-22)T

**214. PHARMACIST LICENSE: REINSTATEMENT.**

The Board may, at its discretion, consider reinstatement of a pharmacist license upon receipt of a completed application, background check, and payment of the reinstatement and other fees due or delinquent at the time reinstatement is requested. (3-31-22)T

**01. Satisfactory Evidence.** Reinstatement applicants must provide satisfactory evidence of completion of a minimum of thirty (30) CPE hours within the twenty-four (24) months prior to reinstatement and compliance with any direct orders of the Board. (3-31-22)T

**02. Additional Requirements.** A pharmacist reinstatement applicant may be required to appear before the Board. The Board may also, at its discretion, impose additional requirements on a pharmacist reinstatement applicant who has not practiced as a pharmacist for the preceding twelve (12) months or longer that may include taking and passing an examination, completion of intern hours, completion of additional CPE hours, or other requirements determined necessary to acquire or demonstrate professional competency. (3-31-22)T

**215. NONRESIDENT PIC REGISTRATION TO PRACTICE PHARMACY INTO IDAHO.**

To be registered as a nonresident PIC, an applicant must submit an application on a Board form including, but not limited to: (3-31-22)T

**01. Individual License Information.** Current pharmacist licensure information in all other states, including each state of licensure and each license number; (3-31-22)T

**02. Facility License Information.** The license or registration number of the facility for which the applicant will be practicing. (3-31-22)T

**216. PHARMACIST INTERN REGISTRATION.**

**01. Registration Requirements.** To be approved for and maintain registration as a pharmacist intern, the applicant must: (3-31-22)T

a. Currently be enrolled and in good standing in an accredited school or college of pharmacy, pursuing a professional degree in pharmacy; or (3-31-22)T

b. Be a graduate of an accredited school or college of pharmacy within the United States and awaiting examination for pharmacist licensure; or (3-31-22)T

c. Be a graduate of a school or college of pharmacy located outside the United States, obtain certification by the FPGEC, and be awaiting finalization of pharmacist licensure. (3-31-22)T

**02. Renewal.** (3-31-22)T

a. **Current Students.** A pharmacist intern registration must be renewed annually by July 15; however, the renewal fee will be waived, if renewed on time, for the duration of the student's enrollment in the school or college of pharmacy. Following graduation, if a pharmacist license application has been submitted, the pharmacist intern license will be extended at no cost for up to six (6) additional months from the date of application as a

pharmacist, after which time the individual will need to submit a new application to continue to be a pharmacist intern. (3-31-22)T

**b. Pharmacy Graduates.** A graduate pharmacist intern registration may be obtained and renewed once within one (1) year from the date of issuance. The Board may, at its discretion, grant additional time to complete internship experience if unique circumstances present. (3-31-22)T

**217. – 219. (RESERVED)**

**220. TECHNICIAN REGISTRATION.**

**01. Registration Requirements.** A person may apply for registration as a technician if the person satisfies the following requirements: (3-31-22)T

**a. Age.** Be at least sixteen (16) years of age. (3-31-22)T

**b. Exemption from Criminal Background Check.** Technician candidates under the age of eighteen (18) are exempt from the fingerprint-based criminal history check requirement of Idaho Code. (3-31-22)T

**02. Certified Technician Registration.** To be approved for registration as a certified technician, a person must have obtained and maintained certified pharmacy technician (CPhT) status through the Pharmacy Technician Certification Board (PTCB), the National Healthcareer Association (NHA), or their successors. (3-31-22)T

**221. – 223. (RESERVED)**

**224. PRACTITIONER CONTROLLED SUBSTANCE REGISTRATION.**

Any practitioner in Idaho who intends to prescribe, administer, dispense, or conduct research with a controlled substance must first obtain an Idaho practitioner controlled substance registration and: (3-31-22)T

**01. State License.** Hold a valid license or registration to prescribe medications from a licensing entity established under Title 54, Idaho Code. (3-31-22)T

**02. DEA Registration.** Obtain a valid federal DEA registration, if needed under federal law. (3-31-22)T

**a. Failure to obtain a federal DEA registration for any reason within forty-five (45) days of the issuance of the Idaho Practitioner Controlled Substance Registration will result in automatic cancellation.** (3-31-22)T

**225. – 229. (RESERVED)**

**230. DRUG OUTLET LICENSURE AND REGISTRATION: GENERAL REQUIREMENTS.**

A license or a certificate of registration is required for drug outlets prior to doing business in or into Idaho. A license or certificate of registration will be issued by the Board to drug outlets pursuant to, and in the general classifications defined by, Section 54-1729, Idaho Code. (3-31-22)T

**01. New Drug Outlet Inspections.** Following the issuance of a new license or registration, each drug outlet will be inspected to confirm that the facility is compliant with applicable law. A change of ownership of a currently registered pharmacy will not require an onsite inspection of a new pharmacy registration unless a change of location occurs. (3-31-22)T

**02. License and Registration Transferability.** Drug outlet licenses and registrations are location and owner specific and are nontransferable as to person or place. (3-31-22)T

**03. Nonresident Drug Outlet.** The Board may license or register a drug outlet licensed or registered under the laws of another state if the other state's standards are comparable to those in Idaho and acceptable to the Board, evidenced by an inspection report. (3-31-22)T

**04. Change of Location.** At least ten (10) days prior to the event, the registrant must notify the Board of a drug outlet's change of location through the completion of an application for a new license or registration. When a licensee or registrant has made a timely and complete application for a new license or registration, the existing license does not expire until the application has been finally determined by the Board, and, in case the application is denied or the terms of the new license limited, until the last day for seeking review of the Board order. This does not preclude the Board from taking immediate action to protect the public interest. (3-31-22)T

**05. Change of Ownership.** The registrant must notify the Board of a drug outlet's change of ownership within thirty (30) days of the event on a Board form. (3-31-22)T

**06. Permanent Closing.** A registrant must notify the Board and the general public of the pharmacy's permanent closing at least ten (10) days prior to closing. The notice must include the proposed date of closure, and the new location of the prescription files. The notice to the board is to include the location where the closing inventory record of controlled substances is retained. (3-31-22)T

**07. Exemption from Separate Controlled Substance Registration.** All drug outlets doing business in or into Idaho who hold a valid license or registration from the Board are exempt from obtaining a separate controlled substance registration, but are subject to compliance with all requirements under Title 37, Chapter 27, Idaho Code. (3-31-22)T

**08. Sterile Preparation Endorsement.** A drug outlet engaged in sterile preparation must obtain a single endorsement for one (1) or more hood or aseptic environmental control devices. (3-31-22)T

**231. -- 239. (RESERVED)**

**240. WHOLESALER LICENSURE AND REGISTRATION.**

**01. Wholesaler Licensure.** The following information must be provided under oath by each applicant for wholesaler licensure as part of the initial licensing procedure and for each renewal on a Board form: (3-31-22)T

**a.** Any felony conviction or any conviction of the applicant relating to wholesale or retail prescription drug distribution or distribution of controlled substances. (3-31-22)T

**b.** Any discipline of the applicant by a regulatory agency in any state for violating any law relating to wholesale or retail prescription drug distribution or distribution of controlled substances. (3-31-22)T

**02. NABP Accreditation.** The Board will recognize a wholesaler's accreditation by NABP for purposes of reciprocity and satisfying the new drug outlet inspection requirements of these rules. (3-31-22)T

**03. Wholesaler Registration.** Except when licensed pursuant to the Idaho Wholesale Drug Distribution Act and these rules, a wholesaler that engages in wholesale distribution of DME supplies, prescription medical devices, or products that contain pseudoephedrine in or into Idaho must be registered by the Board. (3-31-22)T

**241. – 249. (RESERVED)**

**250. MANUFACTURER REGISTRATION.**

Manufacturers must be registered as follows: (3-31-22)T

**01. Mail Service Pharmacy.** Those that ship, mail, or deliver dispensed prescription drugs or devices to an Idaho resident will be registered by the Board as a mail service pharmacy. (3-31-22)T

**02. Manufacturer.** Those engaged in wholesale distribution will be registered as a manufacturer and comply with the Idaho Wholesale Drug Distribution Act and rules, as applicable. (3-31-22)T

**251. – 299. (RESERVED)**

**SUBCHAPTER C – DRUG OUTLET PRACTICE STANDARDS**  
**(Rules 300 through 399)**

**300. DRUG OUTLETS: MINIMUM FACILITY STANDARDS.**

A resident drug outlet that dispenses prescription drugs to patients in Idaho must meet the following minimum requirements: (3-31-22)T

**01. Security and Privacy.** A drug outlet must be constructed and equipped with adequate security to protect its equipment, records and supply of drugs, devices and other restricted sale items from unauthorized access, acquisition or use. All protected health information must be stored and maintained in accordance with HIPAA. (3-31-22)T

**02. Controlled Substance Storage.** Drug outlets must store controlled substances in accordance with federal law. (3-31-22)T

**03. Authorized Access to the Restricted Drug Storage Area.** Access to the restricted drug storage area must be limited to authorized personnel. (3-31-22)T

**04. Staffing.** A drug outlet must be staffed sufficiently to allow for appropriate supervision, to otherwise operate safely and, if applicable, to remain open during the hours posted as open to the public for business. (3-31-22)T

**05. Electronic Recordkeeping System.** A drug outlet that dispenses more than twenty (20) prescriptions per day must use an electronic recordkeeping system to establish and store patient medication records and prescription drug order, refill, transfer information, and other information necessary to provide safe and appropriate patient care. The electronic recordkeeping system must have audit trail functionality that documents for each prescription drug order the identity of each individual involved at each step of its processing, filling, and dispensing or, alternatively, the identity of the pharmacist or prescriber responsible for the accuracy of these processes. (3-31-22)T

**301. DRUG OUTLETS THAT DISPENSE PRESCRIPTION DRUGS: MINIMUM PRESCRIPTION FILLING REQUIREMENTS.**

Unless exempted by these rules, each drug outlet that dispenses prescription drugs to patients in Idaho must meet the following minimum requirements either at the drug outlet or through offsite pharmacy services: (3-31-22)T

**01. Valid Prescription Drug Order.** Prescription drugs may only be dispensed pursuant to a valid prescription drug order as set forth in Subchapter E of these rules. (3-31-22)T

**02. Prospective Drug Review.** Prospective drug review must be provided. (3-31-22)T

**03. Labeling.** Each drug must bear a complete and accurate label as set forth in these rules. (3-31-22)T

**04. Verification of Dispensing Accuracy.** Verification of dispensing accuracy must be performed to compare the drug stock selected to the drug prescribed. If not performed by a pharmacist or prescriber, an electronic verification system must be used that confirms the drug stock selected to fill the prescription is the same as indicated on the prescription label. A compounded drug may only be verified by a pharmacist or prescriber. (3-31-22)T

**05. Patient Counseling.** Counseling must be provided. (3-31-22)T

**302. DRUG OUTLETS THAT DISPENSE DRUGS TO PATIENTS WITHOUT AN ONSITE PHARMACIST OR PRESCRIBER.**

A drug outlet that dispenses drugs to patients in Idaho that does not have a pharmacist or prescriber onsite to perform or supervise pharmacy operations must comply with the following requirements: (3-31-22)T

**01. Security and Access.** Maintain adequate video surveillance of the facility and retain a high quality recording for a minimum of thirty (30) days. (3-31-22)T

**02. Technology.** The video or audio communication system used to counsel and interact with each patient or patient’s caregiver, must be clear, secure, and HIPAA-compliant. (3-31-22)T

**03. Technical Limitation Closure.** The drug outlet must be, or remain, closed to the public if any component of the surveillance or video and audio communication system is malfunctioning, until system corrections or repairs are completed. (3-31-22)T

**04. Exemption for Self-Service Systems.** A self-service ADS that is operating as a drug outlet is exempt from the video surveillance requirement and the self-inspection requirement of this rule. In addition, if counseling is provided by an onsite prescriber or pharmacist, a self-service ADS is exempt from the video and audio communication system requirements of this rule. (3-31-22)T

**05. Exemption for Veterinarians.** Veterinarians practicing in accordance with their Idaho practice act are exempt from this rule. (3-31-22)T

**303. DRUGS STORED OUTSIDE OF A DRUG OUTLET FOR RETRIEVAL BY A LICENSED HEALTH PROFESSIONAL.**

Drugs may be stored in an alternative designated area outside the drug outlet, including, but not limited to, floor stock, in an emergency cabinet, in an emergency kit, or as emergency outpatient drug delivery from an emergency room at a registered institutional facility, provided the following conditions are met: (3-31-22)T

**01. Supervising Drug Outlet.** Drugs stored in such a manner must remain under the control of, and be routinely monitored by, the supervising drug outlet. (3-31-22)T

**02. Secure Storage.** The area is appropriately equipped to ensure security and protection from diversion or tampering. (3-31-22)T

**03. Controlled Substances.** Controlled substances may only be stored in an alternative designated area as permitted by, and in accordance with, federal law. (3-31-22)T

**04. Stocking and Replenishing.** Stocking or replenishing drugs in an alternative designated area may be performed by a pharmacist or prescriber, or by appropriate support personnel using either an electronic verification system or a two (2) person checking system. (3-31-22)T

**304. – 349. (RESERVED)**

**SUBCHAPTER D – RULES GOVERNING PHARMACIST PRESCRIPTIVE AUTHORITY**  
**(Rules 350 through 399)**

**350. PHARMACIST PRESCRIBING: GENERAL REQUIREMENTS.**

In accordance with Section 54-1704, Idaho Code, a pharmacist may independently prescribe non-controlled drugs, non-controlled drug categories, and non-controlled devices provided the following general requirements are met by the pharmacist: (3-31-22)T

**01. Education.** Only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained. (3-31-22)T

**02. Patient-Prescriber Relationship.** Only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship as defined in Section 54-1733, Idaho Code. (3-31-22)T

**03. Patient Assessment.** Obtain adequate information about the patient’s health status to make appropriate decisions based on the applicable standard of care and the best available evidence. (3-31-22)T

**04. Collaboration with Other Health Care Professionals.** Recognize the limits of the pharmacist’s own knowledge and experience and consult with and refer to other health care professionals as appropriate. (3-31-22)T

**05. Documentation.** Maintain documentation adequate to justify the care provided including, but not limited to, the information collected as part of the patient assessment, the prescription record, provider notification, and the follow-up care plan. (3-31-22)T

**06. Prescribing Limitation.** Only prescribe non-controlled drugs, non-controlled drug categories, and non-controlled devices for the following conditions that: do not require a new diagnosis; are minor and generally self-limiting; have a test that is used to guide diagnosis or clinical decision-making and are waived under the federal clinical laboratory improvement amendments of 1998; or are patient emergencies. (3-31-22)T

**07. Prescribing Exemption.** The general requirements set forth in this section do not apply to collaborative pharmacy practice agreements, devices, and nonprescription drugs. (3-31-22)T

**351. COLLABORATIVE PHARMACY PRACTICE.**

Collaborative pharmacy practice may be performed in accordance with an agreement that identifies the parties to the agreement, the pharmacist's scope of practice authorized, and if necessary, any monitoring parameters. (3-31-22)T

**352. -- 399. (RESERVED)**

**SUBCHAPTER E – FILLING AND DISPENSING PRESCRIPTION DRUGS**  
**(Rules 400 through 499)**

**400. PRESCRIPTION DRUG ORDER: VALIDITY.**

Prior to filling or dispensing a prescription drug order, a pharmacist must verify its validity. (3-31-22)T

**01. Invalid Prescription Drug Orders.** A prescription drug order is invalid if not issued by a licensed prescriber for a legitimate medical purpose, and within the course and scope of the prescriber's professional practice and prescriptive authority. (3-31-22)T

**02. Antedating or Postdating.** A prescription drug order is invalid if antedated or postdated. (3-31-22)T

**03. Tampering.** A prescription drug order is invalid if, at the time of presentation, it shows evidence of alteration, erasure, or addition by any person other than the person who wrote it. (3-31-22)T

**04. Prescriber Self-Use.** A prescription drug order written for a controlled substance is invalid if written for the prescriber's own use. (3-31-22)T

**05. Digital Image Prescriptions.** A digital image of a prescription drug order is invalid if it is for a controlled substance or if the patient intends to pay cash for the drug in whole. (3-31-22)T

**401. PRESCRIPTION DRUG ORDER: MINIMUM REQUIREMENTS.**

A prescription drug order must comply with applicable requirements of federal law and, except as differentiation is permitted for an institutional drug order, include at least the following: (3-31-22)T

**01. Patient's Name.** The patient's or authorized entity's name and: (3-31-22)T

**a.** If for a controlled substance, the patient's full name and address; and (3-31-22)T

**b.** If for an animal, the species. (3-31-22)T

**02. Date.** The date issued. (3-31-22)T

**03. Drug Information.** The drug name, strength, and quantity. (3-31-22)T

**04. Directions.** The directions for use. (3-31-22)T

**05. Prescriber Information.** The name and, if for a controlled substance, the address and DEA registration number of the prescriber. (3-31-22)T

**06. Signature.** A signature sufficient to evidence a valid prescription of either the prescriber or, if a renewal of a previous prescription, the prescriber's agent, when authorized by the prescriber. (3-31-22)T

**07. Institutional Drug Order Exemptions.** An institutional drug order may exempt the patient's address, the dosage form, quantity, prescriber's address, and prescriber's DEA registration number. (3-31-22)T

**08. Exemptions for Non-Controlled Substances.** A prescriber may omit drug information and directions and make an indication for the pharmacist to finalize the patient's drug therapy plan. (3-31-22)T

**402. FILLING PRESCRIPTION DRUG ORDERS: PRACTICE LIMITATIONS.**

**01. Drug Product Selection.** Drug product selection is allowed only between therapeutic equivalent drugs. If a prescriber orders by any means that a brand name drug must be dispensed, then no drug product selection is permitted. (3-31-22)T

**02. Partial Filling.** A prescription drug order may be partially filled within the limits of federal law. The total quantity dispensed in partial fillings must not exceed the total quantity prescribed. (3-31-22)T

**03. Refill Authorization.** A prescription drug order may be refilled when permitted by state and federal law and as specifically authorized by the prescriber. A pharmacist may also refill a prescription for a non-controlled drug to ensure continuity of care. (3-31-22)T

**403. FILLING PRESCRIPTION DRUG ORDERS: ADAPTATION.**

A pharmacist may adapt drugs as specified in this rule. (3-31-22)T

**01. Change Quantity.** A pharmacist may change the quantity of medication prescribed if: (3-31-22)T

**a.** The prescribed quantity or package size is not commercially available; (3-31-22)T

**b.** The change in quantity is related to a change in dosage form, strength, or therapeutic interchange; (3-31-22)T

**c.** The change is intended to dispense up to the total amount authorized by the prescriber including refills; or (3-31-22)T

**d.** The change extends a maintenance drug for the limited quantity necessary to coordinate a patient's refills in a medication synchronization program. (3-31-22)T

**02. Change Dosage Form.** A pharmacist may change the dosage form of the prescription if it is in the best interest of patient care, so long as the prescriber's directions are also modified to equate to an equivalent amount of drug dispensed as prescribed. (3-31-22)T

**03. Complete Missing Information.** A pharmacist may complete missing information on a prescription if there is evidence to support the change. (3-31-22)T

**04. Documentation.** The adaptation must be documented in the patient's record. (3-31-22)T

**404. FILLING PRESCRIPTION DRUG ORDERS: DRUG PRODUCT SUBSTITUTION.**

Drug product substitutions in which a pharmacist dispenses a drug product other than that prescribed are allowed only as follows: (3-31-22)T

**01. Hospital.** Pursuant to a formulary or drug list prepared by the pharmacy and therapeutics committee of a hospital; (3-31-22)T

**02. Institutional Facility.** At the direction of the quality assessment and assurance committee of an institutional facility; (3-31-22)T

**03. Biosimilars.** A pharmacist may substitute an interchangeable biosimilar product for a prescribed biological product if: (3-31-22)T

**a.** The biosimilar has been determined by the FDA to be interchangeable and published in the Purple Book; (3-31-22)T

**b.** The name of the drug and the manufacturer or the NDC number is documented in the patient medical record. (3-31-22)T

**04. Therapeutic Interchange.** A pharmacist may substitute a drug with another drug in the same therapeutic class, provided the substitution lowers the cost to the patient or occurs during a drug shortage. (3-31-22)T

**405. FILLING PRESCRIPTION DRUG ORDERS: TRANSFERS.**

A prescription drug order may be transferred within the limits of federal law. Drug outlets using a common electronic file are exempt from transfer limits. (3-31-22)T

**406. LABELING STANDARDS.**

All prescription drugs must be in an appropriate container and bear information that identifies the drug product, any additional components as appropriate, and the individual responsible for its final preparation. (3-31-22)T

**01. Standard Prescription Drug.** A prescription drug for outpatient dispensing must be labeled in accordance with federal law. (3-31-22)T

**02. Parenteral Admixture.** If one (1) or more drugs are added to a parenteral admixture, the admixture's container must include the date and time of the addition, or alternatively, the beyond use date. (3-31-22)T

**03. Prepackaged Product.** The containers of prepackaged drugs must include an expiration date that is the lesser of the manufacturer's original expiration date, one (1) year from the date the drug is prepackaged, or a shorter period if warranted. (3-31-22)T

**04. Repackaged Drug.** If a previously dispensed drug is repackaged, it must contain the serial number and contact information for the original dispensing pharmacy, as well as a statement that indicates that the drug has been repackaged, and the contact information of the repackaging pharmacy. (3-31-22)T

**05. Distributed Compounded Drug Product.** Compounded and sterile prepackaged drug product distributed in the absence of a patient specific prescription must be labeled as follows: (3-31-22)T

**a.** If from a pharmacy, the statement: "not for further dispensing or distribution." (3-31-22)T

**b.** If from an outsourcing facility, the statements: "office use only" and "not for resale." (3-31-22)T

**407. PRESCRIPTION DELIVERY: RESTRICTIONS.**

**01. Acceptable Delivery.** A drug outlet that dispenses drugs to patients in Idaho may deliver filled prescriptions in accordance with federal law, as long as appropriate measures are taken to ensure product integrity and safety. (3-31-22)T

**02. Pick-up or Return by Authorized Personnel.** Filled prescriptions may be picked up for or returned from delivery by authorized personnel from a secured delivery area. (3-31-22)T

**408. DESTRUCTION OR RETURN OF DRUGS OR DEVICES: RESTRICTIONS.**

A drug outlet registered with the DEA as a collector may collect controlled and non-controlled drugs for destruction in accordance with applicable federal law. Otherwise a dispensed drug or prescription device may only be accepted for return as follows: (3-31-22)T



**01. Potential Harm.** When the pharmacist determines that harm could result if the drug is not returned. (3-31-22)T

**02. Did Not Reach Patient.** Non-controlled drugs that have been maintained in the custody and control of the institutional facility, dispensing pharmacy, or their related clinical facilities may be returned if product integrity can be assured. Controlled substances may only be returned from a hospital daily delivery system under which a pharmacy dispenses no more than a seventy-two (72) hour supply for a drug order. (3-31-22)T

**03. Donation.** Those that qualify for return under the provisions of the Idaho Legend Drug Donation Act as specified in Section 54-1762, Idaho Code. (3-31-22)T

**409. -- 499. (RESERVED)**

**SUBCHAPTER F – REPORTING REQUIREMENTS AND DRUG OUTLET RECORDKEEPING**  
**(Rules 500 through 599)**

**500. RECORDKEEPING: MAINTENANCE AND INVENTORY REQUIREMENTS.**

**01. Records Maintenance and Retention Requirement.** Unless an alternative standard is stated for a specified record type, form, or format, records required to evidence compliance with statutes or rules enforced by the Board must be maintained and retained in a readily retrievable form and location for at least three (3) years from the date of the transaction. (3-31-22)T

**02. Prescription Retention.** A prescription drug order must be retained in a readily retrievable manner by each drug outlet and maintained in accordance with federal law: (3-31-22)T

**03. Inventory Records.** Each drug outlet must maintain a current, complete and accurate record of each controlled substance manufactured, imported, received, ordered, sold, delivered, exported, dispensed or otherwise disposed of by the registrant. Drug outlets must maintain inventories and records in accordance with federal law. An annual inventory must be conducted at each registered location no later than seven (7) days after the date of the most recent inventory in a form and manner that satisfies the inventory requirements of federal law. Drugs stored outside a drug outlet in accordance with these rules must be regularly inventoried and inspected to ensure that they are properly stored, secured, and accounted for. Additional inventories are necessary when required by federal law. (3-31-22)T

**04. Rebuttal Presumption of Violation.** Evidence of an amount of a controlled substance that differs from the amount reflected on a record or inventory required by state or federal law creates a rebuttable presumption that the registrant has failed to keep records or maintain inventories in conformance with the recordkeeping and inventory requirements of state and federal law. (3-31-22)T

**05. Drug Distributor Records.** Wholesalers and other entities engaged in wholesale drug distribution must maintain inventories and records or transactions pertaining to the receipt and distribution or other disposition of drugs in accordance with federal law that include at least: (3-31-22)T

**a.** The source of the drugs, including the name and principal address of the seller or transferor, and the address of the location from which the drugs were shipped; (3-31-22)T

**b.** The identity and quantity of the drugs received and distributed or disposed of; (3-31-22)T

**c.** The dates of receipt and distribution or other disposition of the drugs; and (3-31-22)T

**d.** Controlled substance distribution invoices, in the form and including the requirements of federal law. (3-31-22)T

**06. Central Records Storage.** Records may be retained at a central location in compliance with federal law. (3-31-22)T

**07. Electronic Records Storage.** Records may be electronically stored and maintained if they remain legible and are in a readily retrievable format, and if federal law does not require them to be kept in a hard copy format. (3-31-22)T

**501. REPORTING REQUIREMENTS.**

**01. Theft or Loss of Controlled Substances.** A registrant must report to the Board on the same day reported to the DEA a theft or loss of a controlled substance that includes the information required by federal law. (3-31-22)T

**02. Individual and Outlet Information Changes.** Changes in employment or changes to information provided on or with the initial or renewal application must be reported to the Board within ten (10) days of the change. (3-31-22)T

**03. Drug Distributor Monthly Reports.** An authorized distributor must report specified data on drugs distributed at least monthly to the Board in a form and manner prescribed by the Board. (3-31-22)T

**502. -- 599. (RESERVED)**

**SUBCHAPTER G – PRESCRIPTION DRUG MONITORING PROGRAM REQUIREMENTS**  
**(Rules 600 through 699)**

**600. CONTROLLED SUBSTANCES: PDMP.**

Specified data on controlled substances must be reported by the end of the next business day by all drug outlets that dispense controlled substances in or into Idaho and prescribers that dispense controlled substances to humans. (3-31-22)T

**01. Online Access to PDMP.** To obtain online access, a prescriber or pharmacist, or their delegate must complete and submit a registration application and agree to adhere to the access restrictions and limitations established by law. (3-31-22)T

**02. Use Outside Scope of Practice.** Information obtained from the PDMP must not be used for purposes outside the prescriber's or pharmacist's scope of professional practice. A delegate may not access the PDMP outside of their supervisor's scope of professional practice. (3-31-22)T

**03. Profile Requests.** Authorized persons without online access may obtain a profile by completing a Board form and submitting it to the Board office with proof of identification and other credentials necessary to confirm the requestor's authorized status pursuant to Section 37-2726, Idaho Code. (3-31-22)T

**601. – 699. (RESERVED)**

**SUBCHAPTER H – RULES GOVERNING DRUG COMPOUNDING**  
**(Rules 700 through 799)**

**700. COMPOUNDING DRUG PREPARATIONS.**

Any compounding that is not permitted herein is considered manufacturing. (3-31-22)T

**01. Application.** This rule applies to any person, including any business entity, authorized to engage in the practice of non-sterile compounding, sterile compounding, and sterile prepackaging of drug products in or into Idaho, except these rules do not apply to: (3-31-22)T

**a.** Compound positron emission tomography drugs; (3-31-22)T

**b.** Radiopharmaceuticals; (3-31-22)T

- c. The reconstitution of a non-sterile drug or a sterile drug for immediate administration; (3-31-22)T
- d. The addition of a flavoring agent to a drug product; and (3-31-22)T
- e. Product preparation of a non-sterile, non-hazardous drug according to the manufacturer's FDA approved labeling. (3-31-22)T

**02. General Compounding Standards.** (3-31-22)T

**a.** Active Pharmaceutical Ingredients. All active pharmaceutical ingredients must be obtained from an FDA registered manufacturer. FDA registration as a foreign manufacturer satisfies this requirement. (3-31-22)T

**b.** Certificate of Analysis (COA). Unless the active pharmaceutical ingredient complies with the standards of an applicable USP-NF monograph, a COA must be obtained for all active pharmaceutical ingredients procured for compounding and retained for a period of not less than three (3) years from the date the container is emptied, expired, returned, or disposed of. The following minimum information is necessary on the COA: product name, lot number, expiration date, and assay. (3-31-22)T

**c.** Equipment. Equipment and utensils must be of suitable design and composition and cleaned, sanitized, or sterilized as appropriate prior to use. (3-31-22)T

**d.** Disposal of Compromised Drugs. When the correct identity, purity, strength, and sterility of ingredients and components cannot be confirmed (in cases of, for example, unlabeled syringes, opened ampoules, punctured stoppers of vials and bags, and containers of ingredients with incomplete labeling) or when the ingredients and components do not possess the expected appearance, aroma, and texture, they must be removed from stock and isolated for return, reclamation, or destruction. (3-31-22)T

**03. Prohibited Compounding.** Compounding any drug product for human use that the FDA has identified as presenting demonstrable difficulties in compounding or has withdrawn or removed from the market for safety or efficacy reasons is prohibited. (3-31-22)T

**04. Limited Compounding.** (3-31-22)T

**a.** Triad Relationship. A pharmacist may compound a drug product in the usual course of professional practice for an individual patient pursuant to an established prescriber/patient/pharmacist relationship and a valid prescription drug order. (3-31-22)T

**b.** Commercially Available Products. A drug product that is commercially available may only be compounded if not compounded regularly or in inordinate amounts and if: (3-31-22)T

i. It is medically warranted to provide an alternate ingredient, dosage form, or strength of significance; or (3-31-22)T

ii. The commercial product is not reasonably available in the market in time to meet the patient's needs. (3-31-22)T

**c.** Anticipatory Compounding. Limited quantities of a drug product may be compounded or sterile prepackaged prior to receiving a valid prescription drug order based on a history of receiving valid prescription drug orders for the compounded or sterile prepackaged drug product. (3-31-22)T

**05. Drug Compounding Controls.** (3-31-22)T

**a.** Policies and Procedures. In consideration of the applicable provisions of USP Chapter 795 concerning pharmacy compounding of non-sterile preparations, USP Chapter 797 concerning sterile preparations, Chapter 1075 of the USP-NF concerning good compounding practices, and Chapter 1160 of the USP-NF concerning pharmaceutical calculations, policies and procedures for the compounding or sterile prepackaging of drug products must ensure the safety, identity, strength, quality, and purity of the finished product, and must include any of the

- following that are applicable to the scope of compounding practice being performed: (3-31-22)T
- i. Appropriate packaging, handling, transport, and storage requirements; (3-31-22)T
  - ii. Accuracy and precision of calculations, measurements, and weighing; (3-31-22)T
  - iii. Determining ingredient identity, quality, and purity; (3-31-22)T
  - iv. Labeling accuracy and completeness; (3-31-22)T
  - v. Beyond use dating; (3-31-22)T
  - vi. Auditing for deficiencies, including routine environmental sampling, quality and accuracy testing, and maintaining inspection and testing records; (3-31-22)T
  - vii. Maintaining environmental quality control; and (3-31-22)T
  - viii. Safe limits and ranges for strength of ingredients, pH, bacterial endotoxins, and particulate matter. (3-31-22)T

**b.** Accuracy. Components including, but not limited to, bulk drug substances, used in the compounding or sterile prepackaging of drug products must be accurately weighed, measured, or subdivided, as appropriate. The amount of each active ingredient contained within a compounded drug product must not vary from the labeled potency by more than the drug product’s acceptable potency range listed in the USP-NF monograph for that product. If USP-NF does not publish a range for a particular drug product, the active ingredients must not contain less than ninety percent (90%) and not more than one hundred ten percent (110%) of the potency stated on the label. (3-31-22)T

**c.** Non-Patient Specific Records. Except for drug products that are being compounded or sterile prepackaged for direct administration, a production record of drug products compounded or sterile prepackaged in anticipation of receiving prescription drug orders or distributed in the absence of a patient specific prescription drug order (“office use”) solely as permitted in these rules, must be prepared and kept for each drug product prepared, including: (3-31-22)T

- i. Production date; (3-31-22)T
- ii. Beyond use date; (3-31-22)T
- iii. List and quantity of each ingredient; (3-31-22)T
- iv. Internal control or serial number; and (3-31-22)T
- v. Initials or unique identifier of all persons involved in the process or the compounder responsible for the accuracy of these processes. (3-31-22)T

**701. STERILE PREPARATION.**

**01. Application.** In addition to all other applicable rules in this chapter, including the rules governing Compounding Drug Preparations, these rules apply to all persons, including any business entity, engaged in the practice of sterile compounding and sterile prepackaging in or into Idaho. (3-31-22)T

**02. Dosage Forms Requiring Sterility.** The sterility of compounded biologics, diagnostics, drugs, nutrients, and radiopharmaceuticals must be maintained or the compounded drug preparation must be sterilized when prepared in the following dosage forms: (3-31-22)T

- a.** Aqueous bronchial and nasal inhalations, except sprays and irrigations intended to treat nasal mucosa only; (3-31-22)T

- b. Baths and soaks for live organs and tissues; (3-31-22)T
- c. Injections (for example, colloidal dispersions, emulsions, solutions, suspensions); (3-31-22)T
- d. Irrigations for wounds and body cavities; (3-31-22)T
- e. Ophthalmic drops and ointments; and (3-31-22)T
- f. Tissue implants. (3-31-22)T

**03. Compounder Responsibilities.** Compounders and sterile prepackagers are responsible for ensuring that sterile products are accurately identified, measured, diluted, and mixed and are correctly purified, sterilized, packaged, sealed, labeled, stored, dispensed, and distributed, as well as prepared in a manner that maintains sterility and minimizes the introduction of particulate matter; (3-31-22)T

a. Unless following manufacturer’s guidelines or another reliable literature source, opened or partially used packages of ingredients for subsequent use must be properly stored as follows; (3-31-22)T

i. Opened or entered single-dose containers, such as bags, bottles, syringes, and vials of sterile products and compounded sterile preparations are to be used within one (1) hour if opened in non-sterile conditions, and any remaining contents must be discarded; (3-31-22)T

ii. Single-dose vials needle-punctured in a sterile environment may be used up to six (6) hours after initial needle puncture; (3-31-22)T

iii. Opened single-dose ampules may not be stored for any time period; and (3-31-22)T

iv. Multiple-dose containers that are formulated for removal of portions on multiple occasions because they contain antimicrobial preservatives, may be used for up to twenty-eight (28) days after initial opening or entering, unless otherwise specified by the manufacturer; (3-31-22)T

b. Water-containing compounded sterile products that are non-sterile during any phase of the compounding procedure must be sterilized within six (6) hours after completing the preparation in order to minimize the generation of bacterial endotoxins; (3-31-22)T

c. No food, drinks, or materials exposed in patient care and treatment areas may enter ante-areas, buffer areas, or segregated areas where components and ingredients of sterile preparations are prepared. (3-31-22)T

**04. Environmental Controls.** Except when prepared for immediate administration, the environment for the preparation of sterile preparations in a drug outlet must be in an isolated area, designed to avoid unnecessary traffic and airflow disturbances, and equipped to accommodate aseptic techniques and conditions. (3-31-22)T

a. Hoods and aseptic environmental control devices must be certified for operational efficiency as often as recommended by the manufacturer or at least every six (6) months or if relocated. (3-31-22)T

b. Filters must be inspected and replaced in accordance with the manufacturer’s recommendations. (3-31-22)T

**05. Sterile Preparation Equipment.** A drug outlet in which sterile preparations are prepared must be equipped with at least the following: (3-31-22)T

a. Protective apparel including gowns, masks, and sterile (or the ability to sterilize) non-vinyl gloves, unless written documentation can be provided from the aseptic isolator manufacturer that any component of garbing is not necessary; (3-31-22)T

b. A sink; (3-31-22)T

c. A refrigerator for proper storage of additives and finished sterile preparations prior to delivery when necessary; and (3-31-22)T

d. An appropriate laminar airflow hood or other aseptic environmental control device such as a laminar flow biological safety cabinet, or a comparable compounding area when authorized by USP Chapter 797. (3-31-22)T

**06. Documentation Requirements.** The following documentation must also be maintained by a drug outlet in which sterile preparations are prepared: (3-31-22)T

a. Justification of beyond use dates assigned, pursuant to direct testing or extrapolation from reliable literature sources; (3-31-22)T

b. Training records, evidencing that personnel are trained on a routine basis and are adequately skilled, educated, and instructed; (3-31-22)T

c. Audits appropriate for the risk of contamination for the particular sterile preparation including: (3-31-22)T

i. Visual inspection to ensure the absence of particulate matter in solutions, the absence of leakage from bags and vials, and the accuracy of labeling with each dispensing; (3-31-22)T

ii. Periodic hand hygiene and garbing competency; (3-31-22)T

iii. Media-fill test procedures (or equivalent), aseptic technique, and practice related competency evaluation at least annually by each compounder or sterile prepackager; (3-31-22)T

iv. Environmental sampling testing at least upon registration of a new drug outlet, following the servicing or re-certification of facilities and equipment, or in response to identified problems with end products, staff techniques or patient-related infections, or every six (6) months. (3-31-22)T

v. Gloved fingertip sampling testing at least annually for personnel who compound low- and medium-risk level compounded sterile preparations and every six (6) months for personnel who compound high-risk level compounded sterile preparations. (3-31-22)T

vi. Sterility testing of high risk batches of more than twenty-five (25) identical packages (ampules, bags, vials, etc.) before dispensing or distributing; (3-31-22)T

d. Temperature, logged daily; (3-31-22)T

e. Beyond use date and accuracy testing, when appropriate; and (3-31-22)T

f. Measuring, mixing, sterilizing, and purification equipment inspection, monitoring, cleaning, and maintenance to ensure accuracy and effectiveness for their intended use. (3-31-22)T

**07. Policy and Procedures Manual.** Maintain a policy and procedures manual to ensure compliance with this rule. (3-31-22)T

**702. HAZARDOUS DRUGS PREPARATION.**

In addition to all other applicable rules in this chapter, including the rules governing Compounding Drug Preparations and Sterile Preparation, these rules apply to all persons, including any business entity, engaged in the practice of compounding or sterile prepackaging with hazardous drugs. Such persons must: (3-31-22)T

**01. Ventilation.** Ensure the storage and compounding areas have sufficient general exhaust ventilation to dilute and remove any airborne contaminants. (3-31-22)T

**02. Ventilated Cabinet.** Utilize a ventilated cabinet designed to reduce worker exposures while preparing hazardous drugs. (3-31-22)T

**a.** Sterile hazardous drugs must be prepared in a dedicated Class II biological safety cabinet or a barrier isolator of appropriate design to meet the personnel exposure limits described in product material safety data sheets; (3-31-22)T

**b.** When asepsis is not required, a Class I BSC, powder containment hood or an isolator intended for containment applications may be sufficient. (3-31-22)T

**c.** A ventilated cabinet that re-circulates air inside the cabinet or exhausts air back into the room environment is prohibited, unless: (3-31-22)T

**i.** The hazardous drugs in use will not volatilize while they are being handled; or (3-31-22)T

**ii.** Written documentation from the manufacturer attesting to the safety of such ventilation.(3-31-22)T

**03. Clear Identification.** Clearly identify storage areas, compounding areas, containers, and prepared doses of hazardous drugs. (3-31-22)T

**04. Labeling.** Label hazardous drugs with proper precautions, and dispense them in a manner to minimize risk of hazardous spills. (3-31-22)T

**05. Protective Equipment and Supplies.** Provide and maintain appropriate personal protective equipment and supplies necessary for handling hazardous drugs, spills and disposal. (3-31-22)T

**06. Contamination Prevention.** Unpack, store, prepackage, and compound hazardous drugs separately from other inventory in a restricted area in a manner to prevent contamination and personnel exposure until hazardous drugs exist in their final unit-of-use packaging. (3-31-22)T

**07. Compliance With Laws.** Comply with applicable local, state, and federal laws including for the disposal of hazardous waste. (3-31-22)T

**08. Training.** Ensure that personnel working with hazardous drugs are trained in hygiene, garbing, receipt, storage, handling, transporting, compounding, spill control, clean up, disposal, dispensing, medical surveillance, and environmental quality and control. (3-31-22)T

**09. Policy and Procedures Manual.** Maintain a policy and procedures manual to ensure compliance with this rule. (3-31-22)T

### **703. OUTSOURCING FACILITY.**

**01. Federal Act Compliance.** An outsourcing facility must ensure compliance with 21 U.S.C. Section 353b of the Federal Food, Drug and Cosmetic Act. (3-31-22)T

**02. Adverse Event Reports.** Outsourcing facilities must submit to the Board a copy of all adverse event reports submitted to the secretary of Health and Human Services in accordance with Section 310.305 of Title 21 of the Code of Federal Regulations. (3-31-22)T

### **704. CONTROLLED SUBSTANCES SCHEDULING.**

Pursuant to Section 37-2702, Idaho Code, the controlled substances listed in this section are included in schedule I.

**01. Metonitazene.** N,N-DIETHYL-2-(2-(4-METHOXYBENZYL)-5-NITRO-1H-BENZIMIDAZOL-1-YL)ETHAN-1-AMINE. (3-31-22)T

**02. Butonitazene.** 2-(2-(4-BUTOXYBENZYL)-5-NITRO-1H-BENZIMIDAZOL-1-YL)-N,N-DIETHYLETHAN-1-AMINE. (3-31-22)T

**03. Etodesnitazene; Etazene.** 2-(2-(4-ETHOXYBENZYL)-1HBENZIMIDAZOL-1-YL)-N,N-DIETHYLETHAN-1-AMINE. (3-31-22)T

**04. Metodesnitazene.** N,N-DIETHYL-2-(2-(4-METHOXYBENZYL)-1H-BENZIMIDAZOL-1-YL)ETHAN-1-AMINE. (3-31-22)T

**05. N-Pyrrolidino Etonitazene.** 2-(4-ETHOXYBENZYL)-5-NITRO-1-(2-(PYRROLIDIN-1-YL)ETHYL)1HBENZIMIDAZOLE. (3-31-22)T

**06. Protonitazene.** N,N-DIETHYL-2-(5-NITRO-2-(4- PROPOXYBENZYL)-1H-BENZIMIDAZOL-1-YL)ETHAN-1-AMINE. (3-31-22)T

**07. Flunitazene.** N,N-DIETHYL-2-(2-(4-FLUOROBENZYL)-5- NITRO-1H-BENZIMIDAZOL-1-YL)ETHAN-1- AMINE. (3-31-22)T

**705. – 999. (RESERVED)**