Rules and Regulations of the State of Georgia

Department 360 RULES OF GEORGIA COMPOSITE MEDICAL BOARD

Current through Rules and Regulations filed through November 6, 2026

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ADMINISTRATIVE HISTORY

The Administrative History following each Rule gives the date on which the Rule was originally filed and its effective date, as well as the date on which any amendment or repeal was filed and its effective date. Principal abbreviations used in the Administrative History are as follows:

f. - filed

eff. - effective

R. - Rule (Abbreviated only at the beginning of the control number)

Ch. - Chapter (Abbreviated only at the beginning of the control number)

ER. - Emergency Rule

Rev. - Revised

Chapter 360-1 entitled "Organization" has been adopted. Filed and effective June 30, 1965.

Chapter 360-2 entitled "License Requirements" has been adopted. Filed and effective June 30, 1965.

Chapter 360-3 entitled "Hospital Internship" has been adopted. Filed and effective June 30, 1965.

Chapter 360-4 entitled "Reciprocity and Foreign Graduates" has been adopted. Filed and effective June 30, 1965.

Chapters 360-1, 360-2, 360-3, and 360-4 have been repealed and new Chapters adopted. Filed October 2, 1970; effective October 22, 1970.

Rule 360-2-.04 has been repealed and a new Rule adopted. Rule 360-4-.01 has been amended. Filed October 7, 1971; effective October 27, 1971.

Chapter 360-5 entitled "Physician's Assistant" has been adopted. Filed September 11, 1972; effective October 1, 1972.

Rule 360-5-.03 has been amended. Filed February 20, 1973; effective March 12, 1973.

Emergency Rule 360-3-0.1-.01 has been adopted. Filed and effective October 29, 1973, to remain in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency. Said Emergency Rule was adopted in order to expedite registration for licenses. (This Emergency Rule will not be published; copies may be obtained from the Agency.)

Emergency Rule 360-3-0.1-.01 has been repealed and Rule 360-3-.01 has been amended. Filed November 27, 1973; effective December 17, 1973.

Rules 360-2-.02, .03, .05 have been repealed and new Rules adopted. Filed March 28, 1974; effective April 17, 1974.

Rule 360-5-.03 has been amended. Filed July 17, 1974; effective August 6, 1974.

Rule 360-5-.04 has been amended. Filed September 16, 1974; effective October 6, 1974.

Rule 360-1-.02 has been adopted. Filed October 25, 1974; effective November 14, 1974.

Chapter 360-6 entitled "Acupuncture" has been adopted. Filed November 20, 1974; effective December 10, 1974.

Rule 360-5-.07 has been amended. Filed December 5, 1974; effective December 25, 1974.

Chapter 360-7 entitled "Provisional Licenses" has been adopted. Filed December 16, 1974; effective January 5, 1975.

Rule 360-5-.03 has been amended. Filed April 7, 1975; effective April 27, 1975.

Rules 360-2-.02, .03 have been amended. Rule 360-2-.04 has been repealed. Filed June 30, 1975; effective July 20, 1975.

Rule 360-5-.03 has been amended. Rule 360-6-.01 has been repealed and a new Rule adopted. Filed October 3, 1975; effective October 23, 1975.

Rules 360-2-.01, .03, .05, .06, .07 and 360-5-.06 have been repealed and new Rules adopted.

Rules 360-3-.01 and 360-5-.03 have been amended. Filed January 26, 1976; effective February 15, 1976.

Chapter 360-8 entitled "Procedural Rules" has been adopted. Filed March 30, 1976; effective April 19, 1976.

Emergency Rule Chapter 360-9-0.2 has been adopted. Filed and effective July 29, 1976, to remain in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency. Said Emergency Rule was adopted in order to expedite registration for licenses. (This Emergency Rule will not be published; copies may be obtained from the Agency.)

Rule 360-1-.03 has been adopted. Rule 360-2-.03 has been repealed and a new Rule adopted. Filed September 23, 1976; effective October 13, 1976.

Chapter 360-9 entitled "Registration and Fees (Orthotist; Orthotist Assistant)" superseding Emergency Rule Chapter 360-9-0.2 has been adopted. Filed October 20, 1976; effective November 9, 1976.

Rule 360-5-.07 has been amended. Filed February 14, 1977; effective March 6, 1977.

Chapter 360-10 entitled "Institutional Licenses" has been adopted. Filed August 22, 1977; effective September 11, 1977.

Rule 360-2-.03 has been repealed and a new Rule adopted. Filed December 13, 1977; effective January 2, 1978.

Emergency Rule Chapter 360-11-0.3 has been adopted. Filed and effective January 25, 1978, to remain in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency. Said Emergency Rule was adopted in order to comply with the Ambulance Service Act. (This Emergency Rule will not be published; copies may be obtained from the Agency.)

Chapter 360-11 entitled "Advanced Emergency Medical Technicians and Cardiac Technicians" has been adopted superseding Emergency Rule Chapter 360-11-0.3. Filed April 24, 1978; effective May 14, 1978.

Rule 360-2-.05 has been amended. Filed August 17, 1978; effective September 6, 1978.

Rules 360-11-.02, .05 have been repealed and new Rules adopted. Filed July 10, 1980; effective July 30, 1980.

Chapter 360-12 entitled "Controlled Substances Therapeutic Research Program" has been adopted. Filed April 23, 1981; effective May 13, 1981.

Chapter 360-5 has been repealed and a new Chapter adopted. Filed December 4, 1981; effective January 1, 1982, as specified by the Agency.

Rules 360-11-.03, .04, .09 have been repealed and new Rules adopted. Filed April 21, 1982; effective May 11, 1982.

Rules 360-11-.02, .05 have been repealed and new Rules adopted. Rule 360-11-.10 has been adopted. Filed June 21, 1982; effective July 11, 1982.

Rule 360-9-.02 has been repealed and a new Rule adopted. Filed June 28, 1982; effective July 18, 1982.

Rules 360-1-.01, 360-2-.01, .02, .03, .05, .07, 360-3-.01, 360-4-.01 have been repealed and new Rules adopted. Rules 360-2-.09, .10 have been adopted. Filed December 15, 1982; effective January 4, 1983.

Rule 360-2-.09 has been amended. Filed May 13, 1983; effective July 1, 1983, as specified by the Agency.

Rules 360-11-.01, .07 have been amended. Filed June 18, 1984; effective July 1, 1984, as specified by the Agency.

Rule 360-11-.02, .08, .09 have been amended. Rules 360-11-.03, .04, .05, .06, .10 have been repealed and new Rules adopted. Filed June 18, 1984; effective July 13, 1984, as specified by the Agency. Rule 360-2-.05 has been amended. Filed October 15, 1984; effective November 4, 1984.

Rules 360-2-.02, 360-3-.01 have been amended. Rule 360-2-.03 has been repealed and a new Rule adopted. Filed January 16, 1985; effective February 5, 1985.

Rule 360-5-.04 has been amended. Filed April 8, 1985; effective April 28, 1985.

Rules 360-2-.01, .02, 360-3-.01, 360-4-.01, 360-7-.01 have been amended. Rule 360-2-.06, .07 have been repealed and new Rules adopted. Chapter 360-10 has been repealed. Filed June 17, 1985; effective July 7, 1985.

Rules 360-5-.03, .04, .06, .07 have been amended. Filed September 6, 1985; effective September 26, 1985.

Rule 360-5-.07 has been amended. Filed August 11, 1986; effective August 31, 1986.

Emergency Rule Chapter 360-13-0.4 has been adopted. Filed September 10, 1986; effective September 4, 1986, the date of adoption, to remain in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency. Said Emergency Rule was adopted to implement the "Respiratory Care Practices Act". (This Emergency Rule will not be published; copies may be obtained from the Agency.)

Chapter 360-13 entitled "Respiratory Care Professionals, Technicians and Therapists" superseding Emergency Rule Chapter 360-13-0.4 has been adopted. Filed December 18, 1986; effective January 7, 1987.

Rules 360-2-.02, .03, .05, .07, .09, 360-7-.01, 360-12-.03 have been amended. Chapter 360-9 has been repealed and a new Chapter adopted. Chapter 360-10 entitled "Institutional Licenses" has been adopted. Filed May 20, 1988; effective June 9, 1988.

Chapter 360-11 has been amended. Filed May 20, 1988; effective June 30, 1988, as specified by the Agency.

Rules 360-5-.02, .03, .04, .06 have been amended. Rules 360-5-.08, .09 have been adopted. Filed July 15, 1988; effective August 4, 1988.

Emergency Rule 360-2-0.5-.07 has been adopted. Filed July 28, 1988; effective July 26, 1988, to remain in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency. Said Emergency Rule was adopted to extend the late renewal to protect the welfare of patients. (This Emergency Rule will not be published; copies may be obtained from the Agency.)

Rule 360-13-.02 has been amended. Rule 360-13-.03 has been repealed. Filed September 14, 1988; effective October 4, 1988.

Rule 360-13-.04 has been amended. Filed October 19, 1988; effective November 8, 1988.

Rule 360-2-.09 has been amended. Filed November 17, 1988; effective December 7, 1988.

Chapter 360-14 entitled "Informed Consent" has been adopted. Filed November 14, 1988; effective January 1, 1989, as specified by the Agency.

Emergency Rules 360-11-0.6-.09 and 360-13-0.7-.04 have been adopted. Filed January 18, 1989; effective January 12, 1989, to remain in effect for 120 days or until the effective date of permanent Rules covering the same subject matter superseding these Emergency Rules are adopted, as specified by the Agency. Said Emergency Rules were adopted to extend the late renewal to protect the welfare of patients. (These Emergency Rules will not be published; copies may be obtained from the Agency.)

Rule 360-11-.06 has been amended. Filed June 13, 1989; effective July 3, 1989.

Rule 360-2-.05 has been amended. Filed July 28, 1989; effective September 1, 1989, as specified by the Agency.

Rules 360-2-.01, .09 and 360-9-.02 have been amended. Filed April 9, 1990; effective April 29, 1990.

Rule 360-2-.07 has been amended. Filed June 11, 1990; effective July 1, 1990.

Rule 360-5-.07 has been amended. Filed February 11, 1991; effective March 3, 1991.

Rules 360-2-.02 and 360-3-.01 have been amended. Filed July 12, 1991; effective August 1, 1991.

Emergency Rule 360-2-0.8-.09 has been adopted. Filed August 9, 1991; effective August 8, 1991, the date of adoption, to remain in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency. Said Emergency Rule was adopted to protect the health, safety and welfare of patients from transmission of Human Immunodeficiency Virus and Hepatitis B Virus during exposure prone invasive procedures. (This Emergency Rule will not be published; copies may be obtained from the Agency.)

Chapter 360-15 entitled "Continuing Education" has been adopted. Filed September 11, 1991; effective October 1, 1991.

Rule 360-2-.09 has been amended. Filed November 8, 1991; effective November 28, 1991.

Rules 360-5-.10, .11 have been adopted. Filed April 6, 1992; effective April 26, 1992.

Chapter 360-3 has been repealed and a new Chapter 360-3, entitled "Reciprocity," containing

Rule 360-3-.01, adopted. Filed October 2, 1970; effective October 22, 1970.

Chapter 360-4 has been repealed and a new Chapter 360-4, entitled "Foreign Graduates," containing Rule 360-4-.01, adopted. Filed October 2, 1970; effective October 22, 1970.

Rule 360-2-.04 has been repealed and a new Rule adopted. Filed October 7, 1971; effective October 27, 1971.

Rule 360-4-.01 has been amended. Filed October 7, 1971; effective October 27, 1971.

Chapter 360-5, entitled "Physician's Assistant" containing Rules 360-5-.01 through 360-5-.08, has been adopted. Filed September 11, 1972; effective October 1, 1972.

Rule 360-5-.03 has been amended. Filed February 20, 1973; effective March 12, 1973.

Emergency Rule 360-3-0.1-.01(2) has been adopted. Filed and effective on October 29, 1973, to remain in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency. Said Emergency Rule was adopted in order to expedite registration for licenses. (The Emergency Rule will not be published, copies may be obtained from the Agency.)

Rule 360-3-.01 has been amended superseding Emergency Rule 360-3-0.1-.01(2). Filed November 27, 1973; effective December 17, 1973.

Rules 360-2-.02, 360-2-.03 and 360-2-.05 have been repealed and new Rules adopted. Filed March 28, 1974; effective April 17, 1974.

Rule 360-5-.03 has been amended. Filed July 17, 1974; effective August 6, 1974.

Rule 360-5-.04 has been amended. Filed September 16, 1974; effective October 6, 1974.

Rule 360-13-.05 has been amended. Filed May 15, 1992; effective June 4, 1992.

Rule 360-15-.01 has been amended. Filed June 5, 1992; effective June 25, 1992.

Rule 360-3-.01 has been amended. Filed January 15, 1993; effective February 4, 1993.

Emergency Rule 360-13-0.9-.03 entitled "Exemptions to Licensure Requirements" was filed June 4, 1993; effective June 3, 1993, the date of adoption, to remain in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency. Said Emergency Rule was adopted to exempt properly trained Nurses (R.N.s and L.P.N.s) and physicians assistants from being required to register as respiratory therapists. (This Emergency Rule will not be published; copies may be obtained from the Agency.)

Rules 360-2-.01 and 360-5-.03 have been amended; Rule 360-13-.03 entitled "Exemptions to Licensure Requirements" has been adopted. Filed August 9, 1993; effective August 29, 1993.

Chapter 360-13 has been amended. Filed January 12, 1994; effective February 1, 1994.

Rules 360-11-.04, .09 have been repealed and new Rules adopted; 360-11-.11, .12 have been adopted. Filed April 11, 1994; effective May 1, 1994.

Rule 360-13-.10 has been adopted. Filed June 9, 1995; effective June 29, 1995.

Rule 360-5-.10 has been amended and 360-5-.12 adopted. Filed September 11, 1995; effective October 1, 1995.

Rule 360-2-.02 has been amended. Filed December 12, 1995; effective January 1, 1996.

Chapter 360-3 has been repealed. Filed June 14, 1996; effective July 4, 1996.

Rule 360-13-.07 has been amended. Filed January 13, 1997; effective February 2, 1997.

Rule 360-11-.05 has been amended. Filed March 17, 1997; effective April 6, 1997.

Rules 360-5-.02, .03, .04, .06, .08, .09, .10 have been amended. Filed March 18, 1998; effective April 9, 1998.

Rule 360-13-.07 has been amended. Filed May 11, 1998; effective May 31, 1998.

Rules 360-2-.02, 360-11-.03 have been amended and 360-2-.11 adopted. Filed October 8, 1998; effective October 28, 1998.

Chapters 360-16 thru 360-26 have been adopted. Filed October 26, 1999; effective November 15, 1999.

Rule 360-6-.01 has been amended. Rules 360-6-.02 to .17 have been adopted. Filed November 20, 2000; effective December 10, 2000.

Chapter 360-6 has been repealed and a new Chapter adopted. Filed January 16, 2001; effective February 5, 2001.

Rules 360-2-.01, .02, .03, 360-6-.03, .10 have been amended. Filed June 11, 2001; effective July 1, 2001.

Rule 360-5-.07 has been amended. Filed December 17, 2001; effective January 6, 2002.

Chapters 360-2 and 360-3 have been repealed and new Chapters adopted. Filed January 24, 2002; effective February 13, 2002.

Chapter 360-4 has been repealed. Chapter 360-27 entitled "Patients' Rights" has been adopted. Filed April 8, 2002; effective April 28, 2002.

Rule 360-2-.01 has been amended. Filed November 18, 2002; effective December 8, 2002.

Chapter 360-28 entitled "Physician Profiles" has been adopted. Filed January 2, 2003; effective January 22, 2003.

Rules 360-28-.05, .06, and .08 have been amended. Filed April 18, 2003; effective May 8, 2003.

Chapter 360-4 entitled "Clinical Perfusionist Licensure" has been adopted. Filed July 11, 2003; effective July 31, 2003.

Chapter 360-13 has been repealed and a new Chapter adopted. Filed August 14, 2003; effective September 3, 2003.

Rules 360-3-.02, 360-15-.01 and .02 have been amended. Filed September 18, 2003; effective October 8, 2003.

Rule 360-2-.08 has been repealed and a new Rule adopted. Filed January 23, 2004; effective February 12, 2004.

Rules 360-2-.01 and .02 have been amended. Filed February 18, 2004; effective March 9, 2004.

Rule 360-13-.07 has been repealed and a new Rule adopted. Filed March 10, 2004; effective March 30, 2004.

Rule 360-6-.05 has been repealed and a new Rule adopted. Filed May 26, 2004; effective June 15, 2004.

Rule 360-13-.10 has been amended. Filed June 11, 2004; effective July 1, 2004.

Rules 360-2-.05, 360-6-.11 and 360-15-.02 have been amended. Filed July 8, 2004; effective July 28, 2004.

Rules 360-2-.09 to .12 have been adopted. Filed July 29, 2004; effective August 18, 2004.

Rule 360-4-.03 has been repealed and a new Rule adopted. Filed August 13, 2004; effective September 2, 2004.

Rule 360-2-.01 has been amended. Filed October 28, 2004; effective November 27, 2004.

Rule 360-3-.02 has been amended. Rules 360-5-.13 and 360-6-.18 have been adopted. Filed December 10, 2004; effective December 30, 2004.

Chapter 360-29 entitled "Bad Checks" has been adopted. Filed January 26, 2005; effective February 15, 2005.

Rules 360-4-.06 and .07 have been amended. Filed March 9, 2005; effective March 29, 2005.

Rule 360-2-.02 has been repealed and a new Rule adopted. Rule 360-3-.02 has been amended.

Chapter 360-30 entitled "Federal Student Loan Default" has been adopted. Filed May 10, 2005; effective May 30, 2005.

Rule 360-13-.10 has been amended. Filed August 29, 2005; effective September 18, 2005.

Rule 360-2-.05 has been amended. Rules 360-15-.01 and 360-16-.01 have been repealed and new Rules adopted. Filed September 7, 2005; effective September 27, 2005.

Rules 360-2-.08 and 360-3-.02 have been amended. Filed February 10, 2006; effective March 2, 2006.

Rules 360-4-.06 and .07 have been amended. Filed February 21, 2006; effective March 13, 2006.

Rule 360-13-.07 has been amended. Rule 360-13-.10 has been repealed and a new Rule adopted. Filed April 12, 2006; effective May 2, 2006.

Rules 360-5-.06 and .10 have been repealed and new Rules adopted. Rules 360-26-.04 to .06 have been adopted. Filed May 12, 2006; effective June 1, 2006.

Rule 360-13-.10 has been repealed and a new Rule adopted. Filed June 28, 2006; effective July 18, 2006.

Rule 360-2-.02 has been amended. Filed July 21, 2006; effective August 10, 2006.

Rule 360-2-.05 has been amended. Filed August 8, 2006; effective August 28, 2006.

Chapter 360-31 entitled "Orthotists and Prosthetists" has been adopted. Filed September 19, 2006; effective October 9, 2006.

Rules 360-4-.10, 360-13-.14, and .15 have been adopted. Rules 360-5-.09 and 360-6-.11 have been amended. Filed October 16, 2006; effective November 5, 2006.

Rule 360-19-.03 has been repealed and a new Rule adopted. Filed November 6, 2006; effective November 26, 2006.

Chapter 360-32 entitled "Nurse Protocol Agreements Pursuant to O.C.G.A. Section 43-34-26.3" adopted. Filed December 12, 2006; effective January 1, 2007.

Rules 360-32-.01, 360-32-.03 to 360-32-.05 have been amended. Rules 360-32-.02 and 360-32-.06 have been repealed and new Rules adopted. Rule 360-32-.07 has been adopted. Filed March 12, 2007; effective April 1, 2007.

Rule 360-5-.09 has been amended. Filed July 31, 2007; effective August 20, 2007.

Rules 360-2-.02, 360-3-.02, 360-5-.05, 360-6-.03, and .06 have been amended. Filed September 19, 2007; effective October 9, 2007.

Rule 360-6-.03 has been amended. Rule 360-6-.09 has been repealed and a new Rule adopted. Chapter 360-11 has been repealed. Filed December 14, 2007; effective January 3, 2008.

Rules 360-2-.13 and 360-5-.14 have been adopted. Rules 360-5-.03, .06, 360-6-.05, 360-28-.03, .09, and 360-32-.02 have been amended. Rule 360-27-.02 has been repealed and a new Rule adopted. Filed June 23, 2008; effective July 13, 2008.

Rules 360-2-.02, .05, 360-31-.09, and 360-32-.02 have been amended. Rules 360-16-.01 and 360-31-.13 have been repealed and new Rules adopted. Filed September 16, 2008; effective October 6, 2008.

Rules 360-3-.02, 360-4-.06, and .07 have been amended. Rule 360-15-.01 has been repealed and a new Rule adopted. Filed November 10, 2008; effective November 30, 2008.

Rule 360-31-.04 has been repealed and a new Rule adopted. Filed February 11, 2009; effective March 3, 2009.

Rule 360-15-.01 has been repealed and a new Rule adopted. Filed March 10, 2009; effective March 30, 2009.

Rules 360-2-.08 and 360-32-.04 have been amended. Filed April 3, 2009; effective April 23, 2009.

Rules 360-6-.01, .03 to .06, .08, .10, .13, .15, .16, .18, 360-13-.01, .03, .05, .07, .09 to .12, 360-32-.01, .02, .04, .05, and .07 have been repealed and new Rules adopted. Rule 360-6-.02 has been amended. Chapter 360-7 has been repealed and a new Chapter adopted. Filed October 6, 2009; effective October 26, 2009.

Chapters 360-1 and 360-10 have been repealed and new Chapters adopted. Chapter 360-8 has been repealed. Filed November 12, 2009; effective December 2, 2009.

Chapter 360-11 entitled "Flu Vaccine Protocols" has been adopted. Filed December 21, 2009; effective January 10, 2010.

Rules 360-17-.01 to .03, .06, 360-19-.03, 360-20-.02, 360-22-.04, 360-23-.01, .02, 360-24-.02, 360-25-.01, 360-27-.01, and .02 have been repealed and new Rules adopted. Rule 360-24-.03 has been repealed. Filed January 13, 2010; effective February 2, 2010.

Rules 360-3-.01 to 360-3-.04 have been repealed and new Rules adopted. Rule 360-3-.05 has been adopted. Filed May 18, 2010; effective June 7, 2010.

Rules 360-14-.02, 360-15-.01, 360-18-.04, 360-21-.01, .02, 360-26-.01, .02, 360-29-.01, .02, and .03 have been repealed and new rules adopted. Rule 360-14-.05 has been amended. Chapter 360-16 has been repealed and a new chapter adopted. Rule 360-26-.06 has been repealed and a new rule and title adopted. Rule 360-30-.01 subsection (1) has been repealed and new 360-30-.01 subsection (1) has been adopted. Filed July 9, 2010; effective July 29, 2010.

Chapter 360-5 has been repealed and a new Chapter entitled "Physician's Assistants" adopted. Filed January 18, 2011; effective February 7, 2011.

Chapter 360-11 has been repealed and a new Chapter entitled "Professional Health Program" adopted. F. Jul. 5, 2011; eff. Jul. 25, 2011.

Rules 360-3-.02, 360-5-.03, 360-5-.05, 360-5-.11, 360-5-.12, 360-5-.13 repealed and readopted. F. Jan. 13, 2012; eff. Feb. 2, 2012.

Rule 360-3-.06 adopted. F. Jan. 13, 2012; eff. Feb. 2, 2012.

Chapters 360-2 and 360-2 have been repealed and readopted. F. May, 11, 2012; eff. May 31, 2012.

Chapter 360-31 has been repealed and a New Chapter adopted. F. May, 11, 2012; eff. May 31, 2012.

Rules 360-6-.02, 360-6-.07, 360-6-.11, 360-4-.06, 360-4-.07, 360-4-.09, 360-4-.11, 360-4-.14, 360-13-.01 have been repealed and readopted. F. May, 11, 2012; eff. May 31, 2012.

Rules 360-2-.14 and 360-15-.01 amended. F. Nov. 9, 2012; eff. Nov. 29, 2012.

Rules 360-2-.05 and 360-2-.07 amended. F. Nov. 13, 2012; eff. Dec. 3, 2012.

Rule 360-5-.11 repealed and new rule of same title adopted. F. Mar. 14, 2013; eff. Apr. 3, 2013.

Rules 360-2-.15 and 360-2-.16 adopted. Rules 360-3-.06 and 360-31-.07 repealed and readopted. F. Oct. 16, 2013; eff. Nov. 5, 2013.

Rules 360-28-.01 and 360-28-.05 amended. F. Nov. 15, 2013; eff. Dec. 5, 2013.

Rules 360-2-.05, 360-2-.10, 360-4-.02, 360-4-.06, 360-6-.11, 360-13-.03, 360-13-.07, 360-32-.03 amended. Rule 360-3-.07 adopted. Rules 360-5-.02, 360-5-.06, 360-6-.03, 360-13-.01 repealed and new rules adopted. F. Jan. 13, 2014; eff. Feb. 2, 2014.

Rules 360-5-.06 and 360-13-.07 amended. F. June 11, 2014; eff. July 1, 2014.

Chapter 360-8 entitled "Pain Management Clinics" adopted. Rules 360-10-.01, .03, .04, .05, .06, .07 repealed and new rule of same title adopted. F. June 23, 2014; eff. July 13, 2014.

Rule 360-2-.07 repealed and new rule of same title adopted. F. Oct. 14, 2014; eff. Nov. 3, 2014.

Chapter 360-33 entitled "Petition for Promulgation, Amendment, or Repeal of Rules" adopted. Rule 360-3-.02 amended. F. Oct. 21, 2014; eff. Nov. 10, 2014.

Rules 360-6-.11 and 360-8-.05 amended. F. Jan. 23, 2015; eff. Feb. 12, 2015.

Chapters 360-34 entitled "Vaccine Protocol Agreements" and 360-35 entitled "Lasers" adopted. F. Sept. 14, 2015; eff. Oct. 4, 2015.

Rule 360-6-.04 amended. Rules 360-8-.05, 360-32-.02, 360-34-.05, 360-34-.10, 360-35-.06 repealed and new rules of same title adopted. F. Dec. 20, 2015; eff. Jan. 9, 2016.

Rules 360-2-.11 and .16 amended. Rule 360-13-.01 repealed and new rule of same title adopted. Rule 360-13-.16 adopted. F. Feb. 19, 2016; eff. Mar. 10, 2016.

Rule 360-15-.01 repealed and new rule of same title adopted. F. Mar. 2, 2016; eff. Mar. 22, 2016.

Rule 360-3-.02 amended. Chapter 360-36 entitled "Low THC Oil" adopted. F. May 3, 2016; eff. May 23, 2016.

Note: Correction of non-substantive typographical error in Rule 360-31-.13 History, *'**Repealed:** New rule entitled "Reciprocal Licensure Requirements" adopted. F. May 11, 2012; eff. May 31, 2012.'* corrected to *'**Repealed:** New Rule entitled "Composition and Responsibilities of the Orthotist and Prosthetist Advisory Committee" adopted. F. May 11, 2012; eff. May 31, 2012.'* Title correction only required for SOS website, title correct in Official Compilation. Effective July 19, 2016.

Rules 360-8-.06, 360-31-.13 repealed and new rules of same title adopted. Rule 360-14-.0 6 amended. F. June 29, 2016; eff. July 19, 2016.

Rules 360-3-.07, 360-15-.01, 360-32-.01, 360-35-.01 repealed and new rules of same title adopted. F. Nov. 16, 2017; eff. Dec. 6, 2017.

Chapter 360-37 entitled "Military Spouses and Transitioning Service Members Licensure" adopted. F. Dec. 6, 2017; eff. Dec. 26, 2017.

Rule 360-35-.02 repealed and new rule of same title adopted. F. July 9, 2018; eff. July 29, 2018.

Rules 360-8-.02, 360-31-.13 repealed and new rules of same title adopted. Chapter 360-38 entitled "Prescription Drug Monitoring Program" adopted. F. Aug. 14, 2018; eff. Sept. 3, 2018.

Rules 360-32-.02, 360-32-.04 repealed and new rules of same title adopted. F. Feb. 15, 2019; eff. Mar. 7, 2019.

Rule 360-3-.02 repealed and new rule of same title adopted. F. June 12, 2019; eff. July 2, 2019.

Rules 360-3-.06, 360-32-.05 repealed and new rules of same title adopted. F. Dec. 13, 2019; eff. Jan. 2, 2020.

Rule 360-36-.01 repealed and new rule of same title adopted. Rule 360-36-.04 repealed and new rule adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Rules 360-2-.01 and .14 repealed and new rules of same title adopted. F. Jan. 10, 2020; eff. Jan. 30, 2020.

Rule 360-13-.01 repealed and new rules of same title adopted. Rule 360-30-.01 repealed. F. Jan. 28, 2020; eff. Feb. 17, 2020.

ER. 360-5-0.11-.10 adopted. F. Apr. 8, 2020; eff. Mar. 19, 2020, this rule to remain in effect for a period of 120 days or until the adoption of a permanent rule covering the same subject matter superseding this Emergency Rule, as specified by the Agency.

ER. 360-15-0.12-.01 adopted. F. Apr. 8, 2020; eff. Apr. 7, 2020, this rule to remain in effect for a period of 120 days or until the adoption of a permanent rule covering the same subject matter superseding this Emergency Rule, as specified by the Agency.

ER. 360-3-0.10-.08 adopted. F. Apr. 9, 2020; eff. Mar. 19, 2020, this rule to remain in effect for a period of 120 days or until the adoption of a permanent rule covering the same subject matter superseding this Emergency Rule, as specified by the Agency.

Rule 360-3-.02 repealed and new rule of same title adopted. F. June 23, 2020; eff. July 13, 2020.

Rule 360-3-.07 repealed and new rule of same title adopted. F. Sept. 8, 2020; eff. Sept. 28, 2020.

Chapter 360-39 entitled "Genetic Counselors" adopted. F. Dec. 9, 2020; eff. Dec. 29, 2020.

Rule 360-2-.17 and Chapter 360-40 entitled "Interstate Medical Licensure Compact (IMLC)" adopted. F. Jan. 4, 2021; eff. Jan. 24, 2021.

Rules 360-10-.01, .05, .07 repealed and new rules of same title adopted. F. Mar. 17, 2021; eff. Apr. 6, 2021.

Rule 360-2-.05 repealed and new rule of same title adopted. F. June 14, 2021; eff. July 4, 2021.

Rules 360-5-.03, .04, .05, .11, .12 repealed and new rules of same title adopted. F. June 16, 2021; eff. July 6, 2021.

ER. 360-3-0.13-.08 issued to Agency on July 8, 2021, but Rule not filed.

ER. 360-15-0.14-.01 adopted. F. Aug. 20, 2021; eff. Aug. 19, 2021, this rule to remain in effect for a period of 120 days or until the adoption of a permanent rule covering the same subject matter superseding this Emergency Rule, as specified by the Agency.

ER. 360-5-0.15-.10 adopted. F. Aug. 20, 2021; eff. Aug. 19, 2021, this rule to remain in effect for a period of 120 days or until the adoption of a permanent rule covering the same subject matter superseding this Emergency Rule, as specified by the Agency.

Rules 360-32-.01, .02 repealed and new rules of same title adopted. F. Aug. 25, 2021; eff. Sept. 14, 2021.

Rules 360-3-.05, 360-35-.01 amended. F. Dec. 20, 2022; eff. Jan. 9, 2023.

Rules 360-34-.01, .02, .05, .06 amended. F. Jan. 26, 2023; eff. Feb. 15, 2023.

Rules 360-5-.03, 360-6-.03, 360-15-.01, 360-39-.04 amended. F. Apr. 17, 2023; eff. May 7, 2023.

Rules 360-3-.02, 360-39-.03 amended. F. Apr. 20, 2023; eff. May 10, 2023.

Chapter 360-41 entitled "Sedation in Physician Offices and Medispas" adopted. F. Apr. 26, 2023; eff. May 16, 2023.

Rule 360-27-.02, Exhibit (360-27) A. amended. F. Aug. 11, 2023; eff. Aug. 31, 2023.

Rules 360-13-.01, .02, .04, .07, .08, .09, .10, .12, .13, .14, .16 amended, 360-13-.03, .15 repealed. F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rules 360-32-.05, 360-34-.01, .05 amended. F. Mar. 19, 2024; eff. Apr. 8, 2024.

Rule 360-3-.02 amended. F. Aug. 7, 2024; eff. Aug. 27, 2024.

ER. 360-2-0.16-.13 adopted. F. Oct. 15, 2024; eff. Oct. 15, 2024, this rule to remain in effect until the state of emergency is lifted and for a period of not more than 120 days thereafter, as specified by the Board.

Rules amended: 360-2-.01; 360-5-.03, .05, .07, .11, .12; 360-32-.01 through .05; 360-35-.01, .05; 360-39-.03. F. May 5, 2026; eff. May 25, 2026.

Cite as Ga. Comp. R. & Regs. R. dept. 360, ADMINISTRATIVE HISTORY

Chapter 360-1. ORGANIZATION.

Rule 360-1-.01. Organization of Board.

The Georgia Composite Medical Board shall consist of thirteen physicians and two consumers appointed by the Governor and confirmed by the Senate. The Board shall elect a chairperson and vice chairperson. The public may obtain information and submit requests at the office of the Board. Board minutes shall not become official until approved by the Board.

Cite as Ga. Comp. R. & Regs. R. 360-1-.01
Authority: O.C.G.A. Secs. 43-34-21, 43-34-24.1.
History. Original Rule entitled "Organization of Board" adopted. F. and eff. June 30, 1965.
Repealed: New Rule of same title adopted. F. Oct. 2, 1970; eff. Oct. 22, 1970.
Repealed: New Rule of same title adopted. F. Dec. 15, 1982; eff. Jan. 4, 1983.
Amended: F. May 18, 2000; eff. June 7, 2000.
Repealed: New Rule of same title adopted. F. Nov. 12, 2009; eff. Dec. 2, 2009.

Rule 360-1-.02. Executive Director.

The Board may appoint by a two thirds majority vote a person to serve as Executive Director of the Board.

(a) The Executive Director shall be vested with the following powers:

1. To carry out investigations and to hire investigators for the purpose of conducting investigations;

2. To hire such personnel as the board approves and deems necessary to carry out its function and with Board approval to appoint professional qualified persons to serve as members of peer review committees;

3. Under the direction of the Board, to aid in the enforcement of Chapter 34 of Title 43 and in the prosecution of all persons charged with violations of its provisions;

4. To make, or cause to be made through employees or agents of the Board, such investigations as the Board may deem necessary or advisable in the enforcement of Chapter 34 of Title 43;

5. To issue subpoenas, to compel access to documents or other materials that the Chairperson of the Board, or the Vice Chairperson if the Chairperson is not available, deems related to the fitness of any licensee or applicant to practice;

6. To authorize the issuance of notices of hearing by the Attorney General on behalf of the Board; and

7. The executive director, with the approval of the board, notwithstanding any other provisions of law to the contrary, shall enter into such contracts as are deemed necessary to carry out this chapter to provide for all services required of the board.

Cite as Ga. Comp. R. & Regs. R. 360-1-.02
Authority: O.C.G.A. Secs. 43-34-2, 43-34-5, 43-34-6, 43-34-21, 43-34-24.1, 43-34-35. 43-34-37.
History. Original Rule entitled "Executive Director" adopted. F. Oct. 25, 1974; eff. Nov. 14, 1974.
Amended: F. May 18, 2000; eff. June 7, 2000.
Repealed: New Rule of same title adopted. F. Nov. 12, 2009; eff. Dec. 2, 2009.

Rule 360-1-.03. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-1-.03
Authority: O.C.G.A. Secs. 43-1-4, 43-34-24.1.
History. Original Rule entitled "Medical Coordinator" adopted. F. Sept. 23, 1976; eff. Oct. 13, 1976.
Repealed: F. May 18, 2000; eff. June 7, 2000.

Chapter 360-2. LICENSE REQUIREMENTS.

Rule 360-2-.01. Requirements for Licensure.

(1) An applicant for a medical license must provide:

(a) An affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying

citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.

(b) An application that is complete, including all required documentation, signatures, seals, and fees. An application shall expire one year from the date of receipt. Any subsequent application must be accompanied by submission of appropriate documentation and application fee.

(c) Evidence of good moral character. Any applicant as a health care professional or as an expedited physician licensee shall have satisfactory results from a fingerprint record check report conducted by the Georgia Crime Information Center and the Federal Bureau of Investigation, as determined by the board. The board shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with U.S. C.F.R. §731.202.

(d) A completed affidavit of applicant.

(e) Federation Credentials Verification Service (FCVS) report which shall include the following:

1. Verification of licensure from every state in which the applicant has ever held any type of medical license.

2. Verification of a passing score on one of the following examinations approved by the Board:

   (i) Steps 1, 2 and 3 of the United States Medical Licensing Examination (USMLE)

   (ii) Federation Licensing Examination (FLEX taken on or before June 1, 1985) (combined scores from different FLEX administrations between January 1, 1978, and January 1,1985 are not accepted)

   (iii) FLEX Components I and II (FLEX taken after June 1, 1985)

   (iv) National Board of Medical Examiners (NBME)

   (v) State Medical Board of Examinations taken before June 30, 1973

(vi) Medical Council of Canada Qualifying Examination (MCCQE) for graduates of Canadian medical schools who completed post-graduate training in Canada

(vii) National Board of Osteopathic Medical Examiners (NBOME)

(viii) Comprehensive Osteopathic Medical Licensing Examination (COMLEX)

(ix) The certifying examination of the Puerto Rico Medical Board, for graduates of Puerto Rican medical schools who completed post-graduate training in Puerto Rico.

3. Verification of medical education by submitting an official transcript of all medical education directly to the Board from the school where such education was taken. If the transcript is in a foreign language, a certified English translation must be furnished. The transcript shall include the dates the applicant attended the school and the grades received in all courses taken to fulfill the requirements of the degree granted. At the Board's discretion, the medical school transcript requirement may be waived and the results of the Federation of State Medical Boards (FSMB) verification service may be accepted if the applicant adequately demonstrates that all diligent efforts have been made to secure transcripts from the school. In such a case, the Board may require the applicant to appear for a personal interview before the Physician Licensure Committee of the Board.

   (i) Medical schools in the United States, Puerto Rico and Canada must require a minimum of two years of pre-medical education and be approved by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association Commission on Osteopathic College accreditation (AOA COCA), or the Committee on Accreditation of Canadian Medical Schools (CACMS).

   (ii) A medical school located outside the United States, Puerto Rico and Canada and Fifth Pathway programs must have a program of education in the art and science of medicine leading to a medical doctor degree or the medical doctor equivalent that requires a minimum of two (2) years of pre-medical education and includes at least 130 weeks of instruction. Applicants must have official transcripts that include at least 130 weeks of instruction.

4. Verification of post-graduate/residency training as follows:

(i) Graduates of approved medical schools must show completion of one year of postgraduate training in a program approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) or the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC). The Board may consider current certification of any applicant by a member board of the American Board of Medical Specialties (ABMS) as evidence that such applicant's postgraduate medical training has satisfied the requirements of this paragraph. Approved Medical Schools are those located in the United States, Puerto Rico, and Canada, those listed on the Medical Schools Recognized by the Medical Board of California (effective February 4, 2010, adopted by reference), and schools that have been approved by a regional accreditation authority with standards equivalent to LCME and approved by the National Committee on Foreign Medical Education and Accreditation (NCFMEA).

(ii) Graduates of medical schools not approved by the Board must show completion of three years of postgraduate training in a program approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), the Royal College of Physicians and Surgeons of Canada (RCPSC), or the College of Family Physicians of Canada (CFPC). The Board may consider current certification of any applicant by a member board of the American Board of Medical Specialties (ABMS) as evidence that such applicant's postgraduate medical training has satisfied the requirements of this paragraph.

(iii) Applicants who were licensed in another State on or before July 1, 1967 are not required to supply proof of any postgraduate/residency training.

5. Graduates of foreign medical schools outside of Canada must provide proof of certification by the Educational Commission for Foreign Medical Graduates (ECFMG) unless they were licensed by another state before March 1, 1958. This requirement does not apply to foreign-trained students who furnish proof of the following:

(i) successful completion of AMA approved Fifth Pathway program, and

(ii) passing the ECFMG qualifying medical component examination with a score of 75 or above.

(f) National Practitioner Database (NPDB) Self-Query report.

(g) Verification of residence in the United States for one year, except for graduates of Canadian medical schools, if the applicant is an alien.

(2) The Board in its discretion may require an applicant for licensure to take and pass the Special Purposes Examination (SPEX) prepared by the Federation of State Medical Boards of the United States, or other Board-approved competency assessment. The circumstances under which the Board may require a competency examination include, but are not limited to applicants for licensure who have been the subject of disciplinary action in another state; or who would be subject to disciplinary action or corrective action in this state based upon their conduct or condition; or who have previously engaged in the practice of medicine and who have not practiced for a period greater than thirty (30) consecutive months.

(3) Nothing in this rule shall be construed to prevent the Board from denying or conditionally granting an application for licensure.

Cite as Ga. Comp. R. & Regs. R. 360-2-.01
Authority: O.C.G.A. §§ 43-1-19, 43-1-32, 43-34-5, 43-34-8, 43-34-13, 43-34-21, 43-34-26, 43-34-27.
History. Original Rule entitled "Application for Licensure" adopted. F. and eff. June 30, 1965.
Repealed: New Rule of same title adopted. F. Oct. 2, 1970; eff. Oct. 22, 1970.
Repealed: New Rule of same title adopted. F. Jan. 26, 1976; eff. Feb. 15, 1976.
Repealed: New Rule of same title adopted. F. Dec. 15, 1982; eff. Jan. 4, 1983.
Amended: F. June 17, 1985; eff. July 7, 1985.
Amended: F. Apr. 9, 1990; eff. Apr. 29, 1990.
Amended: F. Aug. 9, 1993; eff. Aug. 29, 1993.
Amended: F. June 11, 2001; eff. July 1, 2001.
Repealed: New Rule entitled "Requirements to Take the USMLE III" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Amended: F. Nov. 18, 2002; eff. Dec. 8, 2002.
Amended: F. Feb. 18, 2004; eff. Mar. 9, 2004.
Amended: F. Oct. 28, 2004; eff. Nov. 17, 2004.
Repealed: New Rule entitled "Requirements for Licensure" adopted. F. May 11, 2012; eff. May 31, 2012.
Repealed: New Rule of the same title adopted. F. Jan. 10, 2020; eff. Jan. 30, 2020.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-2-.02. Requirements for Step 3 of the United States Medical Licensing Examination (USMLE).

(1) Applicants applying to take USMLE Step 3 through Georgia are required to submit an application directly to the Federation of State Medical Boards (FSMB) on forms approved by the Board.

(2) Applicants must furnish the following evidence to the FSMB:

(a) Evidence of graduation from a medical school that requires a minimum of two (2) years of pre-medical education.

(b) Evidence of passing USMLE Steps 1 and 2; and

(c) For applicants who graduated from medical school after January 1, 1967, evidence of completion of post-graduate year one (PGY-1) or a statement from the program director that the applicant is expected to complete (PGY-1) within three 3 months. Such postgraduate training must be in a program fully or provisionally accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physician of Canada (CFPC), or the or the Committee on Accreditation of Canadian Medical Schools (CACMS).

(d) Certification by the Educational Commission for Foreign Medical Graduates (ECFMG), if the applicant graduated from a school that is not in the United States, Puerto Rico, or Canada. This requirement does not apply to foreign-trained applicants who furnish proof of the following:

(i) Successful completion of an AMA-approved Fifth Pathway program; and

(ii) Verification of passing USMLE Steps 1 and 2; and

(iii) Official transcripts of all medical education submitted directly to the FSMB from the school where such education was taken. If the transcripts are in a foreign language, applicants must furnish certified English translations. Transcripts must include the dates the applicant attended the school and the grades received in all courses taken to fulfill the requirements of the degree granted. In the Board's discretion, the transcript may be waived and the results of the Federation of State Medical Boards (FSMB) verification service accepted if the applicant adequately demonstrates that all diligent efforts have been made to secure transcripts from the school.

(3) Preceptorships are not approved in lieu of post-graduate training.

(4) USMLE Step 3 applicants may be required to appear for a personal interview at the discretion of the Board.

(5) Unless enrolled in an M.D./PhD or D.O./PhD program, applicants must successfully complete USMLE Steps 1, 2, and 3 within a seven (7) year period. Applicants enrolled in an M.D./PhD or D.O./PhD program must successfully complete USMLE Steps 1, 2, and 3 within a nine (9) year period.

(6) Applicants who have never been licensed, and who have failed the USMLE Step 3 a total of three (3) times since January 1, 1994 must have one year of additional Board-approved clinical training. The training must be completed prior to taking USMLE Step 3 again.

(7) Nothing in this rule shall be construed to prevent the Board from denying or conditionally granting an application for licensure by examination.

Cite as Ga. Comp. R. & Regs. R. 360-2-.02
Authority: O.C.G.A. Secs. 43-1-2, 43-1-4, 43-1-7, 43-1-25, 43-34-5, 43-34-8, 43-34-21, 43-34-24, 43-34-24.1, 43-34-26, 43-34-26.1, 43-34-27, 43-34-28, 43-34-29, 43-34-34, 43-34-35, 43-34-37, 43-34-40, 43-34-41.
History. . Original Rule entitled "Examinations" adopted. F. and eff. June 30, 1965.
Repealed: New Rule of same title adopted. F. Oct. 2, 1970; eff. Oct. 22, 1970.
Repealed: New Rule of same title adopted. F. Mar. 28, 1974; eff. Apr. 17, 1974.
Amended: F. June 30, 1975; eff. July 20, 1975.
Repealed: New Rule of same title adopted. F. Dec. 15, 1982; eff. Jan. 4, 1983.
Amended: F. Jan. 16, 1985; eff. Feb. 5, 1985.
Amended: F. June 17, 1985; eff. July 7, 1985.
Amended: F. May 20, 1988; eff. June 9, 1988.
Amended: F. July 12, 1991; eff. August 1, 1991.
Amended: F. Dec. 12, 1995; eff. Jan. 1, 1996.
Amended: F. Oct. 8, 1998; eff. Oct. 28, 1998.
Amended: F. June 11, 2001; eff. July 1, 2001.
Repealed: New Rule entitled "Licensure" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Amended: F. Feb. 18, 2004; eff. Mar. 9, 2004.
Repealed: New Rule of same title adopted. F. May 10, 2005; eff. May 30, 2005.
Amended: F. July 21, 2006; eff. August 10, 2006.
Amended: F. Sept. 19, 2007; eff. Oct. 9, 2007.
Amended: F. Sept. 16, 2008; eff. Oct. 6, 2008.
Repealed: New Rule entitled "Requirements for Step 3 of the United States Medical Licensing Examination (USMLE)" adopted. F. May, 11, 2012; eff. May 31, 2012.

Rule 360-2-.03. Temporary Licenses.

Temporary licenses may be issued to an applicant at the discretion of the Executive Director, with the approval of the Chairperson of the Board. Such licenses shall have the effect of a permanent license until the next regular Board meeting, when the temporary license shall become void. The temporary license fee shall be designated in the fee schedule.

Cite as Ga. Comp. R. & Regs. R. 360-2-.03
Authority: O.C.G.A. Secs. 43-1-2, 43-1-7, 43-34-5, 43-34-24, 43-34-24.1, 43-34-32.
History. Original Rule entitled "Fees" adopted. F. and eff. June 30, 1965.
Repealed: New Rule of same title adopted. F. Oct. 2, 1970; eff. Oct. 22, 1970.
Repealed: New Rule of same title adopted. F. Mar. 28, 1974; eff. Apr. 17, 1974.
Amended: F. June 30, 1975; eff. July 20, 1975.
Amended: F. Jan. 26, 1976; eff, Feb. 15, 1976.
Repealed: New Rule of same title adopted. F. Sept. 23, 1976; eff. Oct. 13, 1976.
Amended: F. Dec. 13, 1977; eff. Jan. 2, 1978.
Repealed: New Rule of same title adopted. F. Dec. 15, 1982; eff. Jan. 4, 1983.
Repealed: New Rule of same title adopted. F. Jan. 16, 1985; eff. Feb. 5, 1985.
Amended: F. May 20, 1988; eff. June 9, 1988.

Amended: F. June 11, 2001; eff. July 1, 2001.
Repealed: New Rule entitled "Temporary Licenses" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Repealed: New Rule of same title adopted. F. May, 11, 2012; eff. May 31, 2012.

Rule 360-2-.04. Duplicate Licenses.

(1) Duplicate licenses may be issued upon approval by the Board if the original license is lost, stolen, or destroyed, or if the licensee has had a legal change of name. Duplicate licenses are not issued for satellite offices.

(2) To request a duplicate license, the licensee must submit a duplicate request form stating the reason the duplicate license is requested. If the form is based on a name change, the licensee must submit a copy of the official document (marriage certificate, divorce decree or court order) indicating the name change, as well as the date and place of the change. If the name change occurred during naturalization, the application must also include the naturalization number, the name and address of the court, the date of naturalization, and the name change.

(3) All requests must include the duplicate license fee. The duplicate license fee shall be designated in the fee schedule.

Cite as Ga. Comp. R. & Regs. R. 360-2-.04
Authority: O.C.G.A. Secs. 43-1-7, 43-34-5, 43-34-24, 43-34-24.1.
History. Original Rule entitled "U.S. Citizenship" adopted. F. and eff. June 30, 1965.
Repealed: New Rule of same title adopted. F. Oct. 2, 1970; eff. Oct. 22, 1970.
Amended: F. Oct. 7, 1971; eff. Oct. 27, 1971.
Repealed: F. June 30, 1975; eff. July 20, 1975.
Amended: New Rule entitled "Duplicate Licenses" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Repealed: New Rule of same title adopted. F. May, 11, 2012; eff. May 31, 2012.

Rule 360-2-.05. Renewal Applications.

(1) Each licensee shall notify the Board within thirty (30) days, in writing, of all changes of address. An email notice from the Board shall be considered to be served on the licensee when sent to the licensee's email address on file with the Board. The Board does not mail renewal notices. Renewal notices may be sent through email as a courtesy to the email address on file with the Board. It is the licensee's responsibility to make sure that the Board has an accurate email address on file and that licenses are renewed in a timely matter. Failure to renew a license by the designated expiration date shall result in a penalty fee for late renewal as determined by the Board.

(2) All active licenses must be renewed every two years. This may be done via the internet or through mail. A medical licensee may not practice medicine after the expiration date of the license. A license must be renewed biennially by the last day of the month in which

the applicant's birthday falls, and the licensee must establish satisfaction of Board-approved continuing education requirements to be eligible for renewal.

(3) Licensees have the right to obtain a late renewal of their licenses during the three (3) month period immediately following the expiration date. During this period, the penalty for late renewal applies. A physician may not practice medicine after the expiration date of his or her license.

(4) The Board shall administratively revoke any license not renewed prior to the expiration of the late renewal period. Such revocation removes all rights and privileges to practice medicine and surgery in this State. A practitioner who is so revoked must apply for reinstatement. Revocation for failure to renew may be reported to the public and to other state licensing boards, and will be reported as a revocation for failure to renew. Revocation for failure to renew is not considered a disciplinary revocation. However, the license may only be reinstated through application.

(5) Notwithstanding the provisions of paragraph (4) of this rule, any service member as defined in O.C.G.A. § 15-12-1 whose license to practice medicine expired while on active duty outside the state shall be permitted to practice in accordance with the expired license and shall not be charged with a violation relating to such practice on an expired license for a period of six (6) months from the date of his or her discharge from active duty or reassignment to a location within the state. Such service member shall be entitled to renew such expired license without penalty within six (6) months after the date of his or her discharge from active duty or reassignment to a location within this state. The service member must present to the Board a copy of the official military orders or a written verification signed by the service member's commanding officer to waive any charges.

(6) The fee for renewals and late renewals shall be designated in the fee schedule.

(7) All applicants must provide an affidavit and a secure and verifiable document in accordance with O.C.G.A. 50-36-1(f). If the applicant has previously provided a secure and verifiable document and affidavit of United States citizenship, no additional documentation of citizenship is required for renewal. If the applicant for renewal is not a United States citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for purpose of verifying citizenship and immigration status information of non-U.S. citizens. If the applicant for renewal is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal agency.

Cite as Ga. Comp. R. & Regs. R. 360-2-.05
Authority: O.C.G.A. 43-1-4, 43-1-7, 43-1-19, 43-1-25, 43-1-31, 43-34-3, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 43-34-24.1, 43-34-32, 43-34-37.
History. Original Rule entitled "Temporary License" adopted. F. and eff. June 30, 1965.
Repealed: New Rule of same title adopted. F. Oct. 2, 1970; eff. Oct. 22, 1970.
Repealed: New Rule of same title adopted. F. Mar. 28, 1974; eff. Apr. 17, 1974.

Repealed: New Rule of same title adopted. F. Jan. 26, 1976; eff. Feb. 15, 1976.
Amended: F. Aug. 17, 1978; eff. Sept. 6, 1978.
Repealed: New Rule entitled "Temporary Licenses" adopted. F. Dec. 15, 1982; eff. Jan. 4, 1983.
Amended: F. Oct. 15, 1984; eff. Nov. 4, 1984.
Amended: F. May 20, 1988; eff. June 9, 1988.
Amended: F. July 28, 1989; eff. September 1, 1989, as specified by the Agency.
Repealed: New Rule entitled "Renewal" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Amended: F. July 8, 2004; eff. July 28, 2004.
Amended: F. Sept. 7, 2005; eff. Sept. 27, 2005. A
Amended: F. Aug. 8, 2006; eff. Aug. 28, 2006.
Amended: F. Sept. 16, 2008; eff. Oct. 6, 2008. adopted.
Repealed: New Rule entitled "Renewal Applications" adopted. F. May, 11, 2012; eff. May 31, 2012.
Amended: F. Nov. 13, 2012; eff. Dec. 3, 2012.
Amended: F. Jan. 13, 2014; eff. Feb. 2, 2014.
Repealed: New Rule with same title adopted. F. June 14, 2021; eff. July 4, 2021.

Rule 360-2-.06. Inactive Licensure Status.

(1) Licensee who wishes to maintain his or her medical license but who does not wish to practice medicine and surgery in this State may apply to the Board for inactive status by submitting an application and the fee. A licensee with an inactive license may not practice medicine in this State.

(2) In order to reinstate a license to practice medicine, an applicant must complete an application and pay a reinstatement fee. The applicant must be able to demonstrate to the satisfaction of the Board that he or she has maintained current knowledge, skill and proficiency in the practice of medicine and that he or she is mentally and physically able to practice medicine with reasonable skill and safety.

(3) Reinstatement of the license is within the discretion of the Board.

(4) The Board may require the passage of an examination, such as SPEX or PLAS or other competency assessments. The Board, in its discretion, may impose any remedial requirements deemed necessary.

(5) The Board may deny reinstatement for failure to demonstrate current knowledge, skill and proficiency in the practice of medicine or being mentally or physically unable to practice medicine with reasonable skill and safety or for any ground set forth in O.C.G.A. § 43-34-8.

(6) The denial of reinstatement is not a contested case, but the applicant shall be entitled to an appearance before the Board.

(7) The fee for reinstatement of a license shall be designated in the fee schedule.

Cite as Ga. Comp. R. & Regs. R. 360-2-.06
Authority: O.C.G.A. Secs. 43-1-7, 43-1-19, 43-1-22, 43-34-5, 43-34-8, 43-34-24, 43-34-24.1, 43-34-26, 43-34-37.
History. Original Rule entitled "Recording of License" adopted. F. and eff. June 30, 1965.

Repealed: New Rule of same title adopted. F. Oct. 2, 1970; eff. Oct. 22, 1970.
Repealed: New Rule of same title adopted. F. Jan. 26, 1976; eff. Feb. 15, 1976.
Repealed: New Rule entitled "Order for Mental or Physical Evaluation" adopted. F. June 17, 1985; eff. July 7, 1985.
Repealed: New Rule entitled "Inactive Licensure Status" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Repealed: New Rule of same title adopted. F. May, 11, 2012; eff. May 31, 2012.

Rule 360-2-.07. Reinstatement.

(1) A minimum of two (2) years shall pass from the date of any revocation of a license before the Board will consider an application for reinstatement. If the Board denies any application for reinstatement, the Board may require that a minimum of two (2) years pass from the date of the denial before the Board will consider subsequent applications for reinstatement. This two-year requirement shall only apply in those instances in which the license in question was revoked for reasons other than failure to renew.

(2) In order to reinstate a license to practice medicine, an applicant must be able to demonstrate to the satisfaction of the Board that he or she has maintained current knowledge, skill and proficiency in the practice of medicine and that he or she is mentally and physically able to practice medicine with reasonable skill and safety. The Board may also require the applicant to meet with the Board or a committee of the Board. In addition, the Applicant must submit an application for reinstatement and comply with the following:

(a) If the license has been expired for twelve or fewer months, and the applicant has practiced medicine in Georgia on any occasion after the expiration date of the license, the applicant must pay a reinstatement fee of $1,000.00 and provide proof of ten additional continuing education hours over the required forty for renewal.

(b) If it the license has been expired more than twelve months, and the applicant has practiced medicine in Georgia on any occasion after the expiration date of the license, the applicant must pay a reinstatement fee of $2,000.00 and provide proof of 40 hours of additional continuing education over the forty required for renewal.

(c) If the applicant has not practiced medicine in Georgia on any occasion after the expiration date of the license, the applicant must pay a reinstatement fee of $500.00 and provide proof of 40 hours of continuing education within the past two years of application.

(3) The Board, in its discretion, may impose any remedial requirements for applicants who have previously engaged in the practice of medicine and who have not practiced for a period greater than thirty (30) consecutive months as approved by the Board. The Board may require the passage of an examination, such as SPEX, PLAS, or other competency assessments as approved by the Board

(4) Prior to reinstatement of a license, the Board must have received an affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.

(5) This provision of this rule shall not be construed to limit the ability of the Board to impose sanctions for continuing to practice with an expired license.

(6) Reinstatement of the license is within the discretion of the Board.

(7) The Board may deny reinstatement for failure to demonstrate current knowledge, skill and proficiency in the practice of medicine or being mentally or physically unable to practice medicine with reasonable skill and safety or for any ground set forth in O.C.G.A. § 43-34-8.

(8) The denial of reinstatement is not a contested case, but the applicant shall be entitled to an appearance before the Board.

Cite as Ga. Comp. R. & Regs. R. 360-2-.07
Authority: O.C.G.A. Secs. 43-1-2, 43-1-4, 43-1-7, 43-1-19, 43-24-5, 43-24-8, 43-34-9, 43-34-24, 43-34-24.1, 43-34-37.
History. Original Rule entitled "Annual Registration" adopted. F. and eff. June 30, 1965.
Repealed: New Rule of same title adopted. F. Oct. 2, 1970; eff. Oct. 22, 1970.
Repealed: New Rule entitled "Renewal Registration" adopted. F. Jan. 26, 1976; eff. Feb. 15, 1976.
Repealed: New Rule of same title adopted. F. Dec. 15, 1982; eff. Jan. 4, 1983.
Repealed: New Rule of same title adopted. F. June 17, 1985; eff. July 7, 1985.
Amended: F. May 20, 1988; eff. June 9, 1988.
Amended: ER. 360-2-0.5-.07 adopted. F. July 28, 1988; eff. July 26, 1988, the date of adoption.
Amended: F. June 11, 1990; eff. July 1, 1990.
Repealed: New Rule entitled "Reinstatement" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Repealed: New Rule of same title adopted. F. May, 11, 2012; eff. May 31, 2012.
Amended: F. Nov. 13, 2012; eff. Dec. 3, 2012.
Repealed: New Rule of same title adopted. F. Oct. 14, 2014; eff. Nov. 3, 2014.

Rule 360-2-.08. Volunteers in Medicine.

(1) Definitions.

(a) For the purposes of this rule a not for profit or non-profit agency, institution, corporation or association is one that exempt from federal taxation and provides medical services for indigent patients in this State.

(b) Medically underserved areas/medically underserved populations mean those areas and populations that are designated as such by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care.

(c) Non-compensated employ means employment in which the physician has no expectation of payment or compensation for any medical services rendered, or any compensation or payment to the physician, either direct or indirect, monetary or in-kind, for the provision of medical services.

(2) The Board may issue in its discretion and without examination, a special medical license to qualifying physicians for the sole purpose of practicing medicine in the noncompensated employ of public, not for profit, or nonprofit agencies, institutions, corporations, or associations that provide medical services solely to indigent patients in medically underserved or critical need population areas of the State.

(3) Volunteer licenses may be issued to persons who:

(a) Possess a current license to practice medicine in good standing in any medical licensing jurisdiction in the United States; or,

(b) Have retired from the full or part-time practice of medicine and, prior to retirement, maintained a license to practice medicine in good standing in any medical-licensing jurisdiction in the United States.

(c) For purpose of this rule "good standing" shall mean that the applicant has had no disciplinary action taken against his/her license by any state, and has not let his/her license in any state expire or become inactive during an investigation by a state medical board into allegations relating to his/her practice of medicine or during a pending disciplinary action.

(4) Applicants for a volunteer license must complete an application form approved by the Board. Applications must be complete, including all required documents, signatures and seals.

(5) Applicants must furnish the following evidence:

(a) A copy of his or her medical degree, if not previously licensed in this State;

(b) Proof of licensure in good standing in the applicant's current and/or all prior licensing jurisdictions on a form approved by the Board;

(c) A notarized verification of employment form completed by the applicant's employer documenting the applicant's agreement not to receive compensation for any medical services he or she may render while practicing under this Chapter;

(d) If the employer is other than a public employer, documentation that the employer is a not for profit or non-profit agency, institution, corporation or association that provides medical services only to indigent patients in this State;

(e) Evidence of compliance with the Board's continuing medical education requirements.

(f) An affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.

(6) Before the Board considers an application, an inquiry shall be made by the staff to the National Practitioner Data Bank (NPDB).

(7) Applicants who are not in compliance with the Board's continuing medical education requirements, but are otherwise qualified to obtain a volunteer license, shall receive a nonrenewable temporary license to practice under this rule for a period of six (6) months.

(8) The volunteer license will limit practice to the non-compensated employ of the public agency or institution, or not for profit agency, not for profit institution or not for profit association who provided notarized verification of employment pursuant to paragraph 5 (c) of this rule.

(9) Volunteer licensees are not permitted to perform any surgical procedure.

(10) Volunteer licenses are not subject to application, licensure or renewal fees.

(11) Volunteer licensees shall at all times meet the minimum standards of acceptable and prevailing medical practice. Volunteer licenses shall be subject to disciplinary provisions of O.C.G.A. §§ 43-34-8, as well as the Board rules governing unprofessional conduct.

(12) Except as provided in paragraph (7), volunteer licenses issued under this Chapter will expire on the last day of the month in which the applicant's birthday falls as provided by Rule 360-2-.05. In addition to the renewal requirements of Rule 360-2-.05, the renewal applicant must provide evidence of continued employment in the non-compensated employ of public, not for profit, or nonprofit agencies, institutions, corporations, or associations that provide medical services solely to indigent patients in board. Those

applicants who cannot establish such continued employment are not eligible to renew their volunteer licenses.

Cite as Ga. Comp. R. & Regs. R. 360-2-.08
Authority: O.C.G.A. Secs. 43-1-19, 43-34-5, 43-34-24, 43-34-24.1, 43-34-37, 43-34-41, 43-34-45.1.
History. Original Rule entitled "Refusal or Revocation of License" adopted. F. and eff. June 30, 1965.
Repealed: New Rule of same title adopted. F. Oct. 2, 1970; eff. Oct. 22, 1970.
Repealed: New Rule entitled "Volunteers in Medicine" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Repealed: New Rule of same title adopted. F. Jan. 23, 2004; eff. Feb. 12, 2004.
Amended: F. Feb. 10, 2006; eff. Mar. 2, 2006.
Amended: F. Apr. 3, 2009; eff. Apr. 23, 2009.
Repealed: New Rule of same title adopted. F. May, 11, 2012; eff. May 31, 2012.

Rule 360-2-.09. Temporary Postgraduate Training Permits.

(1) Definitions.

(a) "ACGME" means Accreditation Council for Graduate Medical Education.

(b) "AMA" means American Medical Association.

(c) "AOA" means the American Osteopathic Association.

(d) "Application" means an application form completed according to the instructions provided in the application, which includes all the required documentation, signatures, seals and the application fee as published in the Board's fee schedule.

(e) "Board" means the Composite State Board of Medical Examiners.

(f) "ECFMG" means Educational Commission for Foreign Medical Graduates.

(g) "Permit holder" means a person authorized to participate in a postgraduate medical training program subject to the limitations in O.C.G.A. § 43-34-8 and Rules 360-2-.09 through 360-2-.11.

(h) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine by the Board pursuant to Article 2, Chapter 34 of Title 43 of the Official Code of Georgia Annotated.

(i) "Postgraduate training program" means a program for the training of interns, residents or post residency fellows that is approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) or the Board.

(j) "Temporary postgraduate training permit" means a permit issued by the Board to a graduate of a Board approved medical or osteopathic school who is enrolled in a

postgraduate training program deemed acceptable by the Board and who does not currently hold a full and unrestricted license in this State.

(k) "Training Institution" means an institution that sponsors and conducts a postgraduate training program approved by the ACGME, the AOA or other program approved by the Board for the training of interns, residents or postgraduate fellows.

(2) A temporary postgraduate training permit is mandatory for participation in all postgraduate medical training programs in this State, unless the individual holds a license to practice medicine in this State prior to participating in the postgraduate medical training program or has applied for a temporary postgraduate training permit.

(a) The Board shall issue temporary postgraduate training permits to applicants meeting the Board's qualifications within 45 days of receipt by the Board of a completed application.

(b) Incomplete applications that have been on file with the Board for more than 60 days shall be deemed invalid, and the applicant shall be required to submit a new application as provided in paragraph 3 of this rule.

(3) Requirements for issuance of a temporary postgraduate training permit:

(a) An affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.

(b) Submission of a fully completed application required by the Board and the application fee as published in the Board's published fee schedule.

1. The application form shall be completed according to the instructions provided in the Application. The Board will not consider an application until it is complete and the Board has received all the required documentation, signatures, seals and fees.

2. Applicants shall inform the Board in writing within 10 days of a change of address while an application is pending.

3. Application fees are nonrefundable.

4. Deposit of an application fee by the Board does not indicate acceptance of the application or that any other permit requirements have been fulfilled.

(a) Evidence satisfactory to the Board of graduation from a medical or osteopathic school approved by the ACGME, the AOA or the Liaison Committee on Medical Education; or

(b) If a graduate of a foreign medical school, evidence satisfactory to the Board of holding a valid certificate issued by ECFMG or having successfully completed a fifth pathway program established in accordance with AMA criteria and passing the ECFMG qualifying medical component examination.

(c) Certification from the Program Director on a form provided by the Board verifying the applicant's appointment to participate in a postgraduate training program that is

1. An internship or residency program accredited by the ACGME or AOA; or

2. A clinical fellowship program at an institution with a residency program accredited either by the ACGME or the AOA that is in a clinical field the same as or related to the clinical field of the fellowship program.

3. If there is a change in Program Directors during the Program year, the new Program Director must so notify the Board on a form approved by the Board for said notification.

(4) Issuance of a temporary postgraduate training permit shall not be construed to imply that the permit holder will be deemed eligible for a license to practice medicine in this State.

(5) The Board shall have the authority to refuse to issue or renew or to suspend, revoke, or limit a temporary postgraduate training permit based upon any of the grounds or violations enumerated in OCGA §§ 43-34-8. Nothing in this rule shall be construed to prevent the Board from denying or conditionally granting an application for a temporary postgraduate training permit.

Cite as Ga. Comp. R. & Regs. R. 360-2-.09
Authority: O.C.G.A. Secs. 43-34-8 and 43-34-43. O.C.G.A. Secs. 31-9-6.1, 43-1-25, 43-34-20, 43-34-21, 43-34-24, 43-34-37, 43-34-47.
History. Original Rule entitled "Unprofessional Conduct Defined" adopted. F. Dec. 15, 1982; eff. Jan. 4, 1983.
Amended: F. May 13, 1983; eff. July 1, 1983, as specified by the Agency.
Amended: F. May 20, 1988; eff. June 9, 1988.
Amended: F. Nov. 17, 1988; eff. Dec. 7, 1988.
Amended: F. Apr. 9, 1990; eff. Apr. 29, 1990.
Amended: ER. 360-2-0.8-.09 adopted. F. Aug. 9, 1991; eff. Aug. 8, 1991, the date of adoption.
Amended: F. Nov. 8, 1991; eff. Nov. 28, 1991.
Repealed: F. Jan. 24, 2002; eff. Feb. 13, 2002.
Amended: New Rule entitled "Temporary Postgraduate Training Permits" adopted. F. July 29, 2004; eff. August

18, 2004.
Repealed: New Rule of same title adopted F. May, 11, 2012; eff. May 31, 2012.

Rule 360-2-.10. Renewal of Temporary Postgraduate Training Permits.

(1) Each permit holder shall notify the Board within thirty (30) days of all changes of address. Any mailing or notice from the Board shall be considered to be served on the permit holder when sent to the permit holder's last address on file with the Board.

(2) All temporary postgraduate training permits shall expire annually on June 30th, but may, in the discretion of the Board and upon application duly made and payment of the renewal fee required by the Board, be renewed annually for the duration of the postgraduate training program for a period not to exceed seven (7) years.

(3) Deposit of the renewal fee by the Board does not indicate acceptance of the renewal application or that any permit requirements have been fulfilled.

(4) To be eligible for renewal, the permit holder must furnish satisfactory evidence that he or she continues to participate in the postgraduate training program indicated on the completed program director's certification form as required in Rule 360-2-.09(3)(d).

(5) Failure to renew a postgraduate training permit by the designated expiration date shall result in a penalty for late renewal as required by the Board. Postgraduate training permits that are not renewed within one month of expiration shall be revoked for failure to renew and a new application with the appropriate fee shall be required.

(6) A permit holder shall not participate in postgraduate training in this State after the expiration of a postgraduate training permit.

(7) All renewal applicants must provide an affidavit and a secure and verifiable document in accordance with O.C.G.A. 50-36-1(f). If the applicant has previously provided a secure and verifiable document and affidavit of United States citizenship, no additional documentation of citizenship is required for renewal. If the applicant for renewal is not a United States citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for purpose of verifying citizenship and immigration status information of non-U.S. citizens. If the applicant for renewal is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal agency.

Cite as Ga. Comp. R. & Regs. R. 360-2-.10
Authority: O.C.G.A. Secs. 43-34-5, 43-34-24, 43-34-43, 43-34-47.
History. Original Rule entitled "Duplicate Licenses" adopted. F. Dec. 15, 1982; eff. Jan. 4, 1983.
Repealed: F. Jan. 24, 2002; eff. Feb. 13, 2002.
Amended: New Rule entitled "Renewal of Temporary Postgraduate Training Permits" adopted. F. July 29, 2004;

eff. August 18, 2004.
Repealed: New Rule with same title adopted. F. May, 11, 2012; eff. May 31, 2012.
Amended: F. Jan. 13, 2014; eff. Feb. 2, 2014.

Rule 360-2-.11. Termination of Temporary Postgraduate Training Permits.

(1) The program director shall immediately notify the Board of withdrawal or termination of a permit holder from a postgraduate training program and of the reasons for said withdrawal or termination.

(2) A permit issued pursuant to Code Section 43-34-47 and Rules 360-2-.09 or 360-2-.10 shall automatically expire upon the permit holder's withdrawal or termination from, completion of the postgraduate training program or upon the permit holder obtaining a license to practice medicine under Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated.

(3) A permit holder who withdraws from a postgraduate training program and is accepted or appointed to participate in another postgraduate training program must apply for a new postgraduate training permit as provided in Rule 360-2-.09; however, the Board will not issue a new postgraduate training permit as provided herein if the permit holder's postgraduate training exceeds seven years.

Cite as Ga. Comp. R. & Regs. R. 360-2-.11
Authority: O.C.G.A. §§ 43-34-5, 43-34-24, 43-34-37, 43-34-43, 43-34-47.
History. Original Rule entitled "Reinstatement" adopted. F. Oct. 8, 1998; eff. Oct. 29, 1998.
Repealed: F. Jan. 24, 2002; eff. Feb. 13, 2002.
Amended: New Rule entitled "Termination of Temporary Postgraduate Training Permits" adopted. F. July 29, 2004; eff. August 18, 2004.
Repealed: New Rule with same title adopted. F. May, 11, 2012; eff. May 31, 2012.
Amended: F. Feb. 19, 2016; eff. Mar. 10, 2016.

Rule 360-2-.12. Reporting Requirements for Program Directors Responsible for Training Temporary Postgraduate Permit Holders.

(1) Each training institution may designate a physician, who is licensed in this State pursuant to Article 2 of Chapter 34 of Title 43 of the Official Code of Georgia Annotated, who would qualify as a Program Director to fulfill the responsibilities as set forth in this rule. Any physician who completed the Program Director Certification form required by Rule 360-2-.09 and who fails to comply with the reporting requirements of Rule 360-2-.12 shall be subject to disciplinary action by the Board.

(2) Program directors must report to the Board the following within 15 days of the event:

(a) a permit holder's withdrawal or termination from or completion of a postgraduate training program and the reasons for such termination or withdrawal;

(b) the occurrence of any of the events identified as grounds for disciplinary action or as violations enumerated in O.C.G.A. §§ 43-34-8 or a practice restriction taken against a permit holder;

(c) any permit holder who has an unauthorized absence from the program for any length of time in excess of two weeks and the reason;

(3) At the completion of the program year, Program Directors must provide the Board with a list of permit holders participating in the Program Director's postgraduate medical training program who are recommended for advancement to the next level.

(4) At the completion of the program year, Program Directors must report to the Board whether a permit holder participating in the Program Director's postgraduate medical training program has failed to advance in the program for performance or behavioral reasons.

Cite as Ga. Comp. R. & Regs. R. 360-2-.12
Authority: O.C.G.A. Secs. 43-34-5, 43-34-24, 43-34-43, 43-34-47.
History. Original Rule entitled "Reporting Requirements for Program Directors Responsible for Training Temporary Postgraduate Permit Holders" adopted. F. July 29, 2004; eff. August 18, 2004.
Repealed: New Rule with same title adopted. F. May, 11, 2012; eff. May 31, 2012.

Rule 360-2-.13. Emergency Practice Permit.

During an event for which the Governor of the State of Georgia has issued an executive order declaring a disaster or a state of emergency, the Board may waive some of the licensure requirements in order to permit the provision of emergency health services to the public. Before practicing medicine in Georgia under this provision, the applicant must receive the Board's approval of the following:

(a) an application for this emergency practice permit;

(b) proof of current and unrestricted licensure in another state;

(c) a current National Practitioner's Data Bank ("NPDB") Report and

(d) a copy of a valid government issued photo id.

All permits issued under this provision shall be valid for 90 days or until the statement of emergency or disaster has been lifted by the Governor of the State of Georgia, whichever comes first.

Cite as Ga. Comp. R. & Regs. R. 360-2-.13
Authority: O.C.G.A. Secs. 38-3-51, 43-1-19, 43-34-5, 43-34-24, 43-34-28, 43-34-31, 43-34-35.
History. Original Rule entitled "Emergency Practice Permit" adopted. F. June 23, 2008; eff. July 13, 2008.
Repealed: New Rule with same title adopted. F. May, 11, 2012; eff. May 31, 2012.

Rule 360-2-.14. Requirements for Approval of International Medical Schools.

(1) An international medical school seeking Board approval pursuant to O.C.G.A. 43-34-26 shall provide the Board with the following:

(a) A completed application and application fee.

(b) Completed self-assessment form that establishes or demonstrates that:

(i) MD Degree or equivalent. The medical school's educational program leads to an MD degree or the international equivalent, and the medical school's core curriculum and clinical instruction meets the standards of schools accredited by the Liaison Committee on Medical Education and one of the following:

(A) The medical school is owned and operated by the government of the country in which it is located, and the country in which it is located and the medical school's primary purpose is educating its own citizens to practice medicine in that country; or

(B) The medical school has a charter or registration by the jurisdiction in which it is domiciled and meets the standards set forth in subsections (b) (ii)-(xi) below.

(ii) Mission and objectives. The institution shall have a clearly-stated written purpose and mission statement, and have institutional objectives that are consistent with preparing graduates to provide competent medical care. These must include:

(A) Teaching, patient care, and service to the community;

(B) The expectations concerning the education students will receive; and

(C) The role of basic science and clinical research as an integral component of its mission, including the importance, processes, and evaluation of research in medical education and practice.

(iii) Organization. The institution shall be organized as a definable academic unit responsible for a resident educational program that leads to the MD degree.

(iv) Curriculum. The structure and content of the educational program shall provide an adequate foundation in the basic and clinical sciences and shall enable students to learn the fundamental principles of medicine, to acquire critical judgment skills, and to use those principles and skills to provide competent medical care.

(v) Governance. The administration and governance structure system shall allow the institution to accomplish its mission and objectives.

(vi) Faculty. The faculty shall be qualified and sufficient in number to achieve the institution's objectives. A "qualified" faculty member is a person who possesses either a credential generally recognized in the field of instruction, or a degree, professional license, or credential at least equivalent to the level of instruction being taught or evaluated. The institution shall have a formal ongoing faculty development process that will enable it to fulfill its mission and objectives.

(vii) Admission and promotion standards. The institution shall have and adhere to standards governing admission requirements and student selection and promotion that are consistent with the institution's mission and objectives.

(viii) Financial resources. The institution shall possess sufficient financial resources to accomplish its mission and objectives.

(ix) Facilities. The institution shall have, or have access to, facilities, laboratories, equipment, and library resources that are sufficient to support the educational programs offered by the institution and to enable it to fulfill its mission and objectives. If the institution utilizes affiliated institutions to provide clinical instruction, the institution shall be fully responsible for the conduct and quality of the educational program at those affiliated institutions.

(x) Records. The institution shall maintain and make available for inspection any records that relate to the institution's compliance with this section for at least five years, except that student transcripts shall be retained indefinitely.

(xi) Branch campuses. An institution with more than one campus shall have written policies and procedures governing the division and sharing of administrative and teaching responsibilities between the central administration and faculty, and the administration and faculty of the other locations. These policies shall be consistent with the institution's mission and objectives. The institution shall be fully responsible for the conduct and quality of the educational programs at these sites. If an institution

operates a branch campus located within the United States or Canada, instruction received at that branch campus shall be deemed to be instruction received and evaluated at that institution. For the purpose of this section, the term "branch campus" means a site other than the main location of the institution, but does not include any hospital at which only clinical instruction is provided.

(2) The Board may, on its own or at the request of an institution, determine whether an institution meets the requirements of subsections 1(a) and 1(b). The Board shall have the discretion to determine whether a site visit is necessary in order to verify the accuracy and completeness of the data provided and to conduct an in-depth review of the program to determine whether the institution is in compliance with these regulations.

(3) The Board may receive, review, evaluate, and process any materials and visit the facilities of an institution seeking approval of their program, or the Board may contract with an independent company or agency to perform those services for and make recommendations to the Board. The Board shall make the final decision regarding the approval of an institution and its program. All costs related to the evaluation and review process, including costs for a site visit, must be paid by the institution under review and be negotiated with the Board or the company selected by the Board to perform the evaluation.

(4) An institution's failure to provide requested data regarding its educational program or to cooperate with a site visit team shall be grounds for disapproval of its educational program.

(5) If an institution receives and wishes to retain the Board approval of its educational program, it shall do the following:

(a) Notify the Board, in writing, no later than 30 days after making any changes to the following:

(i) Location;

(ii) Mission, purpose, or objectives;

(iii) Change of name;

(iv) Any change in curriculum or other circumstances that would affect the institution's compliance with subsections (a) and (b);.

(v) Shift of change in control. A "shift or change in control" means any change in the power or to manage, direct, or influence the conduct, policies, and affairs of the institution from one person or group of people to another person or group of people. This does not include the replacement of an

administrator with another person, if the owner does not transfer any interest in, or relinquish any control of, the institution to that person.

(b) Every seven years, the institution shall submit to the Board documentation sufficient to establish that it remains in compliance with the requirements of this section.

(c) The documentation submitted pursuant to subsection (5)(b) shall be reviewed by the Board or its designee to determine whether the institution remains in compliance with the requirements of this section. The Board shall make the decision if the institution remains in compliance.

(6) The Board may, at any time, withdraw its determination of approval when an institution is no longer in compliance with this section. Prior to withdrawing its determination of approval, the Board shall send the institution a written notice of its intent to withdraw its approval, identifying those deficiencies upon which it is proposing to base the withdrawal, and giving the institution 120 days from the date of the notice to respond to the notice. The Board shall have the sole discretion to determine whether a site visit is necessary in order to ascertain the institution's compliance with this section. The Board shall notify the institution of its decision and the basis for that decision.

(7) The approval process outlined in this rule does not apply to medical schools that have already been classified as "Approved Medical Schools" in Rule 360-2-.01(1)(g)(i). Pursuant to Rule 360-2-.01(1)(g)(i), "Approved Medical Schools" are medical schools located in the United States, Puerto Rico, and Canada and those listed on the Medical Schools Recognized by the Medical Board of California (effective February 4, 2010, adopted by reference) and schools that have been approved by a regional accreditation authority with standards equivalent to LCME and approved by the National Committee on Foreign Medical Education and Accreditation (NCFMEA)."

Cite as Ga. Comp. R. & Regs. R. 360-2-.14
Authority: O.C.G.A. § 43-34-26(a)(1)(B).
History. New Ruled entitled "Requirements for Approval of International Medical Schools" adopted. F. Nov. 9, 2012; eff. Nov. 29, 2012.
Repealed: New Rule of the same title adopted. F. Jan. 10, 2020; eff. Jan. 30, 2020.

Rule 360-2-.15. Administrative Licenses.

(1) Definitions. As used in this rule, the following words shall mean:

(a) "Administrative Medicine" means administration or management utilizing the medical and clinical knowledge, skill, and judgment of a licensed physician

capable of affecting the health and safety of the public or any person but shall not include the practice of medicine.

(b) "Administrative medicine license" means a licensed issued by the Board to engage in the practice of administrative medicine.

(c) "Board" means the Georgia Composite Medical Board.

(2) An applicant for an administrative medicine license shall meet all the requirements for issuance of a full license as provided in Rule 360-2-.01 except that the applicant shall not be required to show recent clinical practice.

(3) An administrative license, once issued, shall be renewable as provided in Rule 360-2-.05 and such applicant for renewal must comply with the provisions relating to continuing education as provided in Rule 360-15-.01.

(4) A person holding an administrative medicine license shall not be authorized to perform any surgical procedure, write prescriptions, or practice any clinical medicine.

(5) Licensees shall be subject to disciplinary provisions of O.C.G.A. §§ 43-34-8, as well as the Board rules governing unprofessional conduct.

(6) This Rule shall have no effect on any person holding an unrestricted license issued prior to the effective date of this Rule; provided, however, that the license of any physician who has agreed to a board order where the only requirement of the order is the restriction of practice to administrative medicine based solely on the failure to meet the licensure clinical requirements to be engaged in the active practice of medicine may convert the license to an administrative medicine license by applying to the Board for such change and the Board's order regarding such physician shall be terminated.

(7) The Board may convert an administrative license to a full and unrestricted license. In order to convert an administrative medicine license to a full and unrestricted license, the administrative medicine licensee shall submit an application to the Board and shall demonstrate to the satisfaction of the board such licensee has the clinical competence to practice medicine under an unrestricted license and meets all applicable eligibility requirements for an unrestricted license including, but not be limited to, requiring the administrative medicine licensee to pass any examination or examinations the board deems necessary demonstrating clinical competency.

(8) The fee for the application and for renewals and late renewals shall be designated in the fee schedule.

Cite as Ga. Comp. R. & Regs. R. 360-2-.15
Authority: O.C.G.A. Secs. 43-34-5, 43-34-36, and 43-34-29.1.
History. Original Rule entitled "Administrative Licenses" adopted. F. Oct. 16, 2013; eff. Nov. 5, 2013.

Rule 360-2-.16. Educational Training Certificate.

(1) A physician licensed in another state or foreign country who intends to enter into this state for the sole purpose of participating in or providing educational training that involves the provision of patient care must apply for an educational training certificate in order to provide patient care. For purposes of this rule "educational training" shall include medical education training, conference, clinics, workshops or courses.

(2) The applicant for an education training certificate must complete an application form provided by the Board, including all required documents, signatures and seals. Said application must include:

(a) Proof of licensure in good standing in the applicant's current and licensing jurisdictions on a form approved by the Board. For the purpose of this rule "good standing" shall mean that the applicant has had no disciplinary action taken against his/her license by any state and that his/her license in any state is still active.

(b) A current report from the National Practitioner's Databank.

(c) Information about the educational program including:

1. Program Sponsor

2. Copies of program agendas, including the name of the provider(s), and the topics covered.

3. Other instructor's names and credentials

4. Location of the course.

(d) A fee as set by the Board on the fee schedule.

(3) Any educational training certificate issued by the Board will be valid for three months after issuance. After that time, it will expire. Any out of state physician needing additional time for an educational training certificate must reapply for an additional certificate.

Cite as Ga. Comp. R. & Regs. R. 360-2-.16
Authority: O.C.G.A. Sections 43-34-5 and 43-34-29.2.
History. Original Rule entitled "Educational Training Certificate" adopted. F. Oct. 16, 2013; eff. Nov. 5, 2013.
Amended: F. Feb. 19, 2016; eff. Mar. 10, 2016.

Rule 360-2-.17. Requirements for Telemedicine Licensure.

(1) Must meet the requirements of Rule 360-2-.01 and hold a full and unrestricted license to practice medicine in another state.

(2) Telemedicine License will be limited to the practice of telemedicine and shall not be used to practice medicine physically in this state on a patient that is in this state, unless an emergency.

(3) Must maintain records in accordance with Rule 360-3-.02(16).

(4) Must adhere to Rule 360-3-.07.

(5) Once licensed applicant must notify the Board of any restrictions placed on his or her license or revocation of his or her license by a licensing board or entity in another state.

(6) Issuance of this license is at the discretion of the Board.

(7) The denial of a telemedicine license is not a contested case, but the applicant shall be entitled to an appearance before the Board.

Cite as Ga. Comp. R. & Regs. R. 360-2-.17
Authority: OCGA 33-24-56.4, 43-34-31.1.
History. Original Rule entitled "Requirements for Telemedicine Licensure" adopted. F. Jan. 4, 2021; eff. Jan. 24, 2021.

Chapter 360-3. INVESTIGATIONS AND DISCIPLINE.

Rule 360-3-.01. Disciplinary Authority.

The Georgia Composite Medical Board ("Board") is authorized to deny, revoke, suspend, fine, reprimand or otherwise limit the license of a physician or physician assistant for all the grounds set forth in O.C.G.A. § 43-34-8 and to deny, revoke, suspend, fine, reprimand or otherwise limit the license of a physician pursuant to O.C.G.A. § 43-34-8. In addition, the Board is authorized to terminate the approval of a physician's assistant and to revoke the license of a physician's assistant pursuant to O.C.G.A. § 43-34-107.

Cite as Ga. Comp. R. & Regs. R. 360-3-.01
Authority: O.C.G.A. Secs. 43-1-2, 43-1-4, 43-1-7, 43-1-19, 43-1-25, 43-34-8, 43-34-21, 43-34-24, 43-34-24.1, 43-34-26.1, 43-34-29, 43-34-37, 43-34-45.1, 43-34-107.
History. Original Rule entitled "Hospital Internship" adopted. F. and eff. June 30, 1965.
Repealed: New Rule entitled "Reciprocity" adopted. F. Oct. 2, 1970; eff. Oct. 22, 1970.
Amended: ER. 360-3-0.1-.01 adopted. F. and eff. October 29, 1973.
Amended: Permanent Rule adopted. F. Nov. 27, 1973; eff. Dec. 17, 1973.
Amended: F. Jan. 26, 1976; eff. Feb. 15, 1976.
Repealed: New Rule entitled "Reciprocity/Endorsement" adopted. F. Dec. 15, 1982; eff. Jan. 4, 1983.
Amended: F. Jan. 16, 1985; eff. Feb. 5, 1985.
Amended: F. June 17, 1985; eff. July 7, 1985.
Amended: F. July 12, 1991; eff. August 1, 1991.

Amended: F. Jan. 15, 1993; eff. Feb. 4, 1993.
Repealed: F. June 14, 1996; eff. July 4, 1996.
Amended: New Rule entitled "License Requirements" adopted. F. July 21, 2000; eff. August 10, 2000.
Repealed: New Rule entitled "Disciplinary" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Repealed: New Rule of same title adopted. F. May 18, 2010; eff. June 7, 2010.

Rule 360-3-.02. Unprofessional Conduct Defined.

O.C.G.A. §§ 43-1-19 and 43-34-37 authorize the Board to take disciplinary action against licensees for unprofessional conduct. "Unprofessional conduct" shall include, but not be limited to, the following:

(1) Prescribing controlled substances for a known or suspected habitual drug abuser or other substance abuser in the absence of substantial justification.

(2) Writing prescriptions for controlled substances for personal use or, except for documented emergencies, for immediate family members. For purposes of this rule, "immediate family members" include spouses, children, siblings, and parents.

(3) Prescribing, ordering, dispensing, administering, selling, or giving any amphetamine, sympathomimetic amine drug or compound designated as a Schedule II Controlled Substance under O.C.G.A. T. 16, Ch. 13, to or for any person except in the following situations:

(a) Treatment of any of the following conditions:

1. Attention deficit disorder;
2. Drug induced brain dysfunction;
3. Narcolepsy and/or hypersomnolence;
4. Epilepsy; or
5. Depression or other psychiatric diagnosis.
6. Weight loss management if drug has been approved by the FDA for that indication.

(b) For clinical investigations conducted under protocols approved by a state medical institution permitted by the Georgia Department of Human Services (DHS) with human subject review under the guidelines of the United States Department of Health and Human Services.

(4) Pre-signing prescriptions that have the patient's name, type of medication, or quantity blank.

(5) Prescribing controlled substances (O.C.G.A. T. 16, Ch. 13, Art. 2) and/or dangerous drugs (O.C.G.A. T. 16, Ch. 13, Art. 3) for a patient based solely on a consultation via electronic means with the patient, patient's guardian, or patient's agent. This shall not prohibit a licensee from prescribing a dangerous drug for a patient pursuant to a valid physicianpatient relationship in accordance with O.C.G.A. 33-24-56.4 or a licensee who is on-call or covering for another licensee from prescribing up to a 30-day supply of medications for a patient of such other licensee nor shall it prohibit a licensee from prescribing medications when documented emergency circumstances exist.

This shall also not prevent a licensed physician from prescribing Schedule II sympathomimetic amine drugs for the treatment of attention deficit disorder to a patient in the physical presence of a licensed nurse, provided the initial diagnosis was made and an initial prescription was issued in accordance with 21 U.S.C. § 829(e), as amended from time to time, including but not limited to the following:

(a) The physician has conducted at least one in-person medical evaluation of the patient; or

(b) The physician is covering for a licensee who is temporarily unavailable and has conducted at least one in-person medical evaluation of the patient; or

(c) The physician is engaged in the practice of telemedicine in accordance with Board Rule 360-3-.07 and with 21 U.S.C. §§ 802(54) and 829(e)(3)(A), including, but not limited to:

1. Where the patient is being treated by, and physically located in, a hospital or clinic registered with the U.S. Drug Enforcement Agency ("DEA"), the physician is registered with the DEA, and all other requirements of 21 U.S.C. § 802(54)(A) are met; or

2. Where the patient is being treated by, and physically in the presence of, a licensee who is registered with the DEA, and all other requirements of 21 U.S.C. § 802(54)(B) are met; or

3. Where the physician has obtained from the U.S. Attorney General a special registration for telemedicine in accordance with 21 U.S.C. §§ 802(54)(E) and 831(h).

(6) Providing treatment via electronic or other means unless a history and physical examination of the patient has been performed by a Georgia licensee. This shall not prohibit a licensee who is on call or covering for another licensee from treating and/or consulting a patient of such other licensee. Also, this paragraph shall not prohibit a patient's attending physician from obtaining consultations or recommendations from other licensed health care providers.

(7) Failing to maintain appropriate patient records whenever Schedule II, III, IV or V controlled substances are prescribed. Appropriate records, at a minimum, shall contain the following:

(a) The patient's name and address;

(b) The date, drug name, drug quantity, and patient's diagnosis necessitating the Schedule II, III, IV, or V controlled substances prescription; and

(c) Records concerning the patient's history.

(8) Committing any act of sexual intimacy, abuse, misconduct, or exploitation of any individual related to the physician's practice of medicine regardless of consent. The rule shall apply to former patients where the licensee did not terminate in writing the physician patient relationship before engaging in a romantic or sexual relationship with the patient and/or where the licensee used or exploited the trust, knowledge, emotions, or influence derived from the prior professional relationship. The Board will consider the physician patient relationship terminated if the physician has not evaluated or treated the patient for a period of at least two (2) years.

(9) Failing to comply with the provisions of O.C.G.A. Section 31-9-6.1 and Chapter 360-14 of the Rules of Georgia Composite Medical Board relating to informed consent, which requires that certain information be disclosed, and that consent be obtained regarding any surgical procedure performed under general anesthesia, spinal anesthesia, or major regional anesthesia or an amniocentesis procedure or a diagnostic procedure that involves the intravenous injection of a contrast material.

(10) Failing to conform to the recommendation of the Centers for Disease Control for preventing transmission of the Human Immunodeficiency Virus, Hepatitis B Virus, Hepatitis C Virus, and Tuberculosis to patients during exposure-prone invasive procedures. It is the responsibility of all persons currently licensed by the Board to maintain familiarity with these recommendations, which the Board considers the minimum standards of acceptable and prevailing medical practice.

(11) Failing to timely respond to an investigative subpoena issued by the Board.

(12) Conducting a physical examination of the breast and/or genitalia without a chaperone present, unless the patient or the patient's parent or guardian specifically requests that a chaperone not be present for this portion of the clinical encounter which shall be documented in the patient's medical record. Physicians at their discretion may refuse to conduct an examination of the breast and/or genitalia without a chaperone present.

(13) Practicing medicine while mentally, physically, or chemically impaired.

(14) Failing to use such means as history, physical examination, laboratory, or radiographic studies, when applicable, to diagnose a medical problem.

(15) Failing to use medications and other modalities based on generally accepted or approved indications, with proper precautions to avoid adverse physical reactions, habituation, or addiction in the treatment of patients. However, nothing herein shall be interpreted to prohibit investigations conducted under protocols approved by a state medical institution permitted by DHS and with human subject review under the guidelines of the United States Department of Health and Human Services.

(16) Failing to maintain patient records documenting the course of the patient's medical evaluation, treatment, and response.

(a) A physician shall be required to maintain a patient's complete medical record, which may include, but is not limited to, the following: history and physical, progress notes, X-ray reports, photographs, laboratory reports, and other reports as may be required by provision of the law. A physician shall be required to maintain a patient's complete treatment records for a period of no less than 10 years from the patient's last office visit.

(b) The requirements of this rule shall not apply to a physician who has retired from or sold his or her medical practice if:

1. such physician has notified his or her active patients of retirement from or sale of practice by mail, at the last known address of his or her patients, offering to provide the patient's records or copies thereof to another provider of the patient's choice and, if the patient so requests, to the patient;

2. has caused to be published, in the newspaper of greatest circulation in each county in which the physician practices or practiced and in a local newspaper that serves the immediate practice area, a notice which shall contain the date of such retirement or sale that offers to provide the patient's records or copies thereof to another provider of the patient's choice, and if the patient so requests, to the patient; and

3. has placed in a conspicuous location in or on the facade of the physician's office, a sign announcing said retirement or sale of the practice. The sign shall be placed 30 days prior to retirement or the sale of the practice and shall remain until the date of retirement or sale.

4. Both the notice and sign required by rule 360-3-.02 shall advise the physician's patients of their opportunity to transfer or receive their records.

(c) The period specified in this rule may be less than the length of time necessary for a physician to protect himself or herself against other adverse actions. Therefore, physicians may wish to seek advice from private counsel or their malpractice insurance carrier.

(17) Continuing to practice after the expiration date of the license.

(18) Any other practice determined to be below the minimal standards of acceptable and prevailing practice.

(19) Providing a false, deceptive, or misleading statement(s) as a medical expert.

(20) Failing to report to the Board within 30 days of becoming unable to practice medicine with reasonable skill and safety by result of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition, unless the physician has reported to the Physician Health Program.

(21) (For a physician) Delegating the injection of botulinum toxin and/or dermal fillers to medical assistants.

(22) Failing to comply with Rule 360-3-.06.

(23)

(a) Performing the irreversible procedures and therapies on a minor for the treatment of gender dysphoria:

1. Sex reassignment surgeries, or any other surgical procedures, that are performed for the purpose of altering primary or secondary sexual characteristics; and

2. Hormone replacement therapies.

(b) Limited exceptions to the prohibitions contained in subsection (a) include:

1. Treatments for medical conditions other than gender dysphoria or for the purpose of sex reassignment where such treatments are deemed medically necessary;

2. Treatments for individuals born with a medically verifiable disorder of sex development, including individuals born with ambiguous genitalia or chromosomal abnormalities resulting in ambiguity regarding the individual's biological sex;

3. Treatments for individuals with partial androgen insensitivity syndrome; and

4. Continued treatment of minors who are, prior to July 1, 2023, being treated with irreversible hormone replacement therapies.

Cite as Ga. Comp. R. & Regs. R. 360-3-.02
Authority: O.C.G.A. §§ 16-13-41, 16-13-74, 31-9-6.1, 31-33-2, 43-1-19, 43-1-25, 43-34-5, 43-34-8, 43-34-15, 43-34-21, 43-34-23, 43-34-24, 43-34-24.1, 43-34-25, 43-34-37, 21 U.S.C. § 802(54) (the Ryan Haight Act).
History. Original Rule entitled "Unprofessional Conduct Defined" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Amended: F. Sept. 18, 2003; eff. Oct. 8, 2003.
Amended: F. Dec. 10, 2004; eff. Dec. 30, 2004.

Amended: F. May 10, 2005; eff. May 30, 2005.
Amended: F. Feb. 10, 2006; eff. Mar. 2, 2006.
Amended: F. Sept. 19, 2007; eff. Oct. 9, 2007.
Amended: F. Nov. 10, 2008; eff. Nov. 30, 2008.
Repealed: New Rule of same title adopted. F. May 18, 2010; eff. June 7, 2010.
Repealed: New Rule of same title adopted. F. Jan. 13, 2012; eff. Feb. 2, 2012.
Amended: F. Oct. 21, 2014; eff. Nov. 10, 2014.
Amended: F. May 3, 2016; eff. May 23, 2016.
Repealed: New Rule of same title adopted. F. June 12, 2019; eff. July 2, 2019.
Repealed: New Rule of same title adopted. F. June 23, 2020; eff. July 13, 2020.
Amended: F. Apr. 20, 2023; eff. May 10, 2023.
Amended: F. Aug. 7, 2024; eff. Aug. 27, 2024.

Rule 360-3-.03. Related Laws and Rules.

The Georgia Composite Medical Board is authorized to take disciplinary action for violations of laws and rules and regulations which relate to or in part regulate the practice of medicine. These laws, rules and regulations include, but are not limited to, the following:

(1) The Georgia Medical Practice Act (O.C.G.A. T. 43, Ch. 34);

(2) The Georgia Controlled Substances Act (O.C.G.A. T. 16, Ch. 13, Art. 2);

(3) The Georgia Dangerous Drug Act (O.C.G.A. T. 16, Ch. 13, Art. 3);

(4) The Federal Controlled Substances Act (21 U.S.C. Ch. 13);

(5) The Georgia Pharmacists and Pharmacies Act (O.C.G.A. T. 26, Ch. 4);

(6) The Rules of the Georgia Composite Medical Board, Ch. 360, Rules and Regulations of the State of Georgia;

(7) The Rules of the Georgia State Board of Pharmacy, Ch. 480, Rules and Regulations of the State of Georgia, in particular those relating to the prescribing and dispensing of drugs;

(8) The Code of Federal Regulations Relating to Controlled Substances (21 C.F.R. par. 1306); and

(9) O.C.G.A. Section 31-9-6.1 and Chapter 360-14 of the rules of the Georgia Composite Medical Board relating to informed consent.

Cite as Ga. Comp. R. & Regs. R. 360-3-.03
Authority: O.C.G.A. Secs. 16-13-35, 16-13-41, 16-13-74, 26-4-87, 26-4-130, 31-9-6.1, 43-1-19, 43-1-25, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 43-34-24.1, 43-34-37.
History. Original Rule entitled "Related Laws and Rules" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Repealed: New Rule of same title adopted. F. May 18, 2010; eff. June 7, 2010.

Rule 360-3-.04. Mental or Physical Evaluations.

For the purpose of this rule person means an individual that holds a license, certificate, or permit issued by the Board or who has applied for a license, certificate, or permit.

(1) The Board may, require a licensee or applicant to submit to a mental and physical examination by a physician or evaluation program approved by the Board. Mental or physical evaluations may be performed on an inpatient or outpatient basis as directed by the Board. The costs of the evaluation are the responsibility of the person being evaluated.

Cite as Ga. Comp. R. & Regs. R. 360-3-.04
Authority: O.C.G.A. Secs. 43-1-25, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 43-34-24.1, 43-34-37.
History. Original Rule entitled "Mental or Physical Evaluations" adopted. F. Jan. 24, 2002; eff. Feb. 13, 2002.
Repealed: New Rule of same title adopted. F. May 18, 2010; eff. June 7, 2010.

Rule 360-3-.05. Medical Assistants, Polysomnography Technologists, and Radiology Technologists.

(1) It shall be grounds for disciplinary action by the Board if a physician aids or abets another person in misrepresenting his/her credentials or engaging in unlicensed practice. Engaging in unlicensed practice includes delegation by a physician of professional responsibilities to a person who is not authorized to provide such services. A physician may delegate the performance of certain medical tasks to an unlicensed person with appropriate supervision as provided herein.

(a) Medical Assistants

1. For purposes of this rule, a medical assistant is an unlicensed person supervised by the physician to whom he or she delegates certain medical tasks.

(i) A physician may delegate to a medical assistant the following medical tasks: subcutaneous and intramuscular injections; obtaining vital signs; administering nebulizer treatments; or removing sutures and changing dressings.

(ii) Physicians or physician assistants under basic job description and/or advanced practice nurses under protocol must be on-site for a medical assistant to administer subcutaneous and intramuscular injections, to administer nebulizer treatments, and to remove sutures and change dressings. It is not required for a physician to be on-site for a medical assistant to obtain vital signs.

(iii) Physician shall only allow medical assistants to provide services for which they have been properly trained. Physicians shall maintain accurate and complete records of professional services rendered.

(iv) Nothing in this rule prohibits the performance of tasks by medical assistants that would not otherwise require a license.

(b) Polysomnography

1. Definitions

(i) "Polysomnography" means the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders. Polysomnography includes, but is not limited to, the process of analysis, monitoring, and recording of physiologic data during sleep and wakefulness to assist in the treatment of disorders, syndromes, and dysfunctions that are sleep related, manifest during sleep, or disrupt normal sleep activities. Polysomnography also includes, but is not limited to, the therapeutic and diagnostic use of low-flow oxygen, the use of positive airway pressure including continuous positive airway pressure (CPAP) and bi-level modalities, adaptive servo-ventilation, and maintenance of nasal and oral airways that do not extend into the trachea.

(ii) "Polysomnographic technologist" means any person performing polysomnography services under the supervision of a physician licensed under this article without the requirement that the technologist is licensed.

(iii) "Supervision" means that the supervising physician licensed under this article shall remain available, either in person or through telephonic or electronic means, at the time that polysomnography services are provided.

2. Delegation of Duties

(i) Physicians may delegate to a polysomnography technologist to perform tasks to treat, manage, control, educate, or care for patients with sleep or wake disorders or to provide diagnostic testing for patients with suspected sleep or wake disorders.

(ii) However, the physician may not delegate tasks that constitute the practice of medicine.

(c) Radiologist Assistant

1. Radiologist Assistant means an advanced level certified diagnostic radiologic technologist who assists radiologists under levels of supervision in performing advanced diagnostic imaging procedures including, but not limited to, enteral and parenteral procedures when performed under the direction of the supervising radiologist and may include injecting diagnostic agents to sites other than intravenous, performing diagnostic aspirations and localizations, and assisting radiologists with other invasive procedures.

   (i) Supervision

      (I) Radiology assistants shall be supervised by a physician licensed under O.C.G.A. 43-34 who has experience in performing advanced diagnostic imaging procedures.

      I. Exemptions or Limitations

2. This Code section is for definitional purposes only and shall not be construed to require any duties or obligations regarding radiology assistants that did not already exist as of June 30, 2009.

Cite as Ga. Comp. R. & Regs. R. 360-3-.05
Authority: O.C.G.A. §§ 43-34-12, 43-34-44, 43-34-45.
History. Original Rule entitled "Medical Assistants, Polysomnography Technologists, and Radiology Technologists" adopted. F. May 18, 2010; eff. June 7, 2010.
Amended: F. Dec. 20, 2022; eff. Jan. 9, 2023.

Rule 360-3-.06. Pain Management.

(1) **Definitions.** As used in this rule, the following terms shall mean:

(a) "Annual patient population" shall mean those patients seen by a clinic or practice in a twelve month calendar year, but shall not include patients that are in-patient in hospital, nursing home or hospice facilities licensed pursuant to O.C.G.A. T. 31, Ch. 7.

(b) "Board" shall mean the Georgia Composite Medical Board.

(c) "Chronic pain" shall mean pain requiring treatment which has persisted for a period of ninety days or greater in a year, but shall not include perioperative pain, i.e., pain immediately preceding and immediately following a surgical procedure, when such perioperative pain is being treated by a physician in connection with a surgical procedure.

(d) "Monitoring" means any method to assure treatment compliance including but not limited to the use of pill counts, pharmacy or prescription program verification. Monitoring must include a urine, saliva, sweat, or serum test performed on a random basis.

(e) "Terminal condition" means an incurable or irreversible condition, which would result in death in a relatively short period of time.

(2) O.C.G.A. § 43-34-8 authorizes the Board to take disciplinary action against licensees for unprofessional conduct, which includes conduct below the minimum standards of practice. With respect to the prescribing of controlled substances for the treatment of pain and chronic pain, the Board has determined that the minimum standards of practice include, but are not limited to the following:

(a) Physicians cannot delegate the dispensing of controlled substances to an unlicensed person.

(b) When prescribing controlled substances, a physician shall use a prescription pad that complies with state law.

(c) When initially prescribing a controlled substance for the treatment of pain or chronic pain, a physician shall have a medical history of the patient, a physical examination of the patient shall have been conducted, and informed consent shall have been obtained. In the event of a documented emergency, a physician may prescribe an amount of medication to cover a period of not more than 72 hours without a physical examination.

(d) When a physician is treating a patient with controlled substances for pain or chronic pain for a condition that is not terminal, the physician shall obtain or make a diligent effort to obtain any prior diagnostic records relative to the condition for which the controlled substances are being prescribed and shall obtain or make a diligent effort to obtain any prior pain treatment records. The records obtained from prior treating physicians shall be maintained by the prescribing physician with the physician's medical records for a period of at least ten (10) years. If the physician has made a diligent effort and is unable to obtain prior diagnostic records, then the physician must order appropriate tests to document the condition requiring treatment for pain or chronic pain. If the physician has made a diligent effort and the prior pain treatment records are not available, then the physician must document the efforts made to obtain the records and shall maintain the documentation of the efforts in his/her patient record.

(e) When a physician determines that a patient for whom he is prescribing controlled scheduled substances is abusing the medication, then the physician shall make an appropriate referral for treatment for substance abuse.

(f) When prescribing a Schedule II or III controlled substance for 90 (ninety) consecutive days or greater for the treatment of chronic pain arising from conditions that are not terminal or patients who are not in a nursing home or hospice, a physician must have a written treatment agreement with the patient and shall require the patient to have a clinical visit at least once every three (3) months, while treating for pain, to evaluate the patient's response to treatment, compliance with the therapeutic regimen and any new condition that may have developed and be masked by the use of Schedule II or III controlled substances. The requirement of a visit at a minimum of once every three months can be waived and the clinical visit be at least once per year if the doctor determines there is a substantial hardship and documents such hardship in the patient's record or if the morphine equivalent daily dose ("MEDD") is 30 mg. or less.

(g) When prescribing a Schedule II or III controlled substance for 90 (ninety) consecutive days or greater for the treatment of chronic pain arising from conditions that are not terminal or patients in a nursing home or hospice, a physician must monitor compliance with the therapeutic regimen. Patients should be randomly monitored at least annually via bodily fluid analysis. However, body fluid analysis may be performed more frequently than once a year, if the provider considers it to be necessary in his/her patient population, in order to assess and assure compliance with the prescribed treatment regimen. A clinical examination should occur once every three (3) months, except for hardship in certain cases, which must be well documented in the patient record.

(h) The physician shall respond to any abnormal result of any monitoring and such response shall be recorded in the patient's record.

(i) When a physician determines that a new medical condition exists that is beyond their scope of training, he/she shall make a referral to the appropriate practitioner.

(j) Any physician who prescribes Schedule II or III substances for chronic pain for greater than 50% of that physician's annual patient population must document competence to the Board through certification or eligibility for certification in pain management or palliative medicine as approved by the Georgia Composite Medical Board ("Board"). The Board recognizes certifications in pain medicine or palliative medicine by the American Board of Medical Specialties or the American Osteopathic Association, the American Board of Pain Medicine and the American Board of Interventional Pain Physicians. If the physician does not hold this certification or eligibility he/she must demonstrate competence by biennially obtaining 20 (twenty) hours of continuing medical education ("CME") pertaining to pain management or palliative medicine. Such CME must be an AMA/AOA PRA Category I CME, a board approved CME program, or any federally approved CME. The CME obtained pursuant to this rule may count towards the CME required for license renewal.

Cite as Ga. Comp. R. & Regs. R. 360-3-.06
Authority: O.C.G.A. §§ 31-32-2, 31-33-2, 16-13-21, 16-13-41, 16-13-74, 26-4-130, 43-1-19, 43-34-5, 43-34-8, 43-34-11, 43-34-21, 43-34-23, 43-34-25.
History. Original Rule entitled "Pain Management" adopted. F. Jan. 13, 2012; eff. Feb. 2, 2012.
Repealed: New Rule of same title adopted. F. Oct. 16, 2013; eff. Nov. 5, 2013.
Repealed: New Rule of the same title adopted. F. Dec. 13, 2019; eff. Jan. 2, 2020.

Rule 360-3-.07. Practice Through Electronic or Other Such Means.

(a) Under O.C.G.A. §§ 43-34-8 and 43-1-19, the Board is authorized to take disciplinary action against licensees for unprofessional conduct, and in connection therewith, to establish standards of practice. Except as otherwise provided, in order for a physician to practice within the minimum standards of practice while providing treatment and/or consultation recommendations by electronic or other such means, all the following conditions must be met:

(1) All treatment and/or consultations must be done by Georgia licensed practitioners;

(2) A history of the patient shall be available to the Georgia licensed physician, physician assistant or advanced practice registered nurse who is providing treatment or consultation via electronic or other such means;

(3) A Georgia licensed physician, physician assistant or advanced practice registered nurse either:

3.a. Has personally seen and examined the patient and provides ongoing or intermittent care by electronic or other such means; or

3.b. Is providing medical care by electronic or other such means at the request of a physician, physician assistant or advanced practice registered nurse licensed in Georgia who has personally seen and examined the patient; or

3.c. Is providing medical care by electronic or other such means at the request of a Public Health Nurse, a Public School Nurse, the Department of Family and Children's Services, law enforcement, community mental health center or through an established child advocacy center for the protection for a minor, and the physician, physician assistant or advanced practice registered nurse is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care; or

3.d. Is able to examine the patient using technology or peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care.

(4) The Georgia licensed physician, physician assistant or advanced practice registered nurse providing treatment or consultations by electronic or other means must maintain patient records on the patient and must document the evaluation and treatment along with the identity of the practitioners providing the service by electronic or other means, and if there is a referring practitioner, a copy of this record must also be provided to the referring physician, physician assistant or advanced practice registered nurse;

(5) To delegate to a nurse practitioner or to supervise a physician assistant doing telemedicine, the physician must document to the board that that the provision of care by telemedicine is in his or her scope of practice and that the NP or PA has demonstrated competence in the provision of care by telemedicine.

(6) Patients treated by electronic or other such means or patient's agent must be given the name, credentials and emergency contact information for the Georgia licensed physician, physician assistant and/or advanced practice registered nurse providing the treatment or consultation. Emergency contact information does not need to be provided to those treated within the prison system while incarcerated but should be provided to the referring provider. For the purposes of this rule, "credentials" is defined as the area of practice and training for physicians, and for physician assistants and advanced practice registered nurses, "credentials" shall mean the area of licensure and must include the name of the delegating physician or supervising physician;

(7) The patient being treated via electronic or other means or the patient's agent must be provided with clear, appropriate, accurate instructions on follow-up in the event of needed emergent care related to the treatment. In the case of prison patients, prison staff will be provided this information if the consult is provided to an inmate; and

(8) The physician, physician assistant or nurse practitioner who provides care or treatment for a patient by electronic or other such means must make diligent efforts to have the patient seen and examined in person by a Georgia licensed physician, physician assistant or nurse practitioner at least annually.

(b) This rule should not be interpreted to interfere with care and treatment by telephonic communication in an established physician-patient relationship, call coverage for established physician-patients relationships, or telephone and internet consultations between physicians, nurse practitioners, physician assistants, other healthcare providers or child protection agencies.

(c) This rule does not authorize the prescription of controlled substances for the treatment of pain or chronic pain by electronic or other such means. All treatment of pain or chronic pain must be in compliance with Rule 360-3-.06.

(d) Nothing in this rule shall excuse a physician, nurse practitioner or physician assistant from ordering appropriate laboratory or other diagnostic tests needed to make diagnoses within the minimum standard of care.

(e) Nothing in this rule shall supersede any requirements provided for by other rules or laws.

(f) Licensees practicing by electronic or other means will be held to the same standard of care as licensees employing more traditional in-person medical care. A failure to conform to the appropriate standard of care, whether that care is rendered in person or via electronic or other such means, may subject the licensee to disciplinary action by the Board.

Cite as Ga. Comp. R. & Regs. R. 360-3-.07
Authority: O.C.G.A. §§ 43-1-19, 43-34-5 Ccl, 43-34-8, 43-34-23, 43-34-25, 43-34-31, 43-34-103, 43-34-105.
History. Original Rule entitled "Practice Through Electronic or Other Such Means" adopted. F. Jan. 13, 2014; eff. Feb. 2, 2014.
Repealed: New Rule of same title adopted. F. Nov. 16, 2017; eff. Dec. 6, 2017.
Repealed: New Rule of same title adopted. F. Sep. 8, 2020; eff. Sept. 28, 2020.

Chapter 360-4. CLINICAL PERFUSIONIST LICENSURE.

Rule 360-4-.01. Applications.

(1) The application form shall be completed according to the instructions provided in the application.

(2) Applications must be complete, including all required documentation, signatures and seals. Application files are not considered completed until all required information, documentation and fees have been received by the Board.

(3) No application will be considered by the Board until the application is complete.

(4) Applicants shall inform the Board in writing within 10 days of a change of address while an application is pending.

(5) Application fees are nonrefundable.

(6) Deposit of an application fee by the Board does not indicate acceptance of the application or that any other licensing requirements have been fulfilled.

(7) Incomplete applications that have been on file with the Board for more than one year shall be deemed invalid. No further action will take place on applications that have been incomplete for more than a year until a new application is received in accordance with the provisions of this chapter with the appropriate application fee.

Cite as Ga. Comp. R. & Regs. R. 360-4-.01
Authority: O.C.G.A. Secs. 43-34-24, 43-34-28, 43-34-172.
History. Original Rule entitled "Reciprocal Relations" adopted. F. and eff. June 30, 1965.
Repealed: New Rule entitled "Foreign Graduates" adopted. F. Oct. 2, 1970; eff. Oct. 22, 1970.
Amended: F. Oct. 2, 1971; eff. Oct. 22, 1971.
Repealed: New Rule of same title adopted. F. Dec. 15, 1982; eff. Jan. 4, 1983.
Amended: F. June 17, 1985; eff. July 7, 1985.
Amended: F. Mar. 3, 2000; eff. Mar. 23, 2000.
Repealed: F. Apr. 8, 2002; eff. Apr. 28, 2002.
Amended: New Rule entitled "Applications" adopted. F. July 11, 2003; eff. July 31, 2003.

Rule 360-4-.02. Licensure.

(1) Each applicant for licensure as a clinical perfusionist shall meet the requirements listed below:

(a) Must be at least 21 years of age;

(b) Submit a completed application required by the Board;

(c) Submit an application fee as published in the Board's fee schedule;

(d) Submit a fully completed certificate of education that is mailed directly from a perfusion education program, approved by the Board that has educational standards at least as stringent as those programs approved by the Committee on Allied Health Education and Accreditation (CAHEA) prior to 1994 or the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or its successor, which establishes that the applicant has successfully completed the perfusion education program;

(e) Evidence, in a form approved by the Board, of successful completion of the complete examination(s) given by the American Board of Cardiovascular Perfusion (ABCP) or its successor or a substantially equivalent examination approved by the Board.

(f) An affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.

(2) Notwithstanding the provisions of Rule 360-4-.02(1), those applicants who have applied for licensure pursuant to O.C.G.A. § 43-34-173(b) shall be required to provide verification that the person was operating cardiopulmonary bypass systems during cardiac surgical cases in a licensed health care facility as the person's primary function for at least six of the eight years immediately preceding the date of application.

(a) Primary function of the applicant means that the applicant has completed a minimum of 240 cases in six of the eight years immediately preceding the date of application.

(b) Completion of said cases shall be documented by an affidavit(s) signed by either a cardiovascular surgeon(s) or a perfusionist(s) certified American Board of Cardiovascular Perfusion who acted in a supervisory capacity during said cases.

(3) The Board may waive the examination and educational requirements for any applicant who, at the time of application:

(a) Is appropriately licensed or certified in another state, territory or possession whose requirements for the license or certificate are substantially equal to the requirements for licensure in this State; or

(b) Holds a current certification as a certified clinical perfusionist issued by the American Board of Cardiovascular Perfusion (ABCP) or its successor.

(c) In support of the applicant's petition, the Board must receive:

1. Directly from the appropriate of the state, territory or possession, verification by oath of certification, registration, licensure or other to engage in the practice of perfusion; or

2. Evidence in a form satisfactory to the Board of the applicant's current certification as a certified clinical perfusionist issued by the ABCP or its successor.

(4) Nothing in this rule shall be construed to prevent the Board from denying or conditionally granting an application for licensure.

Cite as Ga. Comp. R. & Regs. R. 360-4-.02
Authority: O.C.G.A. Secs. 43-34-172, 43-34-173, 43-34-176, 43-34-179.
History. Original Rule entitled "Foreign Graduates" adopted. F. and eff. June 30, 1965. Repealed: F. Oct. 2, 1970; eff. Oct. 22, 1970. Amended: New Rule entitled "Licensure" adopted. F. July 11, 2003; eff. July 31, 2003.
Amended: F. Jan. 13, 2014; eff. Feb. 2, 2014.

Rule 360-4-.03. Provisional Licenses.

(1) A provisional license may be issued to a person who:

(a) Submits a fully completed certificate of education that is mailed directly from a perfusion education program required for licensure under O.C.G.A. § 43-34-173 and Rule 360-4-.02.

(b) Files with the Board a fully completed application that is signed by any and all licensed clinical perfusionists who are to supervise the applicant upon the applicant's receipt of a provisional clinical perfusionist license;

(c) Submits payment of the application fee;

(2) A provisional licensed clinical perfusionist shall be under the supervision and direction of a licensed clinical perfusionist at all times during which the provisional licensed clinical perfusionist performs perfusion. The licensed clinical perfusionist responsible for providing such supervision and direction shall be responsible to providing a level of supervision and direction that will ensure that the holder of the provisional license performs or provides all such perfusion services in accordance with generally accepted standards of proper professional practice. Specifically the licensed clinical perfusionist providing supervision and direction for the holder of a provisional license:

(a) Shall be responsible for evaluating and documenting the professional competence, skill and experience of the holder of the provisional license;

(b) Shall be responsible for determining the nature and level of supervision required for the holder of the provisional licensee's level of competence, skill and experience;

(c) Shall not be required to provide direct, on-site supervision at all times, but shall be immediately and readily available for consultation and assistance whenever the provisional licensee is performing or providing perfusion services;

(d) Shall meet with the provisional licensee to whom he or she is providing supervision and direction at least weekly to review the provisional licensee's clinical and administrative practices. A written record of such supervision meetings shall be kept by the supervising licensed clinical perfusionist, and shall be made available to any duly authorized representative of the Board upon request.

(3) Any change in supervision must be submitted to the Board in writing. The signature of the supervising licensed clinical perfusionist must be included in the written notice. In the event of termination of supervision, the supervising licensed perfusionist must submit written notification of termination of supervision to the Board within 14 days of when supervision has ceased. A provisional licensed clinical perfusionist shall not engage in the practice of perfusion without having a Board approved supervising licensed clinical perfusionist.

(4) A provisional license shall be valid for two years from the date it is issued and may not be renewed.

(5) If a provisional licensee fails to meet the requirements for licensure on or before the expiration date of his or her provisional license, the provisional license to practice perfusion shall be automatically revoked and surrendered to the Board. A person who holds an expired provisional license shall not engage in the practice of perfusion or represent himself or herself as a provisional licensed clinical perfusionist or licensed clinical perfusionist until such time as the Board has approved his or her application for licensure as a licensed clinical perfusionist.

Cite as Ga. Comp. R. & Regs. R. 360-4-.03
Authority: O.C.G.A. Secs. 43-34-172, 43-34-175.
History. Original Rule entitled "Provisional Licenses" adopted. F. July 11, 2003; eff. July 31, 2003.
Repealed: New Rule of same title adopted. F. Aug. 13, 2004; eff. Sept. 2, 2004.

Rule 360-4-.04. Change of Name or Address.

(1) A licensee shall notify the Board in writing within 30 days after the licensee's name is legally changed. At the time of notification, the licensee shall submit a certified copy of the official document evidencing the name change. If the name change occurred during naturalization, the application must also include the naturalization number, the name and address of the court, the date of naturalization, and the name change. After receipt of the required notification and documentation, the Board will issue a duplicate license in the new name.

(2) A licensee shall notify the Board in writing within 30 days after a change in the licensee's address of record. Failure to so notify the Board of an address change is a violation of O.C.G.A. § 43-34-174 and grounds for disciplinary action.

(3) A licensee who utilizes a post office box as the address of record shall also provide a street address where the Board may contact the licensee.

Cite as Ga. Comp. R. & Regs. R. 360-4-.04
Authority: O.C.G.A. Secs. 43-34-172, 43-34-174, 43-34-179.
History. Original Rule entitled "Change of Name or Address" adopted. F. July 11, 2003; eff. July 31, 2003.

Rule 360-4-.05. Duplicate Licenses.

(1) Duplicate licenses may be issued upon approval by the Board if the original certificate is lost, stolen, or destroyed, or if the certificate holder has had a legal change of name.

(2) To request a duplicate certificate, the certificate holder must submit a notarized application stating the reason the duplicate certificate is requested. If the application is based on a name change, the certificate holder must provide the documentation required by Rule 360-4-.04.

(3) All applications must include the duplicate license fee. The duplicate license fee shall be designated in the fee schedule.

Cite as Ga. Comp. R. & Regs. R. 360-4-.05
Authority: O.C.G.A. Sec. 43-34-172.
History. Original Rule entitled "Duplicate Licenses" adopted. F. July 11, 2003; eff. July 31, 2003.

Rule 360-4-.06. Renewal.

(1) All active licenses must be renewed on a biennial basis. Clinical Perfusionist licenses will expire on the last day of the month in which the licensee's birthday renewal falls. In order to renew the license, the licensee must have completed the Board-approved continuing education requirements provided in Rule 360-4-.07.

(2) Approximately 60 days prior to the expiration date, the Board may as a courtesy, mail a notice for license renewal to the last address on file in the Board's records to every person holding a current license. Failure to receive such notification shall not relieve the licensee of the obligation to renew and pay the required fee prior to the expiration date of the license. Deposit of the renewal fee by the Board does not indicate acceptance of the renewal application or that any renewal requirements have been fulfilled.

(3) Failure to meet the requirements for renewal is a basis for nonrenewal.

(4) A license that is not renewed by the expiration date may be late renewed for a period of three (3) months following the expiration date. In order to late renew, the licensee must submit an application, pay the late renewal fee established by the Board and show completion of the required continuing professional education.

(5) Licenses that are not renewed within three (3) months of expiration shall be revoked for failure to renew. In order to obtain a license after revocation for failure to renew, an applicant must reapply for licensure in accordance with rule 360-4-.02.

(6) A person who holds an expired license shall not engage in the practice of perfusion or represent himself or herself as a licensed clinical perfusionist until such time as the Board has renewed, reinstated or relicensed such person.

(7) All applicants must provide an affidavit and a secure and verifiable document in accordance with O.C.G.A. 50-36-1(f). If the applicant has previously provided a secure and verifiable document and affidavit of United States citizenship, no additional documentation of citizenship is required for renewal. If the applicant for renewal is not a

United States citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for purpose of verifying citizenship and immigration status information of non-U.S. citizens. If the applicant for renewal is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal agency.

Cite as Ga. Comp. R. & Regs. R. 360-4-.06
Authority: O.C.G.A. Secs. 43-1-4, 43-1-19, 43-1-25, 43-34-5, 43-34-11, 43-34-24, 43-34-172, 43-34-174, 43-34-177.
History. . Original Rule entitled "Renewal" adopted. F. July 11, 2003; eff. July 31, 2003.
Amended: F. Mar. 9, 2005; eff. Mar. 29, 2005.
Amended: F. Feb. 21, 2006; eff. Mar. 13, 2006.
Amended: F. Nov. 10, 2008; eff. Nov. 30, 2008.
Repealed: New Rule of same title adopted. F: May 11, 2012; eff. May 31, 2012.
Amended: F. Jan. 13, 2014; eff. Feb. 2, 2014.

Rule 360-4-.07. Continuing Education Requirements.

(1) Each license must be renewed biennially by the last day of the month in which the license's birthday falls and the licensee must complete at least thirty (30) hours per biennium of continuing education in courses, programs or activities approved for continuing education credit by the American Board of Cardiovascular Perfusion.

(a) The Board accepts the following as meeting its requirement for Board approval:

A minimum of ten (10) CEU's must be earned in Category I. The remaining CEU's can be earned in Category II or Category III

Category I Accredited Perfusion Meetings and Other Perfusion Related Activity.

Perfusion meetings are those programs and seminars in which a minimum of 75% of the contact hours consists of perfusion related material. Only those meetings approved by the ABCP will qualify for Category I CEUs. Examples include:

* International, national, regional, and state perfusion meetings may be used to satisfy the requirement.

* Publication of perfusion related book chapter or paper in a professional journal, maximum of 5 CEU hours per item, maximum of 7 hours in a two year period.

* Presentation at an international, national, regional or state perfusion meeting maximum of 5 CEU hours per item, maximum of 7 hours in a two year period.

* Participation in the *ABCP Knowledge Base Survey* one CEU in a two year period.

* Completion of ABCP approved Self Directed Continuing Education (SDCE) material. Self-Directed Continuing Education (SDCE) is education provided to individuals who are not physically 'onsite.' Rather than attending meetings or courses in person, participants may communicate at times of their own choosing by exchanging printed 17 or electronic media, or through technology that allows them to communicate in real time. This activity may be either online or in written format. Participant must take the required post-test and achieve a minimum score of 80% to receive credit.

Category II - Non-Accredited Perfusion Meetings and Other Medical Meetings

Category II includes international, national, regional, state and local meetings that have not been approved for CEU credit by the ABCP. Examples include:

* International, national, regional, and state, perfusion meetings that have not been accredited by the ABCP.

* Local perfusion meetings (do not require ABCP accreditation).

* Any perfusion meeting NOT EQUALLY ACCESSIBLE to the general CCP community, including manufacturer-specific and company- sponsored educational activities.

* International, national, regional, or local medically-related meetings.

* Advanced Cardiac Life Support (ACLS).

* Hospital Inservices

Category III - Individual Education and Other Self-Study Activities Not Approved for Category I Credit

Credit in Category III is acquired on an hour for hour basis of the time spent in these non-accredited or non-supervised activities. Examples include:

* Reading or viewing medical journals, audiovisual, or other educational material.

* Participation in electronic forums.

* Participation in a journal club.

* Participation in degree-oriented, professionally related course work.

* Presentation of perfusion topic at a nonperfusion meeting.

* Clinical or didactic instructor in an accredited school of perfusion.

* Participation in an ABCP survey or examination development meeting.

* Participation in a site visitor's workshop or as a site visitor for perfusion program accreditation.

* Membership in a professional perfusion organization at the international, national, or state level.

(2) Each licensee will be required to answer questions on the renewal form that establish compliance with the continuing education requirement. Licensees will not be required to send documentation of compliance with continuing education requirements for renewal, unless requested by the Board pursuant to Rule 360-4-.07(4). False statements regarding satisfaction of continuing education on the renewal form or any other document connected with the practice of perfusion may subject the licensee to disciplinary action by the Board.

(3) Each licensee who must meet the requirements of this chapter must maintain a record of attendance and supporting documents for Board approved continuing education for a period of 5 years from the date of attendance. At a minimum, the following information must be kept:

(a) name of provider;

(b) name of program;

(c) hours of continuing education units completed; and

(d) date of completion; or

(e) approval from American Board of Cardiovascular Perfusion (ABCP) or its successor.

4) The Board will audit a fixed percentage of randomly selected renewal applications to monitor compliance with the continuing education requirements. Any licensee so audited shall be required to furnish documentation of compliance including name of provider, name of program, continuing education hours completed and date of completion. Any

licensee so audited that has been found to be out of compliance with the Board's continuing education requirements may be subject to disciplinary action.

(5) If the licensee has not complied with the continuing education requirement by the expiration of the license, his or her license shall not be renewed and the licensee shall not engage in the practice of perfusion. A licensee may late renew as provided in Rule 360-4-.06 by presenting satisfactory evidence to the Board of completion of the continuing education requirements and the late renewal fee. Licenses that are not renewed within three months of the expiration date shall be revoked for failure to renew. Unless the provisions of Rule 360-4-06(6) are applicable, an applicant must reapply for licensure in accordance with rule 360-4-.02 in order to obtain a license after revocation for failure to renew.

(6) Continuing education hours that are used to satisfy a deficiency may not be used for purposes of renewal of the licensed clinical perfusionist's license for the next biennium.

(7) Any licensed clinical perfusionist seeking renewal of his or her license who has not fully complied with the Board's continuing education requirements and who wishes for the Board to waive this requirement shall:

(a) Submit a written request and documentation to the Board to demonstrate that a waiver should be granted due to hardship, disability or illness; and

(b) Submit such written request to the Board prior to the expiration of the license and in a sufficient time period to receive a determination from the Board as to whether a waiver will be granted.

Cite as Ga. Comp. R. & Regs. R. 360-4-.07
Authority: O.C.G.A. Secs. 43-1-25, 43-34-5, 43-34-11, 43-34-24, 43-34-172, 43-34-174, 50-13-9.1.
History. . Original Rule entitled "Continuing Education Requirements" adopted. F. July 11, 2003; eff. July 31, 2003.
Amended: F. Mar. 9, 2005; eff. Mar. 29, 2005.
Amended: F. Feb. 21, 2006; eff. Mar. 13, 2006.
Amended: F. Nov. 10, 2008; eff. Nov. 30, 2008.
Repealed: New Rule of same title adopted. F: May 11, 2012; eff. May 31, 2012.

Rule 360-4-.08. Unlicensed Practice.

(1) No person shall engage or offer to engage in perfusion or use the title or represent or imply that the person has the title of "licensed clinical perfusionist" or "provisional licensed clinical perfusionist" or use the letters "L.C.P." or "P.L.C.P." and/or any facsimile of such titles in any manner to indicate or imply that the persons is a licensed clinical perfusionist, unless the person holds such an active license or is exempted under the provisions of O.C.G.A. § 43-34-178.

(2) The Board may refuse the license of any applicant who has engaged in the unlicensed practice of perfusion or administer other discipline pursuant to O.C.G.A. § 43-34-179 upon the issuance of a license to an applicant who has engaged in the unlicensed practice of perfusion.

Cite as Ga. Comp. R. & Regs. R. 360-4-.08
Authority: O.C.G.A. Secs. 43-34-172, 43-34-177, 43-34-178, 43-34-179.
History. Original Rule entitled "Unlicensed Practice" adopted. F. July 11, 2003; eff. July 31, 2003.

Rule 360-4-.09. Composition and Responsibilities of the Clinical Perfusionist Advisory Committee.

(1) The composition of the Clinical Perfusionist Advisory Committee ("Advisory Committee") shall be comprised as follows:

(a) Board members of the Composite Medical Board.

(b) At least four (4) appointees, who are licensed clinical perfusionists and representative of the clinical Perfusionist profession, and such other individuals as the Board, in its discretion, may determine.

(2) . Shall serve a two year term and may be reappointed for an additional two year term by a majority vote of the Board, but may not serve more than two consecutive terms.

(2) Requirements for Perfusion Advisory Members:

1. All appointees to the Advisory Committee with the exception of medical board members shall have on file with the Executive Director of the Board, or his/her designee, a resume and three (3) letters of recommendation, (one of which may be from a physician familiar with the appointee's practice of clinical perfusion).

2. In order to preserve continuity on the Advisory Committee, two appointees shall serve a two-year term and two appointees shall serve a one-year term which will be considered a partial term. At the time of the appointment, each appointee will be notified in writing by the Executive Director of the Board as to the beginning and ending dates of their respective appointment terms. Each may reapply to the full Board to serve an additional term, but may not serve more than two consecutive two-year terms.

3. In the event an Advisory Committee member is replaced during a term, the replacement member will serve the remaining time of that term as a partial term. An Advisory Committee member who serves a partial term will, after the completion of the partial term, be eligible to serve two consecutive two-year terms.

4. Appointees shall serve without compensation from the State of Georgia for their time and expenses.

(3) The Advisory Committee shall advise the Board on matters pertaining to the appointment of the Advisory Committee members and on all matters within the purview of the Clinical Perfusionist Licensure Act. The Board, in consultation with the Advisory Committee, shall:

(a) Determine the qualifications and fitness of applicants for licensure and renewal of licensure;

(b) Adopt and revise rules consistent with the laws of the State of Georgia that are necessary to conduct its duties and administer the Act; and

(c) Examine for, approve, issue, deny revoke, suspend and renew the license of applicants and certificate holders and conduct hearings in connection with all duties to be performed pursuant to the Act;

(4) Advisory Committee members, who are not members of the Board, must be available to meet on as an needed basis and may not miss more than three (3) consecutive meetings of the Advisory Committee, or four (4) meetings in a calendar year, without an excused absence from either the Executive Director of the Board or the Board Chairperson.

(a) The Advisory committee may recommend to the Board the removal of a member for violation of the attendance rule. Such a recommendation shall be by majority vote of the Advisory Committee.

(b) Upon receipt of a recommendation for removal, the Board may remove a member of the Advisory Committee by a majority vote.

(5) Advisory Committee vacancies may be filled by the Board. The Advisory Committee may make a recommendation on who shall be appointed to the Advisory Committee. All applicants must meet any deadline set by the Board and shall have on file with the Executive Director of the Board, or with his/her designee, a resume and three (3) letters of recommendation, (one of which may be from a physician familiar with the applicant's practice of clinical perfusion).

Cite as Ga. Comp. R. & Regs. R. 360-4-.09
Authority: O.C.G.A. Sections 43-34-5, 43-34-170, 43-34-172 and 43-34-180.
History. Original Rule entitled "Composition and Responsibilities of the Clinical Perfusionist Advisory Committee" adopted. F. July 11, 2003; eff. July 31, 2003.
Repealed: New Rule of same title adopted. F: May 11, 2012; eff. May 31, 2012.

Rule 360-4-.10. Notice of Inability to Practice with Reasonable Skill and Safety.

Any person licensed to practice as a licensed clinical perfusionist or a provisional licensed clinical perfusionist shall notify the Board within 30 days of becoming unable to practice perfusion with reasonable skill and safety by reason of illness or the use of alcohol, drugs, narcotics, chemicals or any other type of material.

Cite as Ga. Comp. R. & Regs. R. 360-4-.10
Authority: O.C.G.A. Secs. 43-1-19, 43-1-25, 43-34-172, 43-34-179.
History. Original Rule entitled "Notice of Inability to Practice with Reasonable Skill and Safety" adopted. F. Oct. 16, 2006; eff. Nov. 5, 2006.

Rule 360-4-.11. Temporary Licenses.

Temporary licenses may be issued to an applicant at the discretion of the Executive Director, with the approval of the Chairman of the Board. Such licenses shall have the effect of a permanent license until the next regular Board meeting, when the temporary license shall become void. The temporary license fee shall be designated in the fee schedule. The temporary license does not apply for applicants for provisional license.

Cite as Ga. Comp. R. & Regs. R. 360-4-.11
Authority: O.C.G.A. Sec. 43-34-173.
History. Original Rule entitled "Temporary Licenses" adopted. F: May 11, 2012; eff. May 31, 2012.

Chapter 360-5. PHYSICIAN'S ASSISTANTS.

Rule 360-5-.01. Purpose.

The purpose of this Chapter is to implement the "Physician Assistant Act" of 2009, authorizing the Board to adopt rules and perform all acts necessary, proper or incidental to the efficient development of the category of health care as established therein.

Cite as Ga. Comp. R. & Regs. R. 360-5-.01
Authority: Ga. L. 1972, pp. 676, 680.
History. Original Rule entitled "Purpose" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972.
Repealed: New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency.
Repealed: New Rule of same title adopted. F. Jan. 18, 2011; eff. Feb. 17, 2011.

Rule 360-5-.02. Qualifications for Physician Assistant Licensure.

(1) An applicant for licensure as a physician assistant must show to the satisfaction of the Board the following:

(a) An affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the

Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.

(b) Good moral character as demonstrated by two (2) acceptable references from licensed physicians, who are personally acquainted with the applicant. These may not be completed by the physician(s) applying for utilization of the physician assistant.

(c) Evidence of satisfactory completion of a training program approved by the Board. The Board has approved or will approve those physician assistant programs of training offered by accredited colleges or universities, whose graduates are eligible for the examination administered by either the NCCPA or NCCAA or their successors, and whose curriculum consists of two or more academic years, including clinical experience in health care appropriate to the task of a physician assistant.

(d) Evidence that the applicant has achieved a passing score on either:

1. The certification examination administered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA) or its successor, or

2. The certification examination administered by the National Commission on Certification of Physician Assistants (NCCPA) or its successor.

(2) Applications for initial licensure or licensure thereafter as a physician assistant shall be made upon forms supplied by the Board.

(3) The forms must be completed and submitted by the physician assistant along with a recent notarized photograph of the applicant and an application fee. No fee is required if the applicant is an employee of the state or county government.

(4) Applications submitted to the Board must be completed in every detail, unless the response called for is not applicable to the applicant, and, if so, the response shall be made in that manner with accompanying explanation.

(5) All applications for licensure as a physician assistant must be completed and on file with the Board at least (5) days prior to its meeting, in order to be considered by the Physician Assistant Advisory Committee and the Board at the next meeting.

(6) A completed application for licensure may be denied for any of the reasons set forth in O.C.G.A. Section 43-34-8.

(7) The physician assistant must certify that he or she has received, read, and is familiar with the Medical Practice Act, Physician Assistant Act and Board rules and regulations by signing the statement on the application.

(8) Upon receipt of all required documents, the board shall provide notification of approval or disapproval of the physician assistant application for licensure.

(9) An applicant must complete all requirements for licensure within one year from the date the Board receives the application. Otherwise, the applicant must submit a new application with the required fee. This one year requirement does not include references, which are valid for only six months.

(10) Temporary Practice Permits. The Board may issue a temporary permit to any applicant who has otherwise met the requirements for Board licensure and who has either applied to take the next available examination or has already taken the examination and is awaiting the results thereof, with the following conditions:

a. The applicant must request this permit in writing.

b. Unless otherwise approved by the Board for extenuating circumstances, the permit shall be valid for a maximum period of ninety (90) days, but shall expire immediately upon notification of the applicant's failure to achieve a satisfactory score on the approved certification examination required in 360-5-.02(1)(c).

Cite as Ga. Comp. R. & Regs. R. 360-5-.02
Authority: O.C.G.A. Secs. 43-1-25, 43-34-5, 43-34-8, 43-34-102, 43-34-103, 43-34-104, 43-34-108.
History. Original Rule entitled "Applications for Board Approval" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972.
Repealed: New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency.
Amended: F. July 15, 1988; eff. August 4, 1988.
Amended: F. Mar. 18, 1998; eff. Apr. 9, 1998.
Repealed: New Rule entitled "Qualifications for Physician Assistant Licensure" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.
Repealed: New Rule of same title adopted. F. Jan. 13, 2014; eff. Feb. 2, 2014.

Rule 360-5-.03. Application for Physician Utilization of a Physician Assistant.

(1) In order to obtain approval to supervise a physician assistant, the physician who will be responsible for the performance of the Physician Assistant shall submit an application to the Board. The application shall be made upon forms supplied by the Board and must be approved by the Board before the supervising physician(s) may delegate health care tasks to the physician assistant.

(a) The board shall have the authority to approve or deny any primary or alternate supervising physicians.

(2) The supervising physician(s) must certify that he/she has read and is familiar with the Medical Practice Act, Physician Assistant Act, and Board rules and regulations by signing the statement on the application.

(3) The application must include:

(a) The name of the primary supervising physician.

(b) Alternate supervising physicians, as designated by the primary supervising physician, if applicable.

1. Unlimited alternate supervising physicians may be added to the approved list by submission of the appropriate form signed by the primary supervising physician, and each alternate to the Board.

2. An alternate supervising physician must have the following relationships with the primary supervising physician:

(i) a similar scope of practice; and

(ii) an affiliation with the primary supervisory physician's medical practice; or

(iii) An established formal call agreement.

(c) The name and location of the medical school from which the primary supervising physician graduated and the date the degree was received.

(d) The type of practice in which the physician assistant is to provide services.

(e) A Georgia business address for the practice.

(f) A current Georgia medical license number.

(g) Evidence that the physician assistant is licensed in Georgia.

(h) A fee as required by the Board. No fee will be required if the physician assistant will be providing medical services as an employee of the state or of a county government. and

(i) A job description meeting the requirements of law and rules.

(4) Applications submitted to the Board must be completed in every detail. In order for the Board to complete disposition of the application, the Board, at its discretion, may request additional information which shall be submitted in writing by the applicant.

(5) If a primary supervising physician has a board approved job description on file for a Physician Assistant and submits an application for utilization of a new Physician Assistant in the same practice, the job description shall, upon submission, be automatically deemed approved by the board. Provided, however, this does not preclude the board from terminating such approval upon review of application.

(6) At the discretion of the Board, the physician assistant and the applying supervising physician(s) may be required to appear before the Board for a personal interview.

(7) The primary supervising physician shall at all times maintain on file, readily available for inspection, documentation from the Board evidencing current approval for supervision of the physician assistant, current license status of both parties, and a copy of the applicable approved job description.

(8) After receipt of required documents, the board shall provide notification of approval or disapproval of the physician's application for utilization of a Physician Assistant.

(9) All applications for Board approval should be completed and on file with the Board at least ten (10) days prior to the committee meeting, in order to be considered by the Physician Assistant Advisory Committee and the Board at the next meeting.

(10) Upon termination of a physician/physician assistant relationship, the physician assistant and supervising physician are required to give notice and date of termination to the board by certified mail or appropriate verifiable method, and in order to continue practicing, the physician assistant must submit an application to the Board for a new supervising physician.

(a) An alternate supervising physician may not assume the primary supervising physician's role but must submit the appropriate form to the Board and receive its approval before delegating medical tasks to the physician assistant. Failure to notify the Board immediately may result in disciplinary action against the physician assistant and/or the physician(s). Failure to renew the license because of expiration will not be considered an exception to the requirements of this paragraph.

Cite as Ga. Comp. R. & Regs. R. 360-5-.03
Authority: O.C.G.A. §§ 43-1-25, 43-34-5, 43-34-8, 43-34-24, 43-34-102, 43-34-103, 43-34-104, 43-34-108.
History. Original Rule entitled "Requirements for Board Approval of Physician's Assistant" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972.
Amended: F. Feb. 20, 1973; eff. Mar. 12, 1973.
Amended: F. July 17, 1974; eff. August 6, 1974.
Amended: F. Apr. 7, 1975; eff. Apr. 27, 1975.
Amended: F. Oct. 3, 1975; eff. Oct. 23, 1975.
Amended: F. Jan. 26, 1976; eff. Feb. 15, 1976.

Repealed: New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency.
Amended: F. Sept. 6, 1985; eff. Sept. 26, 1985.
Amended: F. July 15, 1988; eff. August 4, 1988.
Amended: F. Aug. 9, 1993; eff. Aug. 29, 1993.
Amended: F. Mar. 18, 1998; Apr. 7, 1998.
Amended: F. June 23, 2008; eff. July 13, 2008.
Repealed: New Rule entitled "Application for Physician Utilization of a Physician Assistant" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.
Repealed: New Rule with same title adopted. F. Jan. 13, 2012; eff. Feb. 2, 2012.
Repealed: New Rule with same title adopted. F. June 16, 2021; eff. July 6, 2021.
Amended: F. Apr. 17, 2023; eff. May 7, 2023.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-5-.04. General Job Description.

(1) The job description is a document signed and dated by both the primary supervising physician and the physician assistant whom the physician is seeking to utilize or already has approval to utilize.

(a) A job description shall not be required to contain every activity the physician deems the physician assistant qualified to perform, but shall confine the activities of the physician assistant to those in the scope of practice of the primary supervising physician.

(b) The job description shall include a description of the medical acts to be performed by the physician assistant. For physician assistants who do not practice as an anesthesiologist assistant, attachment of the Job Description provided by the Board shall be deemed adequate compliance with this requirement. However, if the physician assistant is performing an act not covered in the Job Description, then a submission of these additional acts is necessary and express approval by the Board is required. The Job Description does not include the delivery of general, spinal or epidural anesthesia and a physician assistant performing these acts would require additional training and express Board approval.

(2) Physician assistants who have completed a board approved Anesthesiologist Assistant program and will be practicing under the supervision of an anesthesiologist shall complete the job description for the Physician Anesthesiologist Assistant. All other physician assistants shall complete the General Job Description.

(3) The job description shall contain a provision for immediate consultation between the physician assistant and primary or alternate supervising physician. "Immediate consultation" means that the supervising physician shall be available for direct communication or by telephone or other means of telecommunication.

(4) In the case of an anesthesiologist assistant delivering general and/or regional anesthesia, the primary or alternate supervising physician must be immediately available in person.

(5) A physician assistant may only perform those tasks which are included in his/her job description currently on file with and approved by the Board; provided, however, that tasks outside the job description may be performed by the physician assistant under the direct supervision and in the presence of the physician(s) utilizing him.

(6) A primary supervising physician may at any time submit a new or amended physician assistant job description to the Board.

Cite as Ga. Comp. R. & Regs. R. 360-5-.04
Authority: O.C.G.A. §§ 43-1-25, 43-34-5, 43-34-8, 43-34-102, 43-34-103, 43-34-104, 43-34-105, 43-34-108.
History. Original Rule entitled "Changes in Job Descriptions or Applying Physicians" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972.
Amended: F. Sept. 16, 1974; eff. Oct. 6, 1974.
Repealed: New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency.
Amended: F. Apr. 8, 1985; eff. Apr. 28, 1985.
Amended: F. Sept. 6, 1985; eff. Sept. 26, 1985.
Amended: F. July 15, 1988; eff. August 4, 1988.
Amended: F. Mar. 18, 1998; eff. Apr. 7, 1998.
Repealed: New Rule entitled "General Job Description" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.
Repealed: New Rule with same title adopted. F. June 16, 2021; eff. July 6, 2021.

Rule 360-5-.05. Limitations on Physician Assistant Practice.

(1) No person shall practice as a physician assistant without a license or temporary permit from the Board, Board approval of a supervising physician, and Board approval of his/her job description.

(2) A physician solely employed by the Department of Community Health, an institution thereof or by a local health department, whose duties are administrative and do not normally include providing health care to patients, shall not be authorized to supervise a physician assistant.

(3) A physician may not be an employee of the physician assistant who he/she is required to supervise unless the arrangement was approved by the Board prior to July 1, 2009.

(4) A physician may serve as primary supervising physician to no more than the combined equivalent of eight advanced practice registered nurses or physician assistants at a time. A physician may be an alternate supervising physician for any number of physician assistants.

(5) A physician may serve as a primary supervising physician for no more than eight physician assistants who have completed a board approved anesthesiologist assistant program licensed to him or her at a time. A physician may be an alternate supervising physician for any number of anesthesiologist assistants.

(6) When acting as a Primary or Alternate supervising physician, a physician may supervise as many as (4) four physician assistants who have completed a board approved anesthesiologist assistant program at one time, who are working within the scope of practice of the Supervising Physician.

When acting as a Primary or Alternate supervising physician, a physician may supervise no more than the combined equivalent of eight advanced practice registered nurses or physician assistants at one time, who are working within the scope of practice of the Supervising Physician.

This limitation shall not apply to a Physician Assistant who is practicing:

(a) In a hospital licensed under Title 31;

(b) In any college or university as defined in Code Section 20-8-1;

(c) In the Department of Public Health;

(d) In any county board of health;

(e) In any community service board;

(f) In any free health clinic;

(g) In a birthing center;

(h) In any entity:

(i) Which is exempt from federal taxes pursuant to Section 501(c)(3) of the Internal Revenue Code, as defined in Code Section 48-1-2, and primarily serves uninsured or indigent Medicaid and Medicare patients; or

(ii) Which has been established under the authority of or is receiving funds pursuant to 42 U.S.C. Section 254b or 254c of the United States Public Health Service Act; or

(i) In a health maintenance organization that has an exclusive contract with a medical group practice and arranges for the provision of substantially all physician services to enrollees in health benefits of the health maintenance organization.

(7) A physician assistant may not perform an abortion or administer, prescribe or issue a drug order that is intended to cause an abortion to occur pharmacologically.

(8) A physician assistant may not be utilized to perform the duties of a pharmacist licensed under Title 26, Chapter 4 of the Official Code of Georgia Annotated, relating to pharmacists, as now or hereafter amended.

(9) A physician assistant may not issue a written prescription for a Schedule II controlled substance except as authorized pursuant to O.C.G.A. § 43-34-103(e.1)(1)(B). Provided, however, this does not preclude:

(a) a physician assistant from preparing such a prescription for administration of a Schedule II controlled substance for signature by the primary or alternate supervising physician on the date that the prescription is issued to the patient. Such prescriptions may not be pre-signed.

(b) A physician assistant from issuing a written or verbal order for a Schedule II controlled substance within a health care setting. The supervising or an alternate supervising physician must co-sign such orders in compliance with any provisions required by the location where the physician assistant is practicing.

(10) A physician assistant does not have the authority to assign a percentage of a disability rating.

Cite as Ga. Comp. R. & Regs. R. 360-5-.05
Authority: O.C.G.A. §§ 43-1-25, 43-34-5, 43-34-8, 43-34-23, 43-34-102, 43-34-103, 43-34-104, 43-34-108, 43-34-109, 43-34-110.
History. Original Rule entitled "Time Limits for Applications" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972.
Repealed: New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency.
Amended: F. Sept. 19, 2007; eff. Oct. 9, 2007.
Repealed: New Rule entitled "Limitations on Physician Assistant Practice" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.
Repealed: New Rule with same title adopted. F. Jan. 13, 2012; eff. Feb. 2, 2012.
Repealed: New Rule with same title adopted. F. June 16, 2021; eff. July 6, 2021.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-5-.06. Renewal of Physician Assistant License.

(1) All physician assistant licenses must be renewed biennially on the last day of the month in which the licensee's birthday falls. In order to renew, the licensee must:

(a) Complete the renewal application;

(b) Complete the Board approved continuing education requirements;

(c) If intending to continue active practice have a Board approved primary supervising physician and approved job description, or if seeking an inactive license, meet the applicable requirements of 360-5-.08; and

(d) Pay a renewal fee.

(2) Approximately 60 days prior to the expiration date, the Board may as a courtesy, email a notice for license renewal to the last email address on file in the Board's records to every

person holding a current license. Failure to receive such notification shall not relieve the licensee of the obligation to renew and pay the required fee prior to the expiration date of the license. Deposit of the renewal fee by the Board does not indicate acceptance of the renewal application or that any licensing requirements have been fulfilled.

(3) Failure to renew a license by the designated expiration date shall result in a penalty fee for late renewal as determined by the Board.

(4) Failure to obtain the continuing education required for renewal may result in the denial of the application for renewal, or renewal of the license under a consent order with a fine, public or private reprimand and the requirement of additional continuing education.

(5) Licenses expired for three months or less may be late renewed by meeting all the requirements for renewal and paying a late renewal fee.

(6) Licenses that have been expired for longer than 3 months shall be deemed administratively revoked for failure to renew. Such licensees must apply for reinstatement of the license.

(7) Notwithstanding the provisions of paragraph (6) of this rule, any service member as defined in O.C.G.A. § 15-12-1 whose license to practice medicine expired while on active duty outside the state shall be permitted to practice in accordance with the expired license and shall not be charged with a violation relating to such practice on an expired license for a period of six (6) months from the date of his or her discharge from active duty or reassignment to a location within the state. Such service member shall be entitled to renew such expired license without penalty within six (6) months after the date of his or her discharge from active duty or reassignment to a location within this state. The service member must present to the Board a copy of the official military orders or a written verification signed by the service member's commanding officer to waive any charges.

(8) Reinstatement of License

(a) In order to reinstate a license to practice as a physician assistant, the Board must receive:

1. A completed application;

2. A reinstatement fee as required by the Board.

(b) Reinstatement of a license to practice as a physician assistant is within the discretion of the Board. The physician assistant must be able to demonstrate to the Board's satisfaction that:

1. He or she has maintained current knowledge, skill and proficiency in the health care area related to the job description as required by O.C.G.A. § 43-34-103; and

2. He or she is mentally and physically able to practice with reasonable skill and safety.

(9) A physician assistant whose license has expired may neither practice nor represent himself as a physician assistant until such time that the Board has approved his application for renewal or reinstatement.

(10) All applicants must provide an affidavit and a secure and verifiable document in accordance with O.C.G.A. 50-36-1(f). If the applicant has previously provided a secure and verifiable document and affidavit of United States citizenship, no additional documentation of citizenship is required for renewal. If the applicant for renewal is not a United States citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for purpose of verifying citizenship and immigration status information of non-U.S. citizens. If the applicant for renewal is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal agency.

Cite as Ga. Comp. R. & Regs. R. 360-5-.06
Authority: O.C.G.A. Secs. 43-1-4, 43-1-7, 43-1-19, 43-1-25, 43-34-3, 43-34-5, 43-34-8, 43-34-11, 43-34-24, 43-34-24.1, 43-34-102, 43-34-103, 43-34-107, 43-34-108.
History. Original Rule entitled "Renewal of Physician's Assistant Certificate" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972.
Amended: F. Jan. 26, 1976; eff. Feb. 15, 1976.
Repealed: New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency.
Amended: F. Sept. 6, 1985; eff. Sept. 26, 1985.
Amended: F. July 15, 1988; eff. August 4, 1988.
Amended: Rule retitled "Renewal of Physician's Assistant License." F. Mar. 18, 1998; eff. Apr. 7, 1998.
Repealed: New Rule of same title adopted. F. May 12, 2006; eff. June 1, 2006.
Amended: F. June 23, 2008; eff. July 13, 2008.
Repealed: New Rule entitled "Renewal of Physician Assistant License" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.
Repealed: New Rule of same title adopted. F. Jan. 13, 2014; eff. Feb. 2, 2014.
Amended: F. Jun. 11, 2014; eff. July 1, 2014.

Rule 360-5-.07. Continuing Education Requirements.

(1) Physician assistants licensed to practice pursuant to O.C.G.A. 43-34-103 shall complete Board approved continuing medical education of not less than forty (40) hours biennially.

(a) At least ten (10) hours shall be directly related to the specialty of the Board approved primary supervising physician.

(b) Physician assistants who are authorized to issue prescription drug orders shall be required as a part of the biennial number of hours of continuing education required

herein, to complete a minimum of three (3) hours in practice specific pharmaceuticals in which the physician assistant has prescription order privileges.

(c) Physician assistants who are authorized to issue prescription drug orders for hydrocodone, oxycodone, or compounds there of shall be required to complete one (1) additional hour of continuing medical education every renewal period in the appropriate ordering and use of hydrocodone, oxycodone, or compounds thereof.

(d) Physician assistants who are authorized to sign death certificates shall be required to complete one (1) additional hour of continuing medical education every renewal period in the recognition and documentation of the causes of death and appropriate execution of death certificates.

(e) Physician assistants who are initially licensed by the Board and who have not renewed their license for the first time shall not be required to complete the 40 hours of continuing education during their first renewal, but physician assistants who have to issue prescriptive drug orders shall be required to complete the 3 hours of continuing education in practice specific pharmaceuticals in which the physician assistant has prescription order privileges.

(f) Physician assistants whose licenses are not active, such as those who are inactive or revoked, are not required to complete the continuing education until such time as they are seeking reactivation or reinstatement.

(g) Except for the continuing education hours listed in paragraphs (b), (c), and (d), of this subsection, the Board is authorized to waive the continuing education required for renewal in cases of hardship, disability, illness, service in the United States Congress or Georgia General Assembly, military service or other circumstances as the Board deems appropriate if supported by adequate documentation acceptable to the Board.

1. Physician assistants seeking such an exemption must submit a written request and documentation to support their eligibility for such an exemption.

2. Said request for an exemption shall be submitted to the Board not less than 60 days prior to the expiration of the license to receive a determination from the Board as to whether an exemption would be granted.

(2) The Board accepts the A.M.A. (American Medical Association) Category 1, the A.O.A. (American Osteopathic Association) Category 1, A.A.A.A. (American Academy of Anesthesiologist's Assistants) Category 1, AAFP (American Academy of Family Physicians) Category I, and the A.A.P.A. (American Academy of Physician Assistants) Category 1 credit as meeting its requirement for Board approval. It is the responsibility of the physician assistant to verify approval with the source of the program, not with the Board, and the physician assistant shall verify approval before taking the course.

(3) Each licensed physician assistant must maintain records of attendance and supporting documents for continuing education for a period of 5 years from the date of attendance. At a minimum, the following must be kept:

(a) Name of Provider;

(b) Date of completion;

(c) Evidence of A.M.A. Category 1 credit; A.O.A. Category 1 credit; A.A.P.A, AAFP, Category 1 credit; or A.A.A.A. Category 1 credit.

(4) The Board will audit a fixed percentage of randomly selected renewal applications to monitor compliance with the continuing education requirements. Any licensee so audited shall be required to furnish documentation of compliance as provided in paragraph (4) of this rule. Any licensee so audited who has been found to be out of compliance with the Board's continuing requirements may be subject to disciplinary action.

(5) If the licensee has not complied with the continuing education requirement by the expiration of the license, his/her license shall not be renewed and the licensee shall not practice as a physician assistant. A licensee may late renew during the three (3) months following the expiration date of his or her license by presenting satisfactory evidence to the Board of completion of the requisite number of hours of Board approved continuing education and the late renewal fee. Licenses that are not renewed within three (3) months following the expiration date of the license shall be revoked for failure to renew. In order to obtain a valid license after revocation for failure to renew, an applicant must apply for reinstatement.

(6) Continuing education hours that are used to satisfy a deficiency for the previous biennial renewal may not be used for purposes of renewal for the next biennium.

Cite as Ga. Comp. R. & Regs. R. 360-5-.07
Authority: O.C.G.A. §§. 43-34-5, 43-34-8, 43-34-11, 43-34-26.1, 43-34-102, 43-34-103, 43-34-107, 43-34-108.
History. Original Rule entitled "Limitations Upon Use of Physician's Assistant" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972.
Amended: F. Dec. 5, 1974; eff. Dec. 25, 1974.
Amended: F. Feb. 14, 1977; eff. Mar. 6, 1977.
Repealed: New Rule of same title adopted. F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency.
Amended: F. Sept. 6, 1985; eff. Sept. 26, 1985.
Amended: F. Aug. 11, 1986; eff. Aug. 31, 1986.
Amended: Rule retitled "Limitations Upon Use of Physician's Assistants; Ordering of Dangerous Drugs, Controlled Substances, Medical Treatments and Diagnostic Studies by Physician's Assistant, Dispensing of Dangerous Drugs by Physician's Assistant in Public Health Settings" adopted. F. Feb. 11, 1991; eff. Mar. 3, 1991.
Amended: F. Dec. 17, 2001; eff. Jan. 6, 2002.
Repealed: New Rule entitled "Continuing Education Requirements" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-5-.08. Inactive Status.

(1) A person who wishes to maintain his or her physician assistant license, but who does not intend to practice as a physician assistant may apply to the Board for inactive status by submitting an application and the fee as determined by the Board. An individual with an inactive license may not practice as a physician assistant in this State.

(2) In order to reactivate a license to practice as a physician assistant, the Board must receive a completed application from the licensee with evidence of 40 hours of continuing education obtained within the previous two years, and a reactivation fee. The physician assistant must be able to demonstrate to the satisfaction of the Board that he or she has maintained current knowledge, skill and proficiency in the medical arts as required by O.C.G.A. § 43-34-103 and that he or she is mentally and physically able to practice with reasonable skill and safety.

(a) Provided however prior to performing medical tasks, the licensee must demonstrate to the satisfaction of the Board that the completed continuing education required in the above paragraph is pertinent to the job description under which he/she will practice, as required in Continuing Education Requirements 360-05-.07.

(3) Once the license has been reactivated, the physician assistant may not practice until he/she has on file a completed job description with a primary supervising physician as provided in Rules 360-5-.03 and 360-5-.04. In addition, the physician assistant must demonstrate to the satisfaction of the Board that he/she has sufficient recent continuing education or training pertinent to the job description under which he/she will practice.

Cite as Ga. Comp. R. & Regs. R. 360-5-.08
Authority: O.C.G.A. Secs. 43-1-25, 43-34-5, 43-34-8, 43-34-11, 43-34-102, 43-34-103, 43-34-107, 43-34-108.
History. Original Rule entitled "Grounds for Revocation or Termination of a Physician's Assistant Certificate" adopted. F. Sept. 11, 1972; eff. Oct. 1, 1972.
Repealed: F. Dec. 4, 1981; eff. Jan. 1, 1982, as specified by the Agency.
Amended: New Rule entitled "Remote Practice Sites" adopted. F. July 15, 1988; eff. August 4, 1988.
Amended: F. Mar. 18, 1998; eff. Apr. 7, 1998.
Repealed: New Rule entitled "Inactive Status" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.

Rule 360-5-.09. Temporary Practice Agreements.

(1) Definitions

(a) "Good standing" shall mean that the person has no disciplinary action taken against him or her by any state within the previous seven (7) years and has not let his/her license in any state expire or become inactive during an investigation by a state medical board into allegations relating to his/her practice as a physician assistant or during a pending disciplinary action.

(b) "Georgia Board - Approved Supervisory Arrangement" means when a supervising physician and a physician assistant are working under a basic job description previously submitted to and approved by the Board.

(2) Temporary Practice Agreement. A physician and a physician's assistant may enter into a temporary practice agreement where the physician supervises the services provided by the physician assistant to patients at a specific facility or program operated by an organization exempt from federal taxes pursuant to Section 501(c)(3) of the Federal Internal Revenue Code, provided that:

(a) Such services are provided in the State of Georgia;

(b) Such services are provided primarily to financially disadvantaged patients;

(c) Such services are free or at a charge to the patient based solely on the patient's ability to pay and provided, further, that such charges do not exceed the actual cost to the facility or program; and

(d) Both supervising physician and the physician assistant voluntarily and gratuitously donate their services;

(3) Requirements for the Temporary Practice Agreement.

(a) The temporary practice agreement must be for a specified period of time;

(b) The physician assistant services must be within the usual scope of practice of the supervising physician;

(c) The physician assistant and the supervising physician must be in good standing with the Board;

(d) The temporary practice agreement must be signed by both the supervising physician and the physician assistant;

(e) Prior to providing any patient services a copy of the signed temporary practice agreement must be on file at the facility or program and a copy of the agreement must have been sent to the Board; and

(f) The facility or program must notify the Board of its intent to provide patient services and utilize licensed physicians and physician assistants under the conditions set out in this subsection.

(4) Limitations. This rule does not apply to physicians and physician assistants who are in a Georgia board-approved supervisory arrangement nor preclude physician assistants from practicing under the Georgia Volunteers in Health Care Specialties Act as delineated in OCGA Section 43-1-28.

Cite as Ga. Comp. R. & Regs. R. 360-5-.09
Authority: O.C.G.A. Secs. 43-1-19, 43-1-25, 43-34-5, 43-34-8, 43-34-102, 43-34-103, 43-34-107, 43-34-108.
History. Original Rule entitled "Disciplinary Action/Revocation" adopted. F. July 15, 1988; eff. August 4, 1988.
Amended: F. Mar. 18, 1998; eff. Apr. 7, 1998.
Amended: F. Oct. 16, 2006; eff. Nov. 5, 2006.
Amended: F. July 31, 2007; eff. August 20, 2007.
Repealed: New Rule entitled "Temporary Practice Agreements" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.

Rule 360-5-.10. Emergencies.

In a state of an emergency or a public health emergency, a physician assistant may provide medical care with such supervision as is available at the immediate or local scene where a need for medical care exists or at a relief site established as part of a state or local safety plan pursuant to Chapter 3 of Title 38. Provided:

(a) The physician assistant must hold a license, certification or authorization in good standing from any state or federal jurisdiction.

(b) Services shall be provided in response to an appropriate state or local official who is implementing a state or local emergency management plan or program.

(c) The to practice under such guidelines shall not last longer than 48 hours, unless the Board establishes further supervision guidelines for physician assistants providing care under these circumstances.

Cite as Ga. Comp. R. & Regs. R. 360-5-.10
Authority: O.C.G.A. Secs. 43-1-4, 43-1-19, 43-34-3, 43-34-5, 43-34-8, 43-34-24.1, 43-34-102, 43-34-103, 43-34-107, 43-34-108.
History. Original Rule entitled "Continuing Education Requirements" adopted. F. Apr. 6, 1992; eff. Apr. 26, 1992.
Amended: F. Sept. 11, 1995; eff. Oct. 1, 1995.
Amended: F. Mar. 18, 1998; eff. Apr. 7, 1998.
Repealed: New Rule of same title adopted. F. May 12, 2006; eff. June 1, 2006.
Repealed: New Rule entitled "Emergencies" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.

Rule 360-5-.11. Standards for Physician Assistant Practice.

(1) The physician assistant is not required to be in the presence of the physician to provide medical services, including the evaluation and treatment of new or established patients.

(2) A physician assistant may make house calls, nursing home visits, perform hospital duties, serve as an ambulance attendant or perform other functions he is qualified to perform.

(3) The physician assistant may issue a prescription drug order, and/or order and initiate medical treatment or diagnostic studies in any health care setting, as authorized by his or her supervising physician.

(4) Any physician, clinic or hospital utilizing physician assistants must post a notice to that effect in a prominent place.

(5) While engaged in medical practice, a physician assistant must clearly identify himself as such. He/she must also wear a clearly legible identification name tag with the words "Physician Assistant" or "Anesthesiologist Assistant" on it. A Physician Assistant is to be addressed as Mr., Mrs., Ms., or Miss.

(6) A physician who has been approved for supervision of a physician assistant is responsible for medical acts performed by that physician assistant.

(7) A physician assistant may pronounce death and certify such pronouncement in the same manner as a physician if he is delegated this by his supervising physician, including signing death certificates.

Cite as Ga. Comp. R. & Regs. R. 360-5-.11
Authority: O.C.G.A. §§ 43-34-3, 43-34-5, 43-34-8, 43-34-23, 43-34-102, 43-34-103, 43-34-105, 43-34-106, 43-34-108.
History. Original Rule entitled "Compliance" adopted. F. Apr. 6, 1992; eff. Apr. 26, 1992.
Repealed: New Rule entitled "Standards for Physician Assistant Practice" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.
Repealed: New Rule with same title adopted. F. Jan. 13, 2012; eff. Feb. 2, 2012.
Repealed: New Rule of same title adopted. F. Mar. 14, 2013; eff. Apr. 3, 2013.
Repealed: New Rule with same title adopted. F. June 16, 2021; eff. July 6, 2021.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-5-.12. Guidelines concerning Prescriptive Authority.

(1) If authorized by his/her job description, a physician assistant may issue a prescription drug order for any medical device as defined by Code Section 26-4-5, any dangerous drug as defined in Code Section 16-13-71, any Schedule III, IV, or V controlled substance as defined in Code Section 16-13-21, or hydrocodone, oxycodone, or compounds thereof in emergency situations pursuant to the requirements set forth in O.C.G.A. § 43-34-103(e.1)(1)(B).

(2) Any physician assistant who has been authorized to issue a prescription drug order for controlled substances must register with the federal Drug Enforcement Administration ("DEA").

(3) A Physician assistant who has been issued a DEA number, regardless of prescribing habits, must register with the Georgia PDMP (prescription drug monitoring program) within 30 days of obtaining a DEA registration number.

(4) A prescription drug or device order form issued by an authorized physician assistant shall, at a minimum, contain the name, address and telephone number of the primary or alternate supervising physician, the patient's name and address, the drug or device

ordered, the directions to the patient for taking the medication, the dosage, the number of refills allowed, the name and DEA number (if applicable) of the physician assistant, and the signature of the physician assistant.

(5) The prescription drug order may be transmitted orally, by telephone, on paper, electronically or via facsimile. Any electronic prescription drug order must comply with the provision of O.C.G.A. Title 16, Chapter 13 and Title 26, Chapter 4. A record of the prescription must be maintained in the patient's medical record.

(6) A physician assistant may authorize refills of any drug or device for up to 12 months from the date of the original prescription unless otherwise provided by law. Scheduled III, IV or V controlled substances may not be refilled more than six months from date of original prescription.

(7) The primary or alternate supervising physician shall evaluate or examine patients receiving controlled substances at least every three months.

(8) The supervising physician shall periodically review patient records. This review may be achieved with a sampling of such records as determined by the supervising physician.

(9) If authorized by the job description, a physician assistant may request, receive, sign for and distribute professional samples. Professional samples means complimentary doses of a drug, medication vouchers or medical devices provided by the manufacturer for use in patient care. If the professional samples are controlled substances, the physician assistant must also be registered with the federal Drug Enforcement Administration and the Georgia PDMP (prescription drug monitoring program).

(a) The office where the physician assistant practices must maintain a general list of all professional samples that the supervising physician has approved the physician assistant to request, receive, sign for and distribute. Such samples must be consistent with the specialty of the supervising physician.

(b) A complete list of the specific drugs or devices provided to a patient by a physician assistant must be noted in the patient's medical record.

Cite as Ga. Comp. R. & Regs. R. 360-5-.12
Authority: O.C.G.A. §§ 16-13-41, 16-13-74, 26-4-80, 43-34-5, 43-34-8, 43-34-23, 43-34-102, 43-34-103, 43-34-107, 43-34-108.
History. Original Rule entitled "Carrying Out a Prescription Drug or Device Order" adopted. F. Sept. 11, 1995; eff. Oct. 1, 1995.
Repealed: New Rule entitled "Guidelines concerning Prescriptive Authority" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.
Repealed: New Rule with same title adopted. F. Jan. 13, 2012; eff. Feb. 2, 2012.
Repealed: New Rule with same title adopted. F. June 16, 2021; eff. July 6, 2021.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-5-.13. Disciplinary Action/Revocation.

(1) When the Board finds that any person is unqualified to be granted a license or to have a license renewed, the Board may refuse to grant the license.

(2) The Board may impose on a physician assistant any disciplinary action authorized by O.C.G.A. Sections 43-34-8, 43-34-103, 43-34-107, and O.C.G.A. Section 16-13-111, or otherwise authorized by law for any of the reasons set forth by law. In addition, the Board may terminate the approval of a physician's utilization of a physician assistant provided in O.C.G.A. Section 3-34-107.

(3) In addition, the following may be considered by the Board as unprofessional conduct of the physician assistant:

(a) Performing duties on a routine basis by the physician assistant, without appropriate supervision by a physician approved by the Board;

(b) Routinely performing duties that are not within the scope of practice of the supervising physician.

(c) Issuing pre-signed prescriptions or prescriptions signed in blank or using pre-signed prescriptions;

(d) Signing a physician's signature on a prescription form by a physician assistant;

(e) Failing to notify the Board within 30 days of becoming unable to perform duties or provide patient services with reasonable skill and safety by reason of illness or the use of alcohol, drugs, narcotics, chemicals or any other type of material;

(f) Holding himself or herself out or permitting another to represent him or her as a licensed physician;

(g) Being convicted in any court, state or federal, of any felony or other criminal offense involving moral turpitude;

(h) Failing to notify the Board of the termination of a physician/physician assistant relationship;

(i) Failing to maintain appropriate patient records; or

(j) Failing to document professional samples that are distributed to a patient in the patient's medical record.

Cite as Ga. Comp. R. & Regs. R. 360-5-.13
Authority: O.C.G.A. Secs. 16-13-111, 43-1-22, 43-34-5, 43-34-8, 43-34-23, 43-34-24, 43-34-24.1, 43-34-102, 43-34-103, 43-34-105, 43-34-107, 43-34-108.
History. Original Rule entitled "Inactive Status" adopted. F. Dec. 10, 2004; eff. Dec. 30, 2004.
Repealed: New Rule entitled "Disciplinary Action/Revocation" adopted. F. Jan. 18, 2011; eff. Feb. 7, 2011.
Repealed: New Rule with same title adopted. F. Jan. 13, 2012; eff. Feb. 2, 2012.

Rule 360-5-.14. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-5-.14
Authority: O.C.G.A. Secs. 43-1-19, 43-34-103, 43-34-108.
History. Original Rule entitled "Volunteers" adopted. F. June 23, 2008; eff. July 13, 2008.
Repealed: F. Jan. 18, 2011; eff. Feb. 7, 2011.

Chapter 360-6. ACUPUNCTURE.

Rule 360-6-.01. Acupuncture. Purpose.

The purpose of these Rules is to implement the "Acupuncture Act of Georgia" ("Act") which authorizes the Composite State Board of Medical Examiners ("Board") to adopt rules and regulations and perform all acts necessary in carrying out the program of licensure for Acupuncture and Auricular Detoxification Therapy. These rules establish the standards for licensing persons to practice acupuncture and auricular (ear) detoxification therapy and for the enforcement of such standards through disciplinary action. These rules are also intended to inform all physicians, other allied health care professionals, and all persons who desire to become licensed about the Act and its requirements.

Cite as Ga. Comp. R. & Regs. R. 360-6-.01
Authority: O.C.G.A. Secs. 43-34-61 to 43-34-64.
History. Original Rule entitled "Acupuncture" adopted. F. Nov. 20, 1974; eff. Dec. 10, 1974.
Amended: F. Oct. 3, 1975; eff. Oct. 23, 1975.
Amended: ER. 360-6-0.10-.01 entitled "Acupuncture. Purpose" adopted. F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the Agency, to be in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter is adopted, as specified by the Agency.
Amended: Permanent Rule adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Rule 360-6-.02. Definitions.

The terms used in these Rules, promulgated pursuant to the Act, are defined as follows:

(1) "ACAOM" means the Accreditation Commission for Acupuncture and Oriental Medicine which is a nationally recognized accreditation organization that accredits programs in acupuncture and oriental medicine.

(2) "Act" means the Acupuncture Act of Georgia, O.C.G.A. §§ 43-34-60*et seq.*

(3) "Acupuncture" means a form of therapy developed from traditional and modern Oriental concepts for health care that employs Oriental medicine techniques, treatment, and adjunctive therapies for the promotion, maintenance, and restoration of health and the prevention of disease.

(4) "Advisory Committee" means the Acupuncture Advisory Committee of the Georgia Composite Medical Board.

Cite as Ga. Comp. R. & Regs. R. 360-6-.02
Authority: O.C.G.A. Secs. 43-34-5, 43-34-62 to 43-34-64, 43-34-66, 43-34-71, 43-34-72.
History. Original Rule entitled "Definitions" adopted as ER. 360-6-0.10-.02. F. Aug. 10, 2000, eff. Aug. 21, 2000, as specified by the Agency, to be in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter is adopted, as specified by the Agency.
Amended: Permanent Rule adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Amended: F. Oct. 6, 2009; eff. Oct. 26, 2009.
Repealed: New Rule of same title adopted. F: May 11, 2012; eff. May 31, 2012.

Rule 360-6-.03. Licensure Requirements for Acupuncture.

(1) Each applicant for licensure as an acupuncturist must meet the requirements listed below.

(a) An affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.

(b) Must be at least 21 years of age and of good moral character;

(c) Submit a completed application required by the Board. Said application shall not be considered completed until all fees have been paid and all required documents have been received by the Board;

(d) Must submit three (3) acceptable references from practicing acupuncturists familiar with the applicant's practice.

(e) Have successfully completed a degree in acupuncture or a formal course of study and training in acupuncture. The applicant shall submit documentation satisfactory to the board to show that such education or course of study and training was:

1. Completed at a school that is accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) or other accrediting entity approved by the board; or

2. Completed by means of a program of acupuncture study and training that is substantially equivalent to the acupuncture education offered by an accredited school of acupuncture approved by the board.

(f) Have passed an acupuncture examination offered by an organization accredited by the National Organization of Competency Assurance and approved by the board;

(g) Submit proof of certification in acupuncture by the National Certification Commission for Acupuncture and Oriental Medicine;

(h) Completed successfully a clean needle technique course approved by the Board; and

(i) Submitted proof of having professional liability insurance of at least $100,000/$300,000.

1. If the licensee changes liability carriers, is canceled by a liability carrier, or cancels liability coverage, the licensee must notify the Board within thirty (30) days of the date of change or cancellation.

2. Failure to maintain liability coverage, pursuant to the Act, may result in suspension of the license for acupuncture.

(i) An applicant must submit all documentation required for the application process within twelve months from the date the Board receives the application.

(2) Every person who holds a license issued by the Board shall inform the Board of any change of address and any other change of information, including but not limited to professional liability coverage, for licensure by this Rule or the Act.

(3) The titles "Licensed Acupuncturist" and "Acupuncturist" shall only be used by persons licensed to practice acupuncture pursuant to the Act and these Rules.

Cite as Ga. Comp. R. & Regs. R. 360-6-.03
Authority: O.C.G.A. §§ 43-1-19, 43-1-25, 43-34-5, 43-34-63, 43-34-64, 43-34-66, 43-34-70, 43-34-72, 43-39-5.
History. Original Rule entitled "Licensure Requirements for Acupuncture" adopted as ER. 360-6-0.10-.03 . F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the Agency.
Amended: Permanent Rule of same title adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Amended: F. June 11, 2001; eff. July 1, 2001.
Amended: F. Sept. 19, 2007; eff. Oct. 9, 2007.
Amended: F. Dec. 14, 2007; eff. Jan. 3, 2008.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Repealed: New Rule of same title adopted. F. Jan. 13, 2014; eff. Feb. 2, 2014.
Amended: F. Apr. 17, 2023; eff. May 7, 2023.

Rule 360-6-.04. Display of Name Tag and License for Acupuncture.

(1) A person licensed as an acupuncturist providing services in this state in a hospital, practice setting, nursing home, assisted living community or personal care home shall communicate the acupuncturist's specific licensure to all current and prospective patients and shall wear a clearly legible identification tag during all patient encounters with the licensee's name and the word "Acupuncturist."

(2) In all advertising that names a person in relation to his or her healthcare practice, a person licensed to practice as an acupuncturist in Georgia shall identify themselves as an acupuncturist.

(3) Every person who is licensed to practice acupuncture pursuant to the Act and these Rules and who is actively practicing acupuncture or the active practice of auricular (ear) detoxification therapy as an auricular (ear) detoxification technician shall display the license issued by the Board in a public and appropriate manner.

(4) Any license or document evidencing licensure issued by the Board is the property of the Board and shall be surrendered on demand.

Cite as Ga. Comp. R. & Regs. R. 360-6-.04
Authority: O.C.G.A. §§ 43-34-63, 43-34-66, 43-1-33.
History. Original Rule entitled "Display of License for Acupuncture" adopted as ER. 360-6-0.10-.04. F. Aug. 10, 2000; eff. Aug. 21, 2000.
Amended: Permanent Rule of same title adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Amended: New title "Display of Name Tag and License for Acupuncture." F. Dec. 20, 2015; eff. Jan. 9, 2016.

Rule 360-6-.05. Supervised Practice of Acupuncture.

(1) Any person licensed to practice acupuncture under the Act ("practitioner") who has less than one (1) year of postgraduate clinical experience may not practice on his or her own unless and until such person has completed one (1) year of active clinical practice under the supervision of a duly licensed acupuncturist. The supervising acupuncturist ("supervisor") shall be currently licensed in Georgia and shall have four (4) years of active licensed clinical experience as an acupuncturist in Georgia or a combination of four (4) years experience in other states or countries as long as the other states or countries substantially equal or exceed Georgia's standards for licensure of acupuncturists.

(2) The supervision of postgraduate clinical practice of an acupuncture practitioner shall comply with the following provisions and guidelines.

(a) Definitions:

1. "Practitioner" is the person who is being supervised and monitored by the supervisor while performing acupuncture during postgraduate clinical practice.

2. "Supervisor" is the acupuncturist who meets the qualifications of this rule and the applicable statute who is responsible for the supervision of the practitioner during supervised postgraduate clinical practice.

3. "Supervised postgraduate clinical practice" is the practice of acupuncture performed by a practitioner under the direct supervision of an approved acupuncturist in facilities approved by the Georgia Composite Medical Board ("Board"), in consultation with the Acupuncture Advisory Committee ("Advisory Committee"), pursuant to the provisions of O.C.G.A. § 43-34-64(c) and this rule.

(b) Supervisor: A supervisor shall be approved to supervise a practitioner by the Board, in consultation with the Advisory Committee. The supervisor must be licensed in Georgia as an acupuncturist and actively practicing in this state. The supervisor shall have no less than four (4) years of active licensed clinical experience as an acupuncturist. The four (4) years of active licensed clinical experience may be four (4) combined years of active licensed practice in Georgia or in other states or countries as long the standards for licensure of acupuncturists in said states or countries are substantially equivalent to or exceed the standards of licensure in Georgia.

(c) Supervision: The supervisor and practitioner who are engaged in supervised post clinical practice shall adhere to the following guidelines:

1. Plan of supervision:

   (i) The supervisor shall submit a letter of intent and a written outlined plan of supervision to the Board, which shall be reviewed and approved by the Board, in consultation with the Advisory Committee, before supervised practice is begun.

   (ii) The supervisor must be present on site and available at all times while the practitioner is seeing and treating patients. The practitioner shall practice in the same office with the supervisor.

   (iii) A supervisor may not enter into a plan of supervision with more than two practitioners at a time.

2. Monitoring: The supervisor shall monitor no less than one (1) supervised patient treatment performed by the practitioner no less than every other week or bi-weekly. Monitoring shall include case review, supervision of

safety procedures, clean needle technique, and assessment of professionalism of the practitioner.

3. Records:

   (i) Patient treatment records: The supervisor shall keep written records of the supervised patient treatments by the practitioner and shall submit a summary of the patient treatment records along with quarterly reports to the Board for its review, in consultation with the Advisory Committee. The records shall include any information relevant to patient treatment that is included in the monitoring by the supervisor of the practitioner.

   (ii) Practice records:

      I. For supervisory purposes, practice is defined as performing a minimum of 500 acupuncture treatments on at least 100 different patients during a one (1) year or twelve (12) months supervised clinical period. Substance abuse or detoxification treatments are not acupuncture treatments for the purposes of supervised postgraduate clinical acupuncture practice.

      II. Full and complete records with all relevant and supportive documentation are to be kept at the site of treatment at all times and made available to the Board for review and inspection. Records shall include, but not be limited to, appointment schedules, patient records, treatment records, receipts, and data pertaining to invoice and payment for acupuncture treatment.

4. Reports:

   (i) Quarterly reports: Quarterly reports shall be submitted to the Board by the supervisor and shall include the performance, progress and understanding of basic skills of the practitioner. The report shall also include the number of patients that the practitioner has seen per month and the number of acupuncture treatments provided by the practitioner. Quarterly reports shall be filed with the Board and are due three, six, nine, and twelve months after provisional licensure issue date.

   (ii) Final supervisory report: At the end of the probationary period, a final review from the supervisor shall be submitted about the practitioner's progress with a recommendation to the Board regarding fitness of the practitioner to practice acupuncture as a solo

practitioner. The report shall be reviewed by the Advisory Committee and a recommendation made by the Advisory Committee concerning Board action.

(d) Provisions regarding supervised practice may also be used as guidelines for restrictions placed upon the practice of acupuncture by persons licensed by the Board as authorized by statute.

(e) Failure to adhere to guidelines regarding supervised postgraduate clinical practice may result in sanctions, restrictions, or disciplinary actions upon licensees by the Board.

Cite as Ga. Comp. R. & Regs. R. 360-6-.05
Authority: O.C.G.A. Secs. 43-34-5, 43-34-63, 43-34-64.
History. Original Rule entitled "Supervised Practice of Acupuncture" adopted as ER. 360-6-0.10-.05. F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the Agency.
Amended: Permanent Rule of same title adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Repealed: New Rule of same title adopted. F. May 26, 2004; eff. June 15, 2004.
Amended: F. June 23, 2008; eff. July 13, 2008.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Rule 360-6-.06. License Requirements for Auricular Detoxification Technician.

(1) Each applicant for a license to perform auricular (ear) detoxification therapy as an auricular (ear) detoxification technician must meet the requirements listed below. If an applicant does not meet all requirements for licensure stated in this Rule, the Board may, in its discretion, grant a license to an applicant upon the recommendation of the Advisory Committee.

(a) Be at least 21 years of age and of good moral character;

(b) Submit a completed application as required by the Board;

(c) Submit an application fee as required by the Board;

(d) Have successfully completed a nationally recognized training program in auricular (ear) detoxification therapy for the treatment of chemical dependence as approved by the Board; and

(e) Have successfully completed a nationally recognized clean needle technique course approved by the Board.

(f) Submit verification of applicant's coverage by employer's professional liability insurance.

(g) An applicant must satisfactorily complete all requirements for licensure within one year from the date the Board receives the application.

(2) The practice of auricular (ear) detoxification therapy may take place only in a city, county, state, federal or private chemical dependency program approved by the Board and under the direct supervision of a licensed acupuncturist or a person licensed to practice acupuncture by the Board who is also authorized to practice medicine in the State of Georgia.

(3) The title "Auricular Detoxification Technician (ADT)" may only be used by persons licensed pursuant to the Act and these rules who practice auricular (ear) detoxification therapy. Licensure as an ADT does not by itself entitle a person to use the title "Acupuncturist" or "Licensed Acupuncturist."

(4) Every person who holds a license issued by the Board shall inform the Board of any change of address or any other change of information, including but not limited to a change of employment, required for licensure pursuant to the Act and these Rules.

(5) A license for an Auricular Detoxification Technician (ADT) is limited to and only valid for the employer designated at time of licensure. The ADT licensee shall be covered by the professional liability insurance of the licensee's employer.

(a) If an ADT licensee changes employers, the licensee must file a "Request To Change Employers" form with the Board and must receive permission from the Board to change employers.

(b) If an ADT licensee terminates employment with the designated employer, the ADT license becomes automatically inactive until such time a new application is made.

(6) Every person who holds a license issued by the Board as an Auricular Detoxification Technician must wear an identification badge stating their name and title at all times while rendering therapy.

Cite as Ga. Comp. R. & Regs. R. 360-6-.06
Authority: O.C.G.A. Secs. 43-1-19, 43-1-25, 43-39-5, 43-34-63, 43-34-64, 43-34-66, 43-34-72.
History. Original Rule entitled "License Requirements for Auricular Detoxification Specialist" adopted as ER. 360-6-0.10-.06. F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the Agency.
Amended: Permanent Rule of same title adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Amended: F. Sept. 19, 2007; eff. Oct. 9, 2007.
Repealed: New Rule entitled "License Requirements for Auricular Detoxification Technician" adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Rule 360-6-.07. Display of License for Auricular Detoxification Technician.

(1) Every person who is licensed to practice auricular (ear) detoxification therapy pursuant to the Act and these Rules and who is actively practicing auricular (ear) detoxification therapy shall display the license issued by the Board in a public and appropriate manner.

(2) Any license or document evidencing licensure issued by the Board is the property of the Board and shall be surrendered on demand.

Cite as Ga. Comp. R. & Regs. R. 360-6-.07
Authority: O.C.G.A. Secs. 43-34-63, 43-34-66.
History. Repealed: New Rule entitled "Display of License for Auricular Detoxification Technician" adopted. F: May 11, 2012; eff. May 31, 2012.

Rule 360-6-.08. Unlicensed Practice of Acupuncture and Auricular Detoxification Therapy Prohibited. Exemptions.

(1) No person shall:

(a) Practice acupuncture or auricular detoxification therapy in Georgia without a license; or

(b) Represent himself or herself to be an Acupuncturist or Auricular Detoxification Technician if he or she is not licensed under the Act.

(2) The following persons are exempt from licensure by the Board to practice acupuncture or auricular detoxification therapy in Georgia:

(a) Students who practice acupuncture as an integral part of a program of study and who are enrolled in a Board-approved acupuncture education program under the direct clinical supervision of a licensed acupuncturist with at least five years of clinical experience; or

(b) Persons who are licensed or certified to perform acupuncture in any other jurisdiction where such persons are doing so in the course of regular instruction in a Board-approved educational program of acupuncture or in an educational seminar of a Board-approved professional organization of acupuncture; provided that in the latter case, the practice is supervised directly by a person licensed to practice acupuncture pursuant to the Act or an acupuncturist who is licensed to practice medicine under Georgia law.

Cite as Ga. Comp. R. & Regs. R. 360-6-.08
Authority: O.C.G.A. Secs. 43-34-63, 43-34-71.
History. Original Rule entitled "Unlicensed Practice of Acupuncture and Auricular Detoxification Therapy Prohibited. Exemptions" adopted as ER. 360-6-0.10-.08. F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the

Agency.
Amended: Permanent Rule of same title adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Rule 360-6-.09. Physicians.

Licensed physicians desiring to practice acupuncture in Georgia shall successfully complete a Board-approved 300 hour course and notify the Board in writing of their intent to practice acupuncture no less than thirty (30) days prior to incorporating such therapies into their medical practice. Physicians authorized by the Board to perform acupuncture are entitled to the same rights and privileges as those licensed to practice acupuncture and auricular detoxification therapy.

Cite as Ga. Comp. R. & Regs. R. 360-6-.09
Authority: O.C.G.A. Secs. 43-34-63, 43-34-71.
History. Original Rule entitled "Composition and Responsibilities of the Acupuncture Advisory Committee" adopted as ER. 360-6-0.10-.09. F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the Agency.
Amended: Permanent Rule entitled "Physicians" adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Repealed: New Rule of same title adopted. F. Dec. 14, 2007; eff. Jan. 3, 2008.

Rule 360-6-.10. Composition and Responsibilities of the Acupuncture Advisory Committee.

(1) The intention and policy of the Board is to reflect the cultural diversity of the citizens of Georgia in the composition of the Acupuncture Advisory Committee ("Advisory Committee"). The Advisory Committee shall be comprised as follows:

(a) At least four (4) appointees, including one (1) individual who may be a lay person or a licensed acupuncturist, three (3) individuals who are licensed acupuncturists and representative of the acupuncture profession and other such individuals as the Board, in its discretion, may determine.

1. At time of appointment by the Board, such individuals shall be licensed to practice acupuncture;

2. All appointees to the Advisory Committee shall have on file with the Executive Director of the Board, or his/her designee, a resume and three (3) letters of recommendation, (one of which may be from a physician familiar with the appointee's practice of acupuncture);

3. In order to preserve continuity on the Advisory Committee, two (2) appointees shall serve a two year term and two (2) appointees shall serve a one year term which will be considered a partial term. At the time of

appointment, each appointee will be notified in writing by the Executive Director of the Board as to the beginning and ending dates of their respective appointment terms. Each may reapply to the full Board to serve an additional term, but may not serve more than two consecutive terms;

4. In the event an Advisory Committee member is replaced during a term, the replacement member will serve the remaining time of that term as a partial term. An Advisory Committee member who serves a partial term will, after the completion of the partial term, be eligible to serve two consecutive two-year terms;

5. Appointees shall serve without compensation from the State of Georgia for their time and expenses;

(b) One (1) individual who is a licensed physician and who practices or teaches acupuncture who:

1. Shall serve a two year term and may be reappointed for an additional two year term by a majority vote of the Board, but may not serve more than two consecutive terms; and

2. Shall serve without compensation for time and expenses from the State of Georgia; and

(2) The Advisory Committee shall advise the Board on matters pertaining to the appointment of the Advisory Committee members and on all matters within the purview of the Act. The Board, in consultation with the Advisory Committee, shall:

(a) Determine the qualifications and fitness of applicants for licensure and renewal of licensure;

(b) Adopt and revise rules consistent with the laws of the State of Georgia that are necessary to conduct its duties and administer the Act; and

(c) Examine, approve, issue, deny, revoke, suspend and renew the license of applicants and licensees and conduct hearings in connection with all duties to be performed pursuant to the Act.

(3) Advisory Committee members, who are not members of the Board, must be available to meet on an as needed basis and may not miss more than three (3) consecutive meetings of the Advisory Committee, or four (4) meetings in a calendar year, without an excused absence from either the Executive Director of the Board or the Board President.

(a) The Advisory Committee may recommend to the Board the removal of a member for violation of the attendance rule. Such a recommendation shall be by majority vote of the Advisory Committee.

(b) Upon receipt of a recommendation for removal, the Board may remove a member of the Advisory Committee by a majority vote.

(4) Advisory Committee vacancies may be filled by the Board upon recommendation from the Advisory Committee by advertising on the Board's web page or by any other appropriate means. All applicants must meet any deadline set by the Board and shall have on file with the Executive Director of the Board, or with his/her designee, a resume and three (3) letters of recommendation (one of which may be from a physician familiar with the applicant's practice of acupuncture).

Cite as Ga. Comp. R. & Regs. R. 360-6-.10
Authority: O.C.G.A. Secs. 43-34-63, 43-34-67, 43-34-69, 43-34-70.
History. Original Rule entitled "Renewal" adopted as ER. 360-6-0.10-.10. F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the Agency, to be in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter is adopted, as specified by the Agency.
Amended: Permanent Rule entitled "Composition and Responsibilities of the Acupuncture Advisory Committee" adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Amended: F. June 11, 2001; eff. July 1, 2001.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Rule 360-6-.11. License Renewal.

(1) All licenses issued pursuant to the Act shall be renewed on a biennial basis. The license will expire on the last day of the month in which the applicant's birthday falls.

(2) Failure to renew a license by the expiration date shall result in a penalty for late renewal as required by the Board.

(3) Licenses not renewed within three (3) months of expiration shall be administratively revoked for failure to renew and shall be posted to the public and posted on the Board's website.

(4) Notwithstanding the provisions of paragraph (3) of this Rule, any service member as defined in O.C.G.A. § 15-12-1 whose license expired while serving on active duty outside the state shall be permitted to practice in accordance with the expired license and shall not be charged with a violation relating to such practice on an expired license for a period of six (6) months from the date of his or her discharge from active duty or reassignment to a location within the state. Such service member shall be entitled to renew such expired license without penalty within six (6) months after the date of his or her discharge from active duty or reassignment to a location within this state. The service member must

present to the Board a copy of the official military orders or written verification signed by the service member's commanding officer to waive any charges.

(5) To be eligible for renewal, a licensee must furnish satisfactory evidence of having met 40 hours of Board approved continuing education requirements, including a minimum of one hour concerning infectious disease.

(6) Licensees must certify on the renewal form that they have read, understand and are familiar with the Centers for Disease Control and Prevention (CDC) guidelines for preventing the transmission of the Human Immuno-deficiency virus, Ebola, Hepatitis B and C and other infectious diseases.

(7) Licensees are subject to audit to determine compliance with the continuing education requirements as stipulated in rules promulgated by the Board.

(8) Failure to maintain continuing education requirements is a basis for non-renewal and revocation of license issued pursuant to the Act.

(9) All renewal applicants must provide an affidavit and a secure and verifiable document in accordance with O.C.G.A. 50-36-1(f). If the applicant has previously provided a secure and verifiable document and affidavit of United States citizenship, no additional documentation of citizenship is required for renewal. If the applicant for renewal is not a United States citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for purpose of verifying citizenship and immigration status information of non-U.S. citizens. If the applicant for renewal is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal agency.

Cite as Ga. Comp. R. & Regs. R. 360-6-.11
Authority: O.C.G.A. Secs. 43-1-4, 43-1-31, 43-23-24.1, 43-34-24.1, 43-34-61, 43-34-63, 43-34-67.
History. Original Rule entitled "Disposal of Biohazard Material and Clean Needle Inventory Records and Used Needle Inventory Records" adopted as ER. 360-6-0.10-.11. F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the Agency, to be in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter is adopted, as specified by the Agency.
Amended: Permanent Rule entitled "License Renewal" adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Amended: F. July 8, 2004; eff. July 28, 2004.
Amended: F. Oct. 16, 2006; eff. Nov. 5, 2006.
Repealed: New Rule of same title adopted. F: May 11, 2012; eff. May 31, 2012.
Amended: F. Jan. 13, 2014; eff. Feb. 2, 2014.
Amended: F. Jan. 23, 2015; eff. Feb. 12, 2015.

Rule 360-6-.12. Disposal of Biohazard Material and Clean Needle Inventory Records and Used Needle Inventory Records.

(1) The practice of acupuncture and auricular (ear) detoxification is found to affect the public health, safety and welfare and is a proper subject of regulation.

(2) As acupuncture and auricular (ear) detoxification are prolonged invasive procedures of the human skin utilizing sharp instruments, all necessary precautions should be taken for the prevention of the transmission of the Human Immuno-deficiency Virus, (the virus known to cause Acquired Immune Deficiency Syndrome), Hepatitis B and C and other infectious diseases. Persons licensed under this Act and those exempt individuals practicing acupuncture should take all measures to conform to the most current recommendations of the Centers for Disease Control and Prevention (CDC) for preventing transmission of Human Immuno-deficiency Virus, Hepatitis B and C and other infectious diseases to patients during prolonged invasive procedures that are contained in the Morbidity and Mortality Weekly Report 1991; 40 (No. RR-8) pages 1-9. It is the responsibility of all persons currently licensed by the Board to maintain familiarity with these recommendations, which are considered by the Board to be the minimum standards of acceptable and prevailing medical practice. Failing to meet these minimum standards will be considered by the Board to be unprofessional conduct and subject to review and disciplinary action by the Board.

(3) Disposable acupuncture needles are considered a biohazard waste material and must be disposed of in accordance with all applicable federal and state laws, rules and regulations. To further ensure the public health and safety of the citizens of Georgia, persons licensed under this Act and exempt individuals practicing acupuncture must keep accurate medical and office records that reflect the following detailed information:

(a) Invoices for the purchase of disposable needles; and

(b) Documentive disposal of all needles and method of disposal.

(4) Records pertaining to needle purchase and needle disposal must be kept for a period of no less than five (5) years and are to be surrendered to the Board, when requested in writing by an authorized representative of the Board or requested by an agent of the Board, in reference to a complaint, allegation and/or investigation of the Board.

(5) All licensees licensed pursuant to this Act must file a notarized document, devised and approved by the Board, acknowledging that they have read, understand and are familiar with the Centers for Disease Control and Prevention (CDC) guidelines for preventing the transmission of the Human Immuno-deficiency virus, Hepatitis B and C and other infectious diseases. This document must be filed with the Board at the time of application and at each renewal cycle.

Cite as Ga. Comp. R. & Regs. R. 360-6-.12
Authority: O.C.G.A. Secs. 43-34-61, 43-34-63.
History. Original Rule entitled "Temporary Permits" adopted as ER. 360-6-0.10-.12. F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the Agency, to be in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter is adopted, as specified by the Agency.
Amended: Permanent Rule entitled "Disposal of Biohazard Material and Clean Needle Inventory Records and Used Needle Inventory Records" adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.

Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.

Rule 360-6-.13. Temporary Permits.

Temporary permits for the license of acupuncturists and auricular (ear) detoxification technicians may be issued by the Board.

Cite as Ga. Comp. R. & Regs. R. 360-6-.13
Authority: O.C.G.A. Sec. 43-34-63.
History. Original Rule entitled "Chiropractors Must Meet Acupuncturist Licensure Requirements" adopted as ER. 360-6-0.10-.13. F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the Agency, to be in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter is adopted, as specified by the Agency.
Amended: Permanent Rule entitled "Temporary Permits" adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Rule 360-6-.14. Chiropractors Must Meet Acupuncturists Licensure Requirements.

As stated in O.C.G.A. 43-9-16 and as amended by Section 1.1 of the Act, chiropractors who wish to practice acupuncture must meet the licensing requirements of the Act and the acupuncture rules promulgated by the Board. Chiropractor applicants must be licensed to practice as a chiropractor in the State of Georgia, have an active chiropractic license and be in good standing with the Georgia Board of Chiropractic Examiners. In compliance with the intent of the Georgia General Assembly, nothing in these rules shall be construed to prohibit a chiropractor who is licensed under Article 3 to perform acupuncture in Georgia from engaging in the practice of acupuncture. The Georgia Composite Medical Board, and no other examining board, shall have sole, exclusive and original jurisdiction over such chiropractors who have been granted a license to practice acupuncture in this State for the purpose of establishing standards for licensure of acupuncturists and for the enforcement of such standards of acupuncture through disciplinary action.

Cite as Ga. Comp. R. & Regs. R. 360-6-.14
Authority: O.C.G.A. Sec. 43-34-63.
History. Repealed: New Rule of same title adopted. F: May 11, 2012; eff. May 31, 2012.

Rule 360-6-.15. Unlicensed Practice.

(1) No person licensed under this Act may hold himself or herself out as licensed to practice medicine in the State of Georgia unless he or she is licensed by the Board to practice medicine.

(2) No person may advertise or hold himself out to the public as being a "Licensed Acupuncturist" or a licensed "Auricular Detoxification Technician" unless the person is licensed under this Act or otherwise exempt by law from licensure.

Cite as Ga. Comp. R. & Regs. R. 360-6-.15
Authority: O.C.G.A. Secs. 43-34-63, 43-34-72.
History. Original Rule entitled "Informed Consent for Treatment" adopted as ER. 360-6-0.10-.15. F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the Agency, to be in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter is adopted, as specified by the Agency.
Amended: Permanent Rule entitled "Unlicensed Practice" adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Rule 360-6-.16. Informed Consent for Treatment.

(1) Any person who undergoes acupuncture must consent in writing prior to such a procedure and shall be informed in general terms of the following:

(a) That an acupuncturist is not licensed to practice medicine in the State of Georgia;

(b) That an acupuncturist cannot practice medicine in the State of Georgia;

(c) That the acupuncturist is not making a medical diagnosis of the person's disease or medical condition;

(d) That, if the person wants to obtain a medical diagnosis, the person should see a licensed physician and seek medical advise from a licensed physician; and

(e) The nature and purpose of the acupuncture treatment being rendered.

(2) Any person who undergoes auricular (ear) detoxification must consent in writing prior to such a procedure and shall be informed in general terms of the following:

(a) That an Auricular (ear) Detoxification Technician is not licensed to practice medicine in the State of Georgia;

(b) That an Auricular (ear) Detoxification Technician cannot practice medicine in the State of Georgia;

(c) That an Auricular (ear) Detoxification Technician is not licensed to practice acupuncture in the State of Georgia;

(d) That an Auricular (ear) Detoxification Technician is not making a diagnosis of the person's disease or medical condition;

(e) That, if the person wants to obtain a medical diagnosis, the person should see a licensed physician and seek medical advice from a licensed physician; and

(f) The nature and purpose of the auricular (ear) detoxification therapy procedure being rendered.

(g) An Auricular (ear) Detoxification Technician is strictly limited to five ear points' treatment for detoxification for substance abuse, chemical dependency, or both.

(h) Persons licensed to practice acupuncture or auricular (ear) detoxification must use a Board approved, standardized "informed consent" form for each person treated. The form shall be signed and dated by both practitioner and patient prior to the rendering of services.

Cite as Ga. Comp. R. & Regs. R. 360-6-.16
Authority: O.C.G.A. Secs. 43-34-63, 43-34-68.
History. Original Rule entitled "Imposition of Sanctions. Use of Referral Fees Prohibited" adopted as ER. 360-6-0.10-.16. F. Aug. 10, 2000; eff. Aug. 21, 2000, as specified by the Agency, to be in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter is adopted, as specified by the Agency.
Amended: Permanent Rule entitled "Informed Consent for Treatment" adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Rule 360-6-.17. Imposition of Sanctions. Use of Referral Fees Prohibited.

The Board, in consultation with the Advisory Committee, may:

(1) Impose any sanction authorized under subsection (d) of O.C.G.A. 43-1-19 upon a finding of any conduct specified in subsection (a) of O.C.G.A. 43-1-19; or

(2) Make a finding that such conduct involved dividing or agreeing to divide a fee for acupuncture services with any person who refers a patient.

Cite as Ga. Comp. R. & Regs. R. 360-6-.17
Authority: O.C.G.A. Secs. 43-34-63, 43-34-69.
History. Original Rule entitled "Imposition of Sanctions. Use of Referral Fees Prohibited" adopted. F. Nov. 20, 2000; eff. Dec. 10, 2000.
Repealed: New Rule of same title adopted. F. Jan. 16, 2001; eff. Feb. 5, 2001.

Rule 360-6-.18. Inactive Status.

(1) A person who wishes to maintain his or her Acupuncturist license, but who does not intend to practice Acupuncture, may apply to the Board for inactive status by submitting an application and the fee.

(a) An individual with an inactive license may not practice as an Acupuncturist in this State.

(b) In order to reinstate an Acupuncturist license, the Board must receive a completed application and reinstatement fee. The applicant must be able to demonstrate to the satisfaction of the Board that he or she has maintained current knowledge, skill and proficiency in Acupuncture and that he or she is mentally and physically able to practice with reasonable skill and safety.

(2) A person who wishes to maintain his or her Auricular Detoxification Technician license, but who does not intend to practice auricular detoxification therapy, may apply to the Board for inactive status by submitting an application and the fee.

(a) An individual with an inactive license may not practice as an Auricular Detoxification Technician in this State.

(b) In order to reinstate a license to practice as an Auricular Detoxification Technician, the Board must receive a completed application and a reinstatement fee. The applicant must be able to demonstrate to the satisfaction of the Board that he or she has maintained current knowledge, skill and proficiency in Auricular Detoxification Therapy and that he or she is mentally and physically able to practice with reasonable skill and safety.

(3) Reinstatement of the license is within the discretion of the Board.

Cite as Ga. Comp. R. & Regs. R. 360-6-.18
Authority: O.C.G.A. Secs. 43-1-22, 43-34-62, 43-34-67.
History. Original Rule entitled "Inactive Status" adopted. F. Dec. 10, 2004; eff. Dec. 30, 2004.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Chapter 360-7. PROVISIONAL LICENSES.

Rule 360-7-.01. Provisional Licenses.

As provided in Georgia law, no new provisional licenses will be issued. Those provisional licenses that were previously issued on or before April 16, 1979 may be renewed, as provided by law, on an annual basis upon completion of a renewal form and payment of the appropriate renewal fee. In addition, provisional licensees, as a condition of maintaining their license, must obtain documentation on a form approved by the Board, showing that they are working under the supervision of a physician who meets the Board's approval and who holds an unrestricted license to practice medicine in the State of Georgia.

Cite as Ga. Comp. R. & Regs. R. 360-7-.01
Authority: O.C.G.A. Secs. 43-1-2, 43-1-4, 43-1-7, 43-34-5, 43-34-34.
History. Original Rule entitled "Provisional Licenses" adopted. F. Dec. 16, 1974; eff. Jan. 5, 1975.
Amended: F. June 17, 1985; eff. July 7, 1985.
Amended: F. May 20 1988; eff. June 9, 1988.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Chapter 360-8. PAIN MANAGEMENT CLINICS.

Rule 360-8-.01. Definitions.

(1) 'Annual patient population' means persons seen by a clinic or practice in a 12 month calendar year but shall not include persons that are patients of a nursing home, home health agency or hospice licensed pursuant to Chapter 7 of Title 31.

(2) 'Board' means the Georgia Composite Medical Board created by Code Section 98 43-34-2.

(3) 'Chronic pain' means physical pain treated for a period of 90 days or more in a year but shall not include perioperative pain, which shall mean pain immediately preceding and immediately following a surgical procedure, when such perioperative pain is being treated in connection with a surgical procedure by a licensed health care professional acting within the scope of his or her license.

(4) 'License' means a valid and current certificate of registration issued by the board pursuant to this article which shall give the person to whom it is issued to engage in the practice prescribed thereon.

(5) 'Licensee' means any person holding a license under this article.

(6) 'Medical treatment' and 'medical services' means the treatment of chronic pain.

(7) 'Medical treatment or services' means for purposes of Chapter 360-8, medical treatment and services include, but are not limited to, the evaluation, diagnosis, and/or treatment of any medical complaint or condition, including prescribing and/or ordering medication, administering therapy, and/or any surgical procedure.

(8) 'Nonterminal condition' means a medical condition which is reversible, where there is a reasonable hope of recovery, and where the patient's medical prognosis is a life expectancy of two years or more.

(9) 'Pain management clinic' means a medical practice advertising 'treatment of pain' or utilizing 'pain' in the name of the clinic or a medical practice or clinic with greater than 50 percent of its annual patient population being treated for chronic pain for nonterminal conditions by the use of Schedule II or III controlled substances. This term shall not include any clinic or practice owned, in whole or in part, or operated by a hospital

licensed pursuant to Chapter 7 of Title 31 or by a health system or any ambulatory surgical center, skilled nursing facility, hospice, or home health agency licensed pursuant to Chapter 7 of Title 31.

(10) 'Proof of Ownership' includes official documents such as incorporation papers filed with Secretary of State, a business license issued to the location identified in the application, lease agreements, bank accounts, information related to billing practices of the business, evidence related to form of payment for the owners of the clinic and physicians practicing at the clinic, and any other documentation that the Board may need to determine actual ownership.

(11) 'Person' means a natural person.

(12) 'Physician' means a person who possesses a current, unrestricted license to practice medicine in the State of Georgia pursuant to Article 2 of this chapter.

Cite as Ga. Comp. R. & Regs. R. 360-8-.01
Authority: O.C.G.A Sections 43-34-281, 43-34-282.
History. Original Rule entitled "Procedural Rules" adopted. F. Mar. 30, 1976; eff. Apr. 19, 1976.
Repealed: F. Nov. 12, 2009; eff. Dec. 2, 2009.
Adopted: New Rule entitled "Definitions." F. Jun. 23, 2014; eff. July 13, 2014

Rule 360-8-.02. Standards of Operation.

(1) Each location of a clinic where a physician practices pain management must be licensed.

(2) A new pain management clinic license must be obtained if there is a change in ownership or a change in location.

(3) No pain management clinic shall provide medical treatment or services unless a physician, a physician assistant authorized to prescribe controlled substances under an approved job description, or an advanced practice registered nurse authorized to prescribe controlled substances pursuant to a physician protocol is on-site at the pain management clinic. This rule shall not apply to a certified registered nurse anesthetist practicing pursuant to Code Section 43-26-11.1, so long as

(a) the patient has previously been examined by a physician and such physician has issued a written order for such patient to receive medical treatment or services and

(b) the pain management clinic has obtained written consent of the patient prior to any medical treatment or services being provided by the certified registered nurse anesthetist regarding the medical treatment or services to be performed, the risks of the medical treatment or services to be performed, and that a physician may or may not be on-site.

(4) No licensed physician can own a pain management clinic if the physician, during the course of his or her practice, has been denied the privilege of prescribing, dispensing, administering, supplying or selling any controlled substance, or has had board action against his or her medical license as a result of dependency on alcohol or drugs.

(5) No person can own a pain management clinic if he or she has been convicted of a felony. For purposes of this rule, the term "convicted of a felony" shall include a conviction of an offense which if committed in this state would be deemed a felony under either state or federal law, without regard to its designation elsewhere. As used in this paragraph, the term "conviction" shall include a finding or verdict of guilt, a plea of guilty resulting in first offender status, or a plea of nolo contendere in a criminal proceeding, regardless of whether the adjudication of guilt or sentence is withheld or not entered thereon.

(6) The owner of the clinic and the physicians practicing in the clinic shall be responsible for compliance with all the laws and rules and regulations regulating the practice of medicine and the laws and rules and regulations pertaining to the controlled substances.

(7) The license issued by the Board shall be displayed in a conspicuous place.

(8) All pain management clinics that dispense controlled substances or dangerous drugs shall be registered with the Georgia State Board of Pharmacy as required by Chapter 4 of Title 26.

(9) Each physician owning or practicing in a pain management clinic must register with the Georgia Prescription Monitoring Program ("PDMP"). See link www.gdna.ga.gov. Each physician practicing at a pain clinic must regularly check the PDMP on all new and existing patients.

(10) The Board shall have the power to reprimand, cancel, suspend, revoke, or otherwise restrict any license or permit issued by the Board.

(11) Any person who operates a pain management clinic in the State of Georgia without a license shall be guilty of a felony.

Cite as Ga. Comp. R. & Regs. R. 360-8-.02
Authority: O.C.G.A. §§ 43-26-11.1, 43-34-283.
History. Original Rule entitled "Standards of Operation" adopted. F. Jun. 23, 2014; eff. July 13, 2014.
Repealed: New Rule of same title adopted. F. Aug. 14, 2018; eff. Sept. 3, 2018.

Rule 360-8-.03. Pain Management Clinic License Requirements.

(1) Effective July 1, 2013, all pain management clinics must hold a license issued by the Board to operate in this state, and must be owned by physicians holding current licenses to practice in this state.

(a) A pain management clinic who can present satisfactory evidence to the Board of being in existence on June 30, 2013, may also qualify for a licenses at each location if it is jointly owned by one or more Georgia licensed physicians and one or more Georgia licensed physician assistants or Georgia licensed advanced practice registered nurses. However, the non-physician owners must meet all the qualifications for licensure except being a licensed physician.

(b) A pain management clinic who can present satisfactory evidence to the Board of being in existence on June 30, 2013, may also qualify for a license at ONE location even though it is not wholly owned by Georgia licensed physicians. However, the owners must meet all the qualifications for licensure except being a licensed physician.

(2) All applicants for licensure as pain management clinic must submit an application on a form approved by the Board for each location and a non-refundable application fee for each application, and must submit all of the following:

(a) An affidavit from each owner that each owner is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.

(b) A secure and verifiable document from each owner.

(c) Proof that each licensed owner who holds a license to practice healthcare in this state and each physician, physician assistant and advanced practice registered nurse who practices at the clinic are in good standing with the Board or their respective licensing board.

(d) Each owner, principal, manager, agent, officer, and licensed health care practitioner must pass a criminal background check and further investigation, at the Board's discretion.

(e) Each owner must submit an affidavit of ownership and current photograph.

(f) A National Practitioner Data Bank and Health Integrity and Protection Data Bank Report is required for all health care providers owning or practicing in the pain management clinic.

(g) A copy of the current Drug Enforcement Administration (DEA) card for all owners and all health care providers practicing in the pain management clinic that holds such license.

(h) Proof of ownership.

(3) Pain management clinic applications are valid for six month from initial receipt.

(4) The Board may require the owner and/or physician(s) practicing at the pain management clinic to appear for a personal interview before the Licensure Committee of the Board.

(5) The physical location of the applicant pain management clinic may be inspected before the application is considered. In addition, if a license is granted, the pain management clinic may be inspected at the Board's discretion at any time. The pain management clinic must have the necessary medical equipment to provide the medical treatment or service offered and must comply with sanitation standards.

(6) An application may be denied for any of the reasons authorized by law, or the Board may grant a license with restrictions.

Cite as Ga. Comp. R. & Regs. R. 360-8-.03
Authority: O.C.G.A. Sections 43-34-5, 43-34-8, 43-34-282, 43-34-283, 43-34-284, 43-34-286, and 43-34-288.
History. Original Rule entitled "Pain Management Clinic License Requirements" adopted. F. Jun. 23, 2014; eff. July 13, 2014.

Rule 360-8-.04. Denial of Licensure.

(1) The Board will deny a pain clinic license application if a physician practicing at the clinic has been convicted of a felony unless the Board finds through evidence satisfactory to the Board that the felony is no longer relevant to the physician's ability to safely practice in a pain management clinic. For purposes of this rule, the term "convicted of a felony" shall include a conviction of an offense which if committed in this state would be deemed a felony under either state or federal law, without regard to its designation elsewhere. As used in this paragraph, the term "conviction" shall include a finding or verdict of guilt, a plea of guilty resulting in first offender status, or a plea of nolo contendere in a criminal proceeding, regardless of whether the adjudication of guilt or sentence is withheld or not entered thereon.

(2) The Board will deny a pain clinic license application if a physician practicing at the clinic, during the course of his or her practice, has been denied the privilege of prescribing, dispensing, administering, supplying, or selling any controlled substance, or if the physician, during the course of his or her practice, had board action taken against his or her medical license as a result of dependency on drugs or alcohol unless the Board finds through evidence satisfactory to the Board that the prior disciplinary action, denial

of privileges relative to controlled substances or impairment is no longer relevant to the physician's ability to safely practice in a pain management clinic.

(3) The Board may deny a license for a pain management clinic for any of the reasons set forth in O.C.G.A. Sections 43-34-8, 43-34-283 and /or 43-34-284.

(4) If the Board intends to deny the license, the applicant shall be allowed to appear before the board, if the applicant so requests, prior to the board making a final decision regarding the issuance of the license.

Cite as Ga. Comp. R. & Regs. R. 360-8-.04
Authority: O.C.G.A. Sections 43-34-5, 43-34-8, 43-34-9, 43-34-282, 43-34-283, 43-34-284, 43-34-286, and 43-34-288.
History. Original Rule entitled "Denial of Licensure" adopted. F. Jun. 23, 2014; eff. July 13, 2014.

Rule 360-8-.05. Notifications to the Board.

(1) The licensee shall notify the Board **within ten business days** upon the occurrence of any of the following:

(a) Permanent closing of a licensed pain management clinic;

(b) Any theft or loss of drugs or devices of a licensed pain management clinic;

(c) Any known conviction of any employee of a licensed pain management clinic of any state or federal drug laws;

(d) Any known conviction based upon charges of fraud of any employee of a licensed pain management clinic; or

(e) Disasters, accidents, theft, destruction, or loss of records of a licensed pain management clinic required to be maintained by state or federal law or the rules of the board.

(f) If there is a death of a patient due to medication.

(g) Any malpractice settlements or disciplinary actions imposed against the owners or physicians practicing in the clinic

(h) Impairment of any physician, physician assistant or advanced practice registered nurse practicing in the clinic.

(i) Revocation of the license of another pain management clinic in this or other states owned by the same owners.

(j) Notification if the DEA of an owner of physician, physician assistant or advanced practice registered nurse is revoked or surrendered.

(k) Termination of employment of a physician, physician assistant and advanced practice registered nurse from a licensed pain management clinic;

(2) The licensee must notify the Board at least ten (10) days **prior to the occurrence** of the following:

(a) Change of ownership, name, management, or location of a licensed pain management clinic; the license is non-transferrable so the license immediately becomes void and inactive upon a change in ownership or location.

(b) Employment of a new physicians, physician assistant, or advanced practice registered nurse in a licensed pain management clinic. The notification must be on a form approved by the Board and must include appropriate supplemental documentation including a criminal background check. Although prior approval by the Board is not required, the employment of a person who does not qualify for employment at a pain clinic under the law and rules of the Board is grounds for disciplinary action against the clinic license. A clinic license holder may voluntarily submit notification with a request for prior Board approval to verify that a person does qualifies for employment under the laws and rules of the Board.

Cite as Ga. Comp. R. & Regs. R. 360-8-.05
Authority: O.C.G.A. §§ 43-34-5, 43-34-283, 43-34-285(8).
History. Original Rule entitled "Notifications to the Board" adopted. F. Jun. 23, 2014; eff. July 13, 2014.
Amended: F. Jan. 23, 2015; eff. Feb. 12, 2015.
Repealed: New Rule of same title adopted. F. Dec. 20, 2015; eff. Jan. 9, 2016.

Rule 360-8-.06. Renewals and Continuing Education.

(1) All active licenses must be renewed every two years. This may be done through mail. A pain management clinic may not operate after the expiration date of the license. A license must be renewed biennially by June 30th, and the licensee must establish satisfaction of Board-approved continuing education requirements to be eligible for renewal.

(2) All physicians owning and/or practicing in a pain management clinic must biennially document competence to the Board for purposes of renewal by providing one of the following:

(a) evidence of having obtained during the preceding two (2) years, twenty (20) hours of continuing medical education ("CME") pertaining to pain management or palliative medicine except as provided below. Such CME must be an AMA/AOA PRA Category I CME, a board approved CME program, or any federally approved

CME. The CME obtained pursuant to this rule may count towards the CME required for individual physician license renewal; or

(i) All physicians owning and/or practicing in a pain management clinic that has a pain clinic license that has been active less than two years, must provide evidence of having obtained during that time, at least ten (10) hours of CME pertaining to pain management or palliative medicine. Such CME must be an AMA/AOA PRA Category I CME, a board approved CME program, or any federally approved CME. The CME obtained pursuant to this rule may count towards the CME required for individual physician license renewal;

(b) evidence of current certification or eligibility for certification in pain management or palliative medicine as approved by the Board. The Board recognizes certifications in pain medicine or palliative medicine by the American Board of Medical Specialties or the American Osteopathic Association, the American Board of Pain Medicine and the American Board of Interventional Pain Physicians.

(3) Licensees have the right to obtain a late renewal of their licenses during the three (3) month period immediately following the expiration date. During this period, the penalty for late renewal applies. A pain management clinic may not operate after the expiration date of the license.

(4) The fee for renewals and late renewals shall be designated in the fee schedule.

(5) The Board shall administratively revoke any license not renewed prior to the expiration of the late renewal period. Such revocation removes all rights and privileges to operate a pain management clinic in this State. A license that is so revoked may only be reinstated in the sole discretion of the Board. Revocation for failure to renew may be reported to the public and to other state licensing boards, and will be reported as a revocation for failure to renew. Revocation for failure to renew is not considered a disciplinary revocation. However, the license may only be reinstated through application.

Cite as Ga. Comp. R. & Regs. R. 360-8-.06
Authority: O.C.G.A. §§ 43-34-5, 43-34-11, 43-34-283, 43-34-287.
History. Original Rule entitled "Renewals and Continuing Education" adopted. F. June 23, 2014; eff. July 13, 2014.
Repealed: New Rule of same title adopted. F. June 29, 2016; eff. July 19, 2016.

Rule 360-8-.07. Exemptions.

Licensure under this Chapter shall not be required for any clinic or practice owned, in whole or in part, or operated by a hospital licensed pursuant to Chapter 7 of Title 31 or by a health system or any ambulatory surgical center, skilled nursing facility, hospice, or home health agency licensed pursuant to Chapter 7 of Title 31.

Cite as Ga. Comp. R. & Regs. R. 360-8-.07
Authority: O.C.G.A. Sections 43-34-5, 43-34-282, and 43-34-283.
History. Original Rule entitled "Exemptions" adopted. F. Jun. 23, 2014; eff. July 13, 2014.

Rule 360-8-.08. Annual Reporting by Hospital Clinics.

By March 1st of each year, every hospital that operates an outpatient clinic at its main facility or at any satellite facility with greater than 50 percent of such clinic's annual patient population being treated for chronic pain for non-terminal conditions by the use of Schedule II or III controlled substances shall submit a form approved by the Board to notify the Board of such clinic. Such notification shall identify the address of the outpatient clinic and the name or names of the physicians practicing at such clinic.

Cite as Ga. Comp. R. & Regs. R. 360-8-.08
Authority: O.C.G.A. Sections 43-34-5, 43-34-282, and 43-34-289.
History. Original Rule entitled "Annual Reporting by Hospital Clinics" adopted. F. Jun. 23, 2014; eff. July 13, 2014.

Rule 360-8-.09. Disciplinary Actions.

The Board can take disciplinary action including revocation against a licensed pain management clinic upon a finding that the owner or a physician practicing in the clinic has engaged in conduct identified in O.C.G.A. Section 43-34-8 as a ground for disciplinary action or as provided in O.C.G.A. Section 43-34-284.

Cite as Ga. Comp. R. & Regs. R. 360-8-.09
Authority: O.C.G.A. Section 43-34-284.
History. Original Rule entitled "Disciplinary Actions" adopted. F. Jun. 23, 2014; eff. July 13, 2014.

Rule 360-8-.10. Reinstatement.

(1) A license which is revoked for failure to renew may be reinstated upon the discretion of the Board upon receipt of a reinstatement application and fee.

(2) Applicants for reinstatement must be owned by a physician. If the clinic's original license was issued under the grandfather clause, the clinic must now meet the requirements of 360-8-.02,"Pain Management Clinic License Requirements."

(3) The Board may also require the applicant to meet with the Board or a committee of the Board.

(4) Each owner, principal, manager, agent, officer, and licensed health care practitioner must pass a criminal background check and further investigation, at the Board's discretion.

(5) This provision of this rule shall not be construed to limit the ability of the Board to impose sanctions for continuing to practice with an expired license.

(6) Reinstatement of the license is within the discretion of the Board.

(7) The Board may deny reinstatement if it determines that the granting or renewing of such license would not be in the public interest.

(8) The denial of reinstatement is not a contested case, but the applicant shall be entitled to an appearance before the Board.

Cite as Ga. Comp. R. & Regs. R. 360-8-.10
Authority: O.C.G.A. Section 43-34-287.
History. Original Rule entitled "Reinstatement" adopted. F. Jun. 23, 2014; eff. July 13, 2014.

Chapter 360-9. TEACHER'S LICENSES.

Rule 360-9-.01. Eligibility.

(1) The Board may issue, in its discretion, without examination, a teacher's license to physicians licensed and in good standing in other states and foreign countries for the sole purpose of teaching or demonstrating medicine in a Board approved medical college or its affiliated clinic in this State. The Board will consider each request for a teacher's license on a case-by-case basis.

(2) Applicants for a teacher's license must complete an application form approved by the Board. Such application must be submitted and approved by the Board, including all required documentation, signatures, seals and payment of the appropriate fees before an applicant can be approved for a teacher's license. No temporary teacher's license shall be issued.

(3) To be eligible for a teacher's license, an applicant must submit evidence on a form approved by the Board, signed by the dean of the Board approved medical school, which certifies that the applicant is considered a distinguished medical scholar or can make a significant contribution to the school's teaching program. The Board approved school shall state the expected duration of the applicant's appointment, and shall notify the Board of the termination of the appointment.

(4) The applicant must show proof of being currently licensed and in good standing in another state or foreign country.

Cite as Ga. Comp. R. & Regs. R. 360-9-.01
Authority: O.C.G.A. 43-1-2, 43-1-4, 43-1-7, 43-34-24(c) and 43-34-29(1).
History. Original Rule entitled "Registration: Fees" was filed as Emergency Rule 360-9-0.2-.01 on July 29, 1976, to become effective on date of filing, to remain in effect for a period of 120 days or until the adoption of a permanent

Rule superseding said Emergency Rule, as specified by the Agency.
Amended: Permanent Rule of the same title adopted. Filed October 20, 1976; effective November 9, 1976.
Amended: Rule repealed and a new Rule entitled "Eligibility" adopted. Filed May 20, 1988; effective June 9, 1988.

Rule 360-9-.02. Limitations.

(1) An applicant who is approved for a teacher's license may only teach or demonstrate medicine in a Board approved medical college of its affiliated clinic. For purposes of this Rule, a Board approved medical college shall be one approved by the Liaison Committee of Medical Education (L.C.M.E.). Under no circumstances shall such a license holder be authorized to open an office for the practice of medicine. The teacher's license shall be valid only so long as the license holder currently holds an appointment as a faculty member at such an approved medical college. The expiration date of the teacher's license shall be determined based upon the expected duration of the appointment and shall be renewable only at the discretion of the Board. The license shall automatically expire upon termination of the appointment if such date occurs earlier than that listed on the license. In any event, such license shall expire two years from the date of issuance. Renewal of the license after two years shall be authorized only if the Board determines that such renewal is in the best interest of the public. The holder of a teacher's license shall not be authorized to possess a DEA registration for the prescribing, dispensing, etc. of controlled substances.

(2) In no event shall a Teacher's License be renewed more than once.

Cite as Ga. Comp. R. & Regs. R. 360-9-.02
Authority: O.C.G.A. 43-1-2, 43-1-4, 43-1-7, 43-34-24(c) and 43-34-29(1).
History. Original Rule entitled "Renewal Fees" was filed as Emergency Rule 360-9-0.2-.02 on July 29, 1976, to become effective on date of filing to remain in effect for a period of 120 days or until the effective date of a permanent Rule superseding said Emergency Rule, as specified by the Agency.
Amended: Permanent Rule of the same title adopted. Filed October 20, 1976; effective November 9, 1976.
Amended: Rule repealed and a new Rule of the same title adopted. Filed June 28, 1982; effective July 18, 1982.
Amended: Rule repealed and a new Rule entitled "Limitations" adopted. Filed May 20, 1988; effective June 9, 1988.
Amended: F. Apr. 9, 1990; eff. Apr. 29, 1990.

Rule 360-9-.03. Disclosure.

In any case where the holder of a teacher's license engages in teaching or demonstrating medicine in a Board approved medical college or its affiliated clinic which involves direct patient contact, disclosure shall be made to such patient that the procedure is being performed by a person who holds a teacher's license who is not otherwise licensed to practice medicine in the State of Georgia.

Cite as Ga. Comp. R. & Regs. R. 360-9-.03
Authority: O.C.G.A. 43-1-2, 43-1-4, 43-1-7, 43-34-24(c) and 43-34-29(1).

History. Original Rule entitled "Disclosure" was filed on May 20, 1988; effective June 9, 1988.

Rule 360-9-.04. Disciplinary Provisions.

The holder of a teacher's license shall be subject to all disciplinary provisions of O.C.G.A. § 43-34-37, O.C.G.A. § 43-1-19 and Board Rule 360-2-.09 and shall at all times be expected to comply with the minimal standards of acceptable and prevailing medical practice in this State.

Cite as Ga. Comp. R. & Regs. R. 360-9-.04
Authority: O.C.G.A. 43-1-2, 43-1-4, 43-1-7, 43-34-24(c) and 43-34-29(1).
History. Original Rule entitled "Disciplinary Provisions" was filed on May 20, 1988; effective June 9, 1988.

Chapter 360-10. INSTITUTIONAL LICENSES.

Rule 360-10-.01. Institutional Licenses.

(1) Definitions:

(a) "Applicant" means a physician who is invited to treat patients at a hospital licensed by the Department of Community Health, serve as a clinical faculty member of a board-approved medical school or teaching hospital within this State, or work at a clinic within this State that services Medicaid, indigent, or underserved populations.

(b) "Institution" means a hospital licensed by the Department of Community Health, a board-approved medical school, a teaching hospital within this State, or a clinic within this State that services Medicaid, indigent, or underserved populations.

(c) "Exceptional circumstances" means information demonstrating that the applicant has valuable, unique, or otherwise relevant expertise that would benefit the institution.

(2) The Georgia Composite Medical Board shall issue institutional licenses under exceptional circumstances to graduates of international medical schools who an institution wishes to employ but who do not have an independent license to practice medicine in the State of Georgia. The license is jointly awarded to the applicant and the institution and the practice is limited as provided in Rule 360-10-.07.

(3) If the institution is a hospital licensed by the Department of Community Health but is not a teaching hospital, to qualify for Exceptional Circumstances consideration, the institution must submit a written attestation to the Board to demonstrate exceptional circumstances. The applicant must be a graduate of an international medical school, and the applicant must be unable to qualify for licensure under the provisions of O.C.G.A. Section 43-34-26.

(4) If the institution is a board-approved medical school or teaching hospital within this state, to qualify for Exceptional Circumstances consideration, the institution must submit a written attestation to the Board to demonstrate exceptional circumstances. The applicant must be a graduate of an international medical school, and the applicant must be unable to qualify for licensure under the provisions of O.C.G.A. 43-34-26.

(5) If the institution is a clinic that services Medicaid, indigent, or underserved populations, to qualify for Exceptional Circumstances consideration, the institution must submit a written attestation to the Board to demonstrate exceptional circumstances. The applicant must be a graduate of an international medical school, and the applicant must be unable to qualify for licensure under the provisions of O.C.G.A. 43-34-26.

Cite as Ga. Comp. R. & Regs. R. 360-10-.01
Authority: §§ O.C.G.A. 43-34-5(c)(1), 43-34-26, 43-34-33.
History. Original Rule entitled "Institutional Licenses" adopted. F. Aug. 22, 1977; eff. Sept. 11, 1977.
Repealed: F. June 17, 1985; eff. July 7, 1985.
Amended: New Rule entitled "Institutional Licenses" adopted. F. May 20, 1988; eff. June 9, 1988.
Repealed: New Rule of same title adopted. F. Nov. 12, 2009; eff. Dec. 2, 2009.
Repealed: New Rule of same title adopted. F. Jun. 23, 2014; eff. July 13, 2014.
Repealed: New Rule of same title adopted. F. Mar. 17, 2021; eff. Apr. 6, 2021.

Rule 360-10-.02. Applications.

(1) The application form shall be completed according to the instructions provided in the application.

(2) Applications must be complete, including all required documentation, signatures and seals. Application files are not considered completed until all required information, documentation and fees have been received by the Board.

(3) No application will be considered by the Board until the application is complete.

(4) Applicants shall inform the Board in writing within 10 days of a change of address while an application is pending.

(5) Application fees are nonrefundable.

(6) Deposit of an application fee by the Board does not indicate acceptance of the application or that any other licensing requirements have been fulfilled.

(7) Incomplete applications that have been on file with the Board for more than one year shall be deemed invalid. No further action will take place on applications that have been incomplete for more than a year until a new application is received in accordance with the provisions of this chapter with the appropriate application fee.

Cite as Ga. Comp. R. & Regs. R. 360-10-.02
Authority: O.C.G.A. Secs. 43-34-5, 43-34-26, 43-34-27, 43-34-28, 43-34-33.
History. Original Rule entitled "Applications" adopted. F. Nov. 12, 2009; eff. Dec. 2, 2009.

Rule 360-10-.03. Requirements for Licensure.

(1) The standards for receiving such a license may be different from those for receiving an unrestricted license to practice medicine in this state. In granting these institutional licenses the Board shall consider the following qualifications:

(a) Education: Any international medical school graduate applying for an institutional license shall possess basic qualifications and background as any other physician applying for a license in the state. This shall include good moral character, and any other basic background qualifications required by O.C.G.A. 43-34.

1. All other foreign medical schools must have a program of education in the science and art of medicine leading to a medical doctor degree or the medical doctor equivalent that requires a minimum of two (2) years of pre-medical training which includes at least 130 weeks of instruction. Applicants must have official transcripts that include at least 130 weeks of instruction.

2. Applicants must have official transcripts of all medical and premedical education mailed directly to the Board from the school where such education was taken. If the transcripts are in a foreign language, applicants must furnish a certified English translation. Transcripts must include the dates the applicant attended the school and the grades received in all courses taken to fulfill the requirements of the degree granted. In the Board's discretion, the transcript requirement may be waived and the results of the Federation of State Medical Boards (FSMB) verification service may be accepted if the applicant adequately demonstrates that all diligent efforts have been made to secure transcripts from the school.

(2) English language proficiency: Any applicant the institution considers for employment must demonstrate satisfactory competence in the English language by such reasonable means as the Board may prescribe.

(3) Experience: In determining competence the Board may consider the following criteria as may be necessary to determine if the applicant is in fact a competent physician: Professional attainments indicative of competence, such as specialty board certification; Licensure in foreign jurisdiction or in another State; and Reference letters from duly licensed physicians who have direct and first hand knowledge of the applicant's ability; .

(4) Training: Proof of AMA or AOA approved post graduate residency training or such other training as approved by the Board.

(5) Examination: Successful completion of physician licensure examination or such examination as the Board may deem necessary. In the event that the Board determines the examination of an applicant to be necessary to determine competence, such examination may be of any type as listed, or any combination thereof:

(a) oral;

(b) written; and/or

(c) practical,

(6) The institution should submit information concerning the supervisory oversight of the institutional physician applicant such as the name of the supervisor, the type of supervision being provided, and the place of supervision.

(7) Board may require the physician applicant and a representative of the institution to appear for a personal interview before the Board or the committee.

(8) Nothing in this rule shall be construed to prevent the Board from denying or conditionally granting an application for licensure.

Cite as Ga. Comp. R. & Regs. R. 360-10-.03
Authority: O.C.G.A. Secs. 43-34-5, 43-34-26, 43-34-27, 43-34-28, 43-34-33.
History. Original Rule entitled "Requirements for Licensure" adopted. F. Nov. 12, 2009; eff. Dec. 2, 2009.
Repealed: New Rule of same title adopted. F. Jun. 23, 2014; eff. July 13, 2014.

Rule 360-10-.04. Renewal.

(1) Each licensee shall notify the Board within thirty (30) days, in writing, of all changes of address. Any mailing or notice from the Board shall be considered to be served on the licensee's last address on file with the Board.

(2) All active licenses must be renewed every two years. This may be done via the internet or through mail. A medical licensee may not practice medicine after the expiration date of the license. Institutional licenses expire biennially on June 30th and the licensee must establish satisfaction of Board-approved continuing education requirements to be eligible for renewal.

(3) To be eligible for renewal, the license holder must furnish certification that he or she continues to be an employee of the Institution where he or she is employed as indicated on the renewal form, complete Board approved continuing education of not less than 40 hours of Category I AMA approved credits annually and submit the appropriate fee.

(4) Licensees have the right to obtain a late renewal of their licenses during the three (3) month period immediately following the expiration date. During this period, the penalty fee for late renewal applies.

(5) The Board shall administratively revoke any license not renewed prior to the expiration of the late renewal period. Such revocation removes all rights and privileges to practice medicine and surgery in this State. A licensee who is so revoked must re-apply for licensure to be considered for reinstatement. Revocation for failure to renew may be reported to the public and to other state licensing boards, and will be reported as a revocation for failure to renew. Revocation for failure to renew is not considered a disciplinary revocation. However, the license may only be reinstated through application.

(6) The fee for renewals and late renewals shall be designated in the fee schedule. Deposit of the renewal fee by the Board does not indicate acceptance of the renewal application or that any permit requirements have been fulfilled.

Cite as Ga. Comp. R. & Regs. R. 360-10-.04
Authority: O.C.G.A. Secs. 43-34-5, 43-34-6, 43-34-11.
History. Original Rule entitled "Renewal" adopted. F. Nov. 12, 2009; eff. Dec. 2, 2009.
Repealed: New Rule of same title adopted. F. Jun. 23, 2014; eff. July 13, 2014.

Rule 360-10-.05. Termination of Institutional License.

(1) An institutional license shall be considered void and shall terminate whenever the holder ceases to be employed by the institution.

(2) The Board has the right to refuse to renew or to suspend or revoke an institutional license based on any of the grounds enumerated in O.C.G.A. Section 43-34-8.

(3) Should any institutionally licensed physician wish to surrender the license, he/she shall notify the Georgia Composite Medical Board of this intention in writing by certified mail or by hand delivery and shall immediately return his/her license to the Board. Should a disciplinary proceeding by the Board be pending at the time of such surrender, such surrender shall have the same effect as a revocation of a license and be reportable as a disciplinary action.

Cite as Ga. Comp. R. & Regs. R. 360-10-.05
Authority: O.C.G.A. § 43-34-8.
History. Original Rule entitled "Termination of Institutional License" adopted. F. Nov. 12, 2009; eff. Dec. 2, 2009.
Repealed: New Rule of same title adopted. F. Jun. 23, 2014; eff. July 13, 2014.
Repealed: New Rule of same title adopted. F. Mar. 17, 2021; eff. Apr. 6, 2021.

Rule 360-10-.06. Reporting Requirements for Institutional License Holders.

The Institution must report to the Board the following within 15 days of the event:

(a) the institutional license holder's withdrawal or termination and the reasons for such termination or withdrawal;

(b) the occurrence of any of the events identified as grounds for disciplinary action or as violations enumerated in O.C.G.A. § 43-34-8 or a practice restriction taken against license holder.

Cite as Ga. Comp. R. & Regs. R. 360-10-.06
Authority: O.C.G.A. Secs. 43-34-5, 43-34-8, 43-34-33.
History. Original Rule entitled "Reporting Requirements for Institutional License Holders" adopted. F. Nov. 12, 2009; eff. Dec. 2, 2009.
Repealed: New Rule of same title adopted. F. Jun. 23, 2014; eff. July 13, 2014.

Rule 360-10-.07. Limitations Upon Institutional Licenses.

(1) Definitions:

(a) "Applicant" means a physician who is invited to treat patients at a hospital licensed by the Department of Community Health, serve as a clinical faculty member of a board-approved medical school or teaching hospital within this State, or work at a clinic within this State that services Medicaid, indigent, or underserved populations.

(b) "Institution" means a hospital licensed by the Department of Community Health, a board-approved medical school, a teaching hospital within this State, or a clinic within this State that services Medicaid, indigent, or underserved populations.

(c) "Supervisor" means a physician who has an unrestricted license to practice medicine in this State and whose scope of practice is similar to that of the applicant physician.

(d) "Supervisory Oversight" means the direction of the supervisor with immediate availability.

(2) In the event in institutional license is granted to an applicant, it shall be restricted in scope and shall authorize the applicant to practice medicine under the supervision of a Georgia licensed physician. The physician licensee must remain an employee of the institution and be paid on a salary basis.

(3) A supervisor may only supervise one institutionally licensed physician at a time, but an institutionally licensed physician may have more than one approved supervisor.

(4) All charges for services rendered by the institutionally licensed physician must be by and through the institution named in the application on file with the Board.

(5) A person issued an institutional license shall not engage in the private practice of medicine.

(6) Any other provisions of the Medical Practice Act (O.C.G.A. 43-34) not inconsistent with the intent and purpose of the institutional license statute shall be fully applicable to all institutionally licensed physicians.

Cite as Ga. Comp. R. & Regs. R. 360-10-.07
Authority: O.C.G.A. §§ 43-34-5, 43-34-33.
History. Original Rule entitled "Limitations Upon Institutional Licenses" adopted. F. Nov. 12, 2009; eff. Dec. 2, 2009.
Repealed: New Rule of same title adopted. F. Jun. 23, 2014; eff. July 13, 2014.
Repealed: New Rule of same title adopted. F. Mar. 17, 2021; eff. Apr. 6, 2021.

Chapter 360-11. GEORGIA PROFESSIONAL HEALTH PROGRAM.

Rule 360-11-.01. Definitions.

(1) "Board" means the Georgia Composite Medical Board.

(2) "Entity" means an organization or medical professional association, which conducts professional health programs.

(3) "Health care professional" means an applicant, an individual licensed, certified, or permitted by the Board.

(4) "Impaired" means the inability of a health care professional to practice with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition.

(5) "Wellness Committee" means a committee of the Board.

(6) "Medical Director" means the Georgia licensed physician employed by the PHP to coordinate the activities of the professional health program.

(7) "Professional health program" or "PHP" means a program established for the purposes of coordinating the evaluations and/or assessment of health care professionals to determine whether the health care professionals can practice with reasonable care and safety, and/or monitoring and rehabilitation of impaired health care professionals.

(8) "Rehabilitation" means restoration to good health or restoration of the ability to practice with reasonable skill and safety through therapy.

Cite as Ga. Comp. R. & Regs. R. 360-11-.01
Authority: O.C.G.A. Sections 43-34-5, 43-34-5.1, and 43-34-8. O.C.G.A. Secs. 31-11-52, 43-34-5, 43-34-26.1, 43-34-5, 43-34-5.1, 43-34-8.
History. Original Rule entitled "Purpose" adopted as ER. 360-11-0.3-.01. F. and eff. January 25, 1978.
Amended: Permanent Rule of same title adopted. F. Apr. 24, 1978; eff. May 14, 1978.
Amended: Authority changed. F. June 18, 1984; eff. July 13, 1984, as specified by the Agency.
Amended: F. May 20, 1988; eff. June 30, 1988, as specified by the Agency.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.
Amended: New Rule entitled "Definitions" adopted. F. Dec. 21, 2009; eff. Jan. 10, 2010.
Repealed. New Rule with same title adopted. F. Jul. 5, 2011; eff. July 25, 2011.

Rule 360-11-.02. Contract.

The board shall be authorized to conduct a professional health program and to enter into a contract with an entity for the purpose of establishing and conducting such professional health program.

Cite as Ga. Comp. R. & Regs. R. 360-11-.02
Authority: : O.C.G.A. Sections 43-34-5 and 43-34-5.1. O.C.G.A. Secs. 31-11-52, 43-34-5, 43-34-5.1, 43-34-26.1.
History. Original Rule entitled "Requirements for Board Approval of Advanced EMTs and Cardiac Technicians" adopted as ER. 360-11-0.3-.02. F. and eff. January 25, 1978.
Amended: Permanent Rule of same title adopted. F. Apr. 24, 1978; eff. May 14, 1978.
Repealed: New Rule entitled "Requirements for Board Approval of Advanced Emergency Medical Technicians and Cardiac Technicians" adopted. F. July 10, 1980; eff. July 30, 1980.
Repealed: New Rule entitled "Requirements for Board Approval of Advanced EMTs and Cardiac Technicians" adopted. F. June 21, 1982; eff. July 11, 1982.
Amended: F. June 18, 1984; eff. July 13, 1984, as specified by the Agency.
Amended: Rule retitled "Requirements for Board Approval of Paramedics and Cardiac Technicians". F. May 20, 1988; eff. June 30, 1988, as specified by the Agency.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.
Amended: New Rule entitled "Qualifications for Physician to Enter a Protocol" adopted. F. Dec. 21, 2009; eff. Jan. 10, 2010.
Repealed. New Rule entitled "Contract" adopted. F. Jul. 5, 2011; eff. July 25, 2011.

Rule 360-11-.03. Professional Health Program (PHP).

(1) The PHP must employ a Georgia licensed physician to act as the Medical Director to coordinate the activities of the PHP.

(2) The PHP must have a policy approved by the Board to provide services for the mental/physical evaluation of health care professionals who have been referred to the PHP or have contacted the PHP directly.

(3) In the provision of services to evaluate health care professionals or to monitor or rehabilitate impaired health care professionals, the PHP shall have a policy approved by the Board to identify approved treatment programs.

(4) The PHP shall maintain records for a period of ten years and shall keep such records confidential.

(5) The PHP shall inform each participant of the program's procedures, responsibilities of program participants, and the possible consequences of noncompliance with the program.

(6) The PHP shall submit a written report to the Board through the Board's Wellness Committee within 72 hours of each instance where the health care professional has:

(a) Failed to comply with the terms of participation;

(b) Refused to cease practice when he/she has been found to be unable to practice with reasonable skill and safety;

(c) Withdrawn from participation in the program against medical advice;

(d) Engaged in conduct or behavior which indicates that health care professional is believed to constitute an imminent danger to the public or to himself or herself; or

(e) Failed to abide by the terms and conditions of a monitoring agreement.

(7) Any report required under paragraph (6) above shall include evaluations, treatment records, medical records, documents or information relevant to the health care professional. All such information, evaluations, documents, reports, treatment records or medical records received by the Board shall be privileged and confidential and shall not be public records nor available for court subpoena or for discovery proceedings but may be used by the Board in the course of its investigations and may be introduced as evidence in administrative hearings conducted by the Board.

Cite as Ga. Comp. R. & Regs. R. 360-11-.03
Authority: O.C.G.A. Secs. 31-11-52, 43-34-5, 43-34-5.1, 43-34-8, 43-34-26.1.
History. Original Rule entitled "Applications for Board Approval" adopted as ER. 360-11-0.3-.03. F. and eff. January 25, 1978.
Amended: Permanent Rule of same title adopted. F. Apr. 24, 1978; eff. May 14, 1978.
Repealed: New Rule of same title adopted. F. Apr. 21, 1982; eff. May 11, 1982.
Repealed: New Rule of same title adopted. F. June 18, 1984; eff. July 13, 1984, as specified by the Agency.
Amended: F. Oct. 8, 1998; eff. Oct. 28, 1998.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.
Amended: New Rule entitled "Physician Requirements for the Influenza Vaccine Protocol Agreement" adopted. F. Dec. 21, 2009; eff. Jan. 10, 2010.
Repealed. New Rule entitled "Professional Health Program (PHP)" adopted. F. Jul. 5, 2011; eff. July 25, 2011.

Rule 360-11-.04. Participation in Professional Health Program.

(1) A health care professional who participates in the PHP shall bear all costs associated with such participation and shall be fully accountable to the Board for his/her professional practice during the period of PHP treatment.

(2) A health care professional who is referred to or who participates in the PHP is free not to comply with the recommendations of the PHP however, if he/she does not comply, all information concerning his/her conduct, evaluation, treatment, and/or monitoring will be forwarded to the Board.

(3) A health care professional who participates in the PHP program agrees to provide access to the PHP of any and all records relating to the mental or physical condition of the health care professional, including psychiatric records.

Cite as Ga. Comp. R. & Regs. R. 360-11-.04
Authority: O.C.G.A. Secs. 31-11-52, 43-1-7, 43-34-5, 43-34-5.1, 43-34-8, 43-34-26.1.
History. Original Rule entitled "Fees" adopted as ER. 360-11-0.3-.04. F. and eff. January 25, 1978.
Amended: Permanent Rule of same title adopted. F. Apr. 24, 1978; eff. May 14, 1978.
Repealed: New Rule of same title adopted. F. Apr. 21, 1982; eff. May 11, 1982.
Repealed: New Rule of same title adopted. F. June 18, 1984; eff. July 13, 1984, as specified by the Agency.
Amended: F. May 20, 1988; eff. June 30, 1988, as specified by the Agency.
Repealed: New Rule of same title adopted. F. Apr. 11, 1994; eff. May 1, 1994.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.
Amended: New Rule entitled "Requirements of the Influenza Vaccine Protocol Agreement" adopted. F. Dec. 21, 2009; eff. Jan. 10, 2010.
Repealed. New Rule entitled "Participation in Professional Health Program" adopted. F. Jul. 5, 2011; eff. July 25, 2011.

Rule 360-11-.05. Confidentiality.

(1) Notwithstanding the provisions of Code Sections 43-34-7 and 43-34-8, the Board shall be authorized to provide pertinent information regarding health care professionals, as determined by the Board and in its sole discretion, to an entity for its purposes in conducting a PHP.

(2) All information, interviews, reports, statements, memoranda, or other documents furnished by the Board or other source to the an entity under contract with the Board for a PHP or produced by the entity, and any findings, conclusions, recommendations, or reports resulting from the monitoring or rehabilitation of health care professionals pursuant to a contract with the Board are declared to be privileged and confidential and shall not be subject to Article 4 of Chapter 18 of Title 50, relating to open records.

(3) All records of the PHP shall be confidential and shall be used by the PHP and its employees and agents only in the exercise of the proper function of the PHP pursuant to its contract with the Board. Such information, interviews, reports, statements, memoranda, or other documents furnished to or produced by the PHP and any findings, conclusions, recommendations, or reports resulting from the monitoring or rehabilitation

of health care professionals shall not be available for court subpoenas or for discovery proceedings.

(4) Notwithstanding the above, the Board is authorized to use any such information in a manner and hearing consistent with the provisions of O.C.G.A. Section 43-34-8, and the Board rules.

Cite as Ga. Comp. R. & Regs. R. 360-11-.05
Authority: O.C.G.A. Secs. 31-11-52, 43-34-5, 43-34-5.1, 43-34-7, 43-34-8, 43-34-26.1.
History. Original Rule entitled "Examination and Certification" adopted as ER. 360-11-0.3-.05. F. and eff. January 25, 1978.
Amended: Permanent Rule of same title adopted. F. Apr. 24, 1978; eff. May 14, 1978.
Repealed: New Rule of same title adopted. F. July 10, 1980; eff. July 30, 1980.
Repealed: New Rule of same title adopted. F. June 21, 1982; eff. July 11, 1982.
Repealed: New Rule of same title adopted. F. June 18, 1984; eff. July 13, 1984, as specified by the Agency.
Amended: F. May 20, 1988; eff. June 30, 1988, as specified by the Agency.
Amended: F. Mar. 17, 1997; eff. Apr. 6, 1977.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.
Amended: New Rule entitled "Filing of Influenza Vaccine Protocol Agreement With the Board" adopted. F. Dec. 21, 2009; eff. Jan. 10, 2010.
Repealed. New Rule entitled "Confidentiality" adopted. F. Jul. 5, 2011; eff. July 25, 2011.

Rule 360-11-.06. Limitation on Liability.

(1) Any entity that contracts with the Board for a PHP shall be immune from any liability, civil or criminal, that might otherwise be incurred or imposed, for the performance of any functions or duties under the contract if performed in accordance with the terms of such contract and the provisions of law.

(2) Notwithstanding any other provisions of the law, the members of the Wellness Committee and Board shall not be liable in damages to any person for any acts, omissions or recommendations made by them in good faith while acting within the scope of their responsibilities pursuant to the law and rules.

(3) No person who in good faith and without malice makes a report to the Board shall be liable for damages to any person.

Cite as Ga. Comp. R. & Regs. R. 360-11-.06
Authority: O.C.G.A. Secs. 31-11-52, 43-34-5, 43-34-5.1, 43-34-8, 43-34-26.1.
History. Original Rule entitled "Reciprocity and Certification" adopted as ER. 360-11-0.3-.06. F. and eff. January 25, 1978.
Amended: Permanent Rule of same title adopted. F. Apr. 24, 1978; eff. May 14, 1978.
Repealed: New Rule entitled "Approval of Training Courses" adopted. F. June 18, 1984; eff. July 13, 1984, as specified by the Agency.
Amended: F. May 20, 1988; eff. June 30, 1988, as specified by the Agency.
Amended: F. June 13, 1989; eff. July 3, 1989.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.
Amended: New Rule entitled "Limitations" adopted. F. Dec. 21, 2009; eff. Jan. 10, 2010.

Repealed. New Rule entitled "Limitation on Liability" adopted. F. Jul. 5, 2011; eff. July 25, 2011.

Rule 360-11-.07. Template.

The Board's standard protocol template is available at www.medicalboard.georgia.gov.

Cite as Ga. Comp. R. & Regs. R. 360-11-.07
Authority: O.C.G.A. Secs. 31-11-52, 43-34-5, 43-34-26.1.
History. Original Rule entitled "Change of Status" adopted as ER. 360-11-0.3-.07. F. and eff. January 25, 1978.
Amended: Permanent Rule of same title adopted. F. Apr. 24, 1978; eff. May 14, 1978.
Amended: changed. F. June 18, 1984; eff. July 13, 1984, as specified by the Agency.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.
Amended: New Rule entitled "Template" adopted. F. Dec. 21, 2009; eff. Jan. 10, 2010.

Rule 360-11-.08. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-11-.08
Authority: O.C.G.A. Sec. 31-11-52.
History. Original Rule entitled "Disciplinary Action/Revocation" adopted as ER. 360-11-0.3-.08. F. and eff. January 25, 1978.
Amended: Permanent Rule of same title adopted. F. Apr. 24, 1978; eff. May 14, 1978.
Amended: F. June 18, 1984; eff. July 13, 1984, as specified by the Agency.
Amended: F. May 20, 1988; eff. June 30, 1988, as specified by the Agency.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.

Rule 360-11-.09. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-11-.09
Authority: O.C.G.A. Secs. 31-11-52, 43-1-4, 43-1-7, 43-1-25, 43-34-24.
History. Original Rule entitled "Recertification" adopted as ER. 360-11-0.3-.09. F. and eff. January 25, 1978.
Amended: Permanent Rule of same title adopted. F. Apr. 24, 1978; eff. May 14, 1978.
Repealed: New Rule of same title adopted. F. Apr. 21, 1982; eff. May 11, 1982.
Repealed: New Rule entitled "Renewal and Recertification" adopted. F. June 18, 1984; eff. July 13, 1984, as specified by the Agency.
Amended: F. May 20, 1988; eff. June 30, 1988, as specified by the Agency.
Amended: ER. 360-11-0.6-.09 adopted. F. Jan. 18, 1989; eff. Jan. 12, 1989, the date of adoption.
Repealed: New Rule of same title adopted. F. Apr. 11, 1994; eff. May 1, 1994.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.

Rule 360-11-.10. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-11-.10
Authority: O.C.G.A. Sec. 31-11-52.
History. Original Rule entitled "Temporary Certificates" adopted. F. June 21, 1982; eff. July 11, 1982.
Repealed: New Rule of same title adopted. F. June 18, 1984; eff. July 13, 1984, as specified by the Agency.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.

Rule 360-11-.11. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-11-.11
Authority: O.C.G.A. Sec. 31-11-58.1.
History. Original Rule entitled "Continuing Education Requirements" adopted. F. Apr. 11, 1994; eff. May 1, 1994.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.

Rule 360-11-.12. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-11-.12
Authority: O.C.G.A. Sec. 31-11-58.1.
History. Original Rule entitled "Compliance" adopted. F. Apr. 11, 1994; eff. May 1, 1994.
Repealed: F. Dec. 14, 2007; eff. Jan. 3, 2008.

Chapter 360-12. CONTROLLED SUBSTANCES THERAPEUTIC RESEARCH PROGRAM.

Rule 360-12-.01. Organization of the Patient Qualification Review Board.

(1) The Composite State Board of Medical Examiners shall appoint the Patient Qualification Review Board. Each member of the Review board shall be approved for such membership by a majority vote of the Composite Board. The Review board shall consist of:

(a) a Board certified physician of Ophthalmology;

(b) a Board certified physician in Surgery;

(c) a Board certified physician in Internal Medicine and Medical Oncology;

(d) a Board certified physician in Psychiatry;

(e) a Board certified physician in Radiology;

(f) a Pharmacist licensed under Code Title 79A, relating to pharmacists, pharmacy, and drugs, as now or hereafter amended.

(2) Board members shall serve terms as specified by the Composite board. They are as follows:

(a) two (2) three year appointments;

(b) two (2) four year appointments;

(c) two (2) five year appointments.

(3) The Review board shall elect from its members a chairman and vice-chairman.

(a) The Review board shall hold regular meetings at least once every 60 days and shall meet at such additional times as shall be called by the chairman of the Review board or the president of the Composite board. Meetings of the Review board to certify patients, physicians or pharmacies shall not be open to the public, as otherwise required by an Act providing for open meetings.

(b) Each member of the Review board shall receive for services for each day's attendance upon meetings of such board the same amount authorized by law for members of the General Assembly for attendance upon meetings of the General Assembly.

Cite as Ga. Comp. R. & Regs. R. 360-12-.01
Authority: Ga. L. 1980, pp. 82-88 (Ga. Code Ann. 84-904a and 84-905a).
History. Original Rule entitled "Organization of the Patient Qualification Review Board" adopted. F. Apr. 23, 1981; eff. May 13, 1981.

Rule 360-12-.02. Definitions.

As used in these rules, the following shall mean:

(a) "Composite Board" means the Composite State Board of Medical Examiners established pursuant to Code Chapter 84-9, as now or hereafter amended;

(b) "marijuana" means marijuana or tetrahydrocannabinol, as defined or listed in the "Georgia Controlled Substances Act," as now or hereafter amended:

(c) "physician" means person licensed to practice medicine pursuant to Code Chapter 84-9, as now or hereafter amended;

(d) "program" means the Controlled Substances Therapeutic Research Program established pursuant to Code Section 84-904A;

(e) "Review Board" means the Patient Qualification Review Board established pursuant to Code Section 84-905A.

Cite as Ga. Comp. R. & Regs. R. 360-12-.02
Authority: Ga. L. 1980, pp. 82-88 (Ga. Code Ann. 84-904a and 84-905a).
History. Original Rule entitled "Definitions" adopted. F. Apr. 23, 1981; eff. May 13, 1981.

Rule 360-12-.03. Patients Certified to the Patient Qualification Review Board by a Physician.

(1) Such patients are defined as:

(a) Cancer patients involved in a life-threatening situation in which treatment by chemotherapy or radiology has produced severe side effects; or

(b) glaucoma patients who are not responding to conventional controlled substances;

(2) No patient may be admitted to the program without full disclosure by the physician of the experimental nature of the program and of the possible risks and side effects of the proposed treatment.

(3) The patient shall pay the cost of any blood test required by the Federal Food and Drug Administration prior to entrance into the program.

(4) The Review board shall review all patient applicants for the program and their physicians and shall certify those qualified for their participation in the program.

(5) No patient's name shall be disclosed to the public and patient applications and records shall be reviewed by the Board in closed session.

(6) Patients Eligible to Participate in Research Program:

(a) Males and non-pregnant females, willing to sign an informed consent, who reside in Georgia and who are patients of duly licensed Georgia physicians may be impanelled. Patients under the age of 18 will require parental consent;

(b) all eligible patients must have histologically documented evidence of malignancy and must be under treatment with chemotherapeutic agents and/or radiotherapy known to cause nausea and/or vomiting. There must be evidence that conventional anti-emetic therapy has been tried and failed.

(c) patient must live with or have available another person over the age of 18 to monitor side effects and provide transportation. Patient must agree not to operate dangerous machinery such as an automobile within 24 hours after the last dose of THC/Marijuana;

(d) patient must not be under treatment for any significant mental disorder known to contraindicate the use of THC/Marijuana. Exceptions may be made upon written recommendations of a psychiatrist;

(e) patients with a history of allergy to ragweed and other plant antigens may be at greater than average risk of allergic reaction. These patients will be required to be in an inpatient facility during the first five doses (24 hours) of THC or marijuana

and then have available an emergency epinephrine injection kit for self administration if needed;

(f) patients with a history of angina and/or other cardiovascular problems known to contraindicate the use of THC/Marijuana will be ineligible. Also ineligible will be patients with symptoms of uncontrolled nausea and/or vomiting due to organic disease such as brain metastases or intestinal obstruction.

(7) Patients accepted into this study will require the following parameters before therapy begins:

(a) Physical exam, including height and current weight;

(b) Forms A and B;

(c) CBC, platelet count, SMA-12 panel, BUN, creatinine;

(d) EKG, chest x-ray.

Cite as Ga. Comp. R. & Regs. R. 360-12-.03
Authority: Ga. L. 1980, pp. 82-88 (Ga. Code Ann. 84-904a and 84-905a).
History. Original Rule entitled "Patients Certified to the Patient Qualification Review Board by a Physician" adopted. F. Apr. 23, 1981; eff. May 13, 1981.
Amended: F. May 20, 1988; eff. June 9, 1988.

Rule 360-12-.04. Pharmacies Certified by the Patient Qualification Review Board.

The Review Board shall additionally certify pharmacies which are licensed by the State and which are otherwise qualified, and physicians regarding the distribution of marijuana pursuant to the provisions of Code Section 84-906A.

Cite as Ga. Comp. R. & Regs. R. 360-12-.04
Authority: Ga. L. 1980, pp. 82-88 (Ga. Code Ann. 84-904a and 84-905a).
History. Original Rule entitled "Pharmacies Certified by the Patient Qualification Review Board" adopted. F. Apr. 23, 1981; eff. May 13, 1981.

Rule 360-12-.05. Patient Application.

(1) Procedures and methods shall be as follows:

(a) A physician requesting that his patient be included in this study must submit an application and notify the Patient Qualification Review Board that there is in the medical record a copy of the biopsy report and a consultation request for

evaluation of THC/Marijuana antiemetic protocol. A copy of the biopsy report shall then be sent to the Board.

(2) Control of this drug will be based on assignment of patients to protocol.

(a) A copy of the Medical Registration Form shall be forwarded to the pharmacist before any drug is dispensed. The drug shall then be issued in accordance with written physician orders after matching these orders with the Medical Registration Form copy. The pharmacist shall maintain a ledger sheet on each patient. Monthly, the pharmacist shall review all ledgers, take a physical inventory of all THC/Marijuana on hand, and prepare a written report to the PQR Board.

(3) If a patient is to receive THC/Marijuana on subsequent cycles, an order shall be sent to the pharmacy with a copy of the evaluation form. The patient will then receive the drug for another cycle.

(4) If the patient is taken off the study for any reason, physician shall notify the PQR Board and send narrative off study form. A copy of this form will then be sent to the pharmacy.

(5) If patient has cancer chemotherapy changed to other drugs that produce nausea and vomiting, physician shall send notice to the Board of his intent to keep patient on protocol. A copy will then be sent to the pharmacy.

(6) In addition to the above audits, pharmacists shall handle THC/Marijuana exactly as Schedule II control drugs are handled.

(7) Unused drug will be returned to the pharmacist and will be retained separately.

Cite as Ga. Comp. R. & Regs. R. 360-12-.05
Authority: Ga. L. 1980, pp. 82-88 (Ga. Code Ann. 84-904a and 84-905a).
History. Original Rule entitled "Patient Application" adopted. F. Apr. 23, 1981; eff. May 13, 1981.

Chapter 360-13. RESPIRATORY CARE PROFESSIONALS, TECHNICIANS AND THERAPISTS.

Rule 360-13-.01. Requirements for Board Certification.

(1) To be eligible for Board certification, an applicant must:

(a) provide an affidavit and a secure and verifiable document in accordance with O.C.G.A. 50-36-1(f). An affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant

is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency;

(2) be at least eighteen (18) years of age;

(3) have submitted a completed application and the fees as required by the Board;

(4) submit evidence of holding an active Registered Respiratory Therapists (RRT) credential from the National Board for Respiratory Care (NBRC) or meet one of the following requirements:

(a) Submit evidence of an active Certified Respiratory Therapy Technician (CRTT) credential issued by the NBRC prior to July 1, 1999.

(b) Submit evidence of an active Certified Respiratory Therapist (CRT) credential issued by the NBRC prior to March 15, 2020.

(5) must not be currently sanctioned under O.C.G.A. § 43-34-149.

Cite as Ga. Comp. R. & Regs. R. 360-13-.01
Authority: O.C.G.A. §§ 43-34-143, 43-34-144, 43-34-145, 43-34-148.
History. Original Rule entitled "Purpose" adopted as ER. 360-13-0.4-.01. F. Sept. 10, 1986; eff. Sept. 4, 1986, the date of adoption.
Amended: Permanent Rule of same title adopted. F. Dec. 18, 1986; eff. Jan. 7, 1987.
Amended: F. Jan. 12, 1994; eff. Feb. 1, 1994.
Repealed: New Rule entitled "Requirements for Board Certification" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Repealed: New Rule of same title adopted. F. May 11, 2012; eff. May 31, 2012.
Repealed: New Rule of same title adopted. F. Jan. 13, 2014; eff. Feb. 2, 2014.
Repealed: New Rule of same title adopted. F. Feb. 19, 2016; eff. Mar. 10, 2016.
Repealed: New Rule of same title adopted. F. Jan. 28, 2020; eff. Feb. 17, 2020.
Amended: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.02. Applications.

(1) The application form shall be completed according to the instructions provided in the application.

(2) Applications must be complete, including all required documentation, signatures and seals. Application files are not considered completed until all information, including fees, have been received by the Board.

(3) Applicants shall inform the Board in writing within 10 days of a change of address while an application is pending.

(4) Application fees are nonrefundable.

(5) Incomplete applications that have been on file with the Board for more than 12 months from the original date of application shall be deemed invalid. No further action will take place on applications that have been incomplete for more than a year until a new application is received in accordance with the provisions of this chapter with the appropriate application fee.

(6) Any applicant who has not received from the Board a valid certificate to practice respiratory care shall not engage in the practice of respiratory care or represent himself or herself as a certified respiratory care professional until such time as the Board has approved his or her application for certification.

Cite as Ga. Comp. R. & Regs. R. 360-13-.02
Authority: O.C.G.A. §§ 43-1-2, 43-1-4, 43-1-7, 43-1-25, 43-34-24, 43-34-143, 43-34-144, 43-34-145, 43-34-148, 43-34-150.
History. Original Rule entitled "Requirements for Board Certification" adopted as ER. 360-13-0.4-.02. F. Sept. 10, 1986; eff. Sept. 4, 1986, the date of adoption.
Amended: Permanent Rule of same title adopted. F. Dec. 18, 1986; eff. Jan. 7, 1987.
Amended: F. Sept. 14, 1988; eff. Oct. 4, 1988.
Amended: F. Jan. 12, 1994; eff. Feb. 1, 1994.
Repealed: New Rule entitled "Applications" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.
Amended: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.03. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-13-.03
Authority: O.C.G.A. §§ 43-34-143, 43-34-147.
History. Original Rule entitled "Grandfather Provision" adopted as ER. 360-13-0.4-.03. F. Sept. 10, 1986; eff. Sept. 4, 1986, the date of adoption.
Amended: Permanent Rule of same title adopted. F. Dec. 18, 1986; eff. Jan. 7, 1987.
Repealed: F. Sept. 14, 1988; eff. Oct. 4, 1988.
Amended: ER. 360-13-0.9-.03 entitled "Exemptions to Licensure Requirements" adopted. F. June 4, 1993; eff. June 3, 1993, the date of adoption.
Amended: Permanent Rule of same title adopted. F. Aug. 9, 1993; eff. Aug. 29, 1993.
Repealed: New Rule entitled "Temporary Permits" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Amended: F. Jan. 13, 2014; eff. Feb. 2, 2014.
Repealed: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.04. Reciprocity.

(1) Any person who has been granted certification, registration, licensure or other to practice respiratory care in another state may petition the Board for reciprocity in Georgia.

(2) Verification by oath of certification, registration, licensure or other to practice respiratory care must be submitted directly to the Board from the appropriate state attesting to the fact that the applicant seeking certification by reciprocity is currently certified, licensed or otherwise authorized to practice respiratory care in that state.

(3) Any applicant for certification by reciprocity must submit a verification of completion of continuing education requirements as provided in Rule 360-13-.10.

(4) Reciprocity applicants who have not been practicing respiratory care in another state for a period of 12 months or more shall be required to provide verification of completion of continuing education requirements as provided in Rule 360-13-.10 for each biennial period that the applicant was not practicing. However, the maximum number of contact hours required may not exceed 60.

Cite as Ga. Comp. R. & Regs. R. 360-13-.04
Authority: O.C.G.A. §§ 43-1-2, 43-1-4, 43-1-7, 43-1-25, 43-34-24, 43-34-143, 43-34-145, 43-34-147.1, 43-34-147.2.
History. Original Rule entitled "Renewal and Recertification" adopted as ER. 360-13-0.4-.04. F. Sept. 10, 1986; eff. Sept. 4, 1986, the date of adoption.
Amended: Permanent Rule of same title adopted. F. Dec. 18, 1986; eff. Jan. 7, 1987.
Amended: F. Oct. 19, 1988; eff. Nov. 8, 1988.
Amended: ER. 360-13-0.7-.04 adopted. F. Jan. 18, 1989; eff. Jan. 12, 1989, the date of adoption.
Repealed: New Rule entitled "Reciprocity" adopted. F. Jan. 12, 1994; eff. Feb. 1, 1994.
Repealed: New Rule of same title adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.
Amended: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.05. Change of Name or Address.

(1) A certificate holder shall notify the Board in writing within 30 days after the certificate holder's name is legally changed. At the time of notification, the certificate holder shall submit a certified copy of the official document evidencing the name change. If the name change occurred during naturalization, the application must also include the naturalization number, the name and address of the court, the date of naturalization, and the name change. After receipt of the required notification and documentation, the Board will issue a duplicate certificate in the new name.

(2) A certificate holder shall notify the Board in writing within 30 days after a change in the certificate holder's address of record. Failure to so notify the Board of an address change may be deemed to be noncompliance with O.C.G.A. § 43-34-146 and may be grounds for disciplinary action pursuant to O.C.G.A. § 43-34-149.

(3) A certificate holder who utilizes a post office box as the address of record shall also provide a street address where the Board may contact the certificate holder.

Cite as Ga. Comp. R. & Regs. R. 360-13-.05
Authority: O.C.G.A. Secs. 43-34-3, 43-34-143, 43-34-144, 43-34-146 to 43-34-149.
History. Original Rule entitled "Continuing Education Requirements" adopted as ER. 360-13-0.4-.05. F. Sept. 10, 1986; eff. Sept. 4, 1986, the date of adoption.
Amended: Permanent Rule of same title adopted. F. Dec. 18, 1986; eff. Jan. 7, 1987.
Amended: F. May 15, 1992; eff. June 4, 1992.
Repealed: New Rule entitled "Certification of Persons Practicing Respiratory Care on April 27, 1993" adopted. F. Jan. 12, 1994; eff. Feb. 1, 1994.
Repealed: New Rule entitled "Change of Name or Address" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Rule 360-13-.06. Duplicate Certificates.

(1) Duplicate certificates may be issued upon approval by the Board if the original certificate is lost, stolen, or destroyed, or if the certificate holder has had a legal change of name.

(2) To request a duplicate certificate, the certificate holder must submit a notarized application stating the reason the duplicate certificate is requested. If the application is based on a name change, the certificate holder must provide the documentation required by Rule 360-13-.05.

(3) All applications must include the duplicate certificate fee. The duplicate certificate fee shall be designated in the fee schedule.

Cite as Ga. Comp. R. & Regs. R. 360-13-.06
Authority: O.C.G.A. Secs. 43-1-2, 43-1-7, 43-1-25, 43-34-143.
History. Original Rule entitled "Renewal and Recertification" adopted. F. Jan. 13, 1994; eff. Feb. 1, 1994.
Repealed: New Rule entitled "Duplicate Certificates" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.

Rule 360-13-.07. Renewal and Recertification.

(1) Certificates will expire on the last day of the month in which the applicant's birthday falls.

(2) Approximately 60 days prior to the expiration date, the Board may, as a courtesy, email a notice for renewal of certificate to the certificate holder's last email address on file in the Board's records.

(3) Failure to receive such notification shall not relieve the certificate holder of the obligation to renew the certificate and pay the required fee prior to the expiration date of the certificate. Deposit of the renewal fee by the Board does not indicate acceptance of the renewal application or that any licensing requirements have been fulfilled.

(4) To be eligible for renewal and recertification, a certificate holder must answer questions on their biennial renewal form, which establish satisfaction of Board approved continuing

education requirements. The Board shall not renew the certificates of applicants who failed to comply with Board approved continuing education requirements.

(5) Failure to renew a certificate by the designated expiration date shall result in a penalty for late renewal as required by the Board. Certificates that are not renewed within 3 months of expiration shall be revoked for failure to renew and may be reinstated only as provided in Rule 360-13-.09.

(6) A certificate holder with an expired certificate shall not engage in the practice of respiratory care or to represent himself or herself as a certified respiratory care professional until such time as the Board has approved his or her application for renewal or reinstatement.

(7) Notwithstanding the provisions of paragraph (6) of this rule, any service member as defined in O.C.G.A. § 15-12-1 whose license to practice expired while on active duty outside the state shall be permitted to practice in accordance with the expired license and shall not be charged with a violation relating to such practice on an expired license for a period of six (6) months from the date of his or her discharge from active duty or reassignment to a location within the state. Such service member shall be entitled to renew such expired license without penalty within six (6) months after the date of his or her discharge from active duty or reassignment to a location within this state. The service member must present to the Board a copy of the official military orders or a written verification signed by the service member's commanding officer to waive any charges.

(8) All renewal applicants must provide an affidavit and a secure and verifiable document in accordance with O.C.G.A. 50-36-1(f). If the applicant has previously provided a secure and verifiable document and affidavit of United States citizenship, no additional documentation of citizenship is required for renewal. If the applicant for renewal is not a United States citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for purpose of verifying citizenship and immigration status information of non-U.S. citizens. If the applicant for renewal is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or another federal agency.

Cite as Ga. Comp. R. & Regs. R. 360-13-.07
Authority: O.C.G.A. §§ 43-1-19, 43-34-3, 43-34-143 to 43-34-147, 43-34-150, 43-34-151.
History. Original Rule entitled "Continuing Education Requirements" adopted. F. Jan. 12, 1994; eff. Feb. 1, 1994.
Amended: F. Jan. 13, 1997; eff. Feb. 2, 1997.
Amended: F. May 11, 1998; eff. May 31, 1998.
Repealed: New Rule entitled "Renewal and Recertification" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.
Repealed: New Rule of same title adopted. F. Mar. 10, 2004; eff. Mar. 30, 2004.
Amended: F. Apr. 12, 2006; eff. May 2, 2006.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Amended: F. Jan. 13, 2014; eff. Feb. 2, 2014.
Amended: F. Jun. 11, 2014; eff. July 1, 2014.

Amended: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.08. Inactive Status.

(1) A person who wishes to maintain his or her certificate as a Respiratory Care Professional, but who does not intend to practice respiratory care may apply to the Board for inactive status by submitting an application and the fee. An individual with an inactive certificate may not practice respiratory care in Georgia.

(2) In order to reinstate a certificate to practice respiratory care, an applicant must complete an application and pay a reinstatement fee. The applicant must provide verification of completion of continuing education requirements as provided in Rule 360-13-.10 for each biennial period that the applicant was not certified. However, the maximum number of contact hours required may not exceed 60.

(3) Reinstatement of the certificate is within the discretion of the Board.

Cite as Ga. Comp. R. & Regs. R. 360-13-.08
Authority: O.C.G.A. §§ 43-34-143, 43-34-147, 43-34-147.1.
History. Original Rule entitled "Temporary Permits" adopted. F. Jan. 12, 1994; eff. Feb. 1, 1994.
Repealed: New Rule entitled "Inactive Status" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.
Amended: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.09. Reinstatement.

(1) A minimum of two (2) years shall pass from the date of any revocation of a certificate before the Board will consider an application for reinstatement. This requirement shall only apply to those instances in which the certificate in question was revoked for reasons other than failure to renew. For purposes of this rule, a voluntary surrender shall be considered a revocation for reasons other than failure to renew.

(2) Applicants for reinstatement who have not practiced within two (2) years prior to making application with the board must obtain the following continuing education hours to be eligible for reinstatement:

(a) Thirty hours (or 3 CEUs) of approved continuing education credits are needed in which 15 hours or 1.5 CEUs must come from critical care. Critical care topics are generally considered to be topics that include in the title such words or abbreviations as ICU, NICU, PICU, ventilator, modes of ventilation, ventilator weaning, VAP, PEEP, BiPAP(®), CPAP, ARDS, NAVA, Capnography, ALI, mechanically ventilated patients, Mass casualty care, HFOV, or HFV.

(3) In order to reinstate a certificate to practice respiratory care, an applicant must complete an application, pay a reinstatement fee as shall be designated in the fee schedule, and

provide verification of completion of continuing education requirements as provided in Rule 360-13-.10 for each biennial period that the applicant was not certified. However, the maximum number of contact hours required may not exceed 60. The applicant must be able to demonstrate to the satisfaction of the Board that he or she has maintained current knowledge, skill and proficiency in the practice of respiratory care with reasonable skill and safety.

(4) Reinstatement of the certificate is within the discretion of the Board.

(5) The Board may require the passage of an examination. The Board, in its discretion, may impose any remedial requirements deemed necessary.

(6) The Board may deny reinstatement for failure to demonstrate current knowledge, skill and proficiency in the practice of respiratory care or for being mentally or physically unable to practice respiratory care with reasonable skill and safety or for any ground set forth in O.C.G.A. § 43-34-149.

(7) The denial of reinstatement is not a contested case, but the applicant shall be entitled to an appearance before the Board.

Cite as Ga. Comp. R. & Regs. R. 360-13-.09
Authority: O.C.G.A. §§ 43-1-19, 43-34-143, 43-34-145, 43-34-147 to 43-34-151.
History. Original Rule entitled "Unlicensed Practice" adopted. F. Jan. 12, 1994; eff. Feb. 1, 1994.
Repealed: New Rule entitled "Reinstatement" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Amended: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.10. Continuing Education Requirements.

(1) Any applicant for renewal of a certificate to practice Respiratory Care who has been initially licensed by examination for less than two years shall not be required to complete the continuing education hours in order to renew the certificate for the first time. However, for the next renewal must obtain 30 hours of continuing education.

(2) Except as provided in paragraph (1), to be eligible to renew a certificate, each certificate holder must complete 30 contact hours, or 3 continuing education units, of approved continuing education during the two years preceding certification renewal. One continuing education unit shall be equal to 10 contact hours of instruction. Certificate holders shall not receive contact hours or continuing education units for teaching continuing education courses. Each certificate must be renewed biennially by the last day of the month in which the applicant's birthday falls.

(3) Each certificate holder shall be required to answer questions on their renewal application form that establish compliance with Board approved continuing education requirements. Certificate holders will not be required to send documentation of compliance with

continuing education requirements for renewal, unless requested by the Board pursuant to Rule 360-13-.10(4). False statements regarding satisfaction of continuing education on the renewal form or any other document connected with the practice of respiratory care may subject the certificate holder to disciplinary action by the Board.

(4) Each licensed individual must maintain a record of attendance and supporting documents of approved continuing education requirements as stated in this Rule for a period of five years. At a minimum, the following information must be kept:

(a) name of provider;

(b) name of program;

(c) hours of continuing education units completed; and

(d) date of completion.

(5) The Board will audit a fixed percentage of randomly selected renewal applications to monitor compliance with the continuing education requirements. Any certificate holder so audited shall be required to furnish documentation of compliance including name of provider, name of program, hours/continuing education units completed and date of completion. Any certificate holder so audited that has been found to be out of compliance with the Board's continuing education requirements may be subject to disciplinary action.

(6) If the certificate holder has not complied with the continuing education requirement by the expiration of the certificate, his/her certificate shall not be renewed and the certificate holder shall not engage in the practice of respiratory care. A certificate holder may late renew during the three months following the expiration date of his or her certificate by presenting satisfactory evidence to the Board of completion of the contact hours or continuing education units of Board approved continuing education required by paragraph (2) of this Rule and the late renewal fee. Certificates not renewed within 3 months following the expiration date of the certificate shall be revoked for failure to renew. In order to obtain a valid certificate after revocation for failure to renew, an applicant must apply for reinstatement in accordance with Rule 360-13-.09.

(7) Continuing education hours that are used to satisfy a deficiency may not be used for purposes of renewal of the certificate holder's certificate for the next biennium.

(8) Any certificate holder seeking renewal of a certificate without having fully complied with the Board's continuing education requirements who wishes to seek a waiver or variance of this rule shall file with the Board.

(a) a renewal application and fee and

(b) a statement that complies with the provisions of O.C.G.A. § 50-13-9.1 setting forth the specific facts of substantial hardship which would justify a variance or waiver, including the alternative standards which the person seeking a waiver or

variance agrees to meet and a showing that such alternative standards will afford adequate protection for the public health, safety and welfare; and the reason why the variance would serve the purpose of the underlying statute.

(9) The following courses are approved by the Board as meeting the continuing education requirements:

(a) Courses approved by the American Association for Respiratory Care or its successor organization.

(b) Courses approved by the American Academy of Pediatrics.

(c) Courses approved by the American Thoracic Society.

(d) Courses approved by the American College of Chest Physicians.

(e) Courses approved by the American Association of Critical-Care Nurses.

(f) The following programs of the American Heart Association and the American Academy of Pediatrics; however, these programs shall constitute no more than 25% of the total acceptable continuing education units required.

1. Basic Life Support
2. Basic Life Support Recertification
3. Advanced Cardiac Life Support
4. Advanced Cardiac Life Support Recertification
5. Basic Life Support Instructor
6. Basic Life Support Instructor Trainer
7. Basic Life Support Instructor Trainer Recertification
8. Advanced Cardiac Life Support Instructor
9. Advanced Cardiac Life Support Instructor Update (Certification)
10. Basic Trauma Life Support
11. Basic Trauma Life Support Recertification
12. Pediatric Basic Life Support
13. Pediatric Advanced Life Support

14. Pediatric Advanced Life Support Recertification

15. Neonatal Resuscitation Program

16. Neonatal Recertification.

(g) Courses approved by the American Society for Anesthesia

(h) National Board for Respiratory Care Self-Assessment Exams

(i) National Board for Respiratory Care Credential Exams

(j) American Medical Association Category I programs

(k) Courses approved by the College of American Pathologists provided the courses are related to pulmonary pathology or acid base balance and constitute no more than 25% of the acceptable continuing education units required.

(l) Respiratory specific courses approved by the Georgia Nursing Association; however, courses approved by the Georgia Nursing Association shall constitute no more than 25% of the total acceptable continuing education units required.

Cite as Ga. Comp. R. & Regs. R. 360-13-.10
Authority: O.C.G.A. §§ 43-34-3, 43-34-143, 43-34-145, 43-34-147, 43-34-150.
History. Original Rule entitled "Practice of Respiratory Care Without Certification Prohibited; Exceptions" adopted. F. June 9, 1995; eff. June 29, 1995.
Repealed: New Rule entitled "Continuing Education Requirements" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.
Amended: F. June 11, 2004; eff. July 1, 2004.
Amended: F. Aug. 29, 2005; eff. Sept. 18, 2005.
Repealed: New Rule of same title adopted. F. Apr. 12, 2006; eff. May 2, 2006.
Repealed: New Rule of same title adopted. F. June 28, 2006; eff. July 18, 2006.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Amended: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.11. Unlicensed Practice.

Any person practicing respiratory care, or representing himself or herself as a certified respiratory care professional, who does not possess a valid certificate or temporary permit from the Board, and who is not exempt under O.C.G.A. 43-34-151(b), shall be guilty of a misdemeanor and subject to other injunctive relief by the Board pursuant to O.C.G.A. §§ 43-1-20.1 and 43-34-39.

Cite as Ga. Comp. R. & Regs. R. 360-13-.11
Authority: O.C.G.A. Secs. 43-1-20.1, 43-34-39, 43-34-43, 43-34-150, 43-34-151.
History. Original Rule entitled "Unlicensed Practice" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.

Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Rule 360-13-.12. Practice of Respiratory Care Without Certification Prohibited; Exceptions.

(1) Unless certified pursuant to O.C.G.A. Title 43, Chapter 34, Article 6, no person shall:

(a) Practice respiratory care; or

(b) Represent himself or herself to be a respiratory care professional who is certified pursuant to O.C.G.A. § 43-34-151.

(2) The prohibition in subsection (1) does not apply to:

(a) The delivery of respiratory care by health care personnel who have been formally trained in these modalities and who are duly licensed to provide that care under any other provision of Title 43;

(b) The practice of respiratory care which is an integral part of the program of study by students enrolled in a respiratory care education program recognized by the Commission on Accreditation for Respiratory Care (COARC) and the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or the equivalent thereof as accepted by the Board. Students enrolled in respiratory therapy education programs shall be identified as "Student-RCP" and shall only provide respiratory care under direct clinical supervision;

(c) Self-care by a patient or gratuitous care by a friend or family member who does not represent or hold himself or herself out to be a respiratory care professional;

(d) Respiratory care services rendered in the course of an emergency disaster;

(e) Persons in the military services or working in Federal facilities when functioning in the course of their assigned duties;

(f) The performance of respiratory care diagnostic testing by individuals who are certified or registered as pulmonary function technologists by the National Board for Respiratory Care, or equivalent certifying agency, as recognized by the Board;

(g) The delivery, assembly, setup, testing, and demonstration of oxygen and aerosol equipment upon the order of a physician licensed under Art. 2 of Chapter 34, Title 43. Provided, however, that no person providing such services shall be authorized to assess patients, develop care plans, instruct patients in taking treatment, or discuss the hazards, administration, or side effects of medications with patients.

(h) Persons who perform limited respiratory care procedures under the supervision of a certified respiratory care professional in a hospital or nursing home when the

Board has defined the competencies required to perform such limited respiratory care procedures.

1. The Board has defined the following class of persons as having the competencies required to perform such limited respiratory care procedures:

(i) Students of an accredited Respiratory Care Program who perform limited respiratory care procedures under the supervision of a certified respiratory care professional in a hospital or nursing home, if the student's competency has been validated through an accredited education program and by the hospital or nursing home for whom he or she is employed.

(I) Any student who performs limited respiratory care procedures without complying with the requirements listed in the above paragraphs of Rule 360-13-.12(2)(b) is engaging in the practice of respiratory care without certification, which is prohibited by O.C.G.A. § 43-34-151. Any certified respiratory care professional who supervises a student prior to compliance with the above listed paragraphs of Rule 360-13-.12(b) is aiding and assisting an uncertified person engage in the practice of respiratory care and may be subject to disciplinary action.

Cite as Ga. Comp. R. & Regs. R. 360-13-.12
Authority: O.C.G.A. §§ 43-34-143, 43-34-150, 43-34-151.
History. Original Rule entitled "Practice of Respiratory Care Without Certification Prohibited; Exceptions" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Amended: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.13. Composition and Responsibilities of the Respiratory Care Advisory Committee.

(1) The Respiratory Care Advisory Committee shall be comprised as follows:

(a) At least four (4) individuals who are certified in Georgia to engage in the practice of respiratory care and such other individuals as the Board, in its discretion, may determine.

1. All appointees to the Advisory Committee shall have on file with the Executive Director of the Board, or his/her designee, a resume and three letters of recommendation, (one of which may be from a physician familiar with the appointee's practice of respiratory care).

2. In order to preserve continuity on the Advisory Committee, two (2) appointees shall serve a four-year term and two (2) appointees shall serve a

two-year term which will be considered a partial term. At the time of the appointment, each appointee will be notified in writing by the Executive Director of the Board as to the beginning and ending dates of their respective appointment terms. Each may reapply to the full Board to serve an additional term but may not serve more than two (2) consecutive two-year terms.

3. In the event an Advisory Committee member is replaced during a term, the replacement member will serve the remaining time of that term as a partial term. An Advisory Committee member who serves a partial term will, after the completion of the partial term, be eligible to serve two (2) consecutive two-year terms.

4. Appointees shall serve without compensation from the State of Georgia for their time and expenses.

(b) One individual who is a physician licensed to practice medicine in the State of Georgia who:

1. Specializes or is board certified in pulmonary medicine;

2. Shall serve a two (2) year term and may be reappointed for an additional two-year term by a majority vote of the Board but may not serve more than two (2) consecutive terms.

(2) The Advisory Committee shall advise the Board on matters pertaining to the appointment of the Advisory Committee members and on all matters within the purview of the Respiratory Care Practices Act. The Board, in consultation with the Advisory Committee, shall:

(a) Determine the qualifications and fitness of applicants for certification, renewal of the certificate, and reciprocal certification;

(b) Adopt and revise rules consistent with the laws of the State of Georgia that are necessary to conduct its duties and administer the Act;

(c) Examine, approve, issue, deny revoke, suspend and renew the license of applicants and certificate holders and conduct hearings in connection with all duties to be performed pursuant to the Act.

(3) Advisory Committee members, who are not members of the Board, must be available to meet on as an needed basis and may not miss more than three (3) consecutive meetings of the Advisory Committee, or four (4) meetings in a calendar year, without an excused absence from either the Executive Director of the Board or the Board President.

(a) The Advisory committee may recommend to the Board the removal of a member for violation of the attendance rule. Such a recommendation shall be by majority vote of the Advisory Committee.

(b) Upon receipt of a recommendation for removal, the Board may remove a member of the Advisory Committee by a majority vote.

(4) Advisory Committee vacancies may be filled by the Board upon recommendation from the Advisory Committee. All applicants must meet any deadline set by the Board and shall have on file with the Executive Director of the Board, or with his/her designee, a resume and three (3) letters of recommendation, (one of which may be from a physician familiar with the applicant's practice of respiratory care.

Cite as Ga. Comp. R. & Regs. R. 360-13-.13
Authority: O.C.G.A. §§ 43-34-143, 43-34-149.
History. Original Rule entitled "Composition and Responsibilities of the Respiratory Care Advisory Committee" adopted. F. Aug. 14, 2003; eff. Sept. 3, 2003.
Amended: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.14. Notice of Inability to Practice with Reasonable Skill and Safety.

Any certificate holder shall notify the Board within 30 days of becoming unable to practice respiratory care with reasonable skill and safety by reason of illness or the use of alcohol, drugs, narcotics, chemicals or any other type of material.

Cite as Ga. Comp. R. & Regs. R. 360-13-.14
Authority: O.C.G.A. §§ 43-1-19, 43-1-25, 43-34-143, 43-34-148.
History. Original Rule entitled "Notice of Inability to Practice with Reasonable Skill and Safety" adopted. F. Oct. 16, 2006; eff. Nov. 5, 2006.
Amended: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.15. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-13-.15
Authority: O.C.G.A. §§ 43-34-143, 43-34-146.
History. Original Rule entitled "Changes in Medical Directors" adopted. F. Oct. 16, 2006; eff. Nov. 5, 2006.
Repealed: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Rule 360-13-.16. Consumer Information and Awareness to Act. Standards for Respiratory Care Professional.

All respiratory care professionals certified to practice in the State of Georgia shall comply with the Consumer Information and Awareness Act, O.C.G.A. Section 43-1-33, in all advertisements and interactions with patients. For purposes of this rule and the Consumer Information and Awareness Act, the approved identifier shall be "Respiratory Care Professional" or "RCP."

Cite as Ga. Comp. R. & Regs. R. 360-13-.16
Authority: O.C.G.A. § 43-1-33.
History. Original Rule entitled "Consumer Information and Awareness Act. Standards for Respiratory Care Professional" adopted. F. Feb. 19, 2016; eff. Mar. 10, 2016.
Amended: F. Dec. 27, 2023; eff. Jan. 16, 2024.

Chapter 360-14. INFORMED CONSENT.

Rule 360-14-.01. Purpose; Effective Date.

The purpose of these rules is to establish the standards for physician compliance with and the standards necessary to implement Code Section 31-9-6.1 of the Official Code of Georgia Annotated (O.C.G.A.) including enforcement thereof through disciplinary action, and to inform all physicians who possess licenses to practice medicine in the State of Georgia of the enactment of said legislation by the General Assembly of the State of Georgia, which will become effective on January 1, 1989, and which will apply to surgical or diagnostic procedures subject to the statutory requirements performed on or after January 1, 1989. These rules will be enforceable and effective January 1, 1989.

Cite as Ga. Comp. R. & Regs. R. 360-14-.01
Authority: O.C.G.A. 31-9-6.1.
History. Original Rule entitled "Purpose; Effective Date" was filed November 17, 1988; effective January 1, 1989, as specified by the Agency.

Rule 360-14-.02. Definitions.

As used in this Chapter:

(1) "Contrast materials" means a non-physiologically occurring molecular compound used to produce density differences in tissues, organs, or vessels to permit visualization of the imaging of such internal bodily structures.

(2) "Direct orders" means orders directly given by or communicated by the responsible physician to persons under the direct or immediate supervision or control of the responsible physician and for whose acts there are direct or immediate responsibility.

(3) "Emergency" means a situation, as defined in Code Section 31-9-3, wherein:

(a) According to competent medical judgments, the proposed major surgical or diagnostic procedures are reasonably necessary; and

(b) A person authorized to consent under Code Section 31-9-2 is not readily available; and

(c) Any delay in treatment could reasonably be expected to jeopardize the life or health of the person affected or could reasonably result in disfigurement or impaired faculties.

(4) "General anesthesia" means a state of unconsciousness and insensitivity to pain affecting the entire body which is produced by the administration of an intramuscular, intravenous or inhalant anesthetic.

(5) "Intravenous injection" means the injection of a substance directly into a vein.

(6) "Likelihood" means the degree or probability of success or failure expressed in general terms or in percentages.

(7) "Major region" means entire arm, leg, torso, or any combination thereof.

(8) "Major regional anesthesia" means a state of insensitivity to pain affecting a major region of the body which is produced by the temporary interruption of the sensory nerve conductivity of such a region through the administration of a spinal, epidural, intravenous regional, or brachial plexus anesthetic.

(9) "Major surgical or diagnostic procedures" means any surgical procedure under general anesthesia, spinal anesthesia, or major regional anesthesia or an amniocentesis diagnostic procedure or a diagnostic procedure which involves the intravenous injection of a contrast material.

(10) "Material risk" means a material risk generally recognized and accepted by reasonably prudent physicians of infection, allergic reaction, severe loss of blood, loss or loss of function of any limb or organ, paralysis or partial paralysis, paraplegia or quadraplegia, disfiguring scar, brain damage, cardiac arrest, or death which could result from the major surgical or diagnostic procedure and which, if disclosed to a reasonably prudent person in the patient's position, could reasonably be expected to cause such prudent person to decline the major surgical or diagnostic procedure on the basis of material risk of injury that could result from the major surgical or diagnostic procedure.

(11) "Medical personnel" means persons under the direct supervision and control of the responsible physician who are duly licensed or authorized to participate in the performance of a major surgical or diagnostic procedure or who are otherwise involved in the course of treatment of the patient's condition.

(12) "Practical alternatives" means practical alternatives to a major surgical or diagnostic procedure which are generally recognized and accepted by reasonably prudent physicians.

(13) "Responsible physician" means the physician who performs the major surgical or diagnostic procedure or the physician under whose direct orders the major surgical or diagnostic procedure is performed by a nonphysician.

(14) "Spinal anesthesia" means a state of insensitivity to pain which is produced by the temporary interruption of the sensory nerve conductivity of a major region of the body through the injection of an anesthetic into the subarachnoid space.

Cite as Ga. Comp. R. & Regs. R. 360-14-.02
Authority: O.C.G.A. Secs. 31-8-6-1, 31-9-6.1, 43-34-5, 43-34-8.
History. Original Rule entitled "Definitions" adopted. F. Nov. 17, 1988; eff. Jan. 1, 1969, as specified by the Agency.
Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.

Rule 360-14-.03. Requirement of Consent for Major Surgical and Diagnostic Procedures.

Except as otherwise provided in Code Section 31-9-6.1 and these rules, and in particular the exceptions outlined in Code Section 31-9-6.1(e), a person who undergoes any of the following surgical or diagnostic procedures to be performed on or after January 1, 1989, must consent to such procedure as outlined in said Code Section and these rules:

(a) Any surgical procedure under general anesthesia, spinal anesthesia or major regional anesthesia;

(b) An amniocentesis diagnostic procedure;

(c) A diagnostic procedure which involves the intravenous injection of a contrast material.

Cite as Ga. Comp. R. & Regs. R. 360-14-.03
Authority: O.C.G.A. 31-9-6.1.
History. Original Rule entitled "Requirement of Consent for Major Surgical and Diagnostic Procedures" was filed November 17, 1988; effective January 1, 1989, as specified by the Agency.

Rule 360-14-.04. Information Required to be Disclosed; Means of Disclosure.

(1) Except as otherwise provided in Code Section 31-9-6.1 and these rules, a person who undergoes a major surgical or diagnostic procedure shall be informed in general terms of each of the following:

(a) The diagnosis of the patient's condition requiring such proposed surgical or diagnostic procedure;

(b) The nature and purpose of such proposed surgical or diagnostic procedure;

(c) The material risks of such proposed procedure as defined in Board Rule 360-14-.02(10);

(d) The likelihood of success of such proposed surgical or diagnostic procedure;

(e) The practical alternatives to such proposed surgical or diagnostic procedure; and

(f) The prognosis of the patient's condition if such proposed surgical or diagnostic procedure is rejected.

(2) The information required to be disclosed pursuant to Code Section 31-9-6.1(a)(1)through(6) and these Rules may be disclosed through any one or all of the following means:

(a) Video tapes;

(b) Audio tapes;

(c) Pamphlets;

(d) Booklets;

(e) Other means of communication; or

(f) Conversations with the responsible physician, other physicians, physician's assistants, nurses, trained counselors, patient educators or other similar persons known by the responsible physician to be knowledgeable and capable of communicating such information.

Cite as Ga. Comp. R. & Regs. R. 360-14-.04
Authority: O.C.G.A. 31-9-6.1.
History. Original Rule entitled "Information Required to be Disclosed; Means of Disclosure" was filed on November 17, 1988; effective January 1, 1989, as specified by the Agency.

Rule 360-14-.05. Standards for Physicians Compliance, Sanctions for Noncompliance.

(1) (a) When a responsible physician is required to ensure that consent to a major surgical or diagnostic procedure is obtained and that certain information is provided in

connection therewith, such requirement shall have been complied with if accomplished through the use of the form set forth in Exhibit A attached to this Rule or through the use of a form which is substantially similar to such form or which includes provisions substantially similar to such form.

(b) When a responsible physician is required to ensure that consent to a major surgical or diagnostic procedure is obtained and that certain information is provided in connection therewith, such requirement shall be rebuttably presumed to have been complied with if evidenced in writing signed by the patient or other person authorized to sign for the patient.

(2) The failure to obtain the written consent to a major surgical or diagnostic procedure shall not cause such consent and the provision of information in connection therewith to be invalid but no presumption as to the validity of such consent shall arise.

(3) Any physician who fails to comply with these rules shall be subject to disciplinary action under Code Chapter 43-34, and Chapter 360-3 of the Rules of the Georgia Composite Medical Board.

Cite as Ga. Comp. R. & Regs. R. 360-14-.05
Authority: O.C.G.A. Secs. 31-9-6.1, 43-34-1, 43-34-5, 43-34-8.
History. Original Rule entitled "Standards for Physicians Compliance, Sanctions for Noncompliance" adopted. F. Nov. 17, 1988; eff. Jan. 1, 1989; as specified by the Agency.
Amended: F. July 9, 2010; eff. July 29, 2010.

Rule 360-14-.06. Exceptions to Disclosure and Consent Requirements.

The disclosure of information and the consent required by these rules shall not be required in connection with a major surgical or diagnostic procedure if:

(a) An emergency exists as defined in Code Section 31-9-3;

(b) The surgical or diagnostic procedure is generally recognized by reasonably prudent physicians to be a procedure which does not involve a material risk to the patient involved;

(c) A patient or other person(s) authorized to give consent pursuant to Code Chapter 31-9, make(s) a request in writing that the information provided for in Code Section 31-9-6.1 not be disclosed or utilizes the form set forth in Exhibit B to this Rule or any other form which is substantially similar to such form or which include(s) provisions substantially similar to such form;

(d) A prior consent, within thirty (30) days of the surgical or diagnostic procedure, complying with the requirements of these rules has been obtained as a part of a course of

treatment for the patient's condition; provided, however, that if such consent is obtained in conjunction with the admission of the patient to a hospital for the performance of such procedure, the consent shall be valid for a period of thirty (30) days from the date of admission or for the period of time the person is confined in the hospital for that purpose, whichever is greater; or

(e) The surgical or diagnostic procedure was unforeseen or was not known to be needed at the time the consent was obtained, and the patient has consented to allow the responsible physician to make the decision concerning such procedure.

Cite as Ga. Comp. R. & Regs. R. 360-14-.06
Authority: O.C.G.A. § 31-9-6.1.
History. Original Rule entitled "Exceptions to Disclosure and Consent Requirements" was filed on November 17, 1988; eff. January 1, 1989, as specified by the Agency.
Amended: F. June 29, 2016; eff. July 19, 2016.

Exhibit (360-14) A. CONSENT TO SURGICAL OR DIAGNOSTIC PROCEDURES.

DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENTS

Name of Patient_____ Date_____

(A) (1) I acknowledge and understand that the following procedure(s) which has (have) been described to me is (are) to be performed on the patient:

_____

_____

_____ and that as a result of the performance of the procedure(s) there is a material risk that the patient may suffer infection, allergic reaction, severe loss of blood, loss or loss of function of any limb or organ, paralysis or partial paralysis, paraplegia or quadraplegia, disfiguring scar, brain damage, cardiac arrest, or death.

(2) I acknowledge and understand that during the course of the procedure(s) described in subparagraph (A) (1) above, conditions may develop which may reasonably necessitate an extension of the original procedure(s) or the performance of procedure(s) which are unforeseen or not known to be needed at the time this consent is obtained. I therefore consent to and authorize the persons described in the last paragraph of this consent to make the decisions concerning the performance of and to perform such procedure(s) as they may deem reasonably necessary or desirable in the exercise of their professional judgment, including those procedures that may be unforeseen or not known to be needed at

the time this consent is obtained. This consent shall also extend to the treatment of all conditions which may arise during the course of such procedures including those conditions which may be unknown or unforeseen at the time this consent is obtained.

(B) I acknowledge and understand and duly evidence in writing by executing this form that I have been informed in general terms of the following:

(1) A diagnosis of the condition requiring the procedure(s);

(2) The nature and purpose of the procedure(s);

(3) The material risks of the procedure(s) (see paragraph (A) above);

(4) The likelihood of success of the procedure(s);

(5) The practical alternatives to such procedure(s); and

(6) The prognosis if the procedure(s) is (are) rejected; and that such was provided through the use of video tapes, audio tapes, pamphlets, booklets, or other means of communication or through conversations with the responsible physician, or other medical personnel under the supervision and control of the responsible physician, other medical personnel involved in the course of treatment, nurses, physician's assistants, trained counselors, or patient educators.

(C) I acknowledge that there are practical alternatives to the procedure(s) described in paragraph (A) which alternatives reasonably prudent physicians generally recognize and accept.

(D) I acknowledge and understand that this request for and consent to surgical or diagnostic services shall be valid for the responsible physician, all medical personnel under the direct supervision and control of the responsible physician, and for all other medical personnel otherwise involved in the course of treatment. I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS AND ANY QUESTIONS I HAVE ASKED HAVE BEEN ANSWERED OR EXPLAINED IN A SATISFACTORY MANNER.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ OR HAD IT READ OR EXPLAINED TO ME AND I UNDERSTAND THIS FORM AND I VOLUNTARILY CONSENT TO ALLOW DR._____ OR ANY PHYSICIAN DESIGNATED OR SELECTED BY HIM OR HER AND ALL MEDICAL PERSONNEL UNDER THE DIRECT SUPERVISION AND CONTROL OF SUCH PHYSICIAN AND ALL OTHER PERSONNEL WHICH MAY OTHERWISE BE INVOLVED IN PERFORMING SUCH PROCEDURES TO PERFORM THE PROCEDURES DESCRIBED OR OTHERWISE REFERRED TO HEREIN.

_____

Witness

_____

Signature of patient or other person authorized to sign

Cite as Ga. Comp. R. & Regs. R. dept. 360, ch. 360-14, exh. (360-14) A

Exhibit (360-14) B. .

CONSENT TO SURGICAL OR DIAGNOSTIC PROCEDURES AND WAIVER OF RIGHT TO RECEIVE INFORMATION IN CONNECTION THEREWITH

DO NOT SIGN THIS FORM WITHOUT READING AND UNDERSTANDING ITS CONTENTS.

Name of Patient_____ Date_____

(A) (1) I acknowledge and understand that the following' procedure) which has (have) been described to me is (are) to be performed on the patient:

_____

_____

_____

(2) I acknowlege and understand that during the course of the procedure(s) described in subparagraph (A) (1) above, conditions may develop which may reasonably necessitate an extension of the original procedure(s) or the performance of procedure(s) which are unforeseen or not known to be needed at the time this consent is obtained. I therefore consent to and authorize the persons described in the last paragraph of this consent to make the decisions concerning the performance of and to perform such procedure(s) as they may deem reasonably necessary or desirable in the exercise of their professional judgment, including those procedures that may be unforeseen or not known to be needed at the time this consent is obtained. This consent shall also extend to the treatment of all conditions which may arise during the course of such procedures including those conditions which may arise during the course of such procedures including those conditions which may be unknown or unforeseen at the time this consent is obtained.

(B) I acknowledge and understand and duly evidence in writing by executing this form that under Georgia law I am entitled to receive the following information relative to the procedure(s) described in paragraph (A):

(1) A diagnosis of the condition requiring the procedure(s);

(2) The nature and purpose of the procedure(s);

(3) The material risks of the procedure(s);

(4) The likelihood of success of the procedure(s);

(5) The practical alternatives to such procedure(s);

(6) The prognosis if the procedure(s) is (are) rejected.

(C) I acknowledge that there are practical alternatives to the procedure (s) described in paragraph (A) which alternatives reasonably prudent physicians generally recognize and accept.

(D) I acknowledge and understand that this request for and consent to surgical or diagnostic services shall be valid for the responsible physician, all medical personnel under the direct supervision and control of the responsible physician, and for all other medical personnel otherwise involved in the course of treatment.

I HAVE BEEN GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS AND ANY QUESTIONS I HAVE ASKED HAVE BEEN ANSWERED OR EXPLAINED IN A SATISFACTORY MANNER.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ OR HAD IT READ OR EXPLAINED TO ME AND I UNDERSTAND THIS FORM AND I VOLUNTARILY CONSENT TO ALLOW DR. _____OR ANY PHYSICIAN DESIGNATED OR SELECTED BY HIM OR HER AND ALL MEDICAL PERSONNEL UNDER THE DIRECT SUPERVISION AND CONTROL OF SUCH PHYSICIAN AND ALL OTHER PERSONNEL WHICH MAY OTHERWISE BE INVOLVED IN PERFORMING SUCH PROCEDURES TO PERFORM THE PROCEDURES DESCRIBED OR OTHERWISE REFERRED TO HEREIN AND I FULLY AND COMPLETELY WAIVE THE RIGHT TO BE INFORMED OF THE INFORMATION SPECIFIED IN PARAGRAPH (B) AND REQUEST THAT SUCH INFORMATION NOT BE DISCLOSED.

_____

Witness

_____

Signature of patient or other person authorized to sign

Cite as Ga. Comp. R. & Regs. R. dept. 360, ch. 360-14, exh. (360-14) B

Chapter 360-15. CONTINUING EDUCATION.

Rule 360-15-.01. Requirements for Physicians.

(1) Physicians licensed to practice medicine pursuant to O.C.G.A. 43-34-26 shall complete Board approved continuing education of not less than 40 hours biennially, with the following exceptions:

(a) Physicians enrolled in full time graduate medical education programs (residencies and fellowships) which are accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.

(b) Physicians who are initially licensed by the Board and who have not renewed their licenses for the first time.

(c) Physicians whose licenses are not active, such as those who are Inactive or Revoked. Physicians who are suspended or in some other way disciplined by the Board must meet the requirements unless otherwise stipulated by Board Order.

(d) Physicians who are retired, who have an active license, and who provide uncompensated health care services pursuant to Code Section 43-34-41; shall be required to complete 10 hours of Board approved continuing education biennially.

(e) Physicians specifically exempted from this requirement due to cases of hardship, disability, illness, service in the United States Congress, service in the Georgia General Assembly or military service, if supported by adequate documentation acceptable to the Board.

1. Physicians seeking such an exemption must submit a written request and documentation to support their eligibility for such an exemption.

2. Said request for an exemption should be submitted to the Board in a sufficient time period prior to the expiration of the license to receive a determination from the Board as to whether an exemption would be granted.

(2) The Board accepts the following as meeting its requirement for Board approval:

(a) A.M.A. (American Medical Association) Category 1 credit;

(b) A.O.A. (American Osteopathic Association) Category 1 credit;

(c) A.A.F.P. (American Academy of Family Physicians) Prescribed credit;

(d) A.C.O.G. (American College of Obstetricians and Gynecologists) Cognates, Category 1;

(e) A.C.E.P. (American College of Emergency Physicians) Category 1.

1. It is the responsibility of the licensee to verify approval with the source of the program, not with the Board, and the licensee should verify approval before taking the course.

(3) Physicians who do not hold a certification in pain management or palliative medicine, and whose opioid pain management patients comprise 50% or more of the patient population must demonstrate competence by biennially obtaining 20 (twenty) hours of continuing medical education ("CME") pertaining to pain management or palliative medicine.

1. Such CME must be an AMA/AOA PRA Category 1 CME, a board approved CME program, or any federally approved CME. The CME obtained pursuant to this rule may count towards the CME required for license renewal.

(4) Effective January 1, 2018, every physician not subject to Rule 360-15-.01(3) who maintains an active DEA certificate and prescribes controlled substances, except those holding a residency training permit, shall complete at least one time three or more hours of AMA/AOAPRA Category 1 CME that is designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing guidelines, recognizing signs of the abuse or misuse of controlled substances, and controlled substance prescribing for chronic pain management. The certification of such completion must occur at the first renewal following January 1, 2018 or the first renewal following licensure. Completion of this requirement may count as three hours toward the CME requirement for license renewal.

(5) On and after January 1, 2022, all physicians shall be required to receive one-time education training, for a minimum of two hours, regarding professional boundaries and physician sexual misconduct. Such education training shall include subject matter relating to how to proceed with basic as well as sensitive or intimate examinations and the communication with patients that is required as a component of such examinations. The certification of such completion must occur at the first renewal following January 1, 2022 or the first renewal following licensure. Completion of this requirement may count as two hours toward the CME requirement for license renewal.

(6) In meeting the continuing education requirements, the Board will waive one hour CME requirement for physicians for each four hours of documented work by the physician in uncompensated health care services such as free clinics up to a maximum of ten CME hours per biennium. In order to receive the waiver, the physician shall submit to the Board documentation of such work at the time of renewal.

(7) In meeting the continuing education requirements, the Board will waive up to eight CME hours per biennium for peer reviews of Board investigative cases for the Board. Specifically, a physician may obtain waiver of two (2) CME hours for each investigative case peer review conducted at the request of the Board.

(8) Physicians who must meet the requirements of this Chapter must document the completion of Board approved continuing education of not less than 40 hours during the two year term of the license. The license will expire on the last day of the month in which the applicant's birthday falls. License must be renewed biennially by the last day of the month in which the applicant's birthday falls and the licensee must satisfy the Board approved continuing education requirements during the biennial renewal cycle to be eligible for renewal.

(9) Each licensed physician who must meet these requirements must maintain records of attendance and supporting documents for continuing education for a period of 5 years from the date of attendance. At a minimum, the following must be kept:

(a) Name of provider;

(b) Name of program;

(c) Hours/continuing education Units completed;

(d) Date of Completion;

(e) Evidence of A.M.A. Category 1 credit or A.O.A. Category 1 credit.

Cite as Ga. Comp. R. & Regs. R. 360-15-.01
Authority: O.C.G.A. §§ 43-34-3, 43-34-5, 43-34-11, 43-34-24, 43-34-26, 43-34-41.
History. Original Rule entitled "Requirements for Physicians" adopted. F. Sept. 11, 1991; eff. Oct. 1, 1991.
Amended: F. June 5, 1992; eff. June 25, 1992.
Amended: F. Sept. 18, 2003; eff. Oct. 8, 2003.
Repealed: New Rule of same title adopted. F. Sept. 7, 2005; eff. Sept. 27, 2005.
Repealed: New Rule of same title adopted. F. Nov. 10, 2008; eff. Nov. 30, 2008.
Repealed: New Rule of same title adopted. F. Mar. 10, 2009; eff. Mar. 30, 2009.
Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.
Amended: F. Nov. 9, 2012; eff. Nov. 29, 2012.
Repealed: New Rule of same title adopted. F. Mar. 2, 2016; eff. Mar. 22, 2016.
Repealed: New Rule of same title adopted. F. Nov. 16, 2017; eff. Dec. 6, 2017.
Amended: F. Apr. 17, 2023; eff. May 7, 2023.

Rule 360-15-.02. Compliance.

(1) Physicians will be required to answer questions on their biennial renewal form which establish either compliance or eligibility for exception pursuant to Rule 360-15-.01(1). Physicians will not be required to send documentation of compliance with continuing education requirements for renewal, unless requested by the Board, pursuant to Rule 360-

15-.02(2). False statements regarding satisfaction of continuing education requirements on the renewal form or any other documents connected with the practice of medicine may subject the licensee to disciplinary action by the Board.

(2) The Board will audit a fixed percentage of randomly selected renewal applications to monitor compliance with the continuing medical education requirements. Any physician so audited will be required to furnish documentation of compliance including name of provider, name of program, hours/continuing Education Units completed, date of completion, and evidence of A.M.A. Category 1 or A.O.A. Category 1 credit pursuant to this Chapter.

(3) If the physician has not complied with the continuing medical education requirement by the expiration of the physician's license, his or her license shall not be renewed and the physician shall not engage in the practice of medicine. A physician may late renew during the three (3) months following the expiration of her or her license by presenting satisfactory evidence to the Board of completion of the required Board approved continuing medical education hours and paying the late renewal fee. Licenses that are not renewed within three (3) months of the expiration date of the license shall be revoked for failure to renew. In order to obtain a valid license after revocation for failure to renew, an applicant must apply for reinstatement in accordance with rule 360-2-.07.

(4) Continuing medical education hours that are used to satisfy a deficiency shall be excluded from the computation of hours required to be completed for the renewal of the physician's license for the next biennium.

Cite as Ga. Comp. R. & Regs. R. 360-15-.02
Authority: O.C.G.A. Secs. 43-1-4, 43-1-7, 43-34-3, 43-34-24, 43-34-24.1.
History. Original Rule entitled "Compliance" adopted. F. Sept. 11, 1991; eff. Oct. 1, 1991.
Amended: F. Sept. 18, 2003; eff. Oct. 8, 2003.
Amended: F. July 8, 2004; eff. July 28, 2004.

Chapter 360-16. RENEWAL AND EXPIRATION DATES.

Rule 360-16-.01. Renewal and Expiration Dates.

Medical licenses (M.D. and D.O.) will expire on the last day of the month in which the applicant's birthday falls. Medical licenses must be renewed biennially by the last day of the month in which the applicant's birthday falls. The licensee must satisfy Board approved continuing education requirements to be eligible for renewal.

Cite as Ga. Comp. R. & Regs. R. 360-16-.01
Authority: O.C.G.A. Secs. 43-1-4, 43-1-7, 43-1-25, 43-34-3, 43-34-5, 43-34-24, 43-34-24.1.
History. Original Rule entitled "Renewal and Expiration Dates" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Sept. 7, 2005; eff. Sept. 27, 2005.
Repealed: New Rule of same title adopted. F. Sept. 16, 2008; eff. Oct. 6, 2008.

Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.

Chapter 360-17. GENERAL INFORMATION.

Rule 360-17-.01. Communications.

All communications, including correspondence, motions, and pleadings, shall be filed with the Georgia Composite Medical Board. Copies shall be furnished to all parties of record, including the attorney representing the State. An original and one duplicate of all correspondence, motions and pleadings shall be filed with the Georgia Composite Medical Board and shall comply in all respects with 360-20-.04.

Cite as Ga. Comp. R. & Regs. R. 360-17-.01
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "Communications" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Rule 360-17-.02. Date of Filing.

All communications, correspondence, motions and pleadings in any proceedings shall be deemed to be filed or received on the date on which they are actually received by the Georgia Composite Medical Board.

Cite as Ga. Comp. R. & Regs. R. 360-17-.02
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "Date of Filing" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Rule 360-17-.03. Computation of Time.

Computation of any period of time referred to in these rules shall begin with the first day following that on which the act which initiates such period of time occurs. When the last day of the period so computed is a day on which the Georgia Composite Medical Board is closed; the period shall run until the end of the following business day. When such period of time, with the intervening Saturdays, Sundays and legal holidays counted, is seven days or less, the said Saturdays, Sundays, and legal holidays shall be excluded from the computation; or otherwise such days shall be included in the computation.

Cite as Ga. Comp. R. & Regs. R. 360-17-.03
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "Computation of Time" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Rule 360-17-.04. Extension of Times.

It shall be within the discretion of the presiding officer to extend, for good cause shown, any time limit prescribed or allowed by these rules. All requests for an extension should be made by a motion in accordance with 360-19-.01 and shall indicate therein whether all parties concur. The presiding officer shall notify all parties of its action upon the motion. Extension shall be granted only when the presiding officer is satisfied that good cause has been shown and not otherwise.

Cite as Ga. Comp. R. & Regs. R. 360-17-.04
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Extension of Times" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-17-.05. Signatures.

Every notice, pleading, petition, motion or other document filed by a party, represented by an attorney other than the Agency, shall be signed by at least one attorney of record in his individual name and his address and telephone number shall be stated. A party who is not represented by an attorney shall sign his pleading and state his address and telephone number. Except when otherwise specifically provided by rule or statute, pleadings need not be verified or accompanied by affidavit. The signature of an attorney constitutes a certificate by him that he has read the pleading, and that it is not interposed for delay.

Cite as Ga. Comp. R. & Regs. R. 360-17-.05
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Signatures" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-17-.06. Ex-parte Communications.

No person not employed by the Georgia Composite Medical Board shall communicate ex-parte with the presiding officer, any member of the Board or any employee of the Board involved in the decisional process with respect to the merits of a contested case. If any ex-parte communication is directed to any person in violation of these rules, the presiding officer and all other parties shall be immediately informed of the substance of the communication and the circumstances of its receipt; provided, that a request for information with respect to the status of a proceeding shall not be prohibited by this section.

Cite as Ga. Comp. R. & Regs. R. 360-17-.06
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "Ex-parte Communications" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Chapter 360-18. PLEADINGS.

Rule 360-18-.01. Initial Pleading.

(1) The hearing in a contested case shall be commenced by the agency's filing of a notice of hearing directed to the respondent, or respondents.

(2) Every pleading or other paper submitted for filing in a contested case, to the extent possible, shall contain the following:

(a) A title which indicates the nature of the proceeding and the parties involved therein;

(b) The name of the agency;

(c) A short and plain statement of the nature of the Pleading (e.g. Answer, Motion for Continuance, etc.);

(d) In addition, the notice of hearing shall, to the extent possible, contain the following:

1. A short and plain statement of the matters asserted or the issues involved;

2. A clear and concise statement of the laws involved;

3. A notice of the rights of the person to whom the notice of hearing is directed;

4. A statement that an answer to the matters asserted is required;

5. Any other information required by law or deemed appropriate by the agency.

Cite as Ga. Comp. R. & Regs. R. 360-18-.01
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Initial Pleading" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-18-.02. Answer.

The party to whom a notice of hearing is directed must file with the agency an answer within fourteen (14) days after service of the notice of hearing. All allegations contained in the notice or hearing which are not specifically admitted are deemed denied.

Cite as Ga. Comp. R. & Regs. R. 360-18-.02
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Answer" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-18-.03. Replies.

A reply to the answer shall not be permitted and any new matters asserted in the answer shall be deemed denied.

Cite as Ga. Comp. R. & Regs. R. 360-18-.03
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Replies" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-18-.04. Amendments.

Any party, including the agency, may amend any pleading or notice without leave of the agency until the eighth day prior to the date set for the hearing on the matter. Thereafter a party may amend his pleadings only by leave of the Board or its designee, and leave shall be freely given when justice so requires. If an amendment is made to a notice of hearing, the answer to said amended notice shall be filed within seven (7) days after service of the amended notice, unless otherwise ordered by the presiding officer.

Cite as Ga. Comp. R. & Regs. R. 360-18-.04
Authority: O.C.G.A. Secs. 43-1-3, 43-34-5, 43-34-24(c), 43-34-9, 50-13-3, 50-13-13.
History. Original Rule entitled "Amendments" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.

Chapter 360-19. MOTIONS AND PRE-HEARING PROCEDURES.

Rule 360-19-.01. Motions: Written and Oral.

(1) An application to the agency for an order to take any action or to enter any order shall be made by motion which, unless made during the hearing, shall be made in writing, shall state specifically the grounds therefor, and shall set forth the action or order sought. A copy of all written motions shall be served upon the parties in accordance with Chapter 360-20.

(2) A motion for a continuance or an extension of time shall be ruled upon by the presiding officer forthwith. All other motions shall be ruled upon by the presiding officer at the outset of the hearing, after an opportunity for argument by the parties; provided, however, that when the presiding officer is a duly appointed hearing officer, the presiding officer may establish a hearing schedule and dispose of motions at his discretion. The presiding officer may request briefs in support of or in opposition to any motion.

Cite as Ga. Comp. R. & Regs. R. 360-19-.01
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Motions: Written and Oral" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-19-.02. More Definite Statement.

A motion for more definite statement shall be filed and ruled upon pursuant to Rule 360-5-.01.

Cite as Ga. Comp. R. & Regs. R. 360-19-.02
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "More Definite Statement" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-19-.03. Pre-Hearing Procedures.

Proceedings before the agency shall be conducted as expeditiously as possible, with due regard to the rights of the parties. In contested cases before the Georgia Composite Medical Board, upon issuance of a notice of hearing, the procedures set forth in this chapter and Chapters 360-17 through 360-26 shall enable the parties to obtain relevant information needed for preparation of the case, to the extent that such disclosure is authorized by law.

Cite as Ga. Comp. R. & Regs. R. 360-19-.03
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "Pre-Hearing Procedures" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Rule 360-19-.04. Witnesses, Respondent Statement, Witness Statements.

(1) The parties shall within a reasonable time prior to the commencement of the hearing, but at least ten (10) days prior to the hearing, exchange lists of the names, addresses, and phone numbers of witnesses, including experts, whom each party expects to call or may call on its behalf.

(2) The parties shall also, within a reasonable period of time prior to the hearing, exchange copies of documents, and designate documents already in the possession of the other party which are intended to be introduced as evidence at the hearing. The parties shall similarly, upon request, make available to each other for inspection, copying, testing or sampling any tangible item intended to be introduced as evidence.

(3) Respondent shall be furnished, within a reasonable time prior to the commencement of the hearing but at least ten (10) days prior to the hearing, any written statements or other record memorializing oral statement made by the Respondent during the course of the investigation.

(4) The parties shall be required to confer either in person or by telephone, in reasonable advance of a scheduled hearing date but at least seven (7) days prior to the hearing, in a good-faith attempt to reach an agreement as to the admissibility of any documents or tangible items intended to be offered in evidence for either side. The parties may stipulate as to any matter of fact and such stipulation will satisfy a party's burden of proving the

fact alleged. The parties shall be encouraged to reach pre-hearing stipulations which could facilitate adjudication of the case. The hearing officer, upon his or her own motion or upon the request of either party, may schedule a pre-hearing conference to hear and rule on motions or other preliminary matters, or otherwise facilitate adjudication of the case.

Cite as Ga. Comp. R. & Regs. R. 360-19-.04
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Witnesses, Respondent Statement, Witness Statements" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-19-.05. Pre-Hearing Discovery.

Except as may be expressly authorized by these rules or by statute, no other forms of pre-hearing discovery shall be authorized or permitted including, but not limited to the following: interrogatories; requests for production of documents and things; requests for physical or mental examination; and requests for admission.

Cite as Ga. Comp. R. & Regs. R. 360-19-.05
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Pre-Hearing Discovery" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Chapter 360-20. SERVICE.

Rule 360-20-.01. By the Agency.

Service of the notice of hearing, initial decision and final order shall be by personal delivery or certified mail to the licensee or applicant, in addition to counsel of record. All other notices, pleadings, orders, motions and other documents shall be served by hand delivery or first class mail.

Cite as Ga. Comp. R. & Regs. R. 360-20-.01
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "By the Agency" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-20-.02. By Other Parties.

A copy of the answer and all other pleadings, notices, motions, briefs, memoranda and other documents filed by any party with the Georgia Composite Medical Board shall be served upon all other parties to the proceeding, including counsel for the agency, by personal delivery or by first-class mail.

Cite as Ga. Comp. R. & Regs. R. 360-20-.02
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-6, 43-34-8, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "By Other Parties" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Rule 360-20-.03. To Party's Attorney.

Service upon a party's attorney shall be deemed service upon the party, except as provided in 360- 20-.01.

Cite as Ga. Comp. R. & Regs. R. 360-20-.03
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "To Party's Attorney" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-20-.04. Filing of Pleading.

A pleading subsequent to the Notice of Hearing shall not be entitled to filing unless accompanied by an Acknowledgement of Service required hereunder or a certificate that the service required hereunder has been made. In addition, a pleading shall not be entitled to filing unless it is stamped or otherwise marked in the upper left hand corner of the first page of the document as "original", and a duplicate copy is simultaneously submitted which is stamped or otherwise marked as "duplicate" in the upper left corner on the first page.

Cite as Ga. Comp. R. & Regs. R. 360-20-.04
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Filing of Pleading" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Chapter 360-21. PARTIES; INTERVENTION.

Rule 360-21-.01. Substitution of Parties.

The Board or its designee may upon motion, at any time during the course of the proceeding, permit such substitution of parties as justice may require.

Cite as Ga. Comp. R. & Regs. R. 360-21-.01
Authority: O.C.G.A. Secs. 43-1-4, 43-34-5, 43-34-9, 43-34-24(c), 50-13-3, 50-13-13.
History. Original Rule entitled "Substitution of Parties" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.

Rule 360-21-.02. Intervention.

Any person desiring to intervene pursuant to O.C.G.A. Section 50-13-14 shall file a motion in accordance with Rule 360-19-.01, which motion shall state therein the specific grounds for

seeking intervention. The agency and any other parties shall have fourteen (14) days from the date of service to file, a response to such request.

Cite as Ga. Comp. R. & Regs. R. 360-21-.02
Authority: O.C.G.A. Secs 43-1-4, 43-34-5, 43-34-9, 43-34-24(c), 50-13-3, 50-13-13, 50-13-14.
History. Original Rule entitled "Intervention" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.

Chapter 360-22. EVIDENCE; SUBPOENAS.

Rule 360-22-.01. Evidence on Hearings.

In all hearings the testimony of witnesses shall be taken orally before the agency or hearing officer, unless otherwise provided by these rules.

Cite as Ga. Comp. R. & Regs. R. 360-22-.01
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Evidence on Hearings" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-22-.02. Evidence on Motions.

When a motion is based on facts not appearing of record the presiding officer may hear the matter on affidavits presented by the respective parties, but the presiding officer may direct that the matter be heard, wholly or partly on oral testimony.

Cite as Ga. Comp. R. & Regs. R. 360-22-.02
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Evidence of Motions" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-22-.03. Objections and Exceptions.

Formal exceptions to rulings on evidence are unnecessary. It is sufficient that a party, at the time that a ruling of the presiding officer is made or sought, makes known to the presiding officer the action which he desires taken or his objections to such action and his grounds therefor.

Cite as Ga. Comp. R. & Regs. R. 360-22-.03
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Objections and Exceptions" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-22-.04. Subpoenas.

(1) In contested cases, subpoenas shall be issued without discrimination between public and private parties. At any time after issuance of the Notice of Hearing, and prior to the scheduled date for the hearing, the parties may request the issuance of subpoenas by filing a written request with the Georgia Composite Medical Board, in accordance with Rule 360-17-.01, with appropriate service on the opposing party or counsel. Subpoena requests shall state the name and complete address of the person to whom it is directed.

(2) Subpoenas issued pursuant to a request in accordance with Rule 360-22-.04(1) shall not be issued in blank. Every subpoena issued by the Georgia Composite Medical Board shall state the name of the agency and the title of the action, and shall command each person to whom it is directed to attend and give testimony at the hearing at a time and place therein specified, or to produce documents for examination at the hearing, or both. If such a subpoena is directed to any member, investigator, employee, or other agent or representative of the agency, including experts retained by the agency for purposes of the particular case, production of documentary evidence from the agency or investigative file of the applicant or licensee and the taking of testimony at the hearing from such a person or persons shall be governed by applicable provisions in the practice act regulating the business or profession, and by O.C.G.A. 43-34-8.

(3) The party requesting the issuance of the subpoena shall be responsible for serving the same and paying the cost of securing the attendance of witnesses, in the same manner as prescribed by law in civil cases in superior court.

Cite as Ga. Comp. R. & Regs. R. 360-22-.04
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "Subpoenas" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Chapter 360-23. TAKING OF TESTIMONY BY DEPOSTION.

Rule 360-23-.01. Taking of Testimony by Deposition.

(1) At any time during the course of the proceedings, the presiding officer may, in his discretion, permit the testimony of a witness to be taken by deposition. Application to take testimony by deposition shall be made in writing and shall be filed with the Georgia Composite Medical Board and served upon all parties to the proceedings, including counsel for the agency.

(2) The application shall state the name and address of the witness, the subject matter concerning which the witness is expected to testify, the date, time and place of the proposed deposition, and the reason why the witness cannot appear and testify before the agency. The presiding officer may, in his discretion, allow the application where the

circumstances are such that the witness to be deposed cannot appear before the agency without substantial hardship to the deponent or to the parties to the case or that testimony by any other method will unduly delay expeditious completion of the proceedings. An application for the taking of testimony by deposition shall not be allowed if the deposition would result in any undue burden to another party or any undue delay of the proceedings. If the application is allowed, the presiding officer should give notice of the taking of the testimony by deposition to all parties.

Cite as Ga. Comp. R. & Regs. R. 360-23-.01
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "Taking of Testimony by Deposition" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Rule 360-23-.02. Conduct of the Deposition.

(1) Examination and cross-examination of the witness shall proceed as would be permitted at the hearing and under those rules of evidence applicable to proceedings conducted pursuant to the Georgia Administrative Procedure Act. The officer before whom the deposition is to be taken shall put the witness on oath and shall personally record the testimony of the witness. The testimony shall be taken stenographically and shall be transcribed. All objections made at the time of examination to the qualifications of the officer taking the deposition, or to the manner of taking it, or to the evidence presented, or to the conduct of any party, and any other objections to the proceedings, shall be noted by the officer upon the deposition. Evidence objected to shall be taken subject to the objection.

(2) All errors and irregularities in the notice of taking testimony by deposition shall be deemed waived unless written objection thereto is served upon the agency prior to the deposition. Objections to taking testimony by depositions because of disqualification of the officer before whom it is to be taken shall be deemed waived unless made before the deposition begins or as soon thereafter as the disqualifications become known or could be discovered with reasonable diligence.

(3) Objections to the competency of a witness are not waived by failure to make them before or during the deposition unless the ground of the objection is one which might have been obviated or removed if presented at that time. Errors or irregularities occurring at the taking of the testimony in the manner of taking the deposition, in the form that the questions are answered, in the oath of affirmation, or in the conduct of the parties, and errors of any kind which might be obviated, removed or cured if properly presented, shall be deemed waived unless reasonable objection thereto is made at the deposition.

(4) Errors and irregularities in the manner in which the testimony is transcribed or the deposition is prepared, certified, sealed, endorsed, transmitted, filed or otherwise dealt with by the officer taking the testimony are waived unless a motion to suppress the

deposition or some part thereof is made with reasonable promptness after such defect is, or with due diligence might have been, ascertained.

(5) The deposition shall be sealed and filed with the Georgia Composite Medical Board.

Cite as Ga. Comp. R. & Regs. R. 360-23-.02
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "Conduct of the Deposition" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Rule 360-23-.03. Taking of Testimony by Interrogatory.

Application to take testimony by interrogatory shall be made and allowed in the same manner as prescribed in Rule 360-23-.01.

Cite as Ga. Comp. R. & Regs. R. 360-23-.03
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Taking of Testimony by Interrogatory" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Chapter 360-24. HEARINGS.

Rule 360-24-.01. Notice of Hearing.

The agency shall notify all parties of the date, time and place of the hearing.

Cite as Ga. Comp. R. & Regs. R. 360-24-.01
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Notice of Hearing" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-24-.02. Conduct of the Hearing.

(1) The hearing shall be conducted by the board or an administrative law judge (ALJ) appointed by Office of State Administrative Hearings (OSAH).

(2) Duties of the Presiding Officer. The board shall have the to do the following: to administer oaths and affirmations; rule upon offers of proofs; regulate the course of the hearing; set the time and place for continued hearings; fix the time for filing briefs and memoranda; dispose of motions; and reprimand or exclude from the hearing any person for any indecorous or improper conduct committed in the presence of the board.

(3) Sworn Testimony. All testimony given at the hearing shall be under oath administered by the board.

(4) Order of Presentation. The State, or in a proper case a moving or complaining party, shall present its evidence or testimony first. Where there is more than one moving or complaining party, the order of presentation shall be at the discretion of the board. After all of the evidence and testimony of the State, or the moving or complaining party, has been received, all other parties shall be allowed to present their evidence or testimony. All parties, other than the party introducing the testimony, shall be allowed to cross examine any witness immediately after his testimony has been received. The State, or the moving or complaining party, shall be allowed to present rebuttal testimony or evidence if it so desires.

Cite as Ga. Comp. R. & Regs. R. 360-24-.02
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-8, 43-34-9, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "Conduct of the Hearing" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Rule 360-24-.03. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-24-.03
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-8, 43-34-9, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "Hearing Officers" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: F. Jan. 13, 2010; eff. Feb. 2, 2010.

Chapter 360-25. CONSOLIDATION AND CONTINUANCES.

Rule 360-25-.01. Consolidation.

The presiding officer upon his or her own motion, or upon motion by a party or other person joined in the proceeding, may order proceedings involving a common question or law or fact to be consolidated for hearing on any or all matters at issue in such proceedings.

Cite as Ga. Comp. R. & Regs. R. 360-25-.01
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-8, 43-34-24, 50-13-3, 50-13-13.
History. Original Rule entitled "Consolidation" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Chapter 360-26. BRIEFS AND POST HEARING PROCEDURE.

Rule 360-26-.01. Briefs.

Briefs may be filed by a party or any interested person either before or during the course of the hearing, or within such time thereafter as the Board or its designee shall designate. Failure to file a brief shall in no way prejudice the rights of any party.

Cite as Ga. Comp. R. & Regs. R. 360-26-.01
Authority: O.C.G.A. Secs. 43-1-3, 43-34-5, 43-34-24(c), 50-13-3, 50-13-13.
History. Original Rule entitled "Briefs" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.

Rule 360-26-.02. Filing of Documents Subsequent to Hearing.

(1) Upon request, the Board or its designee may, for good cause shown, allow the parties to file evidentiary documents of any kind, or exhibits, at a time subsequent to the completion of the hearing, such time to be determined by the Board or its designee. If a request for such subsequent filing is granted, the requesting party shall, on or before the date set for filing, send copies of all documents or exhibits which are subject of the request to all other parties.

(2) Prior to the admission into evidence of any documents or exhibits filed subsequent to the hearing, the opposing party shall have ten (10) days from the date of service of copies of such proposed documents or exhibits to file any objections to the admission of such evidence.

Cite as Ga. Comp. R. & Regs. R. 360-26-.02
Authority: O.C.G.A. Secs. 43-1-3, 43-34-5, 43-34-24(c), 50-13-3, 50-13-13.
History. Original Rule entitled "Filing of Documents Subsequent to Hearing" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.
Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.

Rule 360-26-.03. Motion to Reopen Hearing.

A party may, at any time prior to the rendering of a final decision by the agency, move that the hearing be reopened for the purpose of receiving new evidence. Such motions shall be filed in accordance with the provisions of Rule 360-19-.01 and shall be granted only for good cause shown. The agency shall notify all parties of its action upon the motion. Notwithstanding the above, the agency may at any time prior to the rendering of a decision, reopen the hearing on its own motion.

Cite as Ga. Comp. R. & Regs. R. 360-26-.03
Authority: O.C.G.A. Secs. 43-1-3, 43-34-24(c).
History. Original Rule entitled "Motion to Reopen Hearing" adopted. F. Oct. 26, 1999; eff. Nov. 15, 1999.

Rule 360-26-.04. Review of Initial Decision.

(1) Either the Respondent or the Board may seek review of the initial decision of the hearing officer pursuant to O.C.G.A. 50-13-17(a). If the Respondent files a timely motion for review of the initial decision of the hearing officer, the Respondent may include therein a statement of the reasons for seeking review and alleged errors made by the hearing officer in the initial decision. If the Board files a timely order for review of the initial decision on its own motion, it may include in its order the issues to be considered by the Board at the review hearing.

(2) Upon the filing of a timely motion by Respondent seeking review of the initial decision of the hearing officer, or upon the filing of a timely order for review of an initial decision by the Board on its own motion, notice of the date and time for the review shall be served on Respondent or counsel for Respondent and counsel for the agency.

(3) The Board may appoint a hearing officer for review, other than the hearing officer who entered the initial decision, who shall preside over the review proceedings and control the conduct of the review hearing. In acting as presiding officer, the hearing officer for review shall assist the Board in its ruling on procedural and evidentiary questions that arise during the course of the review. At the direction of the Board, the hearing officer for review shall draft the final decision for the Board.

(4) On review, the Board shall have all the powers it would have in making the initial decision, and in its discretion shall have the power to take additional testimony or remand the case to the original hearing officer for such purpose, as provided in the Administrative Procedure Act, O.C.G.A. 50-13-17 and in accordance with this Rule. Motions, including motions to present additional evidence, shall be filed in accordance with the time periods for such motions set forth in the Order scheduling the review.

   (a) Motions to present additional evidence or to remand the case to the original hearing officer for such purpose shall be granted only if the additional evidence is material and there was good cause for failing to present such evidence before the original hearing officer. All motions, including motions for the presentation of additional evidence, shall be ruled on by the Board, prior to oral arguments during the review hearing.

(5) Oral argument up to 30 minutes per side is permitted in the review hearing. Additional time for argument must be requested in writing and docketed at least fourteen (14) days before the date set for the review hearing.

(6) Once the review hearing is concluded, the Board shall deliberate as to the final decision. Neither the hearing officer for review nor the parties nor their counsel shall be present during or participate in the deliberations or voting on the final decision. Provided, however, that during the course of the deliberations the Board may seek or obtain legal advice of its counsel or make an inquiry on the record concerning either procedure or the merits of the case in the presence of all parties.

   (a) At the conclusion of the deliberations, the vote and decision of the Board shall be announced in open session, unless the sanction imposed by the decision is made

confidential by statute, in which case it shall be announced in camera to the Respondent and counsel for the parties. The Board may take the matter under advisement and continue the deliberations until a date certain, if deemed necessary, due to the Board's agenda or the complexity of the issues.

Cite as Ga. Comp. R. & Regs. R. 360-26-.04
Authority: O.C.G.A. Secs. 43-34-24, 50-13-3, 50-13-17, 50-13-41.
History. Original Rule entitled "Review of Initial Decision" adopted. F. May 12, 2006; eff. June 1, 2006.

Rule 360-26-.05. Rehearing.

Any party may file a motion for rehearing of a final decision of the Board within ten (10) days after the date of actual service of such final decision on the Respondent or Respondent's counsel. Such motion shall be in accordance with Rule 360-19-.01 and, in addition, shall include a statement of all matters alleged to have been erroneously decided and, if applicable, a statement as to any newly discovered matters or circumstances that have arisen subsequent to the final decision. The filing of said motion shall not operate as a stay of the final decision of the agency unless so ordered by the Board.

Cite as Ga. Comp. R. & Regs. R. 360-26-.05
Authority: O.C.G.A. Secs. 43-34-24, 50-13-3.
History. Original Rule entitled "Rehearing" adopted. F. May 12, 2006; eff. June 1, 2006.

Rule 360-26-.06. Appeals of Final Decisions.

All appeals shall be filed in accordance with the Georgia Administrative Procedure Act and must be filed in the superior court of Fulton County, the court of the domicile of the Board.

Cite as Ga. Comp. R. & Regs. R. 360-26-.06
Authority: O.C.G.A. Secs. 43-1-19, 43-1-20.1, 43-34-5, 43-34-24, 43-34-24.1, 50-13-3, 50-13-13.
History. Original Rule entitled "Appeals" adopted. F. May 12, 2006; eff. June 1, 2006.
Repealed: New Rule entitled "Appeals of Final Decisions" adopted. F. July 9, 2010; eff. July 29, 2010.

Chapter 360-27. PATIENTS' RIGHTS.

Rule 360-27-.01. Definitions.

(1) Board means the Georgia Composite Medical Board.

(2) Declaration of the patients' rights means the notice found in Rule 360-27-.02(2).

(3) Grievance means a complaint filed by a complainant concerning a physician, his/her treatment or his/her staff or office.

(4) Complainant means a patient or other interested party filing a grievance.

Cite as Ga. Comp. R. & Regs. R. 360-27-.01
Authority: O.C.G.A. Secs. 43-1-19, 43-34-5, 43-34-24.1, 43-34A-2, 43-34A-6.
History. Original Rule entitled "Definitions" adopted. F. Apr. 8, 2002; eff. Apr. 28, 2002.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.

Rule 360-27-.02. Declaration of Patients' Rights.

(1) Physicians are required to post a declaration of the patient's rights to file a grievance with the Board concerning a physician, staff, office, or treatment received.

(2) The declaration shall contain the following language with no alterations, deletions, or additions: The patient has the right to file a grievance with the Georgia Composite Medical Board, concerning the physician, staff, office, and treatment received. The patient should send a written complaint to the board. The patient should be able to provide the physician or practice name, the address, and the specific nature of the complaint. Complaints or grievances may be reported to the Board at the following address or telephone number:

Georgia Composite Medical Board

Attn: Complaints Unit

2 Martin Luther King Jr. Drive SE

11th floor, East Tower

Atlanta, GA 30334

(404) 656-3913

www.medicalboard.georgia.gov

(3) The declaration shall be prominently displayed in a sign that is 8 1/2 inches × 11 inches in type that is no smaller than 24-point Times Roman print in black on white background. It shall be displayed in the physician's waiting room in an area that is not obstructed and can be easily viewed by patients.

Cite as Ga. Comp. R. & Regs. R. 360-27-.02
Authority: O.C.G.A. §§ 43-34-24, 43-34A-6.
History. Original Rule entitled "Declaration of Patients' Rights" adopted. F. Apr. 8, 2002; eff. Apr. 28, 2002.

Repealed: New Rule of same title adopted. F. June 23, 2008; eff. July 13, 2008.
Repealed: New Rule of same title adopted. F. Jan. 13, 2010; eff. Feb. 2, 2010.
Amended: F. Aug. 11, 2023; eff. Aug. 31, 2023.

Rule 360-27-.03. Grievances/Complaints.

(1) Patients, or any person that the Board deems to have a legitimate interest, have a right to file a grievance with the Board by calling the Board with the complaint or by sending a written complaint to the Board.

(2) A complaint should include the following and will not be deemed as filed until this information is received:

(a) the name, address and telephone number of the complainant;

(b) when the patient is not the complainant, specify the name of the patient if applicable;

(c) specify the physician or practice name, the address and the nature of the complaint;

(d) dates and details of any specific incidents.

(3) When a complaint is received the Board will send the patient a form(s) authorizing the Board to use the patient's name, release the patient's name and the release of information to necessary individuals to conduct an investigation.

(4) The Board will review every complaint to determine if there is sufficient evidence to warrant an investigation. Complaints that fail to allege a violation that is within the Board's jurisdiction lack sufficient evidence to warrant an investigation.

(5) The Board will respond in writing to the complainant within 60 days of receiving a complaint and inform the complainant whether the complaint is being referred for investigation. If the complaint has been investigated, the board's response will inform the complainant as to the results of the investigation or whether further investigation is required, and any board action taken.

Cite as Ga. Comp. R. & Regs. R. 360-27-.03
Authority: O.C.G.A. Secs. 43-34-24, 43-34A-6.
History. Original Rule entitled "Grievances/Complaints" adopted. F. Apr. 8, 2002; eff. Apr. 28, 2002.

Rule 360-27-.04. Noncompliance.

Any physician or authorized personnel violating the provisions of this chapter may be subject to disciplinary action and shall be assessed a monetary fine for each violation.

Cite as Ga. Comp. R. & Regs. R. 360-27-.04
Authority: O.C.G.A. Secs. 43-1-19, 43-34-24.1, 43-34A-7.
History. Original Rule entitled "Noncompliance" adopted. F. Apr. 8, 2002; eff. Apr. 28, 2002.

Exhibit (360-27) A. NOTICE OF PATIENTS' RIGHTS.

The patient has the right to file a grievance with the Georgia Composite Medical Board concerning the physician, staff, office, and treatment received. The patient should either call the board with such a complaint or send a written complaint to the board. The patient should be able to provide the physician or practice name, the address, and the specific nature of the complaint. You may report complaints to the Board at the following address or telephone number:

Georgia Composite Medical Board

Attn: Complaints Unit

2 Martin Luther King Jr. Drive SE

11th floor, East Tower

Atlanta, GA 30334

(404) 656-3913

www.medicalboard.georgia.gov

Cite as Ga. Comp. R. & Regs. R. dept. 360, ch. 360-27, exh. (360-27) A

Chapter 360-28. PHYSICIAN PROFILES.

Rule 360-28-.01. Definitions.

(1) Board means the Georgia Composite Medical Board.

(2) Final disciplinary action means:

(a) Any of the following final disciplinary actions taken by the Board or its counterpart in any other state, any state licensing board in Georgia or in any other state within the ten year period immediately prior to the date of the profile:

1. Refusal to grant a license to an applicant;

2. Public or private reprimand, provided that the first private reprimand shall not be reported for physician profiles;

3. License suspension for a definite period;

4. Limitation or restriction of a license;

5. License revocation;

6. Conditioning the penalty or withholding formal disposition upon the physician's submission to the care counseling or treatment of physicians or other professional persons, and the completion of such care, counseling or treatment as directed by the licensing board;

7. Probation;

8. "Final" in disciplinary action under section (a) of 360-28-.01(2) means:

   (i) In contested cases, any of the discipline listed in 360-28-.01(2)(a)1. through 7. imposed by final decision of the Board, its counterpart in any other state, any state licensing board in Georgia or in any other state.

   (ii) Any of the discipline listed in 360-28-.01(2)(a)1. through 7. that was imposed by agreement between the physician and the Board or its counterpart in any other state or any state licensing board in Georgia or in any other state.

(b) Any final hospital disciplinary action resulting in revocation or any restriction of hospital privileges, either involuntary or by agreement, for reasons related to competence or character that is taken on or after April 11, 2001 and within the ten-year period immediately prior to the date of the profile.

(c) Final disciplinary action taken prior to April 11, 2001 shall not be included within the definition of this term.

(3) Current profile means the most recent profile on file with and published by the Board.

(4) Judgment means court decision and shall include criminal convictions and entered pleas of nolo contendere.

(5) Physician means a doctor of medicine or osteopathy licensed by the Board pursuant to Article 2, Chapter 34, Title 43 of the Official Code of Georgia Annotated.

(6) Medical school faculties mean academic appointments. The term medical school faculties shall not include hospital affiliation or privileges.

(7) Profile questionnaire means the form attached to this chapter as Exhibit 1.

(8) Public means any person or entity.

Cite as Ga. Comp. R. & Regs. R. 360-28-.01
Authority: O.C.G.A. Secs. 43-34-24, 43-34A-1, 43-34A-3, 43-34A-8.
History. Original Rule entitled "Definitions" adopted. F. Jan. 2, 2003; eff. Jan. 22, 2003.
Amended: F. Nov. 15, 2013; eff. Dec. 5, 2013.

Rule 360-28-.02. Initial Profile Information.

(1) The Board will mail letters with profile instructions to the last known address of all licensed physicians in this state. Each licensed physician is required to submit a fully completed profile that is received by the Board on or before the date designated in the letter.

(2) Profiles submitted without the physician's signature to the affirmation will not be accepted as complete profiles.

(3) A second written notice will be sent to the last known address of those physicians whose profile was not received by the designated date. The second notice will advise the physician that failure to comply with the second request for a fully completed profile shall be a violation of Chapter 34A of Title 43 of the Official Code of Georgia Annotated and shall result in penalties pursuant to O.C.G.A. § 43- 34A-7 and Rule 360-28-.07.

(4) New licensees will be required to submit a fully completed profile within sixty (60) days after receipt of the Board's request for profile information. Profile requests mailed by the Board will be deemed received by the licensee within five (5) days of the date shown on the request unless the licensee provides satisfactory evidence to the Board establishing a later receipt date.

Cite as Ga. Comp. R. & Regs. R. 360-28-.02
Authority: O.C.G.A. Secs. 43-34-24, 43-34A-3, 43-34A-7, 43-34A-8.
History. Original Rule entitled "Initial Profile Information" adopted. F. Jan. 2, 2003; eff. Jan. 22, 2003.

Rule 360-28-.03. Submission of Profile Information via the Internet.

(1) Profile questionnaires may be completed by licensed physicians and submitted to the Board via the Internet at www.medicalboard.ga.gov.

(2) Physicians wishing to submit profile information via the Internet will be given a user identification (ID) and personal identification number (PIN). Only the Board can reset a physician's user ID and/or PIN.

(3) Before a profile is accepted as complete via the Internet, the physician will be given the opportunity to review the profile. The physician will then be asked to swear and affirm that the information provided is true and correct. If the physician indicated that the information provided is true and correct, said action will be deemed to be the physician's signature.

(4) When a physician submits a fully completed profile via the Internet, a confirmation of receipt will be displayed on the computer screen and the confirmation may be printed by the physician for his or her records.

(5) Once the fully completed initial profile is received via the Internet, the Board will mail a hard copy of the profile to the physician.

Cite as Ga. Comp. R. & Regs. R. 360-28-.03
Authority: O.C.G.A. Secs. 43-34-24, 43-34-37, 43-34A-3, 43-34A-8.
History. Original Rule entitled "Submission of Profile Information via the Internet" adopted. F. Jan. 2, 2003; eff. Jan. 22, 2003.
Amended: F. June 23, 2008; eff. July 13, 2008.

Rule 360-28-.04. Optional Information.

(1) At the physician's request, the following information may be included in the profile:

(a) Identification of translating services currently available at the primary practice setting;

(b) A maximum of six appointments to medical school faculties, occurring within the ten (10) years immediately preceding the date of the request for inclusion in the profile;

(c) A maximum of four articles in professional publications and journals;

(d) A maximum of five professional or community service memberships or activities; and

(e) A maximum of five awards received.

(2) The physician may request inclusion of optional information at the time of filing the initial profile or by submitting an update in accordance with the provisions of Rule 360-28-.04.

Cite as Ga. Comp. R. & Regs. R. 360-28-.04
Authority: O.C.G.A. Secs. 43-34-24, 43-34A-3, 43-34A-8.
History. Original Rule entitled "Optional Information" adopted. F. Jan. 2, 2003; eff. Jan. 22, 2003.

Rule 360-28-.05. Updates and Corrections.

(1) A physician shall utilize the form attached to this chapter as Exhibit 2 to update or correct the physician's profile.

(2) A physician may update or correct profile information via the Internet, except that a physician will not be permitted to update the following profile items listed in O.C.G.A. §§ 43-34A-3(c)(11) through (17) after initial publication:

(a) Felony criminal convictions.

(b) Felony charges to which a plea of nolo contendere was entered.

(c) Final disciplinary actions by a regulatory board as defined in O.C.G.A. § 43-34A-3(c).

(d) Final revocations or any final disciplinary actions resulting in any restriction of hospital privileges, either involuntary or by agreement, for reasons related to competence or character.

(e) Resignations from or nonrenewal of staff privileges taken in lieu of or in settlement of pending disciplinary action related to competence or character.

(f) Final medical malpractice court judgments, medical malpractice awards or medical malpractice settlements that are required to be disclosed pursuant to Code Sections 43-34A-3(c)(16) and 43-34A- 3(c)(17).

(3) When a profile is updated or corrected regarding malpractice, hospital staff privileges, or disciplinary action, whether by submission of a hard copy or via the Internet, the Board will mail a copy of the updated or corrected profile as published to the physician.

(4) The profile items listed in O.C.G.A. §§ 43-34A-3(c)(11) through (17) shall be reported to the Board within 10 days of the judgment, award, settlement, revocation, resignation and/or disciplinary action.

(a) When updating or correcting the profile items listed in O.C.G.A. §§ 43-34A-3(c)(11) through (17), the physician shall provide the Board with a copy of the judgment, award, settlement, revocation and/or disciplinary action.

(b) Failure to report this information within 10 days of judgment, award, settlement, revocation, resignation and/or disciplinary action may result in disciplinary action.

(5) All other changes to the physician's profile, including practice address, shall be reported by the physician to the Board, *in writing or via the Internet*, within 30 days of the date of the change.

(6) It is the responsibility of the physician to submit on a form provided by the Board notification of changes in the physician profile including, but not limited to any outdated information on the profile involving malpractice information, hospital disciplinary actions, resignations or non-renewals, changes of address or practice and malpractice insurance status.

Cite as Ga. Comp. R. & Regs. R. 360-28-.05
Authority: O.C.G.A. Secs. 43-34-24, 43-34-37, 43-34A-3, 43-34A-7, 43-34A-8.
History. Original Rule entitled "Updates and Corrections" adopted. F. Jan. 2, 2003; eff. Jan. 22, 2003.
Amended: F. Apr. 18, 2003; eff. May 8, 2003.
Amended: F. Nov. 15, 2013; eff. Dec. 5, 2013.

Rule 360-28-.06. Physician Comments.

(1) A physician shall have thirty (30) days from the date of receipt of a copy of the initial profile to submit comments to the Board regarding information to be published in the initial profile.

(2) A physician shall have thirty (30) days from the date of receipt of an amended profile, if the amendment relates to malpractice, hospital staff privileges or disciplinary action, to submit comments regarding information that has been published in the amended profile.

(3) A copy of the profile or amended profile mailed to the physician by the Board shall be deemed received by the physician five (5) days after the date of mailing, unless the physician submits satisfactory evidence to the Board of a later receipt date.

(4) A physician's comments shall not exceed 100 words and must be in regard to information published in the physician's profile or amended profile, whichever is applicable.

(5) A physician's comments shall not reveal patient names or information that would reveal the identity of a patient, shall not contain profanity and the comments shall not contain information that is confidential, defamatory or libelous pursuant to state and/or federal law.

Cite as Ga. Comp. R. & Regs. R. 360-28-.06
Authority: O.C.G.A. Secs. 43-34-24, 43-34A-3, 43-34A-8.
History. Original Rule entitled "Physician Comments" adopted. F. Jan. 2, 2003; eff. Jan. 22, 2003.
Amended: F. Apr. 18, 2003; eff. May 8, 2003.

Rule 360-28-.07. Submission of False or Misleading Information.

(1) The physician is solely responsible for the submission of accurate profile information to the Board and may not delegate this responsibility to another. Any profile information

submitted to the Board, either electronically or via hard copy, in the name of the physician, will be deemed to be completed and filed by that physician.

(2) Submission of false or misleading information by the physician may constitute a violation of O.C.G.A. § 43-34-37 and may be grounds for disciplinary action.

Cite as Ga. Comp. R. & Regs. R. 360-28-.07
Authority: O.C.G.A. Secs. 43-34-24, 43-34-37, 43-34A-8.
History. Original Rule entitled "Submission of False or Misleading Information" adopted. F. Jan. 2, 2003; eff. Jan. 22, 2003.

Rule 360-28-.08. Non-compliance with Request for Profile Information.

(1) Compliance with the request for profile information from the Board is mandatory.

(2) Failure to return the completed profile form constitutes a violation of Chapter 34A of Title 43 of the Official Code of Georgia Annotated.

(3) The Board shall assess a fine of up to $100.00 per day for each day that the physician is not in compliance.

Cite as Ga. Comp. R. & Regs. R. 360-28-.08
Authority: O.C.G.A. Secs. 43-34-24, 43-34A-7, 43-34A-8.
History. Original Rule entitled "Non-compliance with Request for Profile Information" adopted. F. Jan. 2, 2003; eff. Jan. 22, 2003.
Amended: F. Apr. 18, 2003; eff. May 8, 2003.

Rule 360-28-.09. Dissemination of Profiles.

(1) Profiles shall be disseminated to the public via the Internet at www.medicalboard.ga.gov or by mail.

(2) Requests for profiles may be made by telephone, in writing or by electronic mail.

(3) A request for profile information received after 5:00 p.m. on a business day will be deemed received on the next business day.

(4) The identity of the person or entity requesting a physician's profile and the request shall be confidential.

(5) A physician may make his or her current, unaltered board-approved profile available to the physician's patients.

(6) A physician who knowingly disperses a profile that does not disclose recent disciplinary actions, criminal convictions, revocations or restriction of hospital privileges, settlements, medical malpractice judgments or arbitration awards pursuant to O.C.G.A. §43-34A-3(c)(11) through (17) shall have violated O.C.G.A. § 43-34-37 and be subject to disciplinary action.

Cite as Ga. Comp. R. & Regs. R. 360-28-.09
Authority: O.C.G.A. Secs. 43-34-24, 43-34-37, 43-34A-3, 43-34A-4, 43-34A-8.
History. Original Rule entitled "Dissemination of Profiles" adopted. F. Jan. 2, 2003; eff. Jan. 22, 2003.
Amended: F. June 23, 2008; eff. July 13, 2008.

Exhibit (360-28) 1. .

Exhibit 1

GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
MANDATORY PHYSICIAN PROFILE QUESTIONNAIRE
2 Peachtree Street NW
Atlanta, GA 30303
(404) 651-7854
You may also complete this form at our website.
www.profiling@dch.state.ga

I. PHYSICIAN DATA – See Instructions

A. NAME:

(LAST) (FIRST) (MIDDLE)

B. GEORGIA LICENSE NUMBER: _____ ☐ MD ☐ DO

RECIPROCITY:
If your original license was issued in another state, please indicate the state and date of your first license. State_____ Date_____ MM/DD/YYYY

C. MAILING ADDRESS:

(STREET AND NUMBER) (CITY) (STATE) (ZIP CODE) (COUNTRY)

D. PRIMARY PRACTICE ADDRESS: Check here if same as mailing address and go to Section E. ☐ (This will be published as part of the profile and the web site).

(STREET AND NUMBER) (CITY) (STATE) (ZIP CODE)

E. PRACTICE LOCATION HISTORY

	LOCATION OF PREVIOUS PRACTICE			FROM MM/DD/YYYY	TO MM/DD/YYYY
	CITY	STATE	COUNTRY		
1.					
2.					
3.					
4.					
5.					

F. ARE YOU CURRENTLY ACCEPTING MEDICAID PATIENTS? ☐ Yes ☐ No

Cite as Ga. Comp. R. & Regs. R. dept. 360, ch. 360-28, exh. (360-28) 1

Chapter 360-29. BAD CHECKS.

Rule 360-29-.01. Policy.

It is the policy of the Georgia Composite Medical Board to pursue its legal remedies under O.C.G.A. § 16-9-20 when a bad check is issued in payment of examination, license or renewal fees, application fees, or similar fees, and to take such other action as it is outlined in the following rules and regulations. Any person issuing a bad check will be subject to the service charge as provided in O.C.G.A. § 16-9-20(a)(2).

Cite as Ga. Comp. R. & Regs. R. 360-29-.01
Authority: O.C.G.A. Secs. 43-1-3, 43-34-1, 43-34-5, 43-34-6, 43-34-24, 43-34-24.1.
History. Original Rule entitled "Policy" adopted. F. Jan. 26, 2005; eff. Feb. 15, 2005.
Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.

Rule 360-29-.02. Applicants for Licensure, Certification or Permits.

If an applicant for licensure, certification or permit issues a bad check to cover the required fees, such applicant shall not be issued a license, certificate or permit until the applicant has paid the appropriate fees and service charge. If a license, certificate or permit is issued prior to determining that the applicant issued a bad check, such license, certificate or permit will be deemed to have been issued in error and deemed not current unless the applicant pays the appropriate fees and service charge with ten (10) days after the applicant received a notice mailed by certified or registered mail. The applicant must pay the appropriate fees and service charge by cashier's check or money order.

Cite as Ga. Comp. R. & Regs. R. 360-29-.02
Authority: O.C.G.A. Secs. 43-1-3, 43-34-5, 43-34-6, 43-34-24, 43-34-24.1.
History. Original Rule entitled "Applicants for Licensure, Certification or Permits" adopted. F. Jan. 26, 2005; eff. Feb. 15, 2005.
Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.

Rule 360-29-.03. License, Certificate or Permit Renewal.

If a licensee, certificate or permit holder attempts to renew a license, certificate or permit by the issuance of a bad check, the license, certificate or permit will not be renewed until all fees due including any applicable late renewal fees plus service charge are paid. If the license, certificate or permit is renewed and reissued to the licensee, certificate or permit holder, he or she will be notified by certified or registered mail that the renewed license, certificate or permit will be deemed not current unless all fees due for renewal plus the service charge are remitted with ten (10) days after receipt of the notice. The licensee, certificate or permit holder must pay the fees and service charge by cashier's check or money order.

Cite as Ga. Comp. R. & Regs. R. 360-29-.03
Authority: O.C.G.A. Secs. 43-1-3, 43-34-5, 43-34-6, 43-34-24, 43-34-24.1.
History. Original Rule entitled "License, Certificate or Permit Renewal" adopted. F. Jan. 26, 2005; eff. Feb. 15, 2005.
Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.

Chapter 360-30. FEDERAL STUDENT LOAN DEFAULT.

Rule 360-30-.01. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-30-.01
Authority: O.C.G.A. §§ 43-1-19, 43-1-29, 43-34-1, 43-34-5, 43-34-8.
History. Original Rule entitled "Federal Student Loan Default" adopted. F. May 10, 2005; eff. May 30, 2005.
Repealed: New Rule of same title adopted. F. July 9, 2010; eff. July 29, 2010.
Repealed: F. Jan. 28, 2020; eff. Feb. 17, 2020.

Chapter 360-31. ORTHOTISTS AND PROSTHETISTS.

Rule 360-31-.01. Applications.

(1) The application form shall be completed according to the instructions provided in the application.

(2) Reference forms shall be valid for up to six (6) months from the date of signature.

If the application is not approved during the six-month period, the Board may require a new and more current reference.

(3) Applications must be complete, including all required documentation, signatures and seals. Application files are not considered completed until all required information, documentation and fees have been received by the Board. No application will be considered by the Board until the application is complete.

(4) Applicants shall inform the Board in writing within 10 days of a change of address while an application is pending.

(5) Application fees are nonrefundable.

(6) Deposit of an application fee by the Board does not indicate acceptance of the application or that any other licensing requirements have been fulfilled.

(7) Incomplete applications that have been on file with the Board for more than one year shall be deemed invalid. No further action will take place on applications that have been incomplete for more than a year until a new application is received in accordance with the provisions of this chapter with the appropriate application fee.

Cite as Ga. Comp. R. & Regs. R. 360-31-.01
Authority: O.C.G.A. Secs. 43-1-7, 43-34-5, 43-34-194, 43-34-195, 43-34-196, 43-34-202.
History. Original Rule entitled "Applications" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: New Rule with same title adopted. F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.02. Licensure Qualifications.

(1) To qualify for a license to practice orthotics and/or prosthetics, a person must complete an application, pay an application fee, and meet the qualifications listed below:

(a) An applicant must meet one of the following education and experience requirements:

1. Possess a baccalaureate or higher degree from a college or university; have completed a nationally accredited program in orthotics, prosthetics, or orthotics and prosthetics that meets or exceeds the requirements, including clinical practice, of the Commission on Accreditation of Allied Health Programs ("CAAHEP"); and have completed a clinical residency in the professional area for which the license is sought in according with the standards, guidelines or procedures for residencies inside or outside this state approved by the Board

(a) The majority of the training in the clinical residency must have been under the supervision of a person licensed in orthotics or prosthetics, or if the training was prior to July 1, 2005, it must have been under the supervision of a person certified as an orthotist, prosthetist, or prothestist and orthotist or

2. Possess an associate or higher degree from a college or university with successful completion of courses in human anatomy, physiology, physics, chemistry; and have completed at least five (5) years of continued work experience in the discipline for which the license is sought under the supervision of a practitioner licensed in such discipline or certified in such discipline by an agency accredited by the National Commission for Certifying Agencies.

(b) An applicant must obtain a passing score on the examination given by the American Board for Certification in Orthotics and Prosthetics Incorporated ("ABC") or its successor or other examination as approved by the Board for certification in the discipline for which the license is sought.

(2) Nothing in this rule shall be construed to prevent the Board from denying or conditionally granting an application for licensure.

Cite as Ga. Comp. R. & Regs. R. 360-31-.02
Authority: O.C.G.A. Secs. 43-1-4, 43-1-7, 43-1-19, 43-34-196, 43-34-198, 43-34-203.
History. Original Rule entitled "Provisional Licensure" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: New Rule entitled "Licensure Qualifications" adopted. F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.03. Reciprocal Licensure Requirements.

The Board may, at its discretion, waive the examination requirements for an applicant who is an orthotist and prosthetist and is:

(a) Is licensed under the laws of another state, territory or country, if the requirements for licensure at the date of his or her licensure were equal to or more stringent than the requirements in force in the State of Georgia; or

(b) Is certified as an orthotist or prosthetist by a national certifying organization that is accredited by the National Commission for Certifying Agencies, and has educational and testing standards equal to or more stringent than the licensing requirements of the State of Georgia.

Cite as Ga. Comp. R. & Regs. R. 360-31-.03
Authority: O.C.G.A. Secs. 43-1-7, 43-1-19, 43-34-5, 43-34-196, 43-34-198, 43-34-202, 43-34-203.
History. Original Rule entitled "Licensure for Applicants Currently Practicing Orthotics or Prosthetics Who Are Certified As an Orthotist or Prosthetist" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: New rule entitled "Reciprocal Licensure Requirements" adopted. F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.04. Change of Name or Address.

(1) A licensee shall notify the Board in writing within 30 days after the licensee's name is legally changed. At the time of notification, the licensee shall submit a certified copy of the official document evidencing the name change. If the name change occurred during naturalization, the application must also include the naturalization number, the name and address of the court, the date of naturalization, and the name change. After receipt of the required notification and documentation, the Board will issue a duplicate license in the new name.

(2) A licensee shall notify the Board in writing within 30 days after a change in the licensee's address of record. Failure to so notify the Board of an address change is a violation of this rule and grounds for disciplinary action.

(3) A licensee who utilizes a post office box as the address of record shall also provide a street address where the Board may contact the licensee.

Cite as Ga. Comp. R. & Regs. R. 360-31-.04
Authority: O.C.G.A. Secs. 43-1-7, 43-34-194, 43-34-195, 43-34-196.
History. Original Rule entitled "Licensure Pursuant to Qualifications Established by O.C.G.A. § 43-34-195" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: New Rule of same title adopted. F. Feb. 11, 2009; eff. Mar. 3, 2009.
Repealed: New rule entitled "Change of Name or Address" adopted. F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.05. Duplicate Licenses.

(1) Duplicate licenses may be issued upon approval by the Board if the original license is lost, stolen, or destroyed, or if the licensee has had a legal change of name.

(2) To request a duplicate license, the licensee must submit a notarized application stating the reason the duplicate license is requested. If the application is based on a name change, the licensee must provide the documentation required by Rule 360-31-.04

(3) All applications must include the duplicate license fee. The duplicate license fee shall be designated in the fee schedule.

Cite as Ga. Comp. R. & Regs. R. 360-31-.05
Authority: O.C.G.A. 43-34-5 O.C.G.A. Secs. 43-34-5, 43-34-196, 43-34-202.
History. Original Rule entitled "Reciprocal Licensure Requirements" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: New rule entitled "Duplicate Licenses" adopted. F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.06. Renewal.

(1) All active licenses must be renewed on a biennial basis. Orthotist and/or Prosthetist licenses will expire on the last day of the month in which the applicant's birthday falls.

(2) Approximately 60 days prior to the expiration date, the Board may as a courtesy, mail a notice for license renewal to the last address on file in the Board's records to every person holding a current license. Failure to receive such notification shall not relieve the licensee of the obligation to renew and pay the required fee prior to the expiration date of the license. Deposit of the renewal fee by the Board does not indicate acceptance of the renewal application or that any licensing requirements have been fulfilled.

(3) To be eligible for renewal, licensees must answer questions on their biennial renewal form which establish satisfaction of Board approved continuing education requirements or eligibility for waiver or variance pursuant to Rule 360-31-.07. Failure to meet the continuing education requirements is a basis for nonrenewal.

(4) Failure to renew a license by the expiration date shall result in a restoration fee for late renewal as required by the Board. Licenses that have expired less than two years may be renewed by submitting a renewal application, establishing compliance with the continuing professional education requirements prescribed by the Board, and paying the restoration fee prescribed by the Board.

(5) Licenses not renewed for a period greater than two years may be restored by,

(a) fulfilling the requirements of 360-31-.06(4) and,

(b) filing proof acceptable to the Board of his or her fitness to have his or her license restored by either completing a period of evaluated clinical experience and

successful completion of an examination approved by the Board or by other method as approved by the Board.

(6) Notwithstanding the provisions of paragraphs (4) and (5) of this rule, a person whose license expired while he or she was in active duty with the regular or reserve component of the United States armed forces, the United States Coast Guard, the Georgia National Guard, or the Georgia Air National Guard on ordered federal duty for a period of ninety (90) days or longer, whose license expired while serving on active duty outside the state shall be permitted to practice in accordance with the expired license and shall not be charged with a violation relating to such practice on an expired license for a period of six (6) months from the date of his or her discharge from active duty or reassignment to a location within the state.

(7) Notwithstanding the provisions of paragraph (5) of this rule, a person whose license expired while he or she was:

(a) in federal service on active duty with the armed forces of the United States or with the state militia and called into service or training;

(b) in training or education under the supervision of the United States preliminary to induction into military service. May have his or her license renewed or restored without paying a lapsed renewal fee if, within two (2) years after termination from the service or training, except under conditions other than honorable, he or she furnishes the Board with satisfactory evidence that he or she has been so engaged and that his or her service, training or education has been terminated.

(8) Except as provided in paragraph (6) of this rule, a person with an expired orthotist and/or prosthetist license shall not engage in the practice of orthotics and/or prosthetics and hold himself or herself out as being able to practice such professions until such time as the Board has approved his or her application for renewal or reinstatement.

Cite as Ga. Comp. R. & Regs. R. 360-31-.06
Authority: O.C.G.A. Secs. 43-1-31, 43-34-5, 43-34-194, 43-34-196, 43-34-198, 43-34-200, 43-34-201.
History. Original Rule entitled "Change of Name or Address" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: New rule entitled "Renewal" adopted. F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.07. Continuing Education Requirements.

(1) To be eligible to renew a license, each licensee must complete thirty (30) hours of Board approved continuing education during the two years preceding license renewal. An applicant for renewal of an individual license to practice orthotics or prosthetics who has been initially licensed by the Board for less than two years shall not be required to complete the continuing education hours in order to renew for the first biennium.

(a) the Board is authorized to waive the continuing education required for renewal in cases of hardship, disability, illness, service in the United States Congress or Georgia General Assembly, military service or other circumstances as the Board deems appropriate if supported by adequate documentation acceptable to the Board.

1. Applicant seeking such an exemption must submit a written request and documentation to support their eligibility for such an exemption.

2. Said request for an exemption shall be submitted to the Board not less than 60 days prior to the expiration of the license to receive a determination from the Board as to whether an exemption would be granted.

(2) Each licensee shall be required to answer questions on their biennial renewal application form that establish compliance with Board approved continuing education requirements. Licensees will not be required to send documentation of compliance with continuing education requirements for renewal, unless requested by the Board pursuant to Rule 360-31-.07(4). False statements regarding satisfaction of continuing education on the renewal form or any other document connected with the practice of orthotics and/or prosthetics may subject the licensee to disciplinary action by the Board.

(3) Each licensee who must meet the requirements of this chapter must maintain a record of attendance and supporting documents for Board approved continuing education for a period of five (5) years from the date of attendance. At a minimum, the following information must be kept:

(a) name of provider;

(b) name of program;

(c) hours of continuing education units completed; and

(d) date of completion.

(4) The Board will audit a fixed percentage of randomly selected renewal applications to monitor compliance with the continuing education requirements. Any licensee so audited shall be required to furnish documentation of compliance including name of provider, name of program, hours/continuing education units completed and date of completion. Any licensee so audited that has been found to be out of compliance with the Board's continuing education requirements may be subject to disciplinary action.

(5) Continuing education hours that are used to satisfy a deficiency may not be used for purposes of renewal of the applicant's license for the next biennium.

(6) Any applicant seeking renewal of a license without having fully complied with the Board's continuing education requirement who wishes to seek a waiver or variance of this rule shall file with the Board.

(a) a renewal application and fee and

(b) a statement that complies with the provisions of O.C.G.A. § 50-13-9.1 setting forth the specific facts of substantial hardship which would justify a variance or waiver, including the alternative standards which the person seeking a waiver or variance agrees to meet and a showing that such alternative standards will afford adequate protection for the public health, safety and welfare; and the reason why the variance would serve the purpose of the underlying statute.

(7) All renewal applicants must provide an affidavit and a secure and verifiable document in accordance with O.C.G.A. 50-36-1(f). If the applicant has previously provided a secure and verifiable document and affidavit of United States citizenship, no additional documentation of citizenship is required for renewal. If the applicant for renewal is not a United States citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for purpose of verifying citizenship and immigration status information of non-U.S. citizens. If the applicant for renewal is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal agency.

Cite as Ga. Comp. R. & Regs. R. 360-31-.07
Authority: O.C.G.A. Secs. 43-1-7, 43-34-5, 43-34-11, 43-34-196, 43-34-200, and 50-36-1.
History. Original Rule entitled "Duplicate Licenses" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: New rule entitled "Continuing Education Requirements" adopted. F. May 11, 2012; eff. May 31, 2012.
Repealed: New Rule of same title adopted. F. Oct. 16, 2013; eff. Nov. 5, 2013.

Rule 360-31-.08. Inactive Status.

(1) A licensee who does not intend to practice orthotics and/or prosthetics may apply to the Board for inactive status by submitting an application and the fee. An individual with an inactive license shall not practice prosthetics or orthotics in this State.

(2) In order to restore a license to practice orthotics and/or prosthetics, an applicant must complete an application and pay the current renewal fee and file proof acceptable to the Board of his or her fitness to have his or her license restored as provided in Rule 360-31-.06.

Cite as Ga. Comp. R. & Regs. R. 360-31-.08
Authority: O.C.G.A. Secs. 43-1-4, 43-1-19, 43-1-25, 43-1-31, 43-34-24.1, 43-34-4, 43-34-195, 43-34-196, 43-34-198, 43-34-200, 43-34-201.

History. Original Rule entitled "Renewal" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: New rule entitled "Inactive Status" adopted. F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.09. Unlicensed Practice.

(1) No person shall practice orthotics or prosthetics in this state and hold himself or herself out as being able to practice such or engage or offer to engage in such professions unless he or she is licensed pursuant to the Orthotics and Prosthetics Practice Act or is exempt from such licensing pursuant to O.C.G.A. § 43-34-193.

(2) The Board may refuse to grant the license of any applicant who has engaged in the unlicensed practice of orthotics or prosthetics or administer other discipline pursuant to O.C.G.A. §§ 43-34-8 or 43-34-196 upon the issuance of a license to an applicant who has engaged in the unlicensed practice of orthotics or prosthetics.

Cite as Ga. Comp. R. & Regs. R. 360-31-.09
Authority: O.C.G.A. Secs. 43-1-4, 43-1-19, 43-1-25, 43-34-5, 43-34-8, 43-34-24.1, 43-34-193, 43-34-195, 43-34-196, 43-34-198, 50-13-9.1.
History. Original Rule entitled "Continuing Education Requirements" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Amended: F. Sept. 16, 2008; eff. Oct. 6, 2008.
Repealed: New rule entitled "Unlicensed Practice" adopted. F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.10. Assistants and Technicians.

(1) No person shall work as an assistant to an orthotist, prosthetist or prosthetist orthotist and provide patient care services of fabrication of an orthosis or prosthesis, unless he or she is doing the work under the supervision of a licensed orthotist, prosthetist or prosthetist orthotist.

(a) Patient Care Services is the assessment, measuring, molding, casting, fitting, or delivering a prosthesis or orthoses.

(b) Supervision means the supervising licensed orthotist, prosthetist or prosthetist orthotist is physically present in the same building and available to lend assistance if needed.

(2) No person shall work as a technician unless the work is performed under the supervision of a person licensed under this article.

(a) Supervision of a technician means the licensed practitioner will give direction and instruction to the technician as to how the device is to be fabricated. The technician will build the device according to the given specifications. The technician will not provide direct patient care services. The licensed practitioner is

responsible for the quality of the fabrication of the device that is delivered to the patient.

Cite as Ga. Comp. R. & Regs. R. 360-31-.10
Authority: O.C.G.A. Secs. 43-1-7, 43-34-196, 43-34-197, 43-34-201.
History. Original Rule entitled "Inactive Status" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: New rule entitled "Assistants and Technicians" adopted. F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.11. Prerequisite to Providing Care or Services.

A licensed orthotist or a licensed prosthetist may provide care or services only if the care or services are provided pursuant to an order from a licensed physician or podiatrist.

Cite as Ga. Comp. R. & Regs. R. 360-31-.11
Authority: O.C.G.A. Secs. 43-1-7, 43-1-19, 43-1-25, 43-34-5, 43-34-24.1, 43-34-196, 43-34-199, 43-34-200, 43-34-201, 43-34-203.
History. Original Rule entitled "Reinstatement" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: New rule entitled "Prerequisite to Providing Care or Services" adopted. F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.12. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-31-.12
Authority: O.C.G.A. Secs. 43-1-19, 43-1-25, 43-34-193, 43-34-196, 43-34-198, 43-34-203.
History. Original Rule entitled "Unlicensed Practice" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.13. Composition and Responsibilities of the Orthotist and Prosthetist Advisory Committee.

(1) The intention and policy of the Board is to reflect the cultural diversity of the citizens of Georgia in the composition of the Orthotist and Prosthetist Advisory Committee ("Advisory Committee"). The Advisory Committee shall be comprised as follows:

(a) At least four (4) appointees, who are licensed orthotists and/or prosthetists and representative of such professions, and such other individuals as the Board, in its discretion, may determine.

(b) All appointees to the Advisory Committee shall have on file with the Executive Director of the Board, or his/her designee, a resume and three (3) letters of recommendation, one of which may be from a physician familiar with the appointee's practice of orthotics or prosthetics.

(c) In order to preserve continuity on the Advisory Committee, current appointees shall serve a two-year term and new appointees shall serve a four-year term. At the time of the appointment, each appointee will be notified in writing by the Executive Director of the Board as to the beginning and ending dates of his or her respective appointment terms. Each may reapply to the full Board to serve additional terms.

(d) In the event an Advisory Committee member is replaced during a term, the replacement member will serve the remaining time of that term as a partial term. An Advisory Committee member who serves a partial term, after the completion of the partial term, is eligible to serve subsequent two-year terms.

(e) Appointees shall serve without compensation from the State of Georgia for their time and expenses.

(f) There should be no more than two (2) members of the committee employed by the same company.

(2) The Advisory Committee shall advise the Board on matters pertaining to the appointment of the Advisory Committee members and matters within the purview of the Orthotics and Prosthetics Practice Act. The Board, in consultation with the Advisory Committee, shall:

(a) Determine the qualifications and fitness of applicants for licensure and renewal of licensure;

(b) Adopt and revise rules consistent with the laws of the State of Georgia that are necessary to conduct its duties and administer the Act; and

(c) Examine for, approve, issue, deny revoke, suspend and renew the license of applicants and licensees and conduct hearings in connection with all duties to be performed pursuant to the Act.

(3) Advisory Committee members, who are not members of the Board, must be available to meet on an as needed basis and may not miss more than three (3) consecutive meetings of the Advisory Committee, or four (4) meetings in a calendar year, without an excused absence from either the Executive Director of the Board or the Board Chairperson.

(a) The Advisory Committee may recommend to the Board the removal of a member for violation of the attendance rule. Such a recommendation shall be by majority vote of the Advisory Committee.

(b) Upon receipt of such recommendation for removal, the Board may remove a member of the Advisory Committee by a majority vote.

(4) Advisory Committee vacancies may be filled by the Board upon recommendation from the Advisory Committee. All applicants must meet any deadline set by the Board and

shall have on file with the Executive Director of the Board, or with his/her designee, a resume and three (3) letters of recommendation, one of which may be from a physician familiar with the applicant's practice of orthotics or prosthetics.

Cite as Ga. Comp. R. & Regs. R. 360-31-.13
Authority: O.C.G.A. §§ 43-34-5, 43-34-196, 43-34-197, 43-34-203.
History. Original Rule entitled "Assistants and Technicians" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: New Rule of same title adopted. F. Sept. 16, 2008; eff. Oct. 6, 2008.
Repealed: New Rule entitled "Composition and Responsibilities of the Orthotist and Prosthetist Advisory Committee" adopted. F. May 11, 2012; eff. May 31, 2012.
Note: Correction of non-substantive typographical error in History, ' **Repealed:** New rule entitled "Reciprocal Licensure Requirements" adopted. F. May 11, 2012; eff. May 31, 2012.' corrected to ' **Repealed:** New Rule entitled "Composition and Responsibilities of the Orthotist and Prosthetist Advisory Committee" adopted. F. May 11, 2012; eff. May 31, 2012.' Title correction only required for SOS website, title correct in Official Compilation. Effective July 19, 2016.
Repealed: New Rule of same title adopted. F. June 29, 2016; eff. July 19, 2016.
Repealed: New Rule of same title adopted. F. Aug. 14, 2018; eff. Sept. 3, 2018.

Rule 360-31-.14. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-31-.14
Authority: O.C.G.A. Secs. 43-34-196, 43-34-199.
History. Original Rule entitled "Prerequisite to Providing Care or Services" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: F. May 11, 2012; eff. May 31, 2012.

Rule 360-31-.15. Repealed.

Cite as Ga. Comp. R. & Regs. R. 360-31-.15
Authority: O.C.G.A. Secs. 43-34-196, 43-34-204.
History. Original Rule entitled "Composition and Responsibilities of the Orthotist and Prosthetist Advisory Committee" adopted. F. Sept. 19, 2006; eff. Oct. 9, 2006.
Repealed: F. May 11, 2012; eff. May 31, 2012.

Chapter 360-32. NURSE PROTOCOL AGREEMENTS PURSUANT TO O.C.G.A. SECTION 43-34-25.

Rule 360-32-.01. Definitions.

As used in this Chapter the term

(1) "Advanced practice registered nurse," (hereinafter referred to as "APRN"), means a registered professional nurse licensed under Title 43, Chapter 25 of the Official Code of Georgia Annotated, who is recognized by the Georgia Board of Nursing as having met

the requirements established by the Georgia Board of Nursing to engage in advanced nursing practice and who holds a master's degree or other graduate degree approved by the Georgia Board of Nursing and national board certification in his or her area of specialty, or a person who is recognized as an advanced practice registered nurse by the Georgia Board of Nursing on or before June 30, 2006.

(2) "Designated Physician" means a physician who:

(a) practices medicine in this state; and

(b) whose scope of practice is the same as that of the "Delegating Physician;" and

(c) who has concurred in writing with the terms of the nurse protocol agreement and has agreed in writing to provide consultation in the absence of the Delegating Physician.

(3) "Board" means the Georgia Composite Medical Board.

(4) "Controlled substance" means any controlled substance as defined in Code Section 16-13-21 but shall not include any Schedule I controlled substance included in Code Section 16-13-25 or any Schedule II controlled substance included in Code Section 16-13-26, except as authorized pursuant to O.C.G.A. § 43-34-25(d.1).

(5) "Dangerous drug" means any dangerous drug as defined in Code Section 16-13-71.

(6) "Drug" means any dangerous drug or controlled substance.

(7) "Medical imaging" means CT Scans, MRI Scans, PET Scans, or Nuclear Medicine Scans.

(8) "Immediate consultation" means that the delegating physician shall be available for direct communication or by telephone or other telecommunications.

(9) "Nurse Protocol Agreement" means a written document, mutually agreed upon and signed by an APRN and a physician, by which the physician delegates to that APRN the authority to perform certain medical acts pursuant to Code Section 43-34-25, which may include without being limited to, the ordering of drugs, medical devices, medical treatments, diagnostic studies, x-rays, ultrasounds or medical imaging.

(10) "Order" means to prescribe pursuant to a protocol agreement, as authorized by Code Section 43-34-25, which drug, medical device, medical treatment, diagnostic study, x-rays, ultrasounds, or medical imaging is appropriate for a patient and to communicate the same in writing, orally, via facsimile, or electronically.

(11) "Physician" means a person licensed to practice medicine pursuant to Article 2, Chapter 34 of Title 43; and

(a) Whose principal place of practice is within this state; or

(b) Whose principal place of practice is outside this state but is within 50 miles from the location where the nurse protocol agreement is being utilized.

(12) "Delegating Physician" means a physician who

(a) practices medicine in this State; and

(b) authorizes an APRN to perform certain delegated medical acts pursuant to a nurse protocol agreement.

Cite as Ga. Comp. R. & Regs. R. 360-32-.01
Authority: O.C.G.A. §§ 43-34-5, 43-34-24, 43-34-25, 43-34-26.3.
History. Original Rule entitled "Definitions" adopted. F. Dec. 12, 2006; eff. Jan. 1, 2007.
Amended: F. Mar. 12, 2007; eff. Apr. 1, 2007.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Repealed: New Rule of same title adopted. F. Nov. 16, 2017; eff. Dec. 6, 2017.
Repealed: New Rule of same title adopted. F. Aug. 25, 2021; eff. Sep. 14, 2021.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-32-.02. Requirements for Nurse Protocol Agreements Pursuant to Code Section 43-34-25.

(1) A physician entering into a nurse protocol agreement with an APRN pursuant to Code Section 43-34-25 shall include the following general data in the protocol agreement:

(a) Names, addresses, telephone numbers, license numbers, and DEA registration number for all parties to the nurse protocol agreement, including any designated physicians that will be utilized if the delegating physician is not available;

1. The delegating physician must provide the APRN's DEA number to the Board within 30 days of issuance.

(b) Description of practice and number of locations, including primary and proposed satellite site(s);

(c) Dates of initiation and amendments. Any amendments made to the protocol agreement shall be filed with the Board for review within 30 days of execution; and

(d) Information regarding the specialty area or field of the APRN.

(2) The agreement shall contain a provision for immediate consultation between the APRN and the delegating physician.

(3) If the delegating physician is not available for consultation, the delegating physician may designate another physician who concurs with the terms of the nurse protocol agreement.

The designation of another physician must also meet the following terms:

(a) Such designation by the delegating physician shall be in writing and attached to the nurse protocol agreement;

(b) Such designation must be to a physician whose scope of practice is the same as that of the delegating physician; and

(c) Such designation must include the printed name, license number and signature of the designated physician with an affirmation from the designated physician that he or she has agreed to serve as a designated physician, has reviewed the nurse protocol agreement, and concurs with the terms of the agreement.

(4) The nurse protocol agreement shall outline and identify the applicable standard of care and shall be specific to the patient population seen.

(5) The nurse protocol agreement shall identify the parameters under which the delegated act may be performed by the APRN, including but not limited to:

(a) Drugs, devices, medical treatments, diagnostic studies that may be ordered and implemented by the APRN.

1. Nothing in this Rule shall be construed to authorize an APRN to issue a prescription drug order for a Schedule I or II controlled substance, except as authorized pursuant to O.C.G.A. § 43-34-25(d.1).

2. A delegating physician may authorize the APRN, if he/she qualifies, to issue prescription drug orders for hydrocodone, oxycodone, and compounds thereof in emergency situations pursuant to the requirements set forth in O.C.G.A. § 43-34-25(d.1).

(b) Circumstances under which a prescription drug order or device may be executed;

(c) Number of refills which may be ordered. Nothing in this Rule shall be construed to authorize refills of any drug for more than 12 months from the date of the original order except in the case of oral contraceptives, hormone replacement therapy, or prenatal vitamins which may be refilled for a period of 24 months as provided in O.C.G.A. 43-34-25.

(d) Provide that a patient who receives a prescription drug order for any controlled substance pursuant to a nurse protocol agreement shall be evaluated or examined by the delegating physician or a designated physician on at least a quarterly basis

or at a more frequent interval as consistent with the minimum acceptable standards of the practice of medicine as determined by the Board.

(e) Extent to which medical imaging may be ordered;

(f) A predetermined plan for emergency services;

(g) If the delegating physician authorizes the APRN to order an X-ray, ultrasound or medical imaging, the nurse protocol agreement shall contain provisions whereby such tests shall be read and interpreted by a physician who is trained in reading and interpretation of such tests and provide that a copy of such report shall be forwarded to the delegating physician. However, such provision for an ultrasound shall not be required for an APRN acting within his or her scope of practice as authorized by Code Sections 43-26-3 and 43-26-5. Orders for medical imaging should include the indication for testing as well as the name, address, and telephone number of the delegating physician;

(h) A section that details specific patient conditions and circumstances that require direct, on-site evaluation or consultation by the delegating physician; and

(i) If the protocol agreement delegates to the APRN the authority to prescribe/order prescription drugs, then a section that specifically provides that such delegation does not include the authority to prescribe/order or administer prescription drugs intended to cause an abortion to occur pharmacologically.

(j) A physician may delegate to an advanced practice registered nurse, in accordance with a nurse protocol agreement, the authority to pronounce death and to certify such pronouncement in the same manner as a physician, including the authority to sign death certificates.

(6) The nurse protocol agreement shall require documentation by the APRN of those acts performed by the APRN that are specific to the medical acts authorized by the delegating physician and provide that, if the APRN has prescribing pursuant to the protocol agreement, each prescription shall be noted in the patient's medical record.

(a) If the protocol agreement delegates to the APRN the authority to prescribe/order prescription drugs or devices, a copy of the prescription drug or device order delivered to the patient shall be maintained in the patient's medical file. For purposes of this paragraph a copy shall mean a duplicate prescription or a photocopy or electronic equivalent.

(b) If the protocol agreement delegates to the APRN the authority to prescribe/order prescription drugs or devices, the protocol shall provide that the prescription/order shall be issued on a form which contains the following:

1. The name, address and telephone number of the delegating physician, the name of the APRN, the APRN's DEA number, if applicable, and the name and address of the patient, the drug or device prescribed, the number of refills and directions to the patient with regard to taking and dosage of the drug; and

2. The prescription shall be signed by the APRN and shall be on a form which shall include the names of the APRN and delegating physician who are parties to the nurse protocol agreement.

(7) (a) Unless the physician meets the requirements of paragraph (b), the nurse protocol agreement shall include a schedule for periodic review of patient records. The Board has determined that the minimum accepted standards of medical practice require the following:

1. In as much as O.C.G.A. 43-34-25 requires that a delegating physician or designated physician evaluate or examine all patients who receive any controlled substance prescription pursuant to a nurse protocol agreement, a delegating physician or designated physician must review and sign 100% of patient records for patients receiving prescriptions for controlled substances to comply with the law. Such review shall occur at least quarterly after issuance of the controlled substance prescription.

2. The delegating physician or designated physician review and sign 100% of patient records in which an adverse outcome has occurred. Such review shall occur no more than 30 days after the discovery of an adverse outcome.

3. The delegating physician or designated physician review and sign 10% of all other patient records. Such review shall occur at least annually.

(b) Pursuant to O.C.G.A. Section 43-34-25(g.1), a physician at a location that maintains evidence-based clinical practice guidelines and is accredited by an accrediting body approved by the Board such as Joint Commission may enter into a nurse protocol agreement or job description with not more than the combined equivalent of eight advanced practice registered nurses or physician assistants at any one time and supervise not more than the combined equivalent of eight advanced practice registered nurses or physician assistants at any one time. At those locations, such protocol must include the following:

1. The delegating physician must document and maintain a record of review of at least 10 percent of the advanced practice registered nurses' medical records to monitor the quality of care being provided to patients, which may be conducted electronically or onsite;

2. The delegating physician and the advanced practice registered nurse must participate in and maintain documentation of quarterly clinical collaboration meetings, either by telephone, in person, or onsite, for the purposes of monitoring care being provided to patients, and

3. The delegating physician's name, contact information, and record of the visit must be provided to the patient's primary care provider of choice with the patient's consent within 24 hours of the visit.

(8) The nurse protocol agreement shall indicate whether the APRN is authorized under the nurse protocol agreement to request, receive, sign for and distribute professional samples.

(a) If the nurse protocol agreement provides this, the APRN shall comply with O.C.G.A. 43-34-25 which states: An advanced practice registered nurse may be authorized under a nurse protocol agreement to request, receive, and sign for professional samples and may distribute professional samples to patients. The office or facility at which the advanced practice registered nurse is working shall maintain a list of the professional samples approved by the delegating physician for request, receipt, and distribution by the advanced practice registered nurse as well as a complete list of the specific number and dosage of each professional sample and medication voucher received and dispensed. In addition to the requirements of this Code section, all professional samples shall be maintained as required by applicable state and federal laws and regulations.

(9) Copies of the nurse protocol agreement shall be available at each practice site where the APRN is authorized to perform the delegated acts and shall be made available upon written request by the Board to the physician at the appropriate practice site.

(10) The nurse protocol agreement shall be dated and signed by the delegating physician, designated physician, if applicable, and the APRN.

(11) A nurse protocol agreement between a physician and an advanced practice registered nurse shall be reviewed, revised, or updated annually by the delegating physician and the advanced practice registered nurse.

Cite as Ga. Comp. R. & Regs. R. 360-32-.02
Authority: O.C.G.A. §§ 43-26-3; 43-26-5, 43-34-5, 43-34-23, 43-34-25.
History. Original Rule entitled "Requirements for Nurse Protocol Agreements Pursuant to Code Section 43-34-26.3" adopted. F. Dec. 12, 2006; eff. Jan. 1, 2007.
Repealed: New Rule of same title adopted. F. Mar. 12, 2007; eff. Apr. 1, 2007.
Amended: F. June 23, 2008; eff. July 13, 2008.
Amended: F. Sept. 16, 2008; eff. Oct. 6, 2008.
Repealed: New Rule entitled "Requirements for Nurse Protocol Agreements Pursuant to Code Section 43-34-25" adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Repealed: New Rule of same title adopted. F. Dec. 20, 2015; eff. Jan. 9, 2016.
Repealed: New Rule of same title adopted. F. Feb. 15, 2019; eff. Mar. 7, 2019.
Repealed: New Rule of same title adopted. F. Aug. 25, 2021; eff. Sep. 14, 2021.

Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-32-.03. Filing of Nurse Protocol Agreement with the Board.

(1) The delegating physician shall file the nurse protocol agreement and a Board approved form with the Board for review and submits the requisite fee for review established in the Board's fee schedule. Fees are non-refundable.

(2) In addition to submitting the nurse protocol agreement to the Board for review, the delegating physician shall obtain from the APRN and submit to the Board current verification from the Georgia Board of Nursing that the APRN is approved to practice as an APRN and whether the APRN has had any disciplinary action taken against him or her by the Georgia Board of Nursing.

(3) If a delegating physician has a board approved nurse protocol agreement on file for an APRN and submits a nurse protocol agreement for a new APRN that is substantially similar, the new nurse protocol agreement shall, upon submission, be automatically deemed valid by the board. Provided, however, this does not preclude the board from rescinding such validity status upon review of application.

(4) If, after review, the Board determines that the nurse protocol agreement fails to meet accepted standards of medical practice, the delegating physician will be so notified and be required to amend the agreement in order to comply with such accepted standards.

(5) The delegating physician shall file with the Board amendments to nurse protocol agreements previously reviewed by the Board within 30 days of the date the amendment was executed.

(6) Nurse protocol agreements must be received by the Board within 30 days from the date of execution of the agreement.

(7) Incomplete protocols that have been on file with the Board for more than three months shall be deemed invalid. No further action will take place on the protocol requests that have been incomplete for more than three months and a new protocol and fee will be required.

Cite as Ga. Comp. R. & Regs. R. 360-32-.03
Authority: O.C.G.A. Sections 43-1-7, 43-34-5, 43-34-21, and 43-34-25.
History. Original Rule entitled "Filing of Nurse Protocol Agreements with the Board" adopted. F. Dec. 12, 2006; eff. Jan. 1, 2007.
Amended: F. Mar. 12, 2007; eff. Apr. 1, 2007.
Amended: F. Jan. 13, 2014; eff. Feb. 2, 2014.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-32-.04. Limitations.

(1) A physician whose medical license is restricted shall not enter into a nurse protocol agreement, unless the physician has received prior written approval from the Board.

(2) No physician shall delegate to an individual pursuant to the provisions of Code Section 43-34-25, unless the individual is fully approved by the Georgia Board of Nursing to practice as an APRN.

(3) No physician may enter into a nurse protocol agreement with an APRN whose specialty area or field is not comparable to the physician's specialty area or field.

(4) Unless specifically exempted by paragraph (g) of Code Section 43-34-25, a delegating physician may not enter into a nurse protocol agreement or job description with more than the combined equivalent of eight advanced practice registered nurses or physician assistants at any one time and may not supervise more than the combined equivalent of eight advanced practice registered nurses or physician assistants at any one time.

(5) Except for practice settings identified in paragraph (7) of subsection (g) of Code Section 43-34-25, a physician shall not be an employee of an APRN, alone or in combination with others, if the physician delegates to and/or is required to supervise the employing APRN.

(6) No delegating physician shall delegate to an APRN the ability to prescribe controlled substances for the delegating physician, for the members of the delegating physician's immediate family, for the APRN himself or herself, or for the APRN's immediate family. For purposes of this rule, "immediate family" shall include spouses, children, siblings and parents.

Cite as Ga. Comp. R. & Regs. R. 360-32-.04
Authority: O.C.G.A. §§ 43-34-5, 43-34-25.
History. Original Rule entitled "Limitations" adopted. F. Dec. 12, 2006; eff. Jan. 1, 2007.
Amended: F. Mar. 12, 2007; eff. Apr. 1, 2007.
Amended: F. Apr. 3, 2009; eff. Apr. 23, 2009.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Repealed: New Rule of same title adopted. F. Feb. 15, 2019; eff. Mar. 7, 2019.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-32-.05. Additional Requirements Regarding Physician Delegation to an APRN.

(1) The delegating physician shall be available for immediate consultation with the advanced practice registered nurse. If the delegating physician is not available, then a designated physician must be available, if one has signed on to the protocol agreement.

(2) The delegating physician shall document and maintain a record of direct onsite observation of the practice of the APRN, conducted at least once annually, except for

physicians with protocols that qualify under O.C.G.A. § 43-34-25(g.1). Additionally, the delegating physician shall conduct a review of medical records on a quarterly basis; this review may be conducted via telecommunications to monitor quality of care being provided to the patients.

(3) The delegating physician shall make certain that the medical acts provided by the APRN pursuant to the protocol agreement are:

(a) Commensurate with the education, training, experience, and competence of the APRN:

1. A delegating physician shall ensure that an APRN to whom he/she delegates prescriptive authority receives pharmacology training appropriate to the delegating physician's scope of practice at least annually. Documentation of such training shall be maintained by the physician and provided to the Board upon request.

2. A delegating physician shall ensure that an APRN to whom he/she delegates prescriptive authority pursuant to O.C.G.A. § 43-34-25(d.1) completes one hour of continuing education biennially in the appropriate ordering and use of hydrocodone, oxycodone, and compounds thereof.

3. A delegating physician shall ensure that an APRN to whom he/she delegates the authority to sign death certificates completes one hour of continuing education biennially regarding the recognition and documentation of the causes of death and appropriate execution of death certificates.

4. A delegating physician who fails to comply with subparagraph (3)(a)1., 2., or 3. of this rule by delegating authority to an APRN who has not received the appropriate training is subject to disciplinary action.

(b) Within the scope of practice, specialty area or field and certification of the APRN;

(c) Within the comparable specialty area or field of the delegating physician; and

(d) Well documented in accurately maintained patient specific medical records.

(4) The delegating physician is responsible for all the medical acts performed by the APRN.

(5) A delegating physician shall notify the Board within ten (10) working days of the date of termination of a nurse protocol agreement with the delegating physician and APRN.

(6) In the event of the death or departure of a delegating physician, an APRN must notify the Board within 7 days. If a designated physician is available according to an approved protocol agreement, he or she may serve as the delegating physician for up to 60 days (from the date of death or departure) until a new protocol agreement is approved by the

Board. In the event that there is no designated physician, the APRN will not have prescriptive authority until a new signed protocol agreement is submitted to the Board.

(7) The Board may request at any time to review the nurse protocol agreement and any supporting documentation. Failure to provide this written information to the Board within 30 days shall be a basis for and may result in disciplinary action. The Board may require changes in these documents if the Board determines that they do not comply with O.C.G.A. 43-34-25 and/or accepted standards of medical practice.

Cite as Ga. Comp. R. & Regs. R. 360-32-.05
Authority: O.C.G.A. §§ 43-1-19, 43-1-25, 43-34-5, 43-34-23, 43-34-25.
History. Original Rule entitled "Additional Requirements Regarding Physician Delegation to an APRN" adopted. F. Dec. 12, 2006; eff. Jan. 1, 2007.
Amended: F. Mar. 12, 2007; eff. Apr. 1, 2007.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.
Repealed: New Rule of the same title adopted. F. Dec. 13, 2019; eff. Jan. 2, 2020.
Amended: F. Mar. 19, 2024; eff. Apr. 8, 2024.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-32-.06. Non-compliance.

A delegating or other designated physician may be disciplined for failure to comply with this Chapter.

Cite as Ga. Comp. R. & Regs. R. 360-32-.06
Authority: O.C.G.A. Secs. 43-1-19, 43-1-25, 43-34-24, 43-34-26.3, 43-34-37.
History. Original Rule entitled "Non-compliance" adopted. F. Dec. 12, 2006; eff. Jan. 1, 2007.
Repealed: New Rule of same title adopted. F. Mar. 12, 2007; eff. Apr. 1, 2007.

Rule 360-32-.07. Exemptions.

Nothing in this rule shall be construed to require a physician to delegate prescriptive or prohibit a physician from utilizing the protocol granted under O.C.G.A. § 43-34-23.

Cite as Ga. Comp. R. & Regs. R. 360-32-.07
Authority: O.C.G.A. Secs. 43-34-5, 43-34-24, 43-34-25, 43-34-26.3.
History. Original Rule entitled "Exemptions" adopted. F. Mar. 12, 2007; eff. Apr. 1, 2007.
Repealed: New Rule of same title adopted. F. Oct. 6, 2009; eff. Oct. 26, 2009.

Chapter 360-33. PETITION FOR PROMULGATION, AMENDMENT, OR REPEAL OF RULES.

Rule 360-33-.01. Petition for Promulgation, Amendment, or Repeal of Rules.

(1) Form of Petition. Each petition for promulgation, amendment or repeal of rules made pursuant to the Georgia Administration Procedure Act shall be filed with the Georgia Composite Medical Board which had enacted the rule, or would otherwise be charged with enforcing the rule.

The petition shall be in writing, and verified under oath by the petitioner, and shall state:

(a) The name and address of the petitioner;

(b) The full text of the rule requested to be amended or repealed and the changes to be made or the full text of the rule desired to be promulgated;

(c) A statement of the reason such rule should be amended, repealed, or promulgated including a statement of all pertinent existing facts which relate to petitioner's interest in the matter; and

(d) Citations of legal, if any, which authorize, support, or require the action requested by petition.

(2) Proceeding on Petition. Upon receipt of the petition, the board shall decide upon the action to be taken. Within thirty days after receipt of the petition, the board either shall deny the petition in writing (stating its reasons for the denial) or shall initiate rule-making or rule-changing proceedings in accordance with code section 50-13-4 (Georgia Administrative Procedure Act).

Cite as Ga. Comp. R. & Regs. R. 360-33-.01
Authority: O.C.G.A. Sec. 50-13-9.
History. Original Rule entitled "Petition for Promulgation, Amendment, or Repeal of Rules" adopted. F. Oct. 21, 2014; eff. Nov. 10, 2014.

Chapter 360-34. VACCINE PROTOCOL AGREEMENTS.

Rule 360-34-.01. Definitions.

As used in this Chapter, the following definitions apply:

(1) 'Administer' means the provision of a unit dose of vaccine by a pharmacist or nurse pursuant to a vaccine order contained in a vaccine protocol agreement with a physician.

(2) 'Adverse event' means an event that is a negative consequence of the administration of vaccine by a pharmacist or nurse that results in an unintended reaction, injury, or illness, which may or may not have been preventable.

(3) 'Board' means the Georgia Composite Medical Board.

(4) 'Nurse' means a registered professional nurse as defined in paragraph (9) of Code Section 43-26-3. The term shall also mean a licensed practical nurse as defined in paragraph (5) of Code Section 43-26-32 who is regularly employed by a physician who actively engaged in the private practice of medicine.

(5) 'Pharmacist' means an individual licensed under Chapter 4 of Title 26 to engage in the practice of pharmacy in the State of Georgia.

(6) 'Pharmacy intern' means a pharmacy intern as defined in paragraph (19) of Code Section 26-4-5.

(7) 'Pharmacy technician' means a pharmacy technician as defined in paragraph (32) of Code Section 26-4-5.

(8) 'Physician' means an individual holding a current license to practice medicine and surgery in this state and whose principal place of practice is located in this state.

(9) 'Vaccine' means

(a) A vaccine that is included on the adult immunization schedule recommended by the Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention administered to an individual 18 years of age or older;

(b) An influenza vaccine administered to an individual 13 years of age or older; and

(c) Any vaccine administered to an individual 13 years of age or older for an illness that has resulted in a public health emergency, as defined in Code Section 31-12-1.1.

(10) 'Vaccine order' means a prescription drug order, contained in a vaccine protocol agreement, issued by a physician for a group of patients that meet a certain criteria and to be administered by a pharmacist or a nurse. A vaccine order shall also mean a prescription drug order, contained in a vaccine protocol agreement, for epinephrine issued by a physician for a group of patients that meet a certain criteria and to be administered by a pharmacist or a nurse only upon the occurrence of an actual or perceived anaphylactic adverse reaction to the administered vaccine provided that the vaccine protocol agreement sets forth the signs and symptoms that warrant the administration of epinephrine.

(11) 'Vaccine protocol agreement' means a written document mutually agreed upon and signed by a physician and a pharmacist or by a physician and a nurse, by which document the physician prescribes a vaccine and epinephrine, if determined appropriate by the physician, by means of a vaccine order for administration by a pharmacist or a nurse.

Cite as Ga. Comp. R. & Regs. R. 360-34-.01
Authority: O.C.G.A. §§ 26-4-5, 43-26-32, 43-34-5, 43-34-26.1.
History. Original Rule entitled "Definitions" adopted. F. Sept. 14, 2015; eff. Oct. 4, 2015.
Amended: F. Jan. 26, 2023; eff. Feb. 15, 2023.
Amended: F. Mar. 19, 2024; eff. Apr. 8, 2024.

Rule 360-34-.02. Qualifications for Physician to enter a protocol.

In order for a physician to be eligible to enter into a vaccine protocol agreement, the physician must:

(1) Hold a current license to practice medicine in the State of Georgia;

(2) Have his/her principal place of practice in the State of Georgia;

(3) Be registered with the Georgia Registry of Immunization Transactions and Services ("GRITS");

(4) Not be employed by the pharmacist(s) or nurse(s) with whom he/she is entering into the vaccine protocol agreement;

(5) Not be an employee of a pharmacy that also employs the pharmacist(s) or nurse(s) with whom he/she is entering into the vaccine protocol agreement; and

(6) Be available for immediate consultation or have designated another qualified physician as an alternate physician who is available for immediate consultation.

Cite as Ga. Comp. R. & Regs. R. 360-34-.02
Authority: O.C.G.A. §§ 31-12-3.1, 43-34-5, 43-34-26.1.
History. Original Rule entitled "Qualifications for Physician to enter a protocol" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.
Amended: F. Jan. 26, 2023; eff. Feb. 15, 2023.

Rule 360-34-.03. Qualifications for a Pharmacist to enter a protocol.

In order for a pharmacist to be eligible to enter into a vaccine protocol agreement, the pharmacist must:

(1) Hold a current license to practice as a pharmacist in the State of Georgia;

(2) Hold a current certification in Basic Cardiac Life Support;

(3) Have completed a course of training in immunization administration approved by the Georgia State Board of Pharmacy;

(4) Have completed a training program recognized by the Centers for Disease Control and Prevention in the basics of immunology which focuses on practice implementation and legal and regulatory issues, composed of (a) at least 12 hours of self-study and an assessment exam; (b) at least eight hours of a live seminar with a final exam; and (c) a hands-on assessment of intramuscular and subcutaneous injection technique; and

(5) Have individual liability insurance coverage in an amount not less than $250,000 to cover claims arising from the administration of vaccines, or have individual coverage from his/her employer's liability insurance in an amount not less than $250,000 to cover claims arising from the administration of vaccines.

Cite as Ga. Comp. R. & Regs. R. 360-34-.03
Authority: O.C.G.A. §§ 43-34-5, 43-34-26.1.
History. Original Rule entitled "Qualifications for a Pharmacist to enter a protocol" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-34-.04. Qualifications for a Nurse to enter a protocol.

In order for a nurse to be eligible to enter into a vaccine protocol agreement, the nurse must:

(1) Hold a current license to practice as a registered professional nurse; or be licensed to practice as a licensed practical nurse while regularly employed by the physician in the protocol;

(2) Hold a current certification in Basic Cardiac Life Support; and

(3) Have individual liability insurance coverage in an amount not less than $250,000 to cover claims arising from the administration of vaccines, or have individual coverage from his/her employer's liability insurance in an amount not less than $250,000 to cover claims arising from the administration of vaccines.

Cite as Ga. Comp. R. & Regs. R. 360-34-.04
Authority: O.C.G.A. §§ 43-34-5, 43-34-26.1.
History. Original Rule entitled "Qualifications for a Nurse to enter a protocol" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-34-.05. Requirements of the Vaccine Protocol Agreement.

The protocol agreement must:

(1) Contain the current names, addresses, telephone numbers, and professional license numbers of the physician and the pharmacist or nurse;

(2) Contain a provision for immediate consultation with the physician or an alternate physician;

(3) Require the pharmacist or nurse to take a complete case history and determine whether a patient has had a physical examination within the past year;

(4) Provide that no vaccine shall be administered to a patient with any condition for which the vaccine is contraindicated;

(5) Require the pharmacist or nurse to provide the vaccine recipient with the appropriate and current Vaccine Information Statement (VIS) as provided by the federal Centers for Disease Control and Prevention;

(6) Require the pharmacist or nurse to provide written information to the vaccine recipient developed by the Department of Public Health on the importance of having and periodically seeing a primary care physician;

(7) Require the pharmacist or nurse to retain documentation of each dose administered with such documentation to include the following:

(a) the administering pharmacist's or nurse's name, address, telephone number and professional license number;

(b) the name, dose, manufacturer, and lot number of the vaccine;

(c) the vaccine recipient's name, address, date of birth, and telephone number;

(d) the date of administration and injection site;

(e) the signed and dated consent form that acknowledges receipt of the VIS, consents to the administration of the vaccine and authorizes the pharmacist or nurse to notify the vaccine recipient's primary care provider of the vaccine administered to the vaccine recipient; and

(f) any adverse events or complications that occur;

(8) Require the pharmacist or nurse to make documented reasonable efforts to obtain the name of the vaccine recipient's primary care provider and to notify such primary care provider of the vaccine administered by the pharmacist or nurse within 72 hours of the administration;

(9) Require the pharmacy or nurse to administer the vaccine to a patient in a private room, area with a privacy screen or other interior area in which the patient's privacy can be maintained unless there is a declared public health emergency or where immunizations are being administered for purposes of training for a short period of time;

(10) Prohibit the administration of the vaccine to a patient while the patient is in his or her personal vehicle;

(11) Require the pharmacist, nurse, or his or her designee to check the Georgia Registry of Immunization Transactions and Services prior to administration of the vaccine and to enter the patient's vaccine information in the vaccination registry within the time designated by the Department of Public Health; provided, however, that a pharmacist, nurse, or his or her designee shall not be required to check the Georgia Registry of Immunization Transactions and Services during:

(a) A public health emergency, as defined in Code Section 31-12-1.1, for any vaccine administered to address the cause of the threat of an illness or health condition or the infectious agent or biological toxin which resulted in such public health emergency; or

(b) A vaccination event for influenza that is anticipated to serve 75 or more patients;

(12) Require that the vaccine recipient remain under observation for not less than 15 minutes immediately subsequent to the administration of the vaccine;

(13) Contain procedures to follow in the event of an adverse event or complication;

(14) Provide for prioritization of vaccine recipients in the event of a limitation in the supply of the vaccine;

(15) Require that the pharmacist or nurse maintains individual liability insurance coverage in an amount not less than $250,000 to cover claims arising from the administration of vaccines, or has individual coverage from his/her employer's liability insurance in an amount not less than $250,000 to cover claims arising from the administration of vaccines;

(16) Require that the pharmacist or nurse maintain a copy of the proof of insurance with the name of the insurer and policy number onsite at his or her primary location;

(17) Require that the pharmacist or nurse post proof of the vaccine protocol agreement, including a list of the vaccines authorized to be administered, in a conspicuous location within the pharmacy or other setting in which the vaccine is being administered;

(18) Require the submission of a signed and notarized affidavit by the pharmacist or nurse to the physician attesting to:

(a) the maintenance of liability insurance;

(b) current certification in Basic Cardiac Life Support, and for pharmacists, verification of completion of immunology training;

(c) the maintenance of a copy of the vaccine protocol agreement; and

(d) the identification of the locations where the pharmacist or nurse will be administering vaccinations pursuant to the protocol;

(19) Provide that the pharmacist cannot delegate the administration of the vaccine to another individual except a pharmacy intern or a qualified pharmacy technician under his/her direct supervision, provided that approval of such authorization of qualified pharmacy technicians is included in the vaccine protocol agreement between the physician and pharmacist, and that the nurse cannot delegate the administration of the vaccine except a registered professional nurse may delegate the administration to a licensed practical nurse under the direct on-site supervision of the registered professional nurse; and

(20) Provide for the expiration, renewal, or revision of the protocol on at least a biennial basis.

Cite as Ga. Comp. R. & Regs. R. 360-34-.05
Authority: O.C.G.A §§ 26-4-5, 31-12-3.1, 43-34-5, 43-34-26.1.
History. Original Rule entitled "Requirements of the Vaccine Protocol Agreement" adopted. F. Sept. 14, 2015; eff. Oct. 4, 2015.
Repealed: New Rule of same title adopted. F. Dec. 20, 2015; eff. Jan. 9, 2016.
Amended: F. Jan. 26, 2023; eff. Feb. 15, 2023.
Amended: F. Mar. 19, 2024; eff. Apr. 8, 2024.

Rule 360-34-.06. Limitations of the Vaccine Protocol Agreement.

(1) The physician shall not enter vaccine protocol agreements with more than ten (10) pharmacists and/or nurses except as provided in O.C.G.A. Section 43-34-26.1(j).

(2) The physician must be in the same public health district as the nurses identified in the protocol; or the nurses are located in the same or contiguous county as the physician's registration with the vaccination registry.

(3) The physician shall have verified that the pharmacist(s) or nurse(s) have had Basic Cardiac Life Support training and any other training required by law.

(4) The physician shall verify that the pharmacist or nurse administering the protocol has policies and procedures for the handling and disposal of contaminated equipment and supplies.

(5) No vaccine protocol agreement shall permit a pharmacist or nurse to administer a vaccine to a child under the age of 18 without consent from the child's parent or legal guardian.

(6) No live attenuated virus shall be administered pursuant to a vaccine protocol unless the patient or his or her parent, if a minor, has signed an informed consent that he or she does not have a contraindication to this vaccine, and such informed consent lists the contraindications to the vaccine.

Cite as Ga. Comp. R. & Regs. R. 360-34-.06
Authority: O.C.G.A. § 43-34-26.1.
History. Original Rule entitled "Limitations of the Vaccine Protocol Agreement" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.
Amended: F. Jan. 26, 2023; eff. Feb. 15, 2023.

Rule 360-34-.07. Filing of Vaccine Agreements with the Board.

The vaccine protocol agreement must be filed with the Board within thirty (30) days of its execution and shall be renewable as provided by the Board.

Cite as Ga. Comp. R. & Regs. R. 360-34-.07
Authority: O.C.G.A. §§ 43-34-5, 43-34-26.1.
History. Original Rule entitled "Filing of Vaccine Agreements with the Board" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-34-.08. Template.

The Board's standard protocol template is available at www.medicalboard.georgia.gov. A physician may make further changes restricting the administration of the vaccine from patients with certain medical conditions.

Cite as Ga. Comp. R. & Regs. R. 360-34-.08
Authority: O.C.G.A. §§ 43-34-5, 43-34-26.1.
History. Original Rule entitled "Template" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-34-.09. Exemptions.

The requirements of this Chapter shall not apply to activities conducted within a hospital and its facilities, physician's office, nursing home or other health care facilities designated by the Department of Public Health.

Cite as Ga. Comp. R. & Regs. R. 360-34-.09
Authority: O.C.G.A. §§ 43-34-5, 43-34-26.1.
History. Original Rule entitled "Exemptions" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-34-.10. Penalties.

(1) The Board may impose a fine of up to $2,500 against any pharmacist or nurse who knowingly:

(a) Fails to maintain individual liability insurance or fails to be individually covered by his/her employer in an amount not less than $250,000 to cover claims arising from the administration of vaccines;

(b) Fails to provide proof of such coverage to the physician entering into the vaccine protocol agreement; or

(c) Fails to maintain a copy of the proof of insurance onsite at the primary location.

(d) Administers a vaccine without a vaccine protocol agreement.

(2) The Board may impose the following sanctions against a pharmacist or nurse who fails to provide a legible immunization card to a vaccine recipient as provided by law:

(a) Upon the first violation, the issuance of a warning;

(b) Upon the second violation, a fine up to $500; and

(c) Upon a third or subsequent violation, the Board may prohibit the pharmacist or nurse from administering vaccines for a period up to one year.

(3) The Board may impose the following sanctions against a pharmacist or nurse who knowingly fails to post the vaccine protocol agreement as provided by law:

(a) Upon the first or second violation, the issuance of a warning; and

(b) Upon the third or subsequent violation, the Board may prohibit the pharmacist or nurse from administering vaccines for a period up to six months.

(4) The Board may impose a fine of up to $2,500 and may prohibit a pharmacist or nurse from administering vaccines for up to one year if the pharmacist or nurse knowingly administers a vaccine without a vaccine protocol agreement as required by O.C.G.A. Section 43-34-26.1 and filed with the Board.

(5) Sanctions imposed pursuant to this Chapter shall not be contested cases. The Board shall issue a citation with the identified offense and the sanction, including when any fine is due, which citation shall be mailed to the pharmacist's or nurse's address of record with the appropriate licensing board. A pharmacist or nurse may request an appearance before the Board to contest the finding or sanction within thirty (30) days after the issuance of the sanction. Failure to request an appearance or pay any fine imposes shall be considered a violation of a lawful order of the Board. If an appearance is requested, the Board shall schedule the appearance, and thereafter issue a decision on the imposition of sanctions.

(6) Nothing in this rule prevents the Board from forwarding any investigation to the professional licensing board of the licensed pharmacist or nurse for further disciplinary action.

(7) Nothing in this chapter shall be construed to limit the authority of the Board to take disciplinary action against any physician who is a party to a vaccine protocol agreement for a violation of the law and rules.

Cite as Ga. Comp. R. & Regs. R. 360-34-.10
Authority: O.C.G.A. §§ 43-34-5, 43-34-26.1.
History. Original Rule entitled "Penalties" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.
Repealed: New Rule of same title adopted. F. Dec. 20, 2015; eff. Jan. 9, 2016.

Chapter 360-35. LASERS.

Rule 360-35-.01. Definitions.

For purposes of this Chapter, the following definitions apply:

(1) "Assistant Laser Practitioner" means a person who is licensed by the Board to practice as a cosmetic laser practitioner under the supervision of a senior laser practitioner or physician.

(2) "Board" means the Georgia Composite Medical Board.

(3) "Continuing medical education (CME) educator" or "continuing education (CE) educator" means an individual who teaches courses approved by the Accreditation Council for Continuing Medical Education (ACCME).

(4) "Cosmetic laser practitioner" means a person licensed by the Board to provide cosmetic laser services and whose license is in good standing.

(5) "Cosmetic laser services" means nonablative elective cosmetic light-based skin care, photo rejuvenation, or hair removal using lasers or pulsed light devices approved by the United States Food and Drug Administration for noninvasive procedures and includes energy based medical procedures using an ultrasound, cryolipolysis, microwave, or radio frequency device that is not expected or intended to remove, burn, or vaporize the live epidermal surface of the skin, but may damage underlying tissue if used inappropriately.

(6) "Cosmetologist" means a person who is registered to practice the occupation of cosmetologist by the State Board of Cosmetology and Barbers pursuant to Chapter 10, Title 43 of the O.C.G.A.

(7) "Esthetician" means a person who is registered to engage in the occupation of an esthetician by the State Board of Cosmetology and Barbers pursuant to Chapter 10, Title 43 of the O.C.G.A.

(8) "Facility" means any location, place, area, structure, office, institution, or business or a part thereof in which is performed or provided cosmetic laser services regardless of whether a fee is charged for such services.

(9) "Lasers" means light-based devices that are prescription devices, the sale of which are regulated by the U.S. Food and Drug Administration, (FDA), that can be sold only to licensed practitioners with prescriptive authority. It does not include devices which are not light based such as radio frequency devices, ultrasound devices, thermal devices and lasers not regulated by the FDA.

(10) "Medical Practitioner" means a nurse, physician assistant or physician.

(11) "Nurse" means a person who is licensed to practice as a registered professional nurse or who is authorized by the Georgia Board of Nursing to engage in advanced nursing practice pursuant to Article 1, Chapter 26, Title 43 of the O.C.G.A.

(12) "Offices" shall mean a facility offering cosmetic laser services which serves as the principal place of practice at which a physician regularly sees patients for the general and usual care rendered and administered by a physician.

(13) "Physician" means one who is licensed by the Board to practice medicine.

(14) "Physician Assistant" means a person who is licensed by the Board as a physician assistant.

(15) "Senior Laser Practitioner" means a physician assistant or a nurse who has been licensed to practice the occupation of a cosmetic laser practitioner and who practices pursuant to the protocols of a consulting physician.

Cite as Ga. Comp. R. & Regs. R. 360-35-.01
Authority: O.C.G.A. §§ 43-34-5, 43-34-242, 43-34-244, 43-34-248, 43-34-249.1.
History. Original Rule entitled "Definitions" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.
Repealed: New Rule of same title adopted. F. Nov. 16, 2017; eff. Dec. 6, 2017.
Amended: F. Dec. 20, 2022; eff. Jan. 9, 2023.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-35-.02. Licensure.

(1) Applicants for licensure as an assistant laser practitioner or senior laser practitioner must submit an application on a form approved by the Board, submit an application fee, and submit an affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE")

program for the purpose of verifying citizenship and immigration status information of non-citizens. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.

(2) An applicant for licensure as an assistant laser practitioner must also show that he/she:

(a) Is 21 years old or older;

(b) Holds a current license as a physician assistant, licensed practical nurse, nurse, esthetician, or master cosmetologist or has previously held a license or certificate as a medical practitioner; and

(c) Has received at least three laser certificates from attending laser/intense pulsed light (IPL) courses as approved by the Board, directly taught by a licensed physician or certified continuing medical education or continuing education educator.

(3) An applicant for licensure as a senior laser practitioner must also show that he/she:

(a) Is 21 years old or older;

(b) Holds a current valid license or certificate of registration as a physician assistant or nurse or has previously held a license or certificate of registration as a medical practitioner;

(c) Has at least three years of clinical or technological medical experience, or both;

(d) Has been or was licensed or nationally board certified as a medical practitioner for at least three years;

(e) Has submitted verification of licensure from every state in which the applicant has ever held any type of license or if a medical practitioner, has submitted verification of national board certification;

(f) Has received at least two laser certificates from attending laser/intense pulsed light (IPL) continuing medical education courses as approved by the Board, directly taught by a licensed physician or certified continuing medical education or continuing education educator; and

(4) A person currently licensed in another state may apply for licensure in Georgia as an assistant laser practitioner or senior laser practitioner by submitting an application, paying a fee, showing he/she is currently licensed in another state, that state has requirements similar to and not less stringent than Georgia, that state would accept licensees from Georgia, and passing an examination approved by the Board.

(5) An application shall expire one year from the date of receipt. Any subsequent application must be accompanied by submission of appropriate documentation and application fee.

Cite as Ga. Comp. R. & Regs. R. 360-35-.02
Authority: O.C.G.A.§§ 43-34-5, 43-34-244, 50-36-1.
History. Original Rule entitled "Licensure" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.
Repealed: New Rule of same title adopted. F. July 9, 2018; eff. July 29, 2018.

Rule 360-35-.03. Renewal Requirements.

(1) All licenses shall expire biennially unless renewed.

(2) Each licensee shall notify the Board within thirty (30) days, in writing, of all changes of address. Any mailing or notice from the Board shall be considered to be served on the licensee's last address on file with the Board.

(3) All active licenses must be renewed every two years. This may be done via the internet or through mail. A licensee may not practice after the expiration date of the license. A license must be renewed biennially by the last day of the month in which the applicant's birthday falls, and the licensee must establish satisfaction of Board-approved continuing education requirements to be eligible for renewal.

(4) Licensees have the right to obtain a late renewal of their licenses during the three (3) month period immediately following the expiration date. During this period, the penalty for late renewal applies. A licensee may not practice after the expiration date of his or her license.

(5) The Board shall administratively revoke any license not renewed prior to the expiration of the late renewal period. In order to obtain a license after revocation for failure to renew, an applicant must reapply for a new license and meet the requirements in effective at the time of the application.

(6) Notwithstanding the provisions of paragraph (4) of this rule, any service member as defined in O.C.G.A. § 43-1-31 whose license to practice as a cosmetic laser practitioner expired while on active duty outside the state shall be permitted to practice in accordance with the expired license and shall not be charged with a violation relating to such practice on an expired license for a period of six (6) months from the date of his or her discharge from active duty or reassignment to a location within the state. Such service member shall be entitled to renew such expired license without penalty within six (6) months after the date of his or her discharge from active duty or reassignment to a location within this state. The service member must present to the Board a copy of the official military orders or a written verification signed by the service member's commanding officer to waive any charges.

(7) The fee for renewals and late renewals shall be designated in the fee schedule.

(8) All applicants must provide an affidavit and a secure and verifiable document in accordance with O.C.G.A. 50-36-1(f). If the applicant has previously provided a secure and verifiable document and affidavit of United States citizenship, no additional documentation of citizenship is required for renewal. If the applicant for renewal is not a United States citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for purpose of verifying citizenship and immigration status information of non-U.S. citizens. If the applicant for renewal is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal agency.

Cite as Ga. Comp. R. & Regs. R. 360-35-.03
Authority: O.C.G.A.§§ 43-1-31, 43-34-5, 43-34-245, 50-36-1.
History. Original Rule entitled "Renewal Requirements" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-35-.04. Continuing Education Requirements and Approved Providers.

(1) An applicant for renewal who has been initially licensed by the Board by examination for less than two years shall not be required to complete the continuing education hours in order to renew the license for the first time. However, for the next renewal, the licensee must obtain 5 hours of continuing education.

(2) Each licensee must be renewed biennially by the last day of the month in which the applicant's birthday falls and the licensee must establish satisfaction of at least 5 (five) contact hours of Board-approved continuing education requirements to be eligible for renewal.

(3) Each licensee shall be required to answer questions on their renewal application form that establish compliance with Board approved continuing education requirements. Licensees will not be required to send documentation of compliance with continuing education requirements for renewal, unless requested by the Board.

(4) False statements regarding satisfaction of continuing education on the renewal form or any other document connected with the practice of cosmetic laser practitioner may subject the licensee to disciplinary action by the Board.

(5) Each licensee who must meet the requirements of this chapter must maintain record of attendance and supporting documents for Board approved continuing education for a period of 5 years from the date of attendance. At a minimum, the following information must be kept:

(a) name of provider;

(b) name of program;

(c) hours of continuing education units completed; and

(d) date of completion.

(6) The Board will audit a fixed percentage of randomly selected renewal applications to monitor compliance with the continuing education requirements. Any licensee so audited shall be required to furnish documentation of compliance including name of provider, name of program, hours/continuing education units completed and date of completion. Any licensee audited that has been found to be out of compliance with the Board's continuing education requirements may be subject to disciplinary action.

(7) If the licensee has not complied with the continuing education requirement by the expiration of the license, his/her license shall not be renewed and the license holder shall not engage in the practice of cosmetic laser services.

(8) A licensee may late renew during the three months following the expiration date of his or her license by presenting satisfactory evidence to the Board of completion of the contact hours or continuing education units of Board approved continuing education. Licenses not renewed within 3 months following the expiration date of the license shall be revoked for failure to renew. In order to obtain a valid license after revocation for failure to renew, an applicant must reapply for a new license and meet the requirements in effective at the time of the application.

(9) Any licensee seeking renewal of a license without having fully complied with the Board's continuing education requirements who wishes to seek a waiver or variance of this rule shall file with the Board:

(a) A renewal application and fee and

(b) A statement that complies with the provisions of O.C.G.A. § 50-13-9.1 setting forth the specific facts of substantial hardship which would justify a variance or waiver, including the alternative standards which the person seeking a waiver or variance agrees to meet and a showing that such alternative standards will afford adequate protection for the public health, safety and welfare; and the reason why the variance would serve the purpose of the underlying statute.

(10) Courses should be in the area of cosmetic laser services, equipment safety and operation, procedures, and relative skin modalities, directly taught by a licensed physician or certified continuing medical education or continuing education educator. The following courses are approved by the Board as meeting the continuing education requirements:

(a) Assistant and senior laser practitioners can obtain laser continuing education credit for courses from the following:

1. Courses approved for Category I credit by the Accreditation Council for Continuing Medical Education (ACCME).

2. Courses approved for Category I Continuing Medical Education (CME) credit by AAPA, AMA, AOA, and NCCPA.

3. Laser courses approved by the Georgia Board of Cosmetology.

4. Laser courses approved for Category I credit by Medical Association of Georgia (MAG).

5. Laser courses approved by the Georgia Board of Nursing

6. Courses sponsored by the Georgia Composite Medical Board.

7. Courses taught by a licensed physician specific to laser practice and safety

Cite as Ga. Comp. R. & Regs. R. 360-35-.04
Authority: O.C.G.A.§§ 43-1-31, 43-34-5, 43-34-11, 43-34-245, 50-13-9.1.
History. Original Rule entitled "Continuing Education Requirements and Approved Providers" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-35-.05. Practice.

(1) Assistant Laser Practitioners may practice as follows:

(a) May perform cosmetic laser services under the supervision of a physician licensed by the Board or a licensed senior laser practitioner.

(b) Shall have patients examined by a consulting physician, or a physician assistant who is a licensed cosmetic laser practitioner or advanced registered practice nurse who is a licensed cosmetic laser practitioner prior to service.

(c) On-site supervision and an examination prior to treatment as described herein are not required for the performance of laser hair removal and pulsed light treatments.

(2) Senior Laser Practitioners may practice as follows

(a) May perform cosmetic laser services.

(b) May supervise assistant laser practitioners in the performance of cosmetic laser services as defined in the law.

Cite as Ga. Comp. R. & Regs. R. 360-35-.05
Authority: O.C.G.A. §§ 43-34-5, 43-34-242, 43-34-244, 43-34-248.
History. Original Rule entitled "Practice" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-35-.06. Consulting Physician.

(1) In order to qualify as a consulting physician, the physician:

(a) Must be currently licensed to practice medicine in Georgia;

(b) Must have a principal place of business in Georgia or practice outside of Georgia but within 50 miles from a facility with whom the physician will provide supervision;

(c) Must be trained in laser modalities which should include the physics, safety, and surgical techniques involved in the use of lasers and should include the indications for such surgical procedures, the pre- and post-operative care involved in treatment, as well as the treatment of complications associated with laser devices; and

(d) Must be available for emergency consultations.

(2) The consulting physician shall establish proper protocols for the cosmetic laser services provided at a facility and shall file such protocols with the Board.

Cite as Ga. Comp. R. & Regs. R. 360-35-.06
Authority: O.C.G.A. §§ 43-34-5, 43-34-242, 43-34-248.
History. Original Rule entitled "Consulting Physician" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.
Repealed: New Rule of same title adopted. F. Dec. 20, 2015; eff. Jan. 9, 2016.

Rule 360-35-.07. Facility Requirement.

(1) Except for physician offices, all facilities providing cosmetic laser services other than hair removal using lasers or pulsed light devices shall meet the following standards:

(a) Must have an agreement with a consulting physician who will examine each patient prior to any cosmetic laser service other than hair removal using lasers or pulsed light devices being performed or who has delegated the authority to perform such examination to a physician assistant in a job description who is a licensed cosmetic laser practitioner, or to an advanced practice registered nurse in a protocol approved by the Board and who is a licensed cosmetic laser practitioner;

(b) Must have a consulting physician who will be available for emergency consultation with the cosmetic laser practitioner or anyone employed by the facility;

(c) Must file with the Board the name, address and credentials of the consulting physician and his/her delegates, if applicable;

(d) Must have a senior laser practitioner or consulting physician present at the facility or immediately available for consultation and supervision either personally or via telecommunications; and

(e) Must post a sign listing the consulting physician's name, emergency contact number, his or her board certification and specialty, and the address of his or her principal place of practice, and indicating whether he or she is presently on site at the facility. If the physician is not on-site, a sign must be posted indicating who is presently acting as supervisor and that person's name, emergency contact number, his or her degrees and qualifications, and the type of cosmetic laser practitioner license held.

(2) Physician offices providing cosmetic laser services other than hair removal using lasers or pulsed light devices shall meet the following standards:

(a) Must have the physician examine each patient prior to any cosmetic laser service other than hair removal using lasers or pulsed light devices being performed or have such examination conducted by a physician assistant authorized in a job description, or by an advanced practice registered nurse in a protocol approved by the Board;

(b) Must have the physician available for emergency consultation with a cosmetic laser practitioner or anyone employed by the facility;

(c) Must file with the Board the name, address and credentials of the physician and his/her delegates, if applicable; and

(d) Must have a senior laser practitioner or physician present at the facility or immediately available for consultation and supervision either personally or via telecommunications if cosmetic laser services are being provided by an assistant laser practitioner.

(3) Failure of a facility to meet the requirements of this Chapter may subject the owner to misdemeanor criminal charges and may subject the licensed cosmetic laser practitioners practicing at such facility and any consulting physician with that facility to disciplinary action by the Board.

Cite as Ga. Comp. R. & Regs. R. 360-35-.07
Authority: O.C.G.A.§§ 43-34-5, 43-34-248, 43-34-249.1.

History. Original Rule entitled "Facility Requirement" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-35-.08. Informed Consent.

(1) Prior to receiving cosmetic laser services for hair removal from a cosmetic laser practitioner, a person, or if under the age of 18, his or her parent or guardian, must consent in writing to such services and shall be informed in writing of the general terms of the following:

(a) The nature and purpose of such proposed procedure;

(b) Any material risks generally recognized and associated with the cosmetic laser service to be performed which, if disclosed to a reasonably prudent person in the customer's position, could reasonably be expected to cause such prudent person to decline such proposed cosmetic laser services on the basis of the material risk of injury that could result from such proposed services;

(c) The name of, degrees and qualifications held by, and type of licenses obtained by the individual who will be performing the cosmetic laser service; and

(d) The steps to be followed after the cosmetic laser service is performed in the event of any complications.

(2) Prior to receiving cosmetic laser service other than hair removal from a cosmetic laser practitioner, a person, or if under the age of 18, his or her parent or guardian, must consent in writing to such services and shall be informed in writing of the general terms of the following:

(a) The nature and purpose of such proposed procedure;

(b) Any material risks generally recognized and associated with the cosmetic laser service to be performed which, if disclosed to a reasonably prudent person in the customer's position, could reasonably be expected to cause such prudent person to decline such proposed cosmetic laser services on the basis of the material risk of injury that could result from such proposed services;

(c) The name of, degrees and qualifications held by, and type of licenses obtained by the individual who will be performing the cosmetic laser service, by the supervisory, and by the consulting physician;

(d) The steps to be followed after the cosmetic laser service is performed in the event of any complications; and

(e) The emergency contact information for the consulting physician and the address of his or her principal place of practice. If the cosmetic laser service is provided at

the physician's office, then this information does not need to be included in the informed consent.

(3) After receiving each cosmetic laser service other than hair removal, a person shall be informed in writing of the steps to be followed after the cosmetic laser service is performed in the event of any complications and the emergency contact information for the consulting physician and the address of his or her principal place of practice.

(4) It shall be the responsibility of the cosmetic laser practitioner to ensure that the information required by this rule is disclosed and that the consent provided for in this Rule is obtained.

(5) The cosmetic laser practitioner can disclose some of this information on the procedures and risks through the use of video tapes, audio tapes, pamphlets, booklets, or other means of communication or through conversations with the cosmetic laser practitioner; provided, however, that such information is also provided in writing and attached to the consent form which the person signs.

(6) Failure to obtain informed consent shall be grounds for disciplinary action against the license of any cosmetic laser practitioner as provided in O.C.G.A. Section 43-34-8.

Cite as Ga. Comp. R. & Regs. R. 360-35-.08
Authority: O.C.G.A.§§ 43-34-5, 43-34-249, 3-34-249.1.
History. Original Rule entitled "Informed Consent" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-35-.09. Change of Name or Address.

(1) A licensee shall notify the Board in writing within 30 days after the license holder's name is legally changed. At the time of notification, submit a certified copy of the official document evidencing the name change. If the name change occurred during naturalization, the application must also include the naturalization number, the name and address of the court, the date of naturalization, and the name change.

(2) Licensees shall notify the Board in writing within 30 days after a change in address of record. Failure to so notify the Board of an address change shall be deemed a violation of this rule and may be grounds for disciplinary action pursuant to O.C.G.A. § 43-34-8.

(3) Licensees who utilize a post office box as the address of record shall also provide a street address where the Board may contact the licensee.

Cite as Ga. Comp. R. & Regs. R. 360-35-.09
Authority: O.C.G.A.§§ 43-34-5, 43-34-7, 43-34-8, 3-34-244.
History. Original Rule entitled "Change of Name or Address" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-35-.10. Prohibited Activities.

(1) It shall be unlawful for any person licensed as a cosmetic laser practitioner to perform cosmetic laser services within any area within one inch of the nearest part of the eye socket of any consumer.

(2) It shall be unlawful for any person licensed as a cosmetic laser practitioner to administer any pharmaceutical agent or other substance by injection.

Cite as Ga. Comp. R. & Regs. R. 360-35-.10
Authority: O.C.G.A.§§ 43-34-5, 43-34-251.
History. Original Rule entitled "Prohibited Activities" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-35-.11. Disciplinary Action.

The Board may impose on a cosmetic laser practitioner or applicant any sanction authorized under subsection (b) of Code Section 43-34-8 upon a finding of any conduct specified in subsection (a) of Code Section 43-34-8.

Cite as Ga. Comp. R. & Regs. R. 360-35-.11
Authority: O.C.G.A.§§ 43-34-5, 43-34-8, 43-34-246.
History. Original Rule entitled "Disciplinary Action" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-35-.12. Permitted Activities.

This Chapter shall not be construed to prohibit:

(1) A licensed physician from engaging in the practice for which he or she is licensed;

(2) A licensed physician assistant from engaging in the practice for which he or she is licensed;

(3) A person licensed by this state as a registered professional nurse, licensed practical nurse, or nurse practitioner from engaging in his or her profession;

(4) A licensed esthetician from engaging in his or her profession;

(5) A master cosmetologist from engaging in his or her profession;

(6) Any person licensed under any other article of this chapter from engaging in the practice for which he or she is licensed;

(7) A person licensed in this state under any other law from engaging in the practice for which he or she is licensed;

(8) The practice of providing cosmetic laser services by a person who is employed by the federal government or any bureau, division, or agency of the federal government while in the discharge of the employee's official duties;

(9) The practice of providing cosmetic laser services by a student enrolled in an accredited school of nursing, schools for physician assistants, or medical school as part of his or her training; or

(10) Employees or authorized representatives of a manufacturer of a laser used for cosmetic laser services from engaging in one or more of the following: evaluating, adjusting, measuring, designing, fabricating, assembling, fitting, servicing, training, repairing, replacing, or delivering a laser used to provide cosmetic laser services under the order, direction, or prescription of a physician or health provider operating within his or her licensed scope of practice.

Cite as Ga. Comp. R. & Regs. R. 360-35-.12
Authority: O.C.G.A.§§ 43-34-5, 43-34-243.
History. Original Rule entitled "Permitted Activities" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Rule 360-35-.13. Composition and Responsibilities of the Advisory Committee.

(1) The Board shall appoint an advisory committee, which shall include licensed cosmetic laser practitioners. The initial members of the advisory committee may include persons eligible for licensing under this rule.

(2) The advisory committee shall include at least one person licensed to practice medicine under Chapter 43-34 and specialized in a field with expertise in the biologic behavior of the skin.

(3) Members shall receive no compensation for service on the committee. The committee shall have such advisory duties and responsibilities as the Board may determine, including but not limited to consulting with the Board on the issuance, denial, suspension, and revocation of licenses and the promulgation of rules and regulations concerning O.C.G.A. T. 43, Ch. 34, Art. 9.

(4) Advisory committee members must be licensed by the Board.

Cite as Ga. Comp. R. & Regs. R. 360-35-.13
Authority: O.C.G.A.§§ 43-34-5, 43-34-250.
History. Original Rule entitled "Composition and Responsibilities of the Advisory Committee" adopted. F. Sep. 14, 2015; eff. Oct. 4, 2015.

Chapter 360-36. LOW THC OIL.

Rule 360-36-.01. Definitions.

As used in these rules, the following shall mean:

(1) 'Board' means the Georgia Composite Medical Board.

(2) 'Department' means the Department of Public Health.

(3) 'Low THC oil' means an oil that contains not more than 5 percent by weight of tetrahydrocannabinol and an amount of cannabinol equal to or greater than the amount of tetrahydrocannabinol.

(4) 'Physician' means an individual licensed to practice medicine pursuant to Article 2 of Chapter 34 of Title 43.

(5) 'Registry' means the Low THC Oil Patient Registry.

(6) 'Doctor-patient relationship' means the physician must be the patient's primary care or specialist physician treating the patient for the specific condition requiring treatment by Low THC oil, and must be maintaining patient records supporting the diagnosis and treatment of the patient.

(7) 'Caregiver' means the parent, guardian, or legal custodian of an individual who is less than 18 years of age or the legal guardian of an adult.

(8) 'Condition' means for the purpose of those conditions listed in O.C.G.A. 31-2A-18(a)(3).

Cite as Ga. Comp. R. & Regs. R. 360-36-.01
Authority: O.C.G.A. §§ 16-12-190, 31-2A-18.
History. Original Rule entitled "Definitions" adopted. F. May 3, 2016; eff. May 23, 2016.
Repealed: New Rule of the same title adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Rule 360-36-.02. Physician Certification.

(1) In order to register a patient with the Department, the physician must:
  (a) Hold an active license to practice medicine in the State of Georgia;
  (b) Have a doctor-patient relationship with the patient;
  (c) Have determined that the patient has a condition that qualifies for Low THC oil under the law;
  (d) Be treating the patient for the condition; and

(e) Have provided the patient with a Board-approved waiver form and the patient must have signed the form.

(2) The physician must provide the following information to the Department:

(a) The name and address of a patient and, if appropriate, the name and address of the patient's caregiver;

(b) The medical condition of the patient and how long the patient has been diagnosed with the condition;

(c) Whether the patient qualifies for the use of low THC oil under the law;

(d) The length of time the physician has been treating the patient;

(e) What other treatments has the patient had for the condition; and

(f) Certification that the physician has a doctor-patient relationship with the patient.

(3) The physician must keep a copy of the physician certification in the patient's medical record.

Cite as Ga. Comp. R. & Regs. R. 360-36-.02
Authority: O.C.G.A. § 31-2A-18.
History. Original Rule entitled "Physician Certification" adopted. F. May 3, 2016; eff. May 23, 2016.

Rule 360-36-.03. Waiver Forms.

The physician shall provide to the patient a copy of the waiver form approved by the Board advising that the use of cannabinoids and THC-containing products have not been approved by the FDA and the clinical benefits are unknown and may cause harm. A signed copy of this form shall be maintained in the patient record and shall be submitted to the Department of Public Health along with the certification form for registration. The approved Board form may be found at http://dph.georgia.gov/low-thc-oil-registry.

Cite as Ga. Comp. R. & Regs. R. 360-36-.03
Authority: O.C.G.A. § 31-2A-18.
History. Original Rule entitled "Waiver Forms" adopted. F. May 3, 2016; eff. May 23, 2016.

Rule 360-36-.04. Semi-Annual Reports.

(1) Physicians certifying patients to the Department for Low THC oil shall make semi-annual reports to the Board by filing the report online at http://dph.georgia.gov/low-thc-oil-

registry. The reports should be submitted within ten (10) days of the reporting period April and October. Such reports shall require physicians to provide information, including, but not limited to:

(a) Name, address, and contact information for the physician;

(b) Unique patient number from the registration card;

(c) Condition being treated;

(d) Amount or concentration of THC oil reported by the patient;

(e) Drug interactions, if any;

(f) Adverse effects, if any;

(g) If the physician is still treating the patient, and if not, why; and

(h) Patient compliance with treatment.

(2) Information obtained from the semi-annual reports are confidential.

(3) Physicians that are no longer seeing the patients can notify the Board before the next semi-annual report is due by submitting the report early in writing.

(4) Failure to submit the reports as required herein will be reported to the Department and may affect the physician's eligibility to participate on the registry.

(5) A physician should maintain a copy of each semi-annual report in the patient's medical record.

Cite as Ga. Comp. R. & Regs. R. 360-36-.04
Authority: O.C.G.A. §§ 31-2A-18, 43-34-5.
History. Original Rule entitled "Quarterly Reports" adopted. F. May 3, 2016; eff. May 23, 2016.
Repealed: New Rule entitled "Semi-Annual Reports" adopted. F. Dec. 31, 2019; eff. Jan. 20, 2020.

Rule 360-36-.05. Discipline.

Failure to comply with the rules and regulations of the Board is grounds for disciplinary action by the Board under O.C.G.A. Section 43-34-8.

Cite as Ga. Comp. R. & Regs. R. 360-36-.05
Authority: O.C.G.A. §§ 31-2A-18, 43-34-8.
History. Original Rule entitled "Discipline" adopted. F. May 3, 2016; eff. May 23, 2016.

Chapter 360-37. MILITARY SPOUSES AND TRANSITIIONING SERVICE MEMBERS LICENSURE.

Rule 360-37-.01. Definitions.

As used in this Chapter, the following terms shall mean:

(1) "License" means a document, permit, certificate of registration, or other authorization issued by or on behalf of the Composite State Medical Board to a person to engage in a profession or business regulated under O.C.G.A. T. 43, Ch. 34.

(2) "Military" means the United States armed forces, including the National Guard.

(3) "Military spouse" means a spouse of a service member or transitioning service member.

(4) "Service member" means an active or reserve member of the armed forces, including the National Guard.

(5) "Transitioning service member" means a member of the military on active duty status or on separation leave who is within 24 months of retirement or 12 months of separation.

Cite as Ga. Comp. R. & Regs. R. 360-37-.01
Authority: O.C.G.A. §§ 43-1-34, 43-34-5.
History. Original Rule entitled "Definitions" adopted. F. Dec. 6, 2017; eff. Dec. 26, 2017.

Rule 360-37-.02. Application.

Effective July 1, 2017, military spouses and transitioning service members may qualify for expedited processing of the license application by showing that the applicant is a military spouse or transitioning service member and that the applicant has paid the fee and meets the requirements for a license under the law and rules for the type of license for which the applicant has applied.

Cite as Ga. Comp. R. & Regs. R. 360-37-.02
Authority: O.C.G.A. §§ 43-1-34, 43-34-5.
History. Original Rule entitled "Application" adopted. F. Dec. 6, 2017; eff. Dec. 26, 2017.

Chapter 360-38. PRESCRIPTION DRUG MONITORING PROGRAM.

Rule 360-38-.01. Definitions.

(1) 'Board' means the Georgia Composite Medical Board.

(2) 'PDMP' means the Georgia Prescription Drug Monitoring Program database.

(3) 'Physician' means an individual licensed to practice medicine pursuant to Article 2 of Chapter 34 of Title 43.

(4) 'Prescriber' means an individual who maintains an active DEA registration to prescribe Schedule Il, Ill, IV or V controlled substances.

(5) 'Controlled medication' means a medication listed in paragraph (l) or (2) of Code Section 16-13-26 or benzodiazepines.

Cite as Ga. Comp. R. & Regs. R. 360-38-.01
Authority: O.C.G.A. §§ 16-13-21, 16-13-57. 16-13-63. 16-13-60, 43-34-1, 43-34-5.
History. Original Rule entitled "Definitions" adopted. F. Aug. 14, 2018; eff. Sept. 3, 2018.

Rule 360-38-.02. PDMP Enrollment.

(1) Prescribers must enroll as a PDMP user by January 1, 2018.

(2) Prescribers who obtain a DEA registration after January 1, 2018 must enroll with the PDMP within 30-days of obtaining a DEA registration for purposes of prescribing controlled substances in Georgia.

Cite as Ga. Comp. R. & Regs. R. 360-38-.02
Authority: O.C.G.A. §§ 16-13-60, 43-34-5.
History. Original Rule entitled "PDMP Enrollment" adopted. F. Aug. 14, 2018; eff. Sept. 3, 2018.

Rule 360-38-.03. Access to PDMP Information.

(1) Access to PDMP information is granted to following personnel:

a. Prescribers,

b. Not more than two prescriber's representatives as provided in Code Section 16-13-60, to monitor the PDMP on his/her behalf.

(2) All information from the PDMP shall be maintained in a secure and confidential manner.

Cite as Ga. Comp. R. & Regs. R. 360-38-.03
Authority: O.C.G.A. §§ 16-13-60, 43-34-5.
History. Original Rule entitled "Access to PDMP Information" adopted. F. Aug. 14, 2018; eff. Sept. 3, 2018.

Rule 360-38-.04. Requirements for Checking the PDMP.

(1) On and after July 1, 2018, when a prescriber is prescribing a controlled medication, he or she shall seek and review information from the PDMP the first time he or she issues such prescription to a patient and thereafter at least once every 90-days, unless:

a. The prescription is for no more than a three-day supply of a controlled medication and no more than 26 pills or:

b. The patient is in a hospital or health care facility including a nursing and intermediate care home, a personal care home, or a hospice facility where the medication is to be administered and used by a patient on the premises of the facility or:

c. The patient has had outpatient surgery at a hospital or ambulatory surgical center and the prescription is for no more than a ten-day supply of a controlled medication and no more than 40 pills or;

d. The patient is terminally ill or under the supervised care of an outpatient hospice program, or;

e. The patient is receiving treatment for cancer.

(2) Prescribers or his/her representatives must make a notation in the patient's medical record that the PDMP was consulted and identify the individual who conducted the PDMP search. If the PDMP does not allow access, the prescriber or his/her representatives shall document that access was not permitted and note on the medical record the date, time and name of individual querying the PDMP.

Cite as Ga. Comp. R. & Regs. R. 360-38-.04
Authority: O.C.G.A. §§ 16-13-63, 43-34-5.
History. Original Rule entitled "Requirements for Checking the PDMP" adopted. F. Aug. 14, 2018; eff. Sept. 3, 2018.

Rule 360-38-.05. Discipline.

Failure to comply with the rules and regulations of the Board is grounds for disciplinary action by the Board under O.C.G.A. Section 43-34-8. A prescriber licensed by the Board may be subject to disciplinary action by Board for the failure to maintain the security of PDMP information obtained by him or her or by his or her staff.

Cite as Ga. Comp. R. & Regs. R. 360-38-.05
Authority: O.C.G.A. §§ 43-34-5. 43-34-8. 16-13-60, 16-13-63, 16-13-64.
History. Original Rule entitled "Discipline" adopted. F. Aug. 14, 2018; eff. Sept. 3, 2018.

Chapter 360-39. GENETIC COUNSELORS.

Rule 360-39-.01. Definitions.

(1) 'ABGC' means the American Board of Genetic Counseling or its successor or equivalent.

(2) 'ABMG' means the American Board of Medical Genetics and Genomics or its successor or equivalent.

(3) 'ACGC' means the Accreditation Council for Genetic Counseling or its successor or equivalent.

(4) 'Board' means the Georgia Composite Medical Board.

(5) 'Examination for licensure' means the ABGC or ABMG certification examination or the examination provided by a successor entity to the ABGC or ABMG to fairly test the competence and qualifications of applicants to practice genetic counseling.

(6) 'Genetic counseling' means the provision of services by a genetic counselor to

(a) Obtain and evaluate individual, family, and medical histories to determine genetic risk for genetic or medical conditions and diseases in a patient, his or her offspring, and other family members;

(b) Discuss the features, natural history, means of diagnosis, genetic and environmental factors, and management of risk for genetic or medical conditions and diseases;

(c) Identify, order, and coordinate genetic laboratory tests and other diagnostic studies as appropriate for the genetic assessment consistent with practice based competencies provided by the ACGC;

(d) Integrate genetic laboratory test results and other diagnostic studies with personal and family medical history to assess and communicate risk factors for genetic or medical conditions and diseases;

(e) Explain the clinical implications of genetic laboratory tests and other diagnostic studies and their results;

(f) Evaluate the client's or family's responses to the condition or risk of recurrence and provide client centered counseling and anticipatory guidance;

(g) Identify and utilize community resources that provide medical, educational, financial, and psychosocial support and advocacy; or

(h) Provide written documentation of medical, genetic, and counseling information for families and health care professionals.

(7) 'Genetic counseling intern' means a student enrolled in a genetic counseling program accredited by the ACGC or ABMG.

(8) 'Genetic counselor' means an individual licensed by the board pursuant to this article104 to engage in the competent practice of genetic counseling.

(9) 'Genetic testing' and 'genetic test' mean a test or analysis of human genes, gene products, DNA, RNA, chromosomes, proteins, or metabolites that detects genotypes, mutations, chromosomal changes, abnormalities, or deficiencies, including carrier status, that (A) are linked to physical or mental disorders or impairments, (B) indicate a susceptibility to illness, disease, impairment, or other disorders, whether physical or mental, or (C) demonstrate genetic or chromosomal damage due to environmental factors. The terms do not include routine physical measurements; chemical, blood, and urine analyses that are widely accepted and in use in clinical practice; tests for use of drugs; tests for the presence of the human immunodeficiency virus; analyses of proteins or metabolites that do not detect genotypes, mutations, chromosomal changes, abnormalities, or deficiencies; or analyses of proteins or metabolites that are directly related to a manifested disease, disorder, or pathological condition that could reasonably be detected by a health care professional with appropriate training and expertise in the field of medicine involved.

(10) 'NSGC' means the National Society of Genetic Counselors or its successor or equivalent.

(11) 'Qualified supervisor' means any person that is board certified as a genetic counselor under this article or any licensed physician.

(12) 'Supervision' means the overall responsibility of a qualified supervisor to assess the work of the genetic counselor with a temporary license, including regular meetings and chart review, if an annual supervision contract signed by the supervisor and the temporarily licensed genetic counselor is on file with both parties. The supervisor's presence shall not be required during the performance of the service.

Cite as Ga. Comp. R. & Regs. R. 360-39-.01
Authority: O.C.G.A. § 43-34-311.
History. Original Rule entitled "Definitions" adopted. F. Dec. 9, 2020; eff. Dec. 29, 2020.

Rule 360-39-.02. Qualifications for Licensure.

(1) Applications for licensure as a genetic counselor must submit an application on a form approved by the Board, submit an application fee, and submit an affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If

the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.

(2) An applicant for licensure as a genetic counselor must be at least 21 years of age.

(3) Has not engaged in conduct or activities which would constitute grounds for discipline under this article;

(4) Has successfully completed:

(A) A master's degree in genetic counseling from an ACGC, ABGC, or ABMG accredited training program or an equivalent program approved by the ACGC, ABGC, or ABMG.

(B) A doctoral degree and successful completion of an ABMG/ACGME accredited medical genetics training program or an equivalent program approved by the ABMG/ACGME; these individuals would also be required to pass the ABGC examination.

(5) Has successfully completed the ABGC or ABMG certification examination or the examination provided by a successor entity to the ABGC or ABMG;

(6) Has met the requirements for certification set forth by the ABGC or the ABMG, if required by the board pursuant to rule; and

(7) Has met any other requirements established by rule.

Cite as Ga. Comp. R. & Regs. R. 360-39-.02
Authority: O.C.G.A. § 43-34-312.
History. Original Rule entitled "Qualifications for Licensure" adopted. F. Dec. 9, 2020; eff. Dec. 29, 2020.

Rule 360-39-.03. Temporary License.

A temporary license may be issued to an individual who has made application to the board, has submitted evidence to the board of admission to examination for licensure, has met all of the requirements for licensure in accordance with this Code section, except for the examination requirement, and has met any other condition established by rule. The holder of a temporary license shall practice only under the supervision of a qualified supervisor and may not have the authority to order genetic tests. Nothing in this subsection shall prohibit an applicant from reapplying for a temporary license if he or she meets the qualifications of this subsection. The Temporary license is only valid for 12 months. If the temporary licensee has not obtained certification by the end of the 12-month temporary license period, the applicant may apply for a temporary license renewal of another 12 months. The fee for renewal shall be designated in the fee schedule. For renewal consideration, the licensee must complete the application and submit a written recommendation by a qualified supervisor who has supervised applicant within the past

12 months. The applicant can continue to renew the 12-month temporary license until he or she is no longer eligible for active candidate status with ABGC or ABMG.

Cite as Ga. Comp. R. & Regs. R. 360-39-.03
Authority: O.C.G.A. §§ 43-34-5, 43-34-312.
History. Original Rule entitled "Temporary License" adopted. F. Dec. 9, 2020; eff. Dec. 29, 2020.
Amended: F. Apr. 20, 2023; eff. May 10, 2023.
Amended: F. May 5, 2026; eff. May 25, 2026.

Rule 360-39-.04. Renewal Requirements.

(1) All licenses shall expire biennially unless renewed. Genetic Counselors who are applying for their first renewal in Georgia shall be exempt from the continuing education requirement.

(2) Each licensee shall notify the Board within thirty (30) days, in writing, of all changes of address. Any mailing or notice from the Board shall be considered to be served on the licensee when sent to the licensee's last address on file with the Board.

(3) All active licenses must be renewed every two years. This may be done via the internet or through mail. A licensee may not practice after the expiration date of the license. A license must be renewed biennially by the last day of the month in which the applicant's birthday falls, and the licensee must establish satisfaction of Board-approved continuing education requirements to be eligible for renewal.

(4) Licensees have the right to obtain a late renewal of their licenses during the three (3) month period immediately following the expiration date. During this period, the penalty for late renewal applies. A licensee may not practice after the expiration date of his or her license.

(5) The Board shall administratively revoke any license not renewed prior to the expiration of the late renewal period. In order to obtain a license after revocation for failure to renew, an applicant must reapply for reinstatement/restoration and meet the requirements in effect at the time of the application.

(6) Notwithstanding the provisions of paragraph (4) of this rule, any service member as defined in O.C.G.A. § 43-1-31 whose license to practice as a genetic counselor expired while on active duty outside the state shall be permitted to practice in accordance with the expired license and shall not be charged with a violation relating to such practice on an expired license for a period of six (6) months from the date of his or her discharge from active duty or reassignment to a location within the state. Such service member shall be entitled to renew such expired license without penalty within six (6) months after the date of his or her discharge from active duty or reassignment to a location within this state. The service member must present to the Board a copy of the official military orders or a written verification signed by the service member's commanding officer to waive any charges.

(7) The fee for renewals and late renewals shall be designated in the fee schedule.

(8) A person who has permitted his or her license to expire or who has had his or her license on inactive status may have his or her license restored by:

(a) Making application to the board;

(b) Filing proof acceptable to the board of his or her fitness to have his or her license restored, including, but not limited to, sworn evidence certifying to active practice in another jurisdiction satisfactory to the board; and

(c) Paying the required restoration fee.

(9) In the event of licensure expiration or inactivity in excess of two (2) years or if derogatory information or communication is received during the reactivation process, the applicant should be prepared to appear before the Board and Committee, for an interview regarding continued competence to ensure the public is protected. If competence is not demonstrated to the Board's satisfaction, additional continuing education and/or supervision may be required for a period of time at the Board's discretion.

(10) If licensure expiration was in excess of five (5) years, in addition to the above, the applicant would be required to successfully complete up to 250 hours of continuing education.

(11) All applicants must provide an affidavit and a secure and verifiable document in accordance with O.C.G.A. 50-36-1(f). If the applicant has previously provided a secure and verifiable document and affidavit of United States citizenship, no additional documentation of citizenship is required for renewal. If the applicant for renewal is not a United States citizen, he/she must submit documentation that will determine his/her qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for purpose of verifying citizenship and immigration status information of non-U.S. citizens. If the applicant for renewal is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal agency.

Cite as Ga. Comp. R. & Regs. R. 360-39-.04
Authority: O.C.G.A. §§ 43-34-5, 43-34-313, 43-1-31, 50-36-1.
History. Original Rule entitled "Renewal Requirements" adopted. F. Dec. 9, 2020; eff. Dec. 29, 2020.
Amended: F. Apr. 17, 2023; eff. May 7, 2023.

Rule 360-39-.05. Continuing Education Requirements.

(1) Licenses shall be renewable biennially on the renewal date established by the board.

(2) The board shall be authorized to require persons seeking renewal of licensure under this article to complete board approved continuing education.

(3) Thirty (30) contact hours of continuing education (3 CEUs) are required for license renewal, except for the first renewal in which no continuing education is required. Please note that these contact hours need to be approved by the National Society of Genetic Counselors (NSGC). Professional activity credits (PACs) do not count towards these 30 contact hours. Please note that NSGC counts one contact hour as 0.1 CEU.

Cite as Ga. Comp. R. & Regs. R. 360-39-.05
Authority: O.C.G.A. §§ 43-34-11, 43-34-313.
History. Original Rule entitled "Continuing Education Requirements" adopted. F. Dec. 9, 2020; eff. Dec. 29, 2020.

Rule 360-39-.06. Inactive Status.

(1) A person who notifies the board on forms prescribed thereby may elect to place his or her license on an inactive status and shall, subject to rules of the board, be excused from payment of restoration fees until he or she notifies the board of his or her desire to resume active status

(2) A person requesting restoration from inactive status shall be required to pay the current renewal fee and shall be required to restore his or her license as provided in O.C.G.A. § 43-34-313(c).

(3) A genetic counselor whose license is on inactive status shall not practice genetic counseling in this state.

(4) A person whose license expired while he or she was:

(a) In federal service on active duty within the armed forces of the United States or with the state militia and called into service or training; or

(b) In training or education under the supervision of the United States preliminary to induction into military service may have his or her license renewed or restored without paying a lapsed renewal fee if, within two years after termination from the service, training, or education except under conditions other than honorable, he or she furnishes the board with satisfactory evidence that he or she has been so engaged and that his or her service, training, or education has been terminated.

Cite as Ga. Comp. R. & Regs. R. 360-39-.06
Authority: O.C.G.A. § 43-34-313.
History. Original Rule entitled "Inactive Status" adopted. F. Dec. 9, 2020; eff. Dec. 29, 2020.

Rule 360-39-.07. Composition and Responsibilities of the Genetic Counselors Advisory Committee.

(1) The composition of the Genetic Counselor Advisory Committee ("Advisory Committee") shall be comprised as follows:

(a) Board members of the Georgia Composite Medical Board.

(b) At least four (4) appointees, who will be licensed within six months of licensure and representative of the genetic counselors profession, and such other individuals as the Board, in its discretion, may determine.

(2) Shall serve a three year term and may be reappointed for an additional three year term by a majority vote of the Board, but may not serve more than two consecutive terms.

(3) Requirements for Genetic Counselors Advisory Members:

1. All appointees to the Advisory Committee with the exception of medical board members shall have on file with the Executive Director of the Board, or his/her designee, a resume and three (3) letters of recommendation, (one of which may be from a physician familiar with the appointee's practice).

2. In order to preserve continuity on the Advisory Committee, two appointees shall serve a three year-term and two appointees shall serve a two-year term which will be considered a partial term. At the time of the appointment, each appointee will be notified in writing by the Executive Director of the Board as to the beginning and ending dates of their respective appointment terms. Each may reapply to the full Board to serve an additional term, but may not serve more than two consecutive two-year terms.

3. In the event an Advisory Committee member is replaced during a term, the replacement member will serve the remaining time of that term as a partial term. An Advisory Committee member who serves a partial term will, after the completion of the partial term, be eligible to serve two consecutive two-year terms.

4. Appointees shall serve without compensation from the State of Georgia for their time and expenses.

(4) The Advisory Committee shall advise the Board on matters pertaining to the appointment of the Advisory Committee members and on all matters within the purview of the Genetic Counselors Licensure Act. The Board, in consultation with the Advisory Committee, shall:

(a) Determine the qualifications and fitness of applicants for licensure and renewal of licensure;

(b) Adopt and revise rules consistent with the laws of the State of Georgia that are necessary to conduct its duties and administer the Act; and

(c) Examine for, approve, issue, deny revoke, suspend and renew the license of applicants and certificate holders and conduct hearings in connection with all duties to be performed pursuant to the Act;

(5) The appointed Advisory Committee members, who are not members of the Board, must be available to meet on as an needed basis and may not miss more than three (3) consecutive meetings of the Advisory Committee, or four (4) meetings in a calendar year, without an excused absence from either the Executive Director of the Board or the Board Chairperson.

(a) The Advisory committee may recommend to the Board the removal of a member for violation of the attendance rule. Such a recommendation shall be by majority vote of the Advisory Committee.

(b) Upon receipt of a recommendation for removal, the Board may remove a member of the Advisory Committee by a majority vote.

(6) Advisory Committee members serve at the discretion of the Board. Advisory Committee vacancies may be filled by the Board. The Advisory Committee may make a recommendation on who shall be appointed to the Advisory Committee. All applicants must meet any deadline set by the Board and shall have on file with the Executive Director of the Board, or with his/her designee, a resume and three (3) letters of recommendation, (one of which may be from a physician familiar with the applicant's practice of genetic counselors.

Cite as Ga. Comp. R. & Regs. R. 360-39-.07
Authority: O.C.G.A. § 43-34-315.
History. Original Rule entitled "Composition and Responsibilities of the Genetic Counselors Advisory Committee" adopted. F. Dec. 9, 2020; eff. Dec. 29, 2020.

Rule 360-39-.08. Unlicensed Practice.

(a) On and after January 1, 2020, a person shall not engage in the practice of genetic counseling in this state without a valid license issued by the board pursuant to this article.

(b) A person shall not hold himself or herself out as a genetic counselor unless he or she holds a license issued by the board in accordance with this article. A person not licensed by the board pursuant to this article shall not use in connection with his or her name or place of business the terms 'genetic counselor,' 'licensed genetic counselor,' 'gene counselor,' 'genetic consultant,' 'genetic associate,' or any words, letters, abbreviations, or insignia indicating or implying the person holds a genetic counseling license

Cite as Ga. Comp. R. & Regs. R. 360-39-.08
Authority: O.C.G.A. § 43-34-314.
History. Original Rule entitled "Unlicensed Practice" adopted. F. Dec. 9, 2020; eff. Dec. 29, 2020.

Rule 360-39-.09. Exceptions.

The provisions of this article shall not apply to:

(1) Any person licensed by the state to practice in a profession other than that of a genetic counselor, such as a physician, when acting within the scope of the person's profession and doing work of a nature consistent with the person's training; provided, however, that such person shall not hold himself or herself out to the public as a genetic counselor;

(2) Any person employed as a genetic counselor by the federal government or an agency thereof if the person provides genetic counseling services solely under the direction and control of the organization by which he or she is employed;

(3) A student or intern enrolled in an ACGC accredited genetic counseling educational program if genetic counseling services performed by the student are an integral part of the student's course of study and are performed under the direct instruction of a licensed genetic counselor or physician assigned to the student and who is on duty and available in the assigned patient care area and if the person is designated with the title of 'genetic counseling intern';

(4) Any company providing services available directly to consumers without such consumers seeing a physician or genetic counselor, that are approved by the United States Food and Drug Administration to assess risks for certain genetic diseases or conditions, but that do not diagnose such diseases or conditions; or

(5) Any person using genetic data for purposes of nutritional counseling who is licensed as a dietitian under Chapter 11A of this title or exempt from such licensure pursuant to paragraph (10) of Code Section 43-11A-18."

Cite as Ga. Comp. R. & Regs. R. 360-39-.09
Authority: O.C.G.A. § 43-34-315.
History. Original Rule entitled "Exceptions" adopted. F. Dec. 9, 2020; eff. Dec. 29, 2020.

Chapter 360-40. INTERSTATE MEDICAL LICENSURE COMPACT (IMLC).

Rule 360-40-.01. Definitions.

(1) "Board" means the Georgia Composite Medical Board.

(2) "Expedited License" means a full and unrestricted medical license granted by a member state to an eligible physician through the process set forth in the Compact.

(3) "IMLC" means the Interstate Medical Licensure Compact.

(4) "Letter of Qualification" a letter issued after the state of principal license has verified the physician's eligibility for the compact. The letter is valid for 365 days.

(5) "Member Board" means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.

(6) "State of Principal License" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

Cite as Ga. Comp. R. & Regs. R. 360-40-.01
Authority: O.C.G.A. §§ 43-34-28, 43-34-300, 43-34-301, 43-34-302, 43-34-303.
History. Original Rule entitled "Definitions" adopted. F. Jan. 4, 2021; eff. Jan. 24, 2021.

Rule 360-40-.02. Requirements for Licensure through the IMLC with Georgia as your State of Principal license.

1. An applicant seeking licensure through the Compact shall file an application for an expedited license through the Interstate Medical Licensure Compact, and must meet the requirements listed in at www.imlcc.org website.

2. A physician shall designate Georgia as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in this state, and if Georgia is:

   (a) the state of primary residence for the physician, or

   (b) the state where at least 25% of the practice of medicine occurs, or

   (c) the location of the physician's employer, or

   (d) if no state qualifies under the designated as state of residence for purpose of federal income tax.

   (e) A physician may redesignate a member state as state of principal license at any time, as long as the state meets the requirements.

3. Upon receipt of an application for an expedited license, the board shall evaluate whether the physician is eligible for expedited licensure and issue a letter of qualification, verifying

or denying the physician's eligibility, to the Interstate Commission. Application must be completed in 60 days.

4. The board shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with U.S. C.F.R. §731.202.

5. Once the application is approved and the license is issued, the Board will report the licensure to the IMLCC.

6. Within 30 days of license, the applicant must provide the following additional information:

   * Your current CV or resume (also, provide information for any date gaps in the CV or resume)

   * Form B, Reference Form (three references are required)

   * Form D, Affidavit of Applicant

   * Form D2, Affidavit for Medical Board License

   * A copy of a secure and verifiable document from the list following Form

   * Form E, Malpractice Questionnaire, including documentation of any cases

   * National Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB) Self-Query and Reports, if you have ever held a license in the US or Canada (not including training licenses). Order it at https://www.npdb-hipdb.hrsa.gov/ext/RulesOfBehaviorSQ.jsp?SUBJECT_TYPE=I.

   * Military discharge documentation, if you have ever been discharged from US military service.

   * Form G, Specific Power of Attorney, if you want to authorize anyone else to make inquiries about your application.

7. Physicians licensed in the state of Georgia with a DEA number **must** register with the Prescription Drug Monitoring Program. You have 30 days from the initial date of your licensure to register. https://dph.georgia.gov/pdmp

8. Fees will be set by the IMLC and are non-refundable.

9. An expedited license obtained though the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without redesignation of a new state of principal licensure.

Cite as Ga. Comp. R. & Regs. R. 360-40-.02
Authority: O.C.G.A. §§ 43-34-28, 43-34-300, 43-34-301, 43-34-302, 43-34-303.
History. Original Rule entitled "Requirements for Licensure through the IMLC with Georgia as your State of Principal license" adopted. F. Jan. 4, 2021; eff. Jan. 24, 2021.

Rule 360-40-.03. Applicants Applying for Licensure to Georgia through IMLC.

1. An applicant seeking licensure through the Compact shall file an application for an expedited license through the Interstate Medical Licensure Compact, and must meet the requirements listed in at www.imlcc.org website.

2. Applicants must have a Letter of Qualification (LOQ) to qualify for licensure from their principal home state. The Letter of Qualifications will be valid for 365 days from the date of issue. In addition to the LOQ must provide the following additional information within 30 days of licensure:

   * Your current CV or resume (also, provide information for any date gaps in the CV or resume)

   * Form B, Reference Form (three references are required)

   * Form D, Affidavit of Applicant

   * Form D2, Affidavit for Medical Board License

   * A copy of a secure and verifiable document from the list following Form

   * Form E, Malpractice Questionnaire, including documentation of any cases

   * National Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB) Self-Query and Reports, if you have ever held a license in the US or Canada (not including training licenses). Order it at https://www.npdb-hipdb.hrsa.gov/ext/RulesOfBehaviorSQ.jsp?SUBJECT_TYPE=I.

   * Military discharge documentation, if you have ever been discharged from US military service.

   * Form G, Specific Power of Attorney, if you want to authorize anyone else to make inquiries about your application.

3. Physicians licensed in the state of Georgia with a DEA number **must** register with the Prescription Drug Monitoring Program. You have 30 days from the initial date of your licensure to register. https://dph.georgia.gov/pdmp

4. Applicants ineligible for licensure through IMLC will receive a notification from the IMLC.

Cite as Ga. Comp. R. & Regs. R. 360-40-.03
Authority: O.C.G.A. §§ 43-34-28, 43-34-300, 43-34-301, 43-34-302, 43-34-303.
History. Original Rule entitled "Applicants Applying for Licensure to Georgia through IMLC" adopted. F. Jan. 4, 2021; eff. Jan. 24, 2021.

Rule 360-40-.04. Renewal and Continued Participation.

1. A license renewal notice will be sent 90 days prior to expiration date to direct the physician to renew through the Compact's website. A second license renewal notice will be sent 60 days prior to renewal.

2. A physician seeking to renew an expedited license granted in a member state may complete a renewal process with the IMLC website www.imlcc.org if the physician:
   (a) Maintains a full and unrestricted license in a state of principal license;

   (b) Has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

   (c) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license; and

   (d) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

3. Physicians shall comply continuing education requirements for renewal as outlined in Rule Chapter 360-15 "Continuing Education."

Cite as Ga. Comp. R. & Regs. R. 360-40-.04
Authority: O.C.G.A. §§ 43-34-28, 43-34-300, 43-34-301, 43-34-302, 43-34-303.
History. Original Rule entitled "Renewal and Continued Participation" adopted. F. Jan. 4, 2021; eff. Jan. 24, 2021.

Rule 360-40-.05. Investigations.

1. Licensure and disciplinary records of physicians are deemed investigative records.

2. In addition to the authority granted to a member board by its respective Medical Practice Act or other applicable state law, a member board may participate with other member boards in joint investigations of physicians licensed by the member boards.

3. A subpoena issued by a member state shall be enforceable in other member states.

4. Member boards may share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

5. Any member state may investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine.

6. An expedited license obtained though the Compact shall be terminated if a physician fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without redesignation of a new state of principal licensure.

Cite as Ga. Comp. R. & Regs. R. 360-40-.05
Authority: O.C.G.A. §§ 43-34-28, 43-34-300, 43-34-301, 43-34-302, 43-34-303.
History. Original Rule entitled "Investigations" adopted. F. Jan. 4, 2021; eff. Jan. 24, 2021.

Rule 360-40-.06. Disciplinary Actions.

1. Any disciplinary action taken by any member board against a physician licensed through the Compact shall be deemed unprofessional conduct which may be subject to discipline by other member boards, in addition to any violation of the Medical Practice Act or regulations in that state.

2. If a license granted to a physician by the member board in the state of principal licenses revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards shall automatically be placed, without further action necessary by any member board, on the same status. If the member board in the state of principal license subsequently reinstates the physician's license, a license issued to the physician by any other member board shall remain encumbered until that respective member board takes action to reinstate the license in a manner consistent with the Medical Practice Act of that state.

3. If disciplinary action is taken against a physician by a member board not in the state of principal license, any other member board may deem the action conclusive as to matter of law and fact decided, and:

   (a) Impose the same or lesser sanction(s) against the physician so long as such sanctions are consistent with the Medical Practice Act of that state; or

(b) Pursue separate disciplinary action against the physician under its respective Medical Practice Act, regardless of the action taken in other member states.

(c) If a license granted to a physician by a member board is revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any other member board(s) shall be suspended, automatically and immediately without further action necessary by the other member board(s), for ninety (90) days upon entry of the order by the disciplining board, to permit the member board(s) to investigate the basis for the action under the Medical Practice Act of that state.

(d) A member board may terminate the automatic suspension of the license it issued prior to the completion of the ninety (90) day suspension period in a manner consistent with the Medical Practice Act of that state.

Cite as Ga. Comp. R. & Regs. R. 360-40-.06
Authority: O.C.G.A. §§ 43-34-28, 43-34-300, 43-34-301, 43-34-302, 43-34-303.
History. Original Rule entitled "Disciplinary Actions" adopted. F. Jan. 4, 2021; eff. Jan. 24, 2021.

Chapter 360-41. SEDATION IN PHYSICIAN OFFICES AND MEDISPAS.

Rule 360-41-.01. Definitions.

For purposes of this Chapter, the following definitions apply:

(1) "Deep sedation/analgesia" means a drug-induced depression of consciousness during which the patient cannot be easily aroused but can respond purposefully following repeated or painful stimulation.

(2) "General anesthesia" means a state of unconsciousness intentionally produced by anesthetic agents with absence of pain sensation over the entire body, in which the patient's protective airway reflexes may be impaired and the patient may be unable to maintain a patent natural airway. Sedation that progresses to the point at which the patient's protective airway reflexes are impaired and the patient is unable to maintain a patent natural airway is considered general anesthesia.

(3) "Major conduction anesthesia" means the administration of a drug or combination of drugs to interrupt nerve impulses without loss of consciousness, such as epidural, caudal, or spinal anesthesia, lumbar or brachial plexus blocks, and intravenous regional anesthesia. Major conduction anesthesia does not include isolated blockade of small peripheral nerves, such as digital nerves.

(4) "Medispa" means a facility that offers a range of services for the purpose of improving an individual's well-being or appearance including medical and surgical procedures such as liposuction, laser procedures, intense pulsed light, and injection of cosmetic filling agents and neurotoxins in a nontraditional setting.

(5) "Minimal sedation" means a drug-induced state during which the patient responds normally to verbal commands.

(6) "Moderate sedation/analgesia" means a drug-induced depression of consciousness during which the patient responds purposefully to verbal commands, either alone or accompanied by tactile stimulation.

(7) "Office based surgery" means any surgery or invasive medical procedure requiring sedation, when performed in a location other than a hospital, hospital associated surgical center, or an ambulatory surgical facility, including but not limited to, physicians' offices and medispas.

(8) "Rescue" means an intervention by a practitioner proficient in airway management and advanced life support to correct adverse physiologic consequences of the deeper-than-intended level of sedation and to return the patient to the originally intended level of sedation.

(9) "Sedation" means minimal sedation, moderate sedation/analgesia, deep sedation/analgesia, or general anesthesia. This term shall not include local infiltration.

Cite as Ga. Comp. R. & Regs. R. 360-41-.01
Authority: O.C.G.A. § 43-34-47.
History. Original Rule entitled "Definitions" adopted. F. Apr. 26, 2023; eff. May 16, 2023.

Rule 360-41-.02. Regulations for Facilities and Physicians.

(1) Application of rules. These rules apply to physicians practicing independently or in a group setting who perform office based surgery employing one or more of the following levels of sedation or anesthesia:

(a) Moderate sedation/analgesia;

(b) Deep sedation/analgesia;

(c) Major conduction anesthesia; or

(d) General anesthesia.

(2) Accreditation or certification. Physicians who perform any procedures utilizing moderate sedation/analgesia, deep sedation/analgesia, major conduction anesthesia, or general

anesthesia must ensure that the procedure is performed in a facility that is appropriately equipped and maintained to ensure patient safety, which may be demonstrated by accreditation by any of the following entities:

(a) The Joint Commission;

(b) The Accreditation Association for Ambulatory Care;

(c) The American Association for Accreditation of Ambulatory Surgery Facilities; or

(d) The Centers for Medicare and Medicaid Services

(3) Competency. When an anesthesiologist or certified registered nurse anesthetist is not present, the physician performing office based surgery using moderate sedation/analgesia, deep sedation/analgesia, major conduction anesthesia, or general anesthesia must be competent and qualified to oversee the administration of intravenous sedation/analgesia through one of the following training pathways:

(a) Completion of a continuing medical education course in conscious sedation;

(b) Training in conscious sedation in a residency program; or

(c) Having privileges for conscious sedation granted by a hospital medical staff.

(4) Separation of surgical and monitoring functions.

(a) The physician performing the surgical procedure must not administer the intravenous sedation or monitor the patient.

(b) The licensed health care practitioner designated by the physician to administer the intravenous sedation and monitor the patient may assist the physician with minor interruptible tasks for short duration once the patient's level of sedation and vital signs have been stabilized, provided that adequate monitoring of the patient's condition is maintained. The licensed health care practitioner who administers intravenous medication under deep sedation/analgesia or general anesthesia must not perform or assist with the procedure.

(5) Sedation assessment and management.

(a) Sedation is a continuum. Depending on the patient's response to drugs, the drugs administered, and the dose and timing of administration, it is possible that a deeper level of sedation will be produced than initially intended.

(b) If an anesthesiologist or certified registered nurse anesthetist is not present, a physician intending to produce a given level of sedation shall rescue a patient that enters a deeper level of sedation than intended.

(c) If a patient enters into a deeper level of sedation than planned, the physician must return the patient to the lighter level of sedation as quickly as possible while closely monitoring the patient to make sure the airway is patent, the patient is breathing, and that oxygenation, heart rate, and blood pressure are within acceptable values.

(d) Instructions to avoid driving, operating machinery, consuming alcoholic beverages, and making important decisions for 24 hours should be provided for patients who undergo deep sedation/analgesia.

(6) Emergency care and transfer protocols. A physician performing office based surgery must ensure that in the event of a life-threatening complication or emergency that:

(a) At least one health care provider certified in advanced resuscitative techniques appropriate for the patient age group (i.e., ACLS, PALS, or APLS) must be present or immediately available with age-size-appropriate resuscitative equipment throughout the procedure and until the patient has met the criteria for discharge from the facility.

(b) All office personnel are familiar with a written, documented plan to timely and safely transfer patients to an appropriate hospital that includes a proven accessible route for stretcher transport of the patient out of the office, arrangement for emergency medical services and appropriate escort of the patient to the hospital, and a compliance process to notify the Board of an adverse event as specified in 360-41-.04; and

(c) Resuscitative equipment is immediately available. Such equipment should be evaluated for functionality every 6 months and records of such evaluations should be maintained within the facility.

(7) Standard of practice. Any licensed physician engaging in surgery in office based surgery must have received appropriate training and education in the safe and effective performance of all procedures performed in the facility. Such training and education shall include:

(a) Indications and contraindications for each procedure;

(b) Identification of realistic and expected outcomes for each procedure;

(c) Selection, utilization, and maintenance of products and equipment;

(d) Appropriate technique for each procedure, including infection control and safety precautions;

(e) Pharmacologic intervention specific to each procedure;

(f) Identification of complications and adverse reactions for each. procedure; and

(g) Emergency procedures to be used in the event of:

(i) Complications;

(ii) Adverse reactions;

(iii) Equipment malfunctions; or

(iv) Any other interruption of a procedure.

(8) Adverse events. Any incident within the facility that results in a patient death or transport of the patient to the hospital for observation or treatment for a period in excess of 24 hours shall be reported to the Board in writing within 10 working days of the death or hospitalization.

(9) Truth in advertising. The credentials, education and training received, specialty board certification, and proficiency evaluations of all personnel involved in performing surgical procedures shall be accurately presented in any form of advertising and shall be readily available inwriting to all patients.

Cite as Ga. Comp. R. & Regs. R. 360-41-.02
Authority: O.C.G.A. § 43-34-47.
History. Original Rule entitled "Regulations for Facilities and Physicians" adopted. F. Apr. 26, 2023; eff. May 16, 2023.

Rule 360-41-.03. Medical Records.

(1) The physician performing office based surgery must maintain a legible, complete, comprehensive and accurate medical record for each patient. The medical record shall include:

(a) Identity of the patient;

(b) History and physical, diagnosis, and treatment plan;

(c) Appropriate labs, x-rays, or other diagnostic reports;

(d) Appropriate pre-anesthesia evaluation;

(e) Narrative description of procedure;

(f) Pathology reports if relevant;

(g) Documentation of which, if any, tissues and specimens have been submitted for histopathologic diagnosis;

(h) Provisions for continuity of postoperative care; and

(i) Documentation of the outcome and the follow-up plan.

(2) When moderate sedation/analgesia, deep sedation/analgesia, major conduction anesthesia, or general anesthesia is used, the patient's medical record shall include a separate anesthesia record which includes:

(a) The type of sedation or anesthesia used;

(b) Drugs (name and dose) administered and time of administration;

(c) The patient's vital signs at regular intervals including, at a minimum, blood pressure, heart rate, respiratory rate and oxygen saturation; and

(d) Documentation of a return to appropriate level of consciousness and readiness for discharge from acute care.

Cite as Ga. Comp. R. & Regs. R. 360-41-.03
Authority: O.C.G.A. § 43-34-47.
History. Original Rule entitled "Medical Records" adopted. F. Apr. 26, 2023; eff. May 16, 2023.

Rule 360-41-.04. Exemptions.

These Rules shall not apply to physicians when:

(1) Performing surgery and medical procedures that require only infiltration of local anesthesia around peripheral nerves or non-mixed sensory nerves in an amount that does not exceed the manufacturer's published recommendations.

(2) Performing surgery in a hospital-associated surgical center or a licensed ambulatory surgical center.

(3) Performing oral and maxillofacial surgery and the physician is licensed both as a physician under Title 43 Chapter 34 and a dentist under Title 43 Chapter 11.

Cite as Ga. Comp. R. & Regs. R. 360-41-.04
Authority: O.C.G.A. § 43-34-47.
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