

Chapter 40. State Medical Board.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted.)

12 AAC 40.010 is amended to read:

12 AAC 40.010. Application for license by credentials. (a) Before the board will consider issuance of a license, an applicant for licensure by credentials shall

(1) file a complete application; and

(2) if required under 12 AAC 40.055, be interviewed in accordance with

AS 08.64.255.

(b) A complete application must include the following items

(1) submitted by the applicant:

(A) a completed application on a form provided by the department, including a photograph of the applicant and the applicant's notarized signature;

(B) a completed authorization for release of records on a form provided by the department and signed by the applicant;

(C) repealed 4/2/2004;

(D) a statement listing each hospital at which the applicant has held privileges within the five years immediately before the date that the applicant signs the application form;

(E) all required application and licensing fees;

(F) a certified true copy of the applicant's medical, osteopathy, or podiatry school diploma or certificate;

(G) if applicable, verification of the applicant's post-graduate training that

meets the requirements of (h) of this section;

(H) verification of the applicant's completion of at least two hours of education in pain management and opioid use and addiction earned in a Category I continuing medical education program accredited by the American Medical Association, or a Category I or II continuing medical education program accredited by the American Osteopathic Association, or a continuing medical education program from a provider that is approved by the Council on Podiatric Medical Education. For an applicant who does not currently hold a valid federal Drug Enforcement Administration registration number, verification will be waived until the applicant applies for a valid registration number;

(2) requested by the applicant from appropriate agencies and sent directly to the division office:

(A) evidence satisfactory to the board that the applicant has passed an appropriate examination as described in (c) of this section;

(B) verification of licensure from the appropriate licensing authority in each state, territory, province, or other country where the applicant holds or has ever held a license to practice medicine;

(C) original letters of verification of hospital privileges from each of the hospitals listed by the applicant as required in (1)(D) of this subsection; the letters of verification must include

(i) confirmation of the date of privileges held by the applicant;

(ii) information on any disciplinary action taken against the

applicant;

(iii) any derogatory information on record about the applicant; and

(iv) any reason for which the applicant would not be readmitted to privileges in that facility;

(D) clearance from the federal Drug Enforcement Administration (DEA);

(E) clearance from the Federation of State Medical Boards or the Federation of Podiatric State Medical Boards;

(F) a Physician Profile from the American Medical Association (AMA) or American Osteopathic Association (AOA), if applicable;

(G) verification from the applicant's medical school that the applicant completed medical school and received a medical school diploma;

(H) if applicable, verification of the applicant's completion of post-graduate training that meets the requirements of (h) of this section;

(I) for foreign medical graduates, **verification from the Educational Commission for Foreign Medical Graduates (ECFMG) of successful ECFMG certification, or** a certified true copy of the applicant's certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).

(c) The evidence that an applicant has passed an appropriate examination as required by (b)(2)(A) of this section must be either

(1) verification of an examination in the medical and basic science subjects as a prerequisite to licensure in a state or territory of the United States, District of Columbia, Puerto Rico, or a province or territory of Canada; or

(2) an official transcript from

(A) the Federation of State Medical Boards documenting successful passage of the FLEX exam;

(B) the National Board of Medical Examiners documenting successful passage of the NBME exam;

(C) the National Board of Osteopathic Medical Examiners documenting successful passage of the NBOME or COMLEX examination;

(D) the National Board of Medical Examiners or the Federation of State Medical Boards documenting successful passage of the United States Medical Licensing Examination (USMLE); or

(E) the National Board of Podiatric Examiners (NBPME) documenting successful passage of the NBPME or Podiatric Medical Licensing Examination for States (PMLexis) exam; or

(3) official transcripts from the appropriate administering federations or boards documenting successful passage of all segments of an acceptable examination combination in 12 AAC 40.021.

(d) Applicants are responsible for requesting transcripts and paying any fees associated with having transcripts sent directly to the board.

(e) Before the board will consider issuance of a license, an applicant must receive clearance from the National Practitioner Data Bank.

(f) If necessary, the board will require an applicant to provide additional information to verify that the applicant meets the licensing requirements in AS 08.64.250 and this chapter.

(g) The board will waive the verification requirements set out in (b)(2)(B) of this section for an applicant who is unable to obtain verification of licensure from another country that does not have diplomatic relations with the United States, and the board will waive the verification requirements set out in (b)(2)(G) and (H) of this section for an applicant who is unable to obtain

those verifications due to circumstances beyond the applicant's control as determined by the board, if the board is able to satisfactorily substantiate through other means that the applicant has met those licensure, education, and training requirements. The applicant must submit to the board a written request for a waiver that

(1) explains the reason for the applicant being unable to obtain those verifications;
and

(2) documents that licensure, education, and training requirements have been met.

(h) An applicant for licensure under this section who graduated from a medical school described in AS 08.64.200(a)(1) or a school of osteopathy described in AS 08.64.205(1), must submit a certified true copy of a certificate documenting successful completion of the post-graduate training required under AS 08.64.200(a)(2) or AS 08.64.205(2). Any other applicant must submit a certified true copy of a certificate documenting successful completion of the post-graduate training required under AS 08.64.225(a)(2)(A), if applicable. Training periods of less than 12 months will not be accepted. An original letter with an original signature submitted on program letterhead will be accepted in lieu of a certified true copy of a certificate if the letter is submitted directly to the board by the recognized hospital or facility.

(i) Except for a diploma written in Latin a document submitted under this section must be either written in English or accompanied by a certified English translation of that document.

(j) If a foreign medical graduate applicant for licensure in this state took the FLEX examination series before the implementation of the USMLE examination series, but did not achieve a minimum standard score of 75 for each component of the examination series, and has not otherwise provided evidence satisfactory to the board that the applicant has passed an appropriate examination as described in (c) of this section, the applicant may submit an official

transcript from the Federation of State Medical Boards documenting that the applicant achieved a weighted average score of 75 or higher. The board will not accept a weighted average score if the applicant

(1) is not currently licensed in at least one other state;

(2) has been the subject of disciplinary action for a violation substantially similar to one listed in AS 08.64.326 in any state or other jurisdiction within the five years immediately preceding application for a license in this state; or

(3) is not currently board-certified by a member board of the American Board of Medical Specialties or the American Osteopathic Association.

(k) Notwithstanding (b)(2) of this section, an applicant for licensure by credentials may submit the credentials verification documents through the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS. (Eff. 12/30/70, Register 36; am 5/18/85, Register 94; am 8/2/86, Register 99; am 4/10/88, Register 106; am 5/1/94, Register 130; am 6/28/97, Register 142; am 8/17/97, Register 143; am 11/7/98, Register 148; am 8/9/2000, Register 155; am 6/15/2001, Register 158; am 4/2/2004, Register 169; am 10/14/2006, Register 180; am 3/4/2007, Register 181; am 12/21/2007, Register 184; am 5/8/2013, Register 206; am 8/17/2018, Register 227; am ____/____/_____, Register _____)

Authority:	AS 08.64.100	AS 08.64.210	AS 08.64.250
	AS 08.64.200	AS 08.64.225	AS 08.64.255
	AS 08.64.205	AS 08.64.240	

Editor's note: Information on the verification process described in 12 AAC 40.010(k) may be obtained from the Federation of State Medical Boards of the United States, Inc., P.O.

Box 619850, Dallas, TX 75261-9850; telephone: (817) 868-4000; website at www.fsmb.org.

12 AAC 40.015 is amended to read:

12 AAC 40.015. Application for license by examination. (a) Repealed 6/28/97.

(b) A complete application for a license by examination must meet the requirements of AS 08.64.200, 08.64.205, 08.64.209, or 08.64.225 and include the following documents

(1) submitted by the applicant:

(A) a completed application on a form provided by the department, including a photograph of the applicant and the applicant's notarized signature;

(B) a completed authorization for release of records on a form provided by the department and signed by the applicant;

(C) repealed 4/2/2004;

(D) a statement listing each hospital at which the applicant has held privileges within the five years immediately before the date the applicant signs the application form;

(E) all required application and licensing fees;

(F) a certified true copy of the applicant's medical, osteopathy, or podiatry school diploma or certificate;

(G) if applicable, a certified true copy of each of the applicant's post-graduate training program certificates;

(H) verification of the applicant's completion of at least two hours of education in pain management and opioid use and addiction earned in a Category I continuing medical education program accredited by the American Medical Association,

or earned in a Category I or II continuing medical education program accredited by the American Osteopathic Association, or earned in a continuing medical education program from a provider that is approved by the Council on Podiatric Medical Education. For an applicant who does not currently hold a valid federal Drug Enforcement Administration registration number, verification will be waived until the applicant applies for a valid registration number;

(2) requested by the applicant from appropriate agencies and sent directly to the division office:

(A) original letters of verification of hospital privileges from each of the hospitals listed by the applicant in (1)(D) of this subsection; the letters of verification must include

- (i) confirmation of the date of privileges held by the applicant;
- (ii) information on any disciplinary action taken against the applicant;
- (iii) any derogatory information on record about the applicant; and
- (iv) any reason for which the applicant would not be readmitted to privileges in that facility;

(B) clearance from the federal Drug Enforcement Administration (DEA);

(C) clearance from the Federation of State Medical Boards or the Federation of Podiatric State Medical Boards;

(D) a Physician Profile from the American Medical Association (AMA) or the American Osteopathic Association (AOA), if applicable;

(E) for foreign medical graduates, a certified true copy of the applicant's

certificate from the Educational Commission for Foreign Medical Graduates (ECFMG);

(F) verification from the applicant's medical school that the applicant completed medical school **and** [OR] received a medical school diploma;

(G) if applicable, verification of completion of [THE FIRST YEAR OF] post-graduate training from the facility where the applicant completed the [FIRST YEAR OF] internship or residency program; **training periods of less than 12 months will not be accepted;**

(H) for foreign medical graduates, verification from the Educational Commission for Foreign Medical Graduates (ECFMG) of successful ECFMG certification, or a certified true copy of the applicant's certificate from ECFMG.

(c) After passing the written examination an applicant must be interviewed in accordance with AS 08.64.255 if the board determines that, under 12 AAC 40.055, an interview is required before the board will consider issuance of a license.

(d) Before the board will consider issuance of a license, an applicant

(1) shall provide for official examination results to be sent to the department directly from the examination agency; and

(2) must receive clearance from the National Practitioner Data Bank.

(e) If necessary, the board will require an applicant to provide additional information to verify that the applicant meets the licensing requirements in

(1) AS 08.64.200, 08.64.205, 08.64.209, or 08.64.225; and

(2) this chapter.

(f) Except for a diploma written in Latin a document submitted under this section must be either written in English or accompanied by a certified English translation of that document.

(g) Notwithstanding (b)(2) of this section, an applicant for licensure by examination may submit the credentials verification documents through the Federation Credentials Verification Service of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS. (Eff. 7/29/83, Register 87; am 3/30/84, Register 89; am 4/10/88, Register 106; am 6/28/97, Register 142; am 8/17/97, Register 143; am 6/15/2001, Register 158; am 4/2/2004, Register 169; am 3/4/2007, Register 181; am 12/21/2007, Register 184; am 8/17/2018, Register 227; am ____/____/_____, Register _____)

Authority:	AS 08.64.100	AS 08.64.205	AS 08.64.225
	AS 08.64.180	AS 08.64.209	AS 08.64.240
	AS 08.64.190	AS 08.64.210	AS 08.64.255

Editor's note: [COPIES OF *MEDICAL SCHOOLS RECOGNIZED BY THE MEDICAL BOARD OF CALIFORNIA*, ADOPTED BY REFERENCE IN 12 AAC 40.016, MAY BE OBTAINED FROM THE DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT, DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING, STATE MEDICAL BOARD, 550 W. 7TH AVENUE, SUITE 1500, ANCHORAGE, ALASKA 99501-3567; TELEPHONE: (907) 269-8163.]

Information on the verification process described in 12 AAC 40.015(g) may be obtained from the Federation of State Medical Boards of the United States, Inc., P.O. Box 619850, Dallas, TX 75261-9850; telephone: (817) 868-4000; website at www.fsmb.org.

12 AAC 40.016 is amended to read:

12 AAC 40.016. Application for license by foreign medical graduates. (a) An applicant for licensure by examination who is a graduate of a medical college not accredited by

the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association must

(1) have graduated from a school listed in the International Medical Education Directory after successful completion of a medical curriculum extending over a period of at least four academic years, or 32 months of actual instruction, consisting of a minimum of 4,000 hours, with at least 80 percent of actual in-person attendance required; if an applicant has matriculated in more than one medical school, the applicant must have matriculated in the medical school awarding the degree of doctor of medicine or its equivalent for at least the last full academic year of medical education received prior to the granting of the degree [ON THE LIST TITLED *MEDICAL SCHOOLS RECOGNIZED BY THE MEDICAL BOARD OF CALIFORNIA*, EFFECTIVE ON OCTOBER 11, 2006, ADOPTED BY REFERENCE]; [AND]

(2) meet the requirements of AS 08.64.225, 12 AAC 40.015, 12 AAC 40.020, and this section; and

(3) have successfully completed three years of postgraduate training that meets the requirements of AS 08.64.225(a)(2)(A) and 12 AAC 40.040, including

(A) at least one continuous year of training in a general medical program that includes basic clinical training; and

(B) at least two years of training in one continuous single program; a year of full-time employment as a faculty member at a medical college accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association may be substituted for a year of required postgraduate training, up to the maximum required under this subsection.

Training periods of less than 12 months will not be accepted.

(b) An applicant for licensure by credentials who is a graduate of a medical college not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association must

(1) have graduated from a school **listed in the International Medical Education Directory after successful completion of a medical curriculum extending over a period of at least four academic years, or 32 months of actual instruction, consisting of a minimum of 4,000 hours, with at least 80 percent of actual in-person attendance required; if an applicant has matriculated in more than one medical school, the applicant must have matriculated in the medical school awarding the degree of doctor of medicine or its equivalent for at least the last full academic year of medical education received prior to the granting of the degree** [ON THE LIST TITLED *MEDICAL SCHOOLS RECOGNIZED BY THE MEDICAL BOARD OF CALIFORNIA*, EFFECTIVE ON OCTOBER 11, 2006, ADOPTED BY REFERENCE]; [AND]

(2) meet the requirements of AS 08.64.225, AS 08.64.250, 12 AAC 40.010, and this section; **and**

(3) establish proof of competency and professional qualifications by meeting one of the following requirements:

(A) successful completion of three years of postgraduate training that meets the requirements of AS 08.64.225(a)(2)(A) and 12 AAC 40.040, including

(i) at least one continuous year of training in a general medical program that includes basic clinical training;

(ii) at least two years of training in one continuous single

program; a year of full-time employment as a faculty member at a medical college accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association may be substituted for a year of required postgraduate training, up to the maximum required under this subsection. Training periods of less than 12 months will not be accepted;

(B) hold a current, active, unrestricted license to practice medicine in another state and

(i) have engaged in the active practice of medicine in that state for at least three years before the date of application for licensure in this state;

(ii) hold a current certification in a practice specialty issued by the American Board of Medical Specialties; and

(iii) successful completion of postgraduate training that meets the requirements of AS 08.64.225(a)(2)(A) and 12 AAC 40.040 and includes at least one continuous year in a general medical program that includes basic clinical training.

(c) [IN ADDITION TO MEETING THE REQUIREMENTS OF EITHER (a) OR (b) OF THIS SECTION, AN APPLICANT FOR LICENSURE WHO IS A GRADUATE OF A MEDICAL COLLEGE NOT ACCREDITED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES AND THE COUNCIL ON MEDICAL EDUCATION OF THE AMERICAN MEDICAL ASSOCIATION SHALL ESTABLISH PROOF OF COMPETENCY AND PROFESSIONAL QUALIFICATIONS BY MEETING ONE OF THE FOLLOWING

REQUIREMENTS:

(1) SUCCESSFUL COMPLETION OF THREE YEARS OF POSTGRADUATE TRAINING THAT MEETS THE REQUIREMENTS OF AS 08.64.225(a)(2)(A); A YEAR OF FULL-TIME EMPLOYMENT AS A FACULTY MEMBER AT A MEDICAL COLLEGE ACCREDITED BY THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES AND THE COUNCIL ON MEDICAL EDUCATION OF THE AMERICAN MEDICAL ASSOCIATION MAY BE SUBSTITUTED FOR A YEAR OF REQUIRED POSTGRADUATE TRAINING, UP TO THE MAXIMUM REQUIRED;

(2) HOLD A CURRENT, ACTIVE, UNRESTRICTED LICENSE TO PRACTICE MEDICINE IN ANOTHER STATE AND HAVE ENGAGED IN THE ACTIVE PRACTICE OF MEDICINE IN THAT STATE FOR AT LEAST THREE YEARS BEFORE THE DATE OF APPLICATION FOR LICENSURE IN THIS STATE;

(3) HOLD A CURRENT CERTIFICATION IN A PRACTICE SPECIALTY ISSUED BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES.

(d)] If necessary to determine whether an applicant for licensure who is a graduate of a medical college not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association is competent and able to safely practice medicine in this state, the board may require the applicant to pass the Special Purpose Examination (SPEX) administered by the Federation of State Medical Boards or to undergo a formal assessment of professional competency by a program approved by the board for that purpose.

(d) Nothing in this section shall be construed to require the board to evaluate for equivalency any education or training required under this section.

(e) In this section, “International Medical Education Directory” means the World Directory of Medical Schools, a public database of worldwide medical schools published by the World Federation of Medical Education (WFME), and developed by the World Federation for Medical Education (WFME) and the Foundation for Advancement of International Medical Education and Research (FAIMER). (Eff. 3/4/2007, Register 181; am _____/_____/_____, Register _____)

Authority:	AS 08.64.100	AS 08.64.205	AS 08.64.225
	AS 08.64.180	AS 08.64.209	AS 08.64.250
	AS 08.64.200	AS 08.64.210	AS 08.64.255

Editor's note: Information about the listing published by the World Directory of Medical Schools described in 12 AAC 40.016(e) may be obtained from the World Federation for Medical Education, c/o Medical Schools Council, Woburn House, 20 Tavistock Square, London WC1H 9HD; website at <https://wfme.org/world-directory/>

[COPIES OF *MEDICAL SCHOOLS RECOGNIZED BY THE MEDICAL BOARD OF CALIFORNIA*, ADOPTED BY REFERENCE IN 12 AAC 40.016, MAY BE OBTAINED FROM THE DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT, DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING, STATE MEDICAL BOARD, 550 W. 7TH AVENUE, SUITE 1500, ANCHORAGE, ALASKA 99501-3567; TELEPHONE: (907) 269-8163].

12 AAC 40.021 is amended to read:

12 AAC 40.021. Acceptable examination combinations. (a) The board will accept the following combinations of examinations described in 12 AAC 40.020 if successfully completed

before January 1, 2000:

(1) (NBME part one or USMLE step one) plus (NBME part two or USMLE step two) plus (NBME part three or USMLE step three);

(2) (FLEX component one) plus (USMLE step three); or

(3) (NBME part one or USMLE step one) plus (NBME part two or USMLE step two) plus (FLEX component two).

(b) Applicants who are graduates of medical colleges not accredited by the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association shall pass all components of an examination described in 12 AAC 40.020; the board will not accept combinations of examinations. (Eff. 5/1/94,

Register 130; am ____/____/_____, Register _____)

Authority: AS 08.64.100 AS 08.64.210 AS 08.64.220

12 AAC 40.040 is amended to read:

12 AAC 40.040. Recognized hospital. For the purpose of AS 08.64.200(a)(2), a recognized hospital is one which has **a postgraduate training program located in the United State or its territories, or in Canada, that has** been approved for internship or residency training by the Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada. (Eff. 12/20/70, Register 36; am 5/1/94, Register 130; am 4/14/96, Register 138; am ____/____/_____, Register _____)

Authority: AS 08.64.100 AS 08.64.200

12 AAC 40.940 is amended to read:

12 AAC 40.940. Standards of practice for record keeping. (a) A physician or physician assistant licensed by the board shall maintain adequate records for each patient for whom the licensee performs a professional service.

(b) Each patient record shall meet the following minimum requirements:

- (1) be legible;
- (2) contain only those terms and abbreviations that are or should be comprehensible to similar licensees;
- (3) contain adequate identification of the patient;
- (4) indicate the dates that professional services were provided to the patient;
- (5) reflect what examinations, vital signs, and tests were obtained, performed, or ordered concerning the patient and the findings and results of each;
- (6) indicate the chief complaint of the patient;
- (7) indicate the licensee's diagnostic impressions of the patient;
- (8) indicate the medications prescribed for, dispensed to, or administered to the patient and the quantity and strength of each medication;
- (9) reflect the treatment provided to or recommended for the patient;
- (10) document the patient's progress during the course of treatment provided by the licensee.

(c) Each entry in the patient record shall reflect the identity of the individual making the entry.

(d) Each patient record shall include any writing intended to be a final record. This subsection does not require the maintenance of preliminary drafts, notes, other writings, or

recordings once this information is converted to final form and placed in the patient record.

(e) The patient records for a physician **or physician assistant** practicing under AS 08.64.364 must comply with the requirements of this section and include

(1) the physical location of the patient and the physician **or physician assistant** when the patient care was provided;

(2) a description of the method of the communication between the physician **or physician assistant** and patient;

(3) the name, location, and phone number, state of licensure and license number of the physician, **physician assistant**, or other licensed health care provider available to provide follow-up care; and

(4) if the prescribing physician **or physician assistant** is not the patient's primary care provider, documentation of the patient's consent to sending a copy of all records of the encounter to the patient's primary care provider, and if the patient consents, confirmation that the records were sent to the patient's primary care provider. (Eff. 6/15/2001, Register 158; am 10/8/2017, Register 224; am ____/____/_____, Register ____)

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.364

12 AAC 40.967 is amended to read:

12 AAC 40.967. Unprofessional conduct. For purposes of AS 08.64.240(b) and AS 08.64.326, "unprofessional conduct" means an act or omission by an applicant or licensee that does not conform to the generally accepted standards of practice for the profession for which the applicant seeks licensure or a permit under AS 08.64 or which the licensee is authorized to practice under AS 08.64. "Unprofessional conduct" includes the following:

(1) submitting or causing the submission of testimony, a statement, or a document for consideration by the board knowing it contained false, misleading, or omitted material information or was fraudulently obtained; for purposes of this paragraph, "document" includes an affidavit, certificate, transcript, diploma, board certification information, reference letters, or translation of a foreign language document;

(2) misrepresenting, concealing, or failing to disclose material information to

(A) obtain a license or permit under AS 08.64; or

(B) renew a license under AS 08.64;

(3) purchase, sale, barter, or alteration of a license or permit issued under AS 08.64;

(4) the use of a license or permit obtained as described in (3) of this section;

(5) committing, or attempting to commit, fraud or deception, or attempting to subvert the process relating to an examination required under AS 08.64;

(6) practicing a profession licensed under AS 08.64 without a required license or permit or with a lapsed, expired, retired, or inactive license or permit;

(7) permitting or employing an unlicensed person to practice a profession licensed under AS 08.64

(A) without the required license or permit under AS 08.64; or

(B) while the person's license or permit was revoked, suspended, surrendered, or canceled in this state;

(8) delegating professional practice responsibilities that require a license or permit under AS 08.64 to a person who does not possess the appropriate education, training, or licensure to perform the responsibilities;

(9) failing to prepare and maintain accurate, complete, and legible records in accordance with generally accepted standards of practice for each patient and to make those records available to the board and the board's representatives for inspection for investigation purposes;

(10) falsifying, intentionally making an incorrect entry, destroying, or failing to maintain patient or facility medical records for at least seven years from the date of the last entry;

(11) failing to provide copies of complete patient records in the licensee's custody and control within 30 days after receipt of a written request from the patient or the patient's guardian;

(12) intentionally or negligently releasing or disclosing confidential patient information; this paragraph does not apply to disclosures required under state or federal law or when disclosure is necessary to prevent an imminent risk of harm to the patient or others;

(13) offering, giving, soliciting, or receiving fees or other benefits, in whole or in part, to a person for bringing in or referring a patient;

(14) harassing, disruptive, or abusive behavior by a licensee directed at staff or a patient, a patient's relative, or a patient's guardian;

(15) disruptive behavior by a licensee at the workplace that interferes with the provision of patient care;

(16) discriminating on the basis of the patient's race, religion, color, national origin, ancestry, or sex in the provision of professional services;

(17) conviction of a felony or a crime involving moral turpitude; under this paragraph, a "crime involving moral turpitude" includes the following:

(A) homicide;

- (B) manslaughter;
- (C) assault;
- (D) stalking;
- (E) kidnapping;
- (F) sexual assault;
- (G) sexual abuse of a minor;
- (H) unlawful exploitation of a minor, including possession or distribution of child pornography;
- (I) indecent exposure;
- (J) unlawful distribution or possession for distribution of a controlled substance; for purposes of this subparagraph, "controlled substance" has the meaning given in AS 11.71.900;

(18) using alcohol or other drugs

- (A) to the extent that the use interferes with professional practice functions of the licensee or endangers the safety of patients; or

- (B) that is illegal under state or federal law;

(19) failing

- (A) to comply with AS 08.64.336; or

- (B) to report to the board or the board's representatives facts known to the licensee regarding incompetent or repeated negligent conduct, gross negligence, unprofessional conduct, sexual misconduct, or other illegal conduct by another licensee under AS 08.64.326;

(20) failing to report to the board or the board's representatives that the licensee's

hospital privileges have been denied, revoked, suspended, or limited by a hospital or other health care facility for disciplinary reasons by the physician in charge; this paragraph does not apply to a temporary suspension pending completion of medical records by the governing body of the hospital or other health care facility;

(21) facilitating the practice of a profession licensed under AS 08.64 by a person who is not licensed, incompetent, or mentally, emotionally, or physically unable to practice safely;

(22) failing to fulfill the responsibility and duties of a collaborating physician in any collaborative relationship entered into under AS 08.64 with a physician assistant;

(23) violating provisions of any disciplinary sanction issued under AS 08.64;

(24) failing to cooperate with an official investigation by the board or the board's representatives, including failing to timely provide requested information;

(25) failing to allow the board or the board's representative, upon written request, to examine and have access to records maintained by the licensee that relate to the licensee's practice under AS 08.64;

(26) failing to report to the board, no later than 30 days after

(A) the effective date of the action, any criminal charges by a law enforcement agency, or any disciplinary action against the licensee taken by another licensing jurisdiction, health care entity, or regulatory agency;

(B) the date of conviction, any conviction of a crime referred to in AS 08.64.326(a)(4);

(27) providing treatment, rendering a diagnosis, or prescribing medications based solely on a patient-supplied history that a physician licensed in this state received by telephone,

facsimile, or electronic format;

(28) after performing surgery, failing to continue care of a surgical patient of the licensee through a post-surgical recovery and healing period, either by providing the care directly, delegating the care to one or more individuals who have the appropriate education, training, and licensure or certification to provide definitive care, or coordinating with another qualified physician or other medical professional who agrees to assume responsibility for managing the patient's post-surgical care;

(29) for a physician **or physician** assistant, prescribing, dispensing, or furnishing a prescription medication [TO A PERSON] without first conducting a physical examination of **the** [THAT] person, unless the licensee has a patient-physician **or patient physician**-assistant relationship with the person; this paragraph does not apply to prescriptions written or medications issued

(A) for use in emergency treatment;

(B) for expedited partner therapy for sexually transmitted diseases; [OR]

(C) in response to an infectious disease investigation, public health emergency, infectious disease outbreak, or act of bioterrorism; **or**

(D) by a physician or physician assistant practicing telemedicine under AS 08.64.364;

(30) failing to notify the board of the location of patient records within 30 days after a licensee has retired or closed a practice;

(31) knowingly delegating a function, task, or responsibility to another person if the delegation would be reasonably likely to pose a substantial risk of harm to a patient;

(32) [ANY CONDUCT DESCRIBED IN (1) - (35) OF THIS SECTION THAT

OCCURRED IN ANOTHER LICENSING JURISDICTION AND IS RELATED TO THE APPLICANT'S OR LICENSEE'S QUALIFICATIONS TO PRACTICE;

(33)] permitting patient care that includes administering a botulinum toxin or dermal filler, autotransplanting biological materials, or treating with chemical peels below the dermal layer, or hot lasers, by a person who is not an appropriate health care provider trained and licensed under AS 08 to perform the treatment;

(33) [(34)] failure of a licensee who has a federal Drug Enforcement Administration (DEA) registration number to register with the controlled substance prescription database under AS 17.30.200;

(34) [(35)] failure of a licensee or licensee's designee to review the controlled substance prescription database under AS 17.30.200, when prescribing, dispensing, or administering a controlled substance designated schedule II or III under federal law to a patient;

(35) any conduct described in (1) - (34) of this section that occurred in another licensing jurisdiction and is related to the applicant's or licensee's qualifications to practice. (Eff. 3/16/2000, Register 153; am 9/5/2002, Register 163; am 4/2/2004, Register 169; am 10/14/2006, Register 180; am 7/25/2008, Register 187; am 9/9/2010, Register 195; am 5/8/2013, Register 206; am 8/24/2016, Register 219; am 10/8/2017, Register 224; am ____/____/____, Register ____)

Authority:	AS 08.01.070	AS 08.64.326	AS 08.64.380
	AS 08.64.100	AS 08.64.364	AS 17.30.200
	AS 08.64.101		