

CHAPTER 11
LICENSURE REQUIREMENTS

[Prior to 5/4/88, see 470—135.101 to 470—135.110 and 135.501 to 135.512]

653—11.1(147,148,150,150A) Definitions.

“*Accreditation Council for Graduate Medical Education*” or “*ACGME*” is the accreditation body of the American Medical Association which accredits postgraduate training programs at hospitals in medicine and surgery that are approved by the board.

“*Applicant*” is a person who seeks authorization to practice medicine and surgery, osteopathic medicine and surgery or osteopathy in this state by making application to the board for licensure either by examination or endorsement.

“*Candidate*” is a person who applies to sit for an examination administered by the board or its designated testing service.

“*Committee on Postdoctoral Training*” is the accreditation body of the Committee of Hospitals of the American Osteopathic Association which accredits postgraduate training programs at hospitals in osteopathic medicine and surgery and osteopathy that are approved by the board.

“*Royal College of Physicians and Surgeons*” is the accreditation body which accredits postgraduate training programs at hospitals in Canada that are approved by the board.

“*Special Purpose Examination*” or “*SPEX*” is the special purpose examination of the Federation of State Medical Boards, U.S., Inc.

653—11.2(147,148,150,150A) General provisions for applicants for permanent licensure.

11.2(1) Application requirements. To apply for permanent licensure to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy by either examination or endorsement, an applicant shall:

- a. Pay a nonrefundable initial application fee of \$300; and
- b. Complete and submit the application form provided by the board including required credentials, documents and a sworn statement by the applicant attesting to the truth of all information provided by the applicant therein.

11.2(2) Contents of the application form. Each applicant shall submit the following information on the application form provided by the board:

- a. The applicant’s name, date and place of birth, and home address, mailing address and principal business address;
- b. A photograph of the applicant suitable for positive identification;
- c. The other jurisdictions in the United States or other nations or territories in which the applicant is or has been authorized to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy including license numbers, date of issuance, and an explanation indicating the basis upon which the authorization to practice was received;
- d. A chronology accounting for all time periods from the date the applicant graduated from high school to the date of the application;
- e. A certified statement of scores on any examination required by the board that the applicant has taken in any jurisdiction of the United States, other nations or territories;

f. A notarized photocopy of the applicant's degree of doctor of medicine and surgery, osteopathic medicine and surgery, osteopathy, or the equivalent issued by an educational institution approved by the board and a sworn statement from an official of the educational institution certifying the date the applicant received the medical degree. If the educational institution awarding the applicant the degree has not been approved by the board, provide the appropriate documentation of education specified in the eligibility requirements under 11.3(1) "c";

g. Documentation of successful completion of one year of postgraduate training or internship in a hospital program approved by the board as specified by 11.3(1) "d";

h. Verification of an applicant's hospital and clinical staff privileges, and other professional experience on forms provided by the board;

i. A statement disclosing and explaining any warnings issued, investigations conducted or disciplinary actions taken, whether by voluntary agreement or formal action, by a medical regulatory authority, an educational institution, training or research program, or health facility in any jurisdiction of the United States, other nations or territories;

j. A statement of the applicant's physical and mental health, including full disclosure and a written explanation of any dysfunction or impairment which may affect the ability of the applicant to engage in the practice of medicine and surgery, osteopathic medicine and surgery, or osteopathy and provide patients with safe and healthful care;

k. A statement disclosing and explaining the applicant's involvement in civil litigation related to the practice of medicine and surgery, osteopathic medicine and surgery, or osteopathy in any jurisdiction of the United States, other nations or territories;

l. A statement disclosing and explaining any charge of a misdemeanor or felony involving the applicant filed in any jurisdiction of the United States, other nations or territories whether or not any appeal or other proceeding is pending to have the conviction or plea set aside; and

m. Where applicable, proof of the applicant's proficiency in the English language.

11.2(3) Application cycle. Applications for initial licensure shall be open for 120 days from the date the application form is received in the board's office.

a. After the 120 days, applicants shall update credentials and submit a nonrefundable reactivation of application fee of \$150 unless granted an extension in writing by the license and examination committee or the board. The period for requesting reactivation is limited to one year (365 days) from the date the application form is received by the board.

b. Once the reactivation period is expired, applicants must reapply and submit a new, nonrefundable initial application fee of \$300.

11.2(4) Applicant responsibilities. An applicant for permanent licensure bears full responsibility for each of the following:

a. Paying all fees charged by regulatory authorities, national testing or credentialing organizations, health facilities, and educational institutions providing the information specified in subrule 11.2(2);

b. Reimbursing the board for any reasonable costs associated with handling incomplete or improperly prepared applications;

c. Providing accurate, up-to-date, and truthful information on the application form including, but not limited to, that specified under subrule 11.2(2) related to prior professional experience, education, training, examination scores, and disciplinary history; and

d. Submitting English translations of documents in foreign languages bearing the affidavit of the translator certifying that the translation is a true and complete translation of the foreign language original. The applicant shall bear the expense of the translation.

11.2(5) *Grounds for denial of application.* The board, on the recommendation of the committee, may deny an application for licensure for any of the following reasons:

- a. Failure to meet the requirements for licensure by examination or endorsement as specified in these rules; or
- b. Pursuant to Iowa Code section 147.4, upon any of the grounds for which licensure may be revoked or suspended as specified in Iowa Code section 147.55.

653—11.3(147,148,150A) Eligibility for permanent licensure. The board issues permanent licenses to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy to qualified applicants on the basis of examination or endorsement.

11.3(1) *General eligibility requirements.* To be issued a permanent license either by examination or endorsement, an applicant shall meet all of the following requirements:

- a. Fulfill all the application requirements specified in rule 11.2(147,148,150,150A);
- b. Hold a degree of doctor of medicine and surgery, osteopathic medicine and surgery, or osteopathy from an educational institution approved by the board at the time the applicant graduated and was awarded the degree. Educational institutions approved by the board shall be fully accredited, by an accrediting agency recognized by the board, as schools of instruction in medicine and surgery or osteopathic medicine and surgery and empowered to grant academic degrees in medicine. Any accrediting bodies recognized by the board on June 1, 1994, shall continue to serve in that capacity until the board recognizes a successor. The accrediting bodies recognized by the board are:

- (1) The Liaison Committee of Medical Education (LCME) of the American Medical Association (AMA) for educational institutions granting degrees in medicine and surgery; and

- (2) The American Osteopathic Association (AOA) for educational institutions granting degrees in osteopathic medicine and surgery or osteopathy.

- c. If the degree granting institution has not been approved by the board, the applicant shall hold and provide a notarized photocopy of a medical degree awarded from the educational institution that has not been either approved or disapproved by the board and meet one of the following requirements:

- (1) Hold and provide a notarized photocopy of a valid certificate issued by the Educational Commission for Foreign Medical Graduates; or

- (2) Submit documented evidence of successful completion of a fifth pathway program established in accordance with the criteria established by the AMA; or

- (3) Provide a certified statement of a passing score on either a basic science examination administered by a U.S. or Canadian medical licensing authority or the Special Purpose Examination (SPEX), document successful completion of three years of postgraduate training or internship in a program approved by the board or certification by examination issued by a specialty board approved by the board, and submit evidence of five years of active practice as a licensee of a U.S. state, territory, or Canada without restrictions.

- d. Have successfully completed one year of postgraduate training or internship in a hospital program approved by the board at the time the applicant was enrolled in the program.

- (1) Successful completion of the program requires that the applicant provide documented evidence of 12 months of progressive training in not more than two specialties and in not more than two programs approved for postgraduate training by the board.

(2) Postgraduate training or internship programs approved by the board shall be accredited by an accrediting agency recognized by the board for the purpose of accrediting postgraduate internship or training programs. Any accrediting bodies recognized by the board on December 27, 1995, shall continue in that capacity until the board recognizes a successor. The accrediting bodies recognized by the board are the Accreditation Council for Graduate Medical Education (ACGME) of the American Medical Association, the Committee on Postdoctoral Training of the Committee of Hospitals of the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, and any accrediting unit of a U.S. medical licensing authority approved by the board.

e. Have successfully completed the Federation Licensing Examination (FLEX), a national board examination of the United States, the United States Medical Licensing Examination (USMLE) the Licentiate of the Medical Council of Canada examination (LMCC), or a state structured qualifying examination approved by the board, and any additional written, oral or practical examination the board deems necessary to assess an applicant's ability to practice with reasonable safety and skill.

653—11.4(147,148,150A) Licensure by examination administered by the board. The board may require written, oral and practical examinations of any applicant for licensure. Applicants who pass the written examination required by the board will ordinarily be excused from oral and practical examinations.

11.4(1) Examination requirements prior to January 1, 1994. Before January 1, 1994, the board administered the federation licensing examination or FLEX. To be eligible for licensure based upon FLEX administered by the board, a candidate must meet the following requirements:

a. Prior to January 1, 1985, the FLEX was a three-day examination consisting of three interlocking components. The candidate must have passed the entire examination with a FLEX-weighted average of 75 percent or better in one sitting to be eligible for license by examination administered in this state;

b. Between January 1, 1985, and January 1, 1994, the FLEX was a three-day nationally standardized examination consisting of two, one and one-half day components referred to as Component I (basic sciences) and Component II (clinical sciences and clinical competency). To be eligible for permanent license by examination, the candidate must have passed both components in this state with a FLEX score of 75 or better within a seven-year period beginning with the date of initial examination or have fulfilled the examination combination requirements specified in subrule 11.4(6).

(1) Candidates who took the FLEX for the first time were required to take both components during the initial sitting. A candidate who failed either or both components must have repeated and passed the component failed, though Component II could only be repeated if the candidate had received a passing score of 75 percent or better on Component I.

(2) Eligible candidates were permitted to sit for the initial examination and reapply to the board to repeat a failed component or complete the entire examination two additional times. However, candidates who failed either or both components three times were required to wait one year, during which time the candidate was encouraged to obtain additional training, before being permitted to sit for either or both components of the FLEX two additional times.

11.4(2) *Examinations subsequent to January 1, 1994.* The board adopted the United States Medical Licensing Examination or USMLE effective January 1, 1994. The USMLE is a joint program of the Federation of State Medical Licensing Boards of the U.S., Inc., and the National Board of Medical Examiners. The USMLE is a multipart examination consisting of three separate steps—Step 1, Step 2 and Step 3.

a. USMLE Step 1 and Step 2 are administered by the National Board of Medical Examiners and the Educational Commission for Foreign Medical Graduates.

b. USMLE Step 3 shall be administered by the board or its designated testing service to candidates who meet the eligibility requirements set forth in subrule 11.4(3).

(1) The board or its designated testing service shall administer Step 3 of the USMLE twice annually, ordinarily in June and December of each year.

(2) At least one administration of Step 3 of the USMLE shall be held in a location proximate to the seat of state government in Des Moines, Iowa.

11.4(3) *Eligibility to sit for USMLE Step 3.* To be eligible to sit for USMLE Step 3 to practice medicine and surgery or osteopathic medicine and surgery, a candidate shall meet all of the following criteria:

a. Submit a completed application form and the required examination fee of \$450 at least 90 days prior to the examination date;

b. Document successful completion of Steps 1 and 2 of the USMLE in accordance with the requirements of the National Board of Medical Examiners and the Educational Commission for Foreign Medical Graduates;

c. Be a graduate of a college of medicine and surgery or osteopathic medicine and surgery approved by the board;

d. In lieu of graduation from a college of medicine and surgery or osteopathic medicine and surgery approved by the board, provide the following:

(1) A notarized photocopy of a diploma from a medical school or college that has neither been approved nor disapproved by the board; and

(2) Either a notarized photocopy of a certificate of the Educational Commission for Foreign Medical Graduates or documentation of successful completion of a fifth pathway program established in accordance with the criteria established by the American Medical Association.

e. Document successful completion of a minimum of seven calendar months of postgraduate internship or residency training in a program approved by the board at the time application for the examination is made in accordance with the following:

(1) The programs approved by the board are those accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;

(2) Candidates shall have completed their postgraduate training by the last day of the month in which the examination is administered.

11.4(4) *Restrictions and limitations.* The following restrictions and limitations apply to candidates for licensure by examination:

a. Candidates shall successfully complete USMLE Steps 1, 2, and 3 within a seven-year period beginning with passage of the first examination (Step 1).

(1) A score of 75 or better on each step shall constitute a passing score on that step. Each USMLE step must be passed individually in order to successfully complete the USMLE. Individual step scores shall not be averaged to compute an overall score.

(2) A failure of any USMLE step, regardless of the jurisdiction in which the step was administered, shall be considered a failure of that step for the purposes of Iowa licensure.

b. Candidates are limited to two attempts to pass Step 1 and Step 2 of the approved examination combination sequence. A candidate who did not pass either Step 1 or Step 2 of the USMLE until the third attempt may make written application to the board for special permission to sit for Step 3 of the USMLE after successfully completing one full year of postgraduate training in a program approved by the board in accordance with paragraph 11.3(1) "d."

c. Candidates are limited to two attempts to pass Step 3 of the USMLE unless approved to sit for the examination a third time by the board.

(1) A candidate who fails Step 3 upon the initial sitting may apply to be reexamined at a subsequent administration providing the candidate submits the required fee.

(2) Any candidate who fails Step 3 a second time shall not be permitted to repeat the examination for a one-year waiting period subsequent to the second failure.

(3) After six months of the waiting period have expired, the candidate may apply for a third attempt with the approval of the board.

(4) The candidate may be required to obtain and document additional education and training to the satisfaction of the board before a third attempt at Step 3 of the USMLE is approved.

d. Any candidate eligible to sit for Step 3 of the USMLE may make a written request to the board or its designated testing service for cancellation of the application to sit for the examination and refund of fees. If written notice is received by the cancellation deadline established by the board, the candidate shall receive a refund of the application and examination fee less a \$75 cancellation fee. The application, examination, and cancellation fees are not transferable to a subsequent administration of the examination.

e. The board may impose limits or restrictions on the practice of any applicant once licensed in this state that are equal in force to the limits or restrictions imposed on the applicant by any other jurisdiction or state.

f. The board may require an applicant to appear for an interview before the full board or a committee of the board as part of the application process.

g. The board may defer final action on an application for licensure if there is an investigation or disciplinary action pending against an applicant, who may otherwise meet the requirements for licensure, until such time as the board is satisfied that licensure of the applicant poses no risk to the health and safety of Iowans.

11.4(5) Rules for conducting examinations. Any applicant deemed eligible to sit for Step 3 of the USMLE administered by the board or its designated testing service is required to adhere to the examination procedures and protocol approved by the board. The examination procedures and protocol for administering USMLE Step 3 approved by the board are those established by the Federation of State Medical Boards, U.S., Inc., and the National Board of Medical Examiners in the following publications: USMLE Test Administration Standards and Policies and Procedures Regarding Indeterminate Scores and Irregular Behavior, Federation of State Medical Boards, 400 Fuller Wisser Road, Suite 300, Euless, Texas 76039.

11.4(6) Special provisions—examination combinations. The USMLE is designed to supersede and replace the FLEX and the National Board of Medical Examiners' examination (NBME). Since some medical students and physicians may have already successfully completed all or part of the FLEX or NBME examination sequence, the board may accept the following examination combinations to facilitate an orderly transition to the USMLE prior to January 1, 2000:

a. FLEX Component I plus USMLE Step 3 with a passing score of 75 or better on each examination;

- b. NBME Part I or USMLE Step 1 plus NBME Part II or USMLE Step 2 plus FLEX Component II with a passing score of 75 or better on each examination;
- c. NBME Part I or USMLE Step 1 plus NBME Part II or USMLE Step 2 plus NBME Part III or USMLE Step 3 with a passing score of 75 or better on each examination.

653—11.5(147,148,150,150A) Licensure by endorsement. A license to practice medicine and surgery, osteopathic medicine and surgery or osteopathy by endorsement may be issued on the basis of a written examination in substantially all of the subjects required by this board given by a state or national examining board having endorsement relations with the board.

11.5(1) Eligibility requirements. An applicant for licensure by endorsement shall meet all of the following requirements:

- a. Submit a completed application form accompanied by the required fee as specified in rule 11.2(147,148,150,150A);
- b. Meet the eligibility criteria for permanent licensure specified in rule 11.3(147,148,150A);
- c. Except as otherwise provided in this subrule, fulfill all the requirements for licensure by examination administered in this state specified in rule 11.4(147,148,150A);
- d. Authorize the appropriate testing authority to verify scores obtained on the examination including the general or weighted average, the scores on each component of the FLEX, part of the NBME, or step of the USMLE accepted in combination thereof as specified in subrule 11.4(6) or provide certification of national board credentials or LMCC scores. In lieu of the aforementioned, provide the certificate of examination issued by the National Board of Osteopathic Examiners of the United States of America; and
- e. For applicants who took the FLEX prior to January 1, 1985, provide the following documentation:

- (1) Certification under seal that the applicant passed the FLEX with a FLEX-weighted average of 75 percent or better, as determined by the state medical licensing authority, in no more than two sittings;
- (2) Verification under seal of medical licensure in the state that administered the examination; and
- (3) Evidence of current certification by an American specialty board approved or recognized by the Council on Medical Education of the American Medical Association, the American Board of Specialties, or the American Osteopathic Association.

11.5(2) Restrictions. As circumstances warrant, the board may determine that any application for licensure by endorsement is subject to the following:

- a. The board may impose limits or restrictions on the practice of any applicant once licensed in this state that are equal in force to the limits or restrictions imposed on the applicant by any jurisdiction with which this state has endorsement relations.
- b. The board reserves the right to review the examination responses and grades upon which licensure by endorsement is to be based before accepting certification of the examination.
- c. The board may require a candidate for licensure by endorsement to appear for an interview before the full board or a committee of the board as part of the application process.
- d. The board may defer final action on an application for licensure if there is an investigation or disciplinary action pending against an applicant, who may otherwise meet the requirements for licensure, in any jurisdiction with which this state has endorsement relations until such time as the board is satisfied that licensure of the applicant poses no risk to the health and safety of Iowans.
- e. The board may require any applicant for licensure by endorsement to sit for a written, oral or practical examination of its choosing.

653—11.6(148) License to practice as a resident physician.

11.6(1) The license shall be designated “Resident Physician License” and shall authorize the licensee to practice as a resident physician, while under the supervision of a licensed practitioner of medicine and surgery or osteopathic medicine and surgery, in an institution or program approved for this purpose by the board. A resident physician license shall expire one year following the date of issuance and may be annually renewed at the discretion of the medical examiners at a fee of \$25.

11.6(2) Each applicant shall:

a. Submit a completed application form accompanied by a fee of \$50.
b. Present a notarized photocopy of a diploma issued by a school or college of medicine and surgery or a school or college of osteopathic medicine and surgery approved by the board, or present other evidence of equivalent medical education approved by the board. The board may accept, in lieu of a diploma from a school or college of medicine approved by it, all of the following:

(1) A notarized photocopy of a diploma issued by a school or college of medicine which has been neither approved or disapproved by the board.

(2) The standard certificate issued by the Educational Commission for Foreign Medical Graduates or the completion of a fifth pathway program in accordance with criteria established by the American Medical Association.

11.6(3) Candidates may be required to satisfactorily complete an examination prescribed by the medical examiners.

a. The board may require written, oral or practical examination.

b. The candidate may be required to appear for a personal interview before the board or a committee of the board.

c. Rescinded IAB 5/21/97, effective 6/25/97.

653—11.7(148) Temporary licensure.

11.7(1) The board may, in its discretion, issue a temporary license authorizing the licensee to practice medicine and surgery whenever, in the opinion of the board, a need exists therefor and the person possesses the qualifications prescribed by the board for such license, which shall be substantially equivalent to those required under Iowa Code chapter 148 or chapter 150A as the case may be. A temporary license shall be issued for one year and, at the discretion of the board, may be annually renewed, not to exceed two additional years, at a fee of \$150 per year.

11.7(2) Each applicant shall:

a. Submit a completed application form accompanied by a fee of \$150.

b. Present a notarized photocopy of a diploma issued by a school or college of medicine and surgery or osteopathic medicine and surgery approved by the board. The board may accept, in lieu of a diploma from a medical college approved by it, all of the following:

(1) A notarized photocopy of a diploma issued by a medical college which has been neither approved nor disapproved by the board; and

(2) The successful completion of one year of training as a resident physician, which training has been approved by the board; and

(3) The recommendation of the Educational Commission for Foreign Medical Graduates or similar accrediting agency.

(4) The board may waive the provisions of paragraph “b”(1), “b”(2) and “b”(3) for a foreign physician, here for teaching purposes only, who is properly admitted under a visa of the State Department of the United States.

(5) Furnish an affidavit from a licensed physician, superintendent of an institution or dean of an approved college of medicine and surgery or osteopathic medicine and surgery in this state setting forth facts supporting the need that exists for the issuance of said license.

11.7(3) Candidates may be required to satisfactorily complete an examination prescribed by the medical examiners.

a. The medical examiners may require written, oral or practical examinations.

b. In any case, the medical examiners may require the candidate to appear for a personal interview before the board or a member thereof.

c. Grades received in a license examination before the duly constituted authority of another state, territory, foreign country or before the National Board of Medical Examiners or National Board of Osteopathic Examiners may be accepted in lieu of a written examination conducted by the medical examiners, in which instance:

(1) The applicant must furnish a copy of the national board certificate or an original certificate of license obtained as a result of such examination.

(2) The statements made in the application must be reviewed and verified by the examining board issuing the original certificate, who will also certify, under seal, as to the schedule of subjects in which the applicant was examined, the grades given thereon and the general average attained.

653—11.8(147,148,150A) Special licensure. The board may, in its discretion, issue special licensure.

A special license to practice medicine and surgery or osteopathic medicine and surgery may be issued for a period of not more than one year, and may be renewed annually prior to expiration, to a member of the academic staff of a medical or osteopathic school or college.

An applicant for special license shall file a completed application on a form provided by the board, accompanied by documentation attesting to the professional qualifications of the applicant, and a letter of recommendation from a dean of the medical school in which the applicant will be practicing. A special license shall specifically limit the licensee to a practice associated with the hospital or school in which the licensee is a member of the academic staff. Persons licensed to practice by authority of a special license shall be subject to the same disciplinary rules and procedures as other physician licensees.

653—11.9(147,148,150,150A) Application for licensure. Upon receipt of a completed application for permanent licensure by examination, licensure by endorsement, temporary licensure, resident physician licensure or special licensure, the executive director as authorized by the board has discretion to:

1. Authorize the issuance of the license.

2. Refer the license application to the license and examination committee for review and consideration when the executive director determines that matters including, but not limited to, prior criminal history, chemical dependence, competency, physical or psychological illness, or professional disciplinary history are relevant in determining the applicants' qualifications for licensure.

11.9(1) Following review and consideration of a physician licensure application referred by the executive director, the license and examination committee may at its discretion:

- a. Recommend issuance of the license.
- b. Recommend to the board denial of the license.
- c. Recommend to the board issuance of the license under certain terms and conditions or with certain restrictions.
- d. Refer the license application to the board for review and consideration without recommendation.

11.9(2) Following review and consideration of a physician licensure application referred by the license and examination committee the board shall:

- a. Authorize the issuance of the license,
- b. Deny the issuance of the license, or
- c. Authorize the issuance of the license under certain terms and conditions or with certain restrictions.

11.9(3) *Waivers.* The board may grant a waiver of a board rule pertaining to applications for permanent licensure, temporary licensure, resident physician licensure, or special licensure.

a. *Compliance with statute.* No waiver may be granted from a requirement which is imposed by statute. Any waiver must be consistent with statute.

b. *Criteria.* A waiver under this subrule may be granted only upon a showing of all the following:
(1) Because of special circumstances, application of the rule would impose an undue burden or hardship on the requester;

(2) Granting the waiver would not adversely affect the public interest; and

(3) Granting the waiver would provide substantially equal protection of public health and safety as would compliance with the rule.

c. *Requirements.* A request for a waiver shall be made at any time during the 120-day-application cycle and shall include the following information:

(1) The name, address, and telephone number of the person requesting the waiver;

(2) The specific rule from which a waiver is requested;

(3) The nature of the waiver requested;

(4) An explanation of all facts relevant to the request for a waiver, including all material facts necessary for the board to evaluate the criteria for granting a waiver as defined in paragraph 11.9(3) "b"; and

(5) A description of any prior communication between the board and the requester relating to the proposed waiver.

d. *Ruling.* The board shall respond in writing to all requests. The ruling shall include the reason for granting or denying the request. The ruling of the board shall constitute final agency action for the purposes of Iowa Code chapter 17A.

e. *Conditions.* The board may impose reasonable conditions when granting a waiver in order to achieve the objectives of the particular rule being waived.

f. *Violations.* If at any time the board finds the facts as stated in the request for a waiver are not true, that material facts have been withheld, or that the requester has failed to comply with conditions set forth in the waiver, the board may initiate disciplinary action in accordance with rule 653—12.50(147,148,17A,272C).

g. *Appeals.* Any request for an appeal from a decision granting, denying, or canceling a waiver shall be in accordance with the procedures provided in Iowa Code chapter 17A. An appeal shall be made within 30 days of the issuance of the ruling in response to the request for waiver.

h. *Public availability.* All final rulings in response to requests for waivers shall be indexed and available to members of the public at the board office.

653—11.10(272C) Definitions—continuing education. For the purpose of these rules, the following definitions shall apply.

“*Accredited sponsor*” means an institution or organization sponsoring continuing education activities which has been approved by the board as a sponsor pursuant to these rules.

“*Active licensee*” means any person licensed to practice medicine and surgery, osteopathic medicine and surgery or osteopathy in Iowa who has met all conditions of license renewal and maintains a current license to practice in this state.

“*Approved program or activity*” means a continuing education program activity meeting the standards set forth in these rules. All continuing education activities classified by the accredited sponsor as category 1 shall be deemed automatically approved.

“*Biennial period*” means a period of time beginning on the first day of the month in which a physician was born and extending two years hence with regard to odd and even years.

“*Board*” means the board of medical examiners, created pursuant to Iowa Code chapter 147.

“*Category 1 activity*” means any formal education program which is sponsored or cosponsored by an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education, Iowa Medical Society, or by the Committee on Continuing Medical Education of the American Osteopathic Association and is of sufficient scope and depth of coverage of a subject area or theme to form an educational unit, and is planned, administered and evaluated in terms of educational objectives that define a level of knowledge or a specific performance skill to be attained by the physician completing the program. Activities designated as Formal Cognates by the American College of Obstetricians and Gynecologists or as Prescribed Credit by the American Academy of Family Physicians are accepted as equivalent to category 1 activities.

“*Continuing education*” means that education which is obtained by a person licensed to practice medicine and surgery, osteopathic medicine and surgery or osteopathy in order to maintain, improve, or expand skills and knowledge obtained prior to initial licensure or to develop new and relevant skills and knowledge.

“*Hour of continuing education*” means a clock-hour spent after December 31, 1978, by a licensee in actual attendance at or completion of an approved continuing education activity.