

Draft Regulation Changes for NAC Chapter 630

New Provision #1 (Pursuant to AB319, Section 15, amending NRS 630.1605(1)(b)(3)(II):

LCB Note: Applicants for licensure by endorsement must pass all three steps of the USMLE, but the Board will sometimes allow applicants for licensure by endorsement to not have passed in the time/number of attempts required in NAC 630.080(3)(a) and (b). We are trying to specify here what the Board may waive for licensure by endorsement in addition to what is in NRS 630.1605(1)(b)(3), but also not stating that the Board will waive these requirements every time for every applicant for licensure by endorsement. The wording may need some adjustment *In addition to the requirement contained in NRS 630.1605(1)(b)(3)(I), the Board may waive the requirement in NAC 630.080(3)(a) and (b) with regard to the number of attempts and time to pass all three steps of the USMLE for licensure as a physician by endorsement. If an applicant for licensure by endorsement has not taken a major examination as required by NAC 630.080(2)(a) in the past ten years, the Board may waive that requirement and grant the applicant a license by endorsement.*

New Provision #2:

1. The Board will notify an applicant for a license as a physician assistant of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a physician assistant, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

New Provision #3:

1. The Board will notify an applicant for a license as genetic counselor of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a genetic counselor, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Amend NAC 630.050 to read as follows:

Note to LCB: We want to update subsection 1 to incorporate Canadian residencies and fellowships as well as the changes made in AB319 which now allow equivalent foreign country residencies and fellowships to be equivalent to those in the U.S.

1. The Board will not accept any application for any type of license to practice medicine in this State if the Board cannot substantiate that the medical school from which the applicant

graduated provided the applicant with a resident course of professional instruction equivalent to that provided in the United States or a Canadian medical school approved by either the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges or by the Committee on Accreditation of Canadian Medical Schools **or equivalent foreign country medical school.**

2. Except as otherwise provided in [NAC 630.130](#), an applicant for any license to practice medicine must file his or her sworn application with the Board. The application must :

- (a) Include all documentation required by the application;
- (b) Include complete answers to all questions on the form; and
- (c) Be accompanied by the applicable fee.

3. If the Board denies an application for any type of license to practice medicine in this State, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Amend NAC 630.135 to read as follows:

1. A resident physician who wishes to renew a limited license to practice medicine as a resident physician in a graduate program of clinical training must file an application for renewal with the Board.

2. The application must be:

- (a) Completed by the applicant; and
- (b) Certified by the director of the program of clinical training.

3. As a condition of renewal of a limited license to practice medicine as a resident physician in a graduate program of clinical training, the licensee shall submit an annual report signed by the director of the program of clinical training that has been:

- (a) Submitted on a form supplied by the Board; and
- (b) Signed by the chair of the Graduate Medical Education Committee.

4. The holder of a limited license may be disciplined if information supplied to the Board by the director of the program of clinical training constitutes grounds for:

- (a) Disciplinary action pursuant to [NRS 630.301](#) to [630.3065](#), inclusive; or
- (b) Denial or revocation of a license pursuant to [NRS 630.161](#).

5. The Board may deny the application for any of the reasons set forth as grounds for the denial of a license to practice medicine pursuant to [NRS 630.200](#) or section 3 of R068-23.

6. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

7. If the Board denies an application for a license as a resident, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Amend NAC 630.230(1)(m) to read as follows:

(m) Require or ask a patient to waive his or her right to file a complaint with the Board ***or to file a civil action in the court system.***

Amend NAC 630.505(2)(a) to read as follows:

2. An applicant must submit to the Board:

(a) Proof of completion of an educational program as a practitioner of respiratory care that is approved by the ~~Commission on Accreditation of Allied Health Education Programs or its successor organization or the~~ Commission on Accreditation for Respiratory Care or its successor organization;

Amend NAC 630.513 to read as follows:

1. An application for licensure by endorsement as a practitioner of respiratory care must be made on a form supplied by the Board. The application must include:

- (a) The date of birth and the birthplace of the applicant and his or her sex;
- (b) The postsecondary education of the applicant as a practitioner of respiratory care, including, without limitation, postsecondary institutions and professional institutions attended, the length of time in attendance at each institution and whether he or she is a graduate of those institutions;
- (c) A list of each license as a practitioner of respiratory care that the applicant currently holds or has held in the District of Columbia or in another state or territory of the United States or in any other country;
- (d) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;
- (e) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States or in any other country in which the applicant currently holds or has held a license as a practitioner of respiratory care;
- (f) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States or in any other country for misconduct relating to his or her license as a practitioner of respiratory care;
- (g) Whether the applicant has had a license as a practitioner of respiratory care suspended or revoked in the District of Columbia or any state or territory of the United States or in any other country;
- (h) Whether the applicant has pending any disciplinary action concerning his or her license to engage in the practice of respiratory care in the District of Columbia or any state or territory of the United States;
- (i) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:
 - (1) Any offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding a minor traffic offense; or
 - (2) Any violation of the Uniform Code of Military Justice.
- (j) Whether the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of controlled substances;
- (k) Whether the applicant has an untreated medical condition that may affect his or her ability to practice respiratory care; and
- (l) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.

2. An applicant must submit to the Board:

- (a) Proof that he or she holds a corresponding valid and unrestricted license to engage in the practice of respiratory care in the District of Columbia or any state or territory of the United States;

~~(b) Proof that he or she has engaged in the practice of respiratory care for a period of at least 12 months immediately preceding the date on which the application is submitted;~~

(c) Proof of completion of an educational program as a practitioner of respiratory care that is approved by the Commission on Accreditation of Allied Health Education Programs or its successor organization or the Commission on Accreditation for Respiratory Care or its successor organization, or another educational program as approved by the Board;

(d) Proof of passage of the examinations required by [NRS 630.277](#) and [NAC 630.500](#) and [630.515](#);

(e) Such further evidence and other documents or proof of qualifications as required by the Board;

(f) The statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to [NRS 425.520](#);

(g) An affidavit stating that the information contained in the application and any accompanying material is true and complete; and

(h) A complete set of his or her fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report or proof that the applicant has previously passed a comparable criminal background check.

3. Each application must be signed by the applicant and accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of completion of an education program as a practitioner of respiratory care required by subsection 2;

(b) The proof of completion of the education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All the information contained in the application and any accompanying material is complete and correct.

4. The application must be accompanied by the applicable fees for the application for licensure and biennial registration.

5. An applicant shall pay the reasonable costs of any examination required for licensure.

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to engage in the practice of respiratory care to the applicant not later than:

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph (h) of subsection 2,
→ whichever occurs later.

7. A license by endorsement to engage in the practice of respiratory care in this State issued pursuant to this section may be issued at a meeting of the Board or between its meetings by the presiding member of the Board and the executive director of the Board. Such an action shall be deemed to be an action of the Board.

8. If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran

or the surviving spouse of a veteran, the Board will charge not more than one-half of the fee established pursuant to NRS 630.268 for the initial issuance of the license.

9. The Board will not issue a license by endorsement pursuant to this section if an applicant has:

(a) Been disciplined by or has disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license as a practitioner of respiratory care or an equivalent license;

(b) Had his or her license as a practitioner of respiratory care or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or

(c) Been refused or denied a license as a practitioner of respiratory care or an equivalent license in the District of Columbia or any state or territory of the United States.

10. In addition to the grounds set forth in subsection 9 and NAC 630.510 and 630.540, the Board may deny an application for licensure by endorsement pursuant to this section if:

(a) An applicant willfully fails to comply with the provisions of paragraph (h) of subsection 2; or

(b) The report from the Federal Bureau of Investigation indicates that the applicant has been convicted of a crime that would be grounds for taking disciplinary action against the applicant as a licensee and the Board has not previously taken disciplinary action against the applicant based on that conviction.

11. As used in this section, “license as a practitioner of respiratory care”:

(a) Means any professional credential that authorizes a person to engage in the practice of respiratory care; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a practitioner of respiratory care.

Amend NAC 630.715 to read as follows:

1. An application for licensure by endorsement as a perfusionist must be made on a form supplied by the Board. The application must include:

(a) The date and place of birth of the applicant;

(b) The gender of the applicant;

(c) The postsecondary education of the applicant as a perfusionist, including, without limitation, each postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those institutions;

(d) Each license to practice perfusion that the applicant currently holds or has held in the District of Columbia or another state or territory of the United States or in any other country;

(e) The work experience of the applicant for the 5 years immediately preceding the date of his or her application;

(f) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States or in any other country in which the applicant currently holds or has held a license to practice perfusion;

(g) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States or in any other country for misconduct relating to his or her license to practice perfusion;

(h) Whether the applicant has had a license to practice perfusion suspended or revoked in the District of Columbia or any state or territory of the United States or in any other country;

(i) Whether the applicant has pending any disciplinary action concerning his or her license to practice perfusion in the District of Columbia or any state or territory of the United States or in any other country;

(j) If the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to:

(1) Any offense or violation of any federal, state or local law, including, without limitation, the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony or similar offense in a foreign jurisdiction, excluding a minor traffic offense; or

(2) Any violation of the Uniform Code of Military Justice;

(k) If the applicant has ever been arrested for, investigated for, charged with, convicted of or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing or dispensing of controlled substance;

(l) Whether the applicant has an untreated medical condition that may affect his or her ability to practice perfusion; and

(m) A public address and the mailing address at which the applicant prefers to receive correspondence from the Board.

2. An applicant must submit to the Board:

(a) Proof that he or she holds a corresponding valid and unrestricted license to practice perfusion in the District of Columbia or any state or territory of the United States.

~~(b) Proof that he or she has engaged in the practice of perfusion for a period of at least 12 months immediately preceding the date on which the application is submitted.~~

(c) Proof of completion of a perfusion education program that satisfies the requirements of [NRS 630.2691](#). For the purpose of that section, the following perfusion education programs shall be deemed approved by the Board:

(1) Any perfusion education program completed by the applicant on or before June 1, 1994, which was approved by the Committee on Allied Health Education and Accreditation of the American Medical Association;

(2) Any perfusion education program completed by the applicant after June 1, 1994, which was accredited by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association or its successor; or

(3) Any other perfusion education program completed by the applicant, the educational standards of which the Board determines are at least as stringent as those established by the Accreditation Committee-Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs of the American Medical Association or its successor.

(d) Unless the examination requirement is waived pursuant to [NRS 630.2693](#), proof of passage of the certification examination given by the American Board of Cardiovascular Perfusion or its successor, as required by [NRS 630.2692](#).

(e) Such further evidence and other documents or proof of qualifications as required by the Board.

(f) The statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to [NRS 425.520](#).

(g) An affidavit stating that the information contained in the application and any accompanying material is true and complete.

(h) A complete set of his or her fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for

submission to the Federal Bureau of Investigation for its report or proof that the applicant has previously passed a comparable criminal background check.

3. Each application must be signed by the applicant and accompanied by a signed affidavit indicating that:

(a) The applicant is the person named in the proof of completion of an educational program as a perfusionist required by subsection 2;

(b) The proof of completion of the educational program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All the information contained in the application and any accompanying material is complete and correct.

4. The application must be accompanied by the applicable fees for the application for licensure and biennial registration.

5. An applicant shall pay the reasonable costs of any examination required for licensure.

6. Not later than 21 business days after receiving an application for a license by endorsement pursuant to this section, the Board will provide written notice to the applicant of any additional information required by the Board to consider the application. Unless the Board denies the application for good cause, the Board will approve the application and issue a license by endorsement to practice perfusion to the applicant not later than:

(a) Sixty days after receiving the application; or

(b) Fifteen days after the Board receives the report from the Federal Bureau of Investigation or proof that the applicant has previously passed a comparable criminal background check, as required by paragraph (h) of subsection 2,

→ whichever occurs later.

7. A license by endorsement to practice perfusion in this State issued pursuant to this section may be issued at a meeting of the Board or between its meetings by the presiding member of the Board and the executive director of the Board. Such an action shall be deemed to be an action of the Board.

8. If an applicant seeking licensure by endorsement pursuant to this section is an active member of, or the spouse of an active member of, the Armed Forces of the United States, a veteran or the surviving spouse of a veteran, the Board will charge not more than one-half of the fee established pursuant to NRS 630.268 for the initial issuance of the license.

9. The Board will not issue a license by endorsement pursuant to this section if an applicant has:

(a) Been disciplined by or has disciplinary action pending with the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license as a practitioner of respiratory care or an equivalent license;

(b) Had his or her license as a practitioner of respiratory care or an equivalent license suspended or revoked in the District of Columbia or any state or territory of the United States; or

(c) Been refused or denied a license as a practitioner of respiratory care or an equivalent license in the District of Columbia or any state or territory of the United States.

10. In addition to the grounds set forth in subsection 9 and NAC 630.710 and 630.770, the Board may deny an application for licensure by endorsement pursuant to this section if:

(a) An applicant willfully fails to comply with the provisions of paragraph (h) of subsection 2; or

(b) The report from the Federal Bureau of Investigation indicates that the applicant has been convicted of a crime that would be grounds for taking disciplinary action against the applicant as a licensee and the Board has not previously taken disciplinary action against the applicant based on that conviction.

11. As used in this section, “license to practice perfusion”:

(a) Means any professional credential that authorizes a person to engage in the practice of perfusion; and

(b) Includes, without limitation, a training license, provisional license, certificate or permit as a perfusionist.

Amend Section 10 from LCB File No. R068-23:

The Board may issue not more than ~~15~~ **20** hours of continuing medical education during a biennial licensing period to a physician assistant if the physician assistant performs a medical review for the Board. The hours issued by the Board:

1. May be credited against the hours required by NAC 630.350 for a biennial period of registration;
2. Except as otherwise provided in subsection 3, must be equal to the actual time of the medical review; and
3. May not be more than 10 hours per medical review.

Amend Section 12 from LCB File No. R069-23:

The Board may issue not more than ~~10~~ **20** hours of continuing education during a biennial licensing period to an anesthesiologist assistant who performs a medical review for the Board.

The hours issued by the Board:

1. May be credited against the hours of continuing education required for a biennial licensing period by section 11 of R069-23;
2. Except as otherwise provided in subsection 3, must be equal to the actual time involved in performing the medical review; and
3. May not exceed 10 hours per medical review.

Amend Section 2 from LCB File No. R033-24:

Note to LCB: We want to update subsection 2(b) to incorporate Canadian residencies and fellowships as well as the changes made in AB319 which now allow equivalent foreign country residencies and fellowships to be equivalent to those in the U.S.

1. Each applicant for a license to practice medicine or physician who wishes to practice in a new medical specialty area must:

(a) Designate to the Board each medical specialty area in which the applicant or physician, as applicable, intends to practice; and

(b) Provide to the Board:

(1) Evidence that the applicant or physician, as applicable, meets the requirements of paragraph (a) or (b) of subsection 2; or

(2) The evidence required by subsection 3.

2. A physician may only practice in a medical specialty area if the physician has:

(a) Been certified in that medical specialty area by a specialty board of the American Board of Medical Specialties;

(b) Successfully completed a postgraduate training program which is approved by the Accreditation Council for Graduate Medical Education, *the Royal College of Physicians and Surgeons of Canada, the College des medecins du Quebec or the College of Family Physicians of Canada, or as applicable, their successor organizations, and other accrediting bodies for equivalent foreign countries*, and which provides the physician with complete training in the medical specialty area; or

(c) Obtained the approval of the Board pursuant to subsection 3 to practice in that medical specialty area.

3. An applicant for a license to practice medicine or a physician who wishes to practice in a medical specialty area for which no specialty board of the American Board of Medical Specialties exists may request the approval of the Board to practice in that medical specialty area by submitting to the Board evidence that the applicant or physician, as applicable:

(a) Is not able to satisfy the requirements of paragraph (b) of subsection 2; and

(b) Has successfully completed training in the medical specialty area that is substantially similar in rigor, length and examinations of competency as is required by a specialty board of the American Board of Medical Specialties.

4. For the purposes of paragraph (e) of subsection 1 of NRS 630.306, a physician who practices outside the medical specialty area designated pursuant to this section shall, except as otherwise provided in this section, be deemed to be performing services which the licensee knows or has reason to know that he or she is not competent to perform or which are beyond the scope of his or her training. This subsection does not apply to a physician who is practicing outside of the medical specialty area designated pursuant to this section in:

(a) A life-threatening emergency, including, without limitation, at the scene of an accident;

(b) An emergency situation, including, without limitation, human-caused or natural disaster relief efforts; or

(c) Any other situation where the physician is authorized by law to practice outside of that medical specialty area.

Amend Section 5 from LCB File No. R033-24:

1. The Board will notify an applicant for a license as a practitioner of respiratory care of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a practitioner of respiratory care, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Amend Section 6 from LCB File No. R033-24:

1. The Board will notify an applicant for a license as a perfusionist of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as a perfusionist, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

Amend Section 7 from LCB File No. R033-24:

1. The Board will notify an applicant for a license as an anesthesiologist assistant of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing. If the applicant so responds, the Board will respond in writing to the contentions of the applicant.

2. An applicant whose application is denied may appeal to the Board within 90 days after the date of the denial of the application. Upon appeal, the applicant must demonstrate that the action of the Board is erroneous.

3. If the Board denies an application for a license as an anesthesiologist assistant, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.