

IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

IDAHO STATE BOARD OF MEDICINE

24.33.01 – Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho

Who does this rule apply to?

Who does this rule apply to? This rule applies to medical physicians, osteopathic physicians, and physician assistants who are licensed or seek to be licensed under the Board of Medicine.

What is the purpose of this rule?

What is the purpose of this rule? The purpose of this rule is to provide information on the eligibility and requirements for licensure and renewal licensure, licensure fees, and continuing education requirements. In addition, this rule provides guidelines for registration of supervising and directing physicians who supervise interns, residents, physician assistants, athletic trainers, and cosmetic medical providers.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statutes passed by the Idaho Legislature:

The Medical Practice Act

Physicians and Physician Assistants:

- [54-1801, et seq.](#)
- [54-1806, Idaho Code](#) – Powers and Duties
- [54-1806A, Idaho Code](#) – Medical Disciplinary Enforcement
- [54-1808, Idaho Code](#) – The Board to Issue Licenses
- [54-1812, Idaho Code](#) – Graduates of Medical Schools Located Outside of the United States and Canada
- [54-1813, Idaho Code](#) – Temporary License and Registration
- [54-1814, Idaho Code](#) – Grounds for Medical Discipline
- [54-1841, Idaho Code](#) – Volunteer’s License – Qualifications

Who do I contact for more information on this rule?

Idaho State Board of Medicine

Office hours: 8:00 am to 5:00 pm

345 W. Bobwhite Court, Suite 150

Boise, ID 83706

Phone: (208) 327-7000

Fax: (208) 327-7005

Email: info@bom.idaho.gov

<https://bom.idaho.gov/BOMPPortal/Home.aspx>

Table of Contents

24.33.01 – Rules of the Board of Medicine for the Licensure to Practice Medicine and Osteopathic Medicine in Idaho

00. Legal Authority.....	3
01. Scope.....	3
02. -- 009. (Reserved).....	3
10. Definitions.....	3
11. Abbreviations.....	3
12. -- 049. (Reserved).....	3
50. General Qualifications For Licensure And Renewal.....	3
51. Licensure For Graduates Of International Medical Schools Located Outside Of The United States And Canada.....	3
52. -- 078. (Reserved).....	4
79. Continuing Medical Education (CME) Required.....	4
80. Physician Panelist For Prelitigation Consideration Of Medical Malpractice Claims.....	5
81. -- 099. (Reserved).....	5
100. Fees -- Table.....	5
101. -- 150. (Reserved).....	6
151. Definitions Relating to Supervising and Directing Physicians.....	6
152. -- 160. (Reserved).....	6
161. Duties Of Directing Physicians.....	6
162. Duties Of Collaborating Physicians.....	7
163. Duties Of Supervising Physicians Of Interns And Residents.....	7
164. Supervising Physicians Of Medical Personnel.....	7
165. -- 241. (Reserved).....	9
242. Definitions Related To Interns And Residents.....	9
243. Resident and Intern Registration.....	9
244. Fees - Table.....	9
245. -- 999. (Reserved).....	9

**24.33.01 – RULES OF THE BOARD OF MEDICINE FOR THE LICENSURE TO PRACTICE
MEDICINE AND OSTEOPATHIC MEDICINE IN IDAHO**

00. LEGAL AUTHORITY.

The rules are promulgated pursuant to Sections 6-1002, 54-1806(2), 54-1806(4), 54-1806(11), 54-1806A, 54-1807, 54-1812, 54-1813, 54-1814 and 54-1841, Idaho Code. (3-31-22)T

01. SCOPE.

The rules govern the licensure to practice medicine and osteopathic medicine in Idaho. (3-31-22)T

02. -- 009. (RESERVED)

10. DEFINITIONS.

01. Acceptable International School of Medicine. An international medical school located outside the United States or Canada that meets the standards for medical educational facilities set forth in Subsection 051.02 and is accredited by the ECFMG. (3-31-22)T

02. Medical Practice Act. Title 54, Chapter 18, Idaho Code. (3-31-22)T

11. ABBREVIATIONS.

01. ACGME. Accreditation Council for Graduate Medical Education. (3-31-22)T

02. AOA. American Osteopathic Association. (3-31-22)T

03. COCA. Commission on Osteopathic College Accreditation. (3-31-22)T

04. ECFMG. Educational Commission for Foreign Medical Graduates. (3-31-22)T

05. FAIMER. Foundation for Advancement of International Medical Education. (3-31-22)T

06. FSMB. Federation of State Medical Boards. (3-31-22)T

07. LCME. Liaison Committee on Medical Education. (3-31-22)T

08. USMLE. United States Medical Licensing Exam. (3-31-22)T

09. WFME. World Federation for Medical Education. (3-31-22)T

012. -- 049. (RESERVED)

050. GENERAL QUALIFICATIONS FOR LICENSURE AND RENEWAL.

Requirements for licensure and renewal are found in Title 54, Chapter 18, Idaho Code, IDAPA 24.33.03, and on Board approved forms. (3-31-22)T

01. Additional Circumstances. The Board may require further inquiry when in its judgment the need is apparent as outlined in Board policy. (3-31-22)T

02. Special Purpose Examination. Upon inquiry, if further examination is required, the Board may require passage of the Special Purpose Examination (SPEX) administered by the FSMB, a post licensure assessment conducted by the FSMB, or an evaluation by an independent agency accepted by the Board to evaluate physician competence. (3-31-22)T

03. Board Determinations. Where the Board deems necessary, it may limit, condition, or restrict a newly issued license based on the Board's determination and the recommendation of the assessment or evaluation. (3-31-22)T

04. Postgraduate Training Program. Successful completion of one year of a medical residency program constitutes successful completion of a postgraduate training program acceptable to the Board.

51. LICENSURE FOR GRADUATES OF INTERNATIONAL MEDICAL SCHOOLS LOCATED OUTSIDE OF THE UNITED STATES AND CANADA.

01. International Medical Graduate. In addition to meeting the requirements of Section 050, graduates of international medical schools located outside of the United States and Canada must submit to the Board:

DRAFT

(3-31-22)T

a. Original certificate from the ECFMG or original documentation that the applicant has passed the examination either administered or recognized by the ECFMG and passed an examination acceptable to the Board that demonstrates qualification for licensure or successfully completed the USMLE; (3-31-22)T

b. Original documentation directly from the international medical school that establishes to the satisfaction of the Board that the international medical school meets the standards for medical educational facilities set forth in Subsection 051.02; (3-31-22)T

c. A transcript from the international medical school showing successful completion of all the courses taken and grades received and original documentation of successful completion of all clinical coursework; and (3-31-22)T

d. Original documentation of successful completion of two (2) years of progressive postgraduate training at one (1) training program accredited for internship, residency, or fellowship training by the ACGME, AOA or the Royal College of Physicians and Surgeons of Canada or its successor organization, provided however, a resident who is attending an Idaho based residency program may be licensed after successful completion of one (1) years of progressive post graduate training, if the following conditions are met: (3-31-22)T

i. Written approval of the residency program director; (3-31-22)T

ii. Signed written contract with the Idaho residency program to complete the entire residency program; (3-31-22)T

iii. Remained in good standing at the Idaho-based residency program; (3-31-22)T

iv. Notified the Board within thirty (30) days if there is a change in circumstances or affiliation with the program; and (3-31-22)T

v. Received a MD or DO degree from an approved school that is eligible for Idaho licensure after graduation. (3-31-22)T

02. International Medical School Requirements. An international medical school must be listed in the World Directory of Medical Schools, a joint venture of WFME and FAIMER. Graduates of schools not listed in WFME or FAIMER must submit to the Board original documentation of three (3) of the four (4) requirements listed below: (3-31-22)T

a. A valid ECFMG Certificate. (3-31-22)T

b. Successful completion of three (3) years of progressive post graduate training at one (1) training program accredited for internship, residency or fellowship training in an ACGME or AOA or Royal College of Physicians and Surgeons of Canada or its successor organization's approved program. (3-31-22)T

c. Current board certification by a specialty board approved by the American Board of Medical Specialties or the AOA. (3-31-22)T

d. Evidence of five (5) years of unrestricted practice as a licensee of any United States or Canadian jurisdiction. (3-31-22)T

52. -- 078. (RESERVED)

79. CONTINUING MEDICAL EDUCATION (CME) REQUIRED.

01. Renewal. Each person licensed to practice medicine and surgery or osteopathic medicine or surgery in Idaho shall complete no less than forty (40) hours of practice relevant, Category 1, CME every two (2) years. (3-31-22)T

02. Verification of Compliance. Licensees will, at license renewal, provide an attestation to the Board indicating compliance. The Board, in its discretion, may require such additional evidence as is necessary to verify compliance. (3-31-22)T

03. Alternate Compliance. The Board may accept certification or recertification by a member of the American Board of Medical Specialties, the AOA, or the Royal College of Physicians and Surgeons of Canada or its successor organization in lieu of compliance with continuing education requirements during the cycle in which the certification or recertification is granted. The Board may also grant an exemption for full time participation in a residency or fellowship training at a professionally accredited institution. (3-31-22)T

04. Penalties for Noncompliance. The Board may condition, limit, suspend, or refuse to renew the license of any person whom the Board determines has failed to comply with the continuing education requirements of this chapter. (3-31-22)T

80. PHYSICIAN PANELIST FOR PRELITIGATION CONSIDERATION OF MEDICAL MALPRACTICE CLAIMS.

01. Eligibility. A physician licensed to practice medicine or osteopathic medicine in Idaho must be available to serve in any two (2) year period, or a longer period not to exceed five (5) years, as determined by the panel chairman, as a physician panelist for prelitigation consideration of a medical malpractice claim. (3-31-22)T

02. Excusing Physicians from Serving. A physician panelist so selected must serve unless he had served on a prelitigation panel during any previous two (2) year period, or a longer period not to exceed five (5) years, as determined by the panel chairman or for good cause shown, is excused by the panel chairman. To show good cause for relief from serving, the selected physician panelist must present an affidavit to the panel chairman which shall set out the facts showing that service would constitute an unreasonable burden or undue hardship. The panel chairman has the sole authority to excuse a selected physician from serving on a prelitigation panel. (3-31-22)T

03. Penalties for Noncompliance. The Board may condition, limit, suspend, or refuse to renew the license of any physician whom the Board determines has failed to serve as a physician panelist for the prelitigation consideration of a medical malpractice claim. (3-31-22)T

81. -- 099. (RESERVED)

100. FEES -- TABLE.

01. Fees -- Table. Nonrefundable fees are as follows:

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

(3-31-22)T

02. Administrative Fees for Services. Administrative fees for services shall be billed on the basis of time and cost. (3-31-22)T

101. -- 150. (RESERVED)

151. DEFINITIONS RELATING TO SUPERVISING AND DIRECTING PHYSICIANS.

01. Athletic Trainer. A person who has met the qualifications for licensure as set forth in Title 54, Chapter 39, Idaho Code, is licensed under that chapter, and carries out the practice of athletic training under the direction of a designated Idaho licensed physician, registered with the Board. (3-31-22)T

02. Directing Physician. A designated Idaho licensed physician, registered with the Board pursuant to this chapter and Title 54, Chapter 39, Idaho Code, who oversees the practice of athletic training and is responsible for the athletic training services provided by the athletic trainer. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. (3-31-22)T

03. Medical Personnel. An individual who provides cosmetic treatments using prescriptive medical/cosmetic devices and products that are exclusively non-incisive or non-ablative under the direction and supervision of a supervising physician registered with the Board, pursuant to the applicable Idaho statutes and the applicable rules promulgated by the Board. (3-31-22)T

04. Supervising Physician of Interns or Residents. Any person approved by and registered with the Board who is licensed to practice medicine and surgery or osteopathic medicine and surgery in Idaho, who signs the application for registration of an intern or resident, and who is responsible for the direction and supervision of their activities. (3-31-22)T

05. Supervising Physician of Medical Personnel. An Idaho licensed physician who is registered with the Board pursuant to this chapter, who supervises and has full responsibility for cosmetic treatments using prescriptive medical/cosmetic devices and products provided by medical personnel. (3-31-22)T

152. – 160. (RESERVED)

161. DUTIES OF DIRECTING PHYSICIANS.

01. Responsibilities. The directing physician accepts full responsibility for the acts and athletic training services provided by the athletic trainer and oversees the practice of athletic training of the athletic trainer, and for the supervision of such acts which include, but are not limited to: (3-31-22)T

a. An on-site visit at least semiannually to personally observe the quality of athletic training services provided; and (3-31-22)T

b. Recording of a periodic review of a representative sample of the records, including, but not limited to, records made from the past six (6) months of the review to evaluate the athletic training services that were provided. (3-31-22)T

02. Scope of Practice. The directing physician must ensure the scope of practice of the athletic trainer, as set forth in IDAPA 24.33.05, and Section 54-3903, Idaho Code, will be limited to and consistent with the scope of practice of the directing physician and exclude any independent practice of athletic training by an athletic trainer. (3-31-22)T

03. Directing Responsibility. The responsibilities and duties of a directing physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician without prior notification and Board approval. (3-31-22)T

04. Available Supervision. The directing physician will oversee the activities of the athletic trainer

and must be available either in person or by telephone to supervise, direct, and counsel the athletic trainer. The scope and nature of the direction of the athletic trainer will be outlined in an athletic training service plan or protocol, as set forth in IDAPA 24.33.05. (3-31-22)T

05. Disclosure. It is the responsibility of each directing physician to ensure that each athlete who receives athletic training services is aware of the fact that said person is not a licensed physician. (3-31-22)T

162. DUTIES OF COLLABORATING PHYSICIANS.

01. Responsibilities. A collaborating physician is responsible for complying with the requirements set forth in Title 54, Chapter 18 and IDAPA 24.33.02 when collaborating and consulting in the medical services provided by any physician assistant or graduate physician assistant either through a collaborative practice agreement or through the facility bylaws or procedures of any facility with credentialing and privileging systems. (3-31-22)T

163. DUTIES OF SUPERVISING PHYSICIANS OF INTERNS AND RESIDENTS.

01. Responsibilities. The supervising physician is responsible for the direction and supervision of the medical acts and patient services provided by an intern or resident. The direction and supervision of such activities include, but are not limited to: (3-31-22)T

a. Synchronous direct communication at least monthly with intern or resident to ensure the quality of care provided; (3-31-22)T

b. Recording of a periodic review of a representative sample of medical records to evaluate the medical services that are provided; and (3-31-22)T

c. Regularly scheduled conferences between the supervising physician and the intern or resident. (3-31-22)T

02. Available Supervision. The supervising physician will oversee the activities of the intern or resident, and must always be available either in person or by telephone to supervise, direct and counsel the intern or resident. (3-31-22)T

03. Disclosure. It is the responsibility of each supervising physician to ensure that each patient who receives the services of an intern or resident is notified of the fact that said person is not a licensed physician. (3-31-22)T

164. SUPERVISING PHYSICIANS OF MEDICAL PERSONNEL.

The “practice of medicine” as defined in Section 54-1803(1), Idaho Code, includes the performance of cosmetic treatments using prescriptive medical/cosmetic devices and products which penetrate and alter human tissue. Such cosmetic treatments can result in complications such as visual impairment, blindness, inflammation, burns, scarring, hypopigmentation, and hyperpigmentation and, therefore, can only be performed as set forth herein. This chapter does not authorize the practice of medicine or any of its branches by a person not so licensed by the Board. (3-31-22)T

01. Definitions. (3-31-22)T

a. Ablative. Ablative is the separation, eradication, removal, or destruction of human tissue. (3-31-22)T

b. Incisive. Incisive is the power and quality of cutting of human tissue. (3-31-22)T

c. Cosmetic Treatment. An aesthetic treatment prescribed by a physician for a patient that uses prescriptive medical/cosmetic devices and/or products to penetrate or alter human tissue. (3-31-22)T

d. Prescriptive Medical/Cosmetic Device. A federal food and drug administration approved prescriptive device that uses waveform energy including, but not limited to, intense pulsed light or lasers, to

cosmetically alter human tissue. (3-31-22)T

e. Prescriptive Medical/Cosmetic Product. A federal food and drug administration approved prescriptive product whose primary intended use of the product is achieved through chemical action and cosmetically alters human tissue including, but not limited to, filler substances such as collagen or fat; lipo transfer; muscle immobilizers or sclerosing agents. (3-31-22)T

02. Duties and Responsibilities of Supervising Physicians. The supervising physician accepts full responsibility for cosmetic treatments provided by medical personnel and for the supervision of such treatments. The supervising physician must be trained in the safety and use of prescriptive medical/cosmetic devices and products. (3-31-22)T

a. Patient Record. The supervising physician must document an adequate legible patient record of his evaluation, assessment and plan for the patient prior to the initial cosmetic treatment. (3-31-22)T

b. Supervisory Responsibility. A supervising physician of medical personnel may not supervise more than three (3) such medical personnel contemporaneously. The Board, however, may authorize a supervising physician to supervise a total of six (6) such medical personnel contemporaneously if necessary to provide adequate cosmetic treatments and upon prior petition documenting adequate safeguards to protect the public health and safety. (3-31-22)T

c. Available Supervision. The supervising physician will be on-site or immediately available to respond promptly to any questions or problems that may occur while a cosmetic treatment is being performed by medical personnel. Such supervision includes, but is not limited to: (3-31-22)T

i. Periodic review of the medical records to evaluate the prescribed cosmetic treatments that are provided by such medical personnel including any adverse outcomes or changes in the treatment protocol; and (3-31-22)T

ii. Regularly scheduled conferences between the supervising physician and such medical personnel. (3-31-22)T

d. Scope of Cosmetic Treatments. Cosmetic treatments can only be performed by a physician or by medical personnel under the supervision of a physician. Medical personnel providing cosmetic treatments are limited to using prescriptive medical/cosmetic devices and products that are exclusively non-incisive and non-ablative. The supervising physician will ensure cosmetic treatments provided by medical personnel are limited to and consistent with the scope of practice of the supervising physician. The supervising physician will ensure that, with respect to each procedure performed, the medical personnel possess the proper training in cutaneous medicine, the indications for the prescribed treatment, and the pre- and post-procedure care involved. (3-31-22)T

e. Verification Training. The supervising physician will verify the training of medical personnel upon the board-approved Medical Personnel Supervising Physician Registration form. The Medical Personnel Supervising Physician Registration Form will be maintained on file at each practice location and at the address of record of the supervising physician. (3-31-22)T

f. Disclosure. It is the responsibility of each supervising physician to ensure that every patient receiving a cosmetic treatment is advised of the education and training of the medical personnel rendering the treatment and that such medical personnel are not licensed physicians. (3-31-22)T

g. Patient Complaints. The supervising physician will report to the Board of Medicine all patient complaints received against medical personnel that relate to the quality and nature of cosmetic treatments rendered. (3-31-22)T

h. Duties and Responsibilities Nontransferable. The responsibilities and duties of a supervising physician may not be transferred to a business entity, professional corporation, or partnership, nor may they be assigned to another physician or person. (3-31-22)T

165. -- 241. (RESERVED)

242. DEFINITIONS RELATED TO INTERNS AND RESIDENTS.

01. Acceptable Training Program. A medical training program or course of medical study that has been approved by the LCME, Council on Medical Education or COCA of the AOA. (3-31-22)T

02. Acceptable Post Graduate Training Program. A post graduate medical training program or course of medical study that has been approved by the ACGME or AOA. (3-31-22)T

243. RESIDENT AND INTERN REGISTRATION.

01. Registration Certificate. Upon approval of the registration application, the Board may issue a registration certificate that sets forth the period during which the registrant may engage in activities that may involve the practice of medicine. Each registration will be issued for a period of not less than one (1) year and will set forth its expiration date on the face of the certificate. Each registration will identify the supervising physician. Each registrant will notify the Board in writing of any change of the supervising physician or the program or course of study fourteen (14) days prior to any such change. If the Board deems the intern or resident qualified, and if the course study requires, the Board may additionally certify on the registration certificate that the intern or resident is qualified to write prescriptions for Class III through Class V scheduled medications. (3-31-22)T

02. Termination of Registration. The registration of an intern or resident may be terminated, suspended, or made conditional by the Board on the grounds set forth in Section 54-1814, Idaho Code, and under the procedures set forth in Section 54-1806A, Idaho Code. (3-31-22)T

03. Annual Renewal of Registration. Each registration must be renewed annually prior to its expiration date. Any registration not renewed by its expiration date will be canceled. (3-31-22)T

04. Notification of Change. Each registrant must notify the Board in writing of any adverse action or termination, whatever the outcome, from any post graduate training program and any name changes within fourteen (14) days of such event. (3-31-22)T

05. Disclosure. It is the responsibility of each registrant to ensure that every patient is aware of the fact that such intern and resident is currently enrolled in a post graduate training program and under the supervision of a licensed physician. (3-31-22)T

244. FEES - TABLE.

Nonrefundable fees are as follows:

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

(3-31-22)T

245. -- 999. (RESERVED)