



WEST VIRGINIA SECRETARY OF STATE

MAC WARNER

ADMINISTRATIVE LAW DIVISION

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**NOTICE OF AGENCY APPROVAL OF A PROPOSED RULE AND FILING WITH THE LEGISLATIVE RULE-  
MAKING REVIEW COMMITTEE**

AGENCY: Medicine TITLE-SERIES: 11-06  
RULE TYPE: Legislative Amendment to Existing Rule: Yes Repeal of existing rule: No  
RULE NAME: 11-06 Continuing Education for Physicians and Podiatrists

**PRIMARY CONTACT**

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CITE STATUTORY AUTHORITY: W. Va. Code §30-3-12 and § 30-1-7a.

EXPLANATION OF THE STATUTORY AUTHORITY FOR THE LEGISLATIVE RULE, INCLUDING A DETAILED SUMMARY OF THE EFFECT OF EACH PROVISION OF THE LEGISLATIVE RULE WITH CITATION TO THE SPECIFIC STATUTORY PROVISION WHICH EMPOWERS THE AGENCY TO ENACT SUCH RULE PROVISION:

W. Va. Code §30-3-12 and § 30-1-7a.

DATE eFiled FOR NOTICE OF HEARING OR PUBLIC COMMENT PERIOD: 6/21/2017

DATE OF PUBLIC HEARING(S) OR PUBLIC COMMENT PERIOD ENDED: 7/21/2017

COMMENTS RECEIVED: No

(IF YES, PLEASE UPLOAD IN THE COMMENTS RECEIVED FIELD COMMENTS RECEIVED AND RESPONSES TO COMMENTS)

PUBLIC HEARING: No

(IF YES, PLEASE UPLOAD IN THE PUBLIC HEARING FIELD PERSONS WHO APPEARED AT THE HEARING(S) AND TRANSCRIPTS)

RELEVANT FEDERAL STATUTES OR REGULATIONS: No

WHAT OTHER NOTICE, INCLUDING ADVERTISING, DID YOU GIVE OF THE HEARING?

The Board publicized this rule change by including a notice of the proposed amendment and comment period on the Board's website with a link to the proposed rule and published an article in the Board's newsletter which is provided to Board licensees.

#### SUMMARY OF THE CONTENT OF THE LEGISLATIVE RULE, AND A DETAILED DESCRIPTION OF THE RULE'S PURPOSE AND ALL PROPOSED CHANGES TO THE RULE:

Series 6 establishes the rules of the West Virginia Board of Medicine regarding continuing education for physicians and podiatric physicians. The proposed amendments to the rule (1) modernize and clarify the language of the existing rule; (2) identify when an applicant may utilize post-graduate training to satisfy continuing education requirements; (3) update the requirements for drug diversion training and best practice prescribing training to incorporate a training component on prescribing and administration of an opioid antagonist; (4) clarify that three hours of Board-approved drug diversion training and best practice prescribing of controlled substances training must be completed each renewal cycle unless the renewal applicant has not prescribed, administered or dispensed controlled substances pursuant to a West Virginia license during the reporting period; (5) clarify when written documentation of successful completion of CME must be submitted to the Board by renewal, change of status, reinstatement and reactivation applicants; and (6) establish protocol for Board approval of drug diversion training and best practice prescribing of controlled substances training.

This rule has been revised and, in some sections, reorganized, for clarity, ease of reference by licensees and applicants, and to eliminate outdated language. Consistent with other Board rules, nomenclature has been updated to replace the term podiatrist with podiatric physician throughout this rule. A summary of the content changes appears below:

Section One: A sunset provision has been added.

Section Two: Modifications have been made to existing definitions, one definition has been removed, and four definitions have been added to this section.

Section Three: This section has been reorganized. Language has been added to clarify when a renewal applicant may utilize post-graduate training to satisfy continuing education obligations. The language of subsection 3.3 has been updated to clarify that the drug diversion training and best practice prescribing of controlled substances training is mandatory for all licensees in each renewal cycle unless the licensee has not prescribed, administered or dispensed controlled substances pursuant to a West Virginia license during the reporting period. The prior version required a licensee to take the training if he or she prescribed, administered or dispensed controlled substances in any jurisdiction during the reporting period.

Section Four: The language of this section has been updated and modernized. No substantive changes were made to this section.

Section Five was amended: (1) to modernize and update the existing language; (2) to include a time frame for how long licensees are required to maintain continuing education documentation; (3) to clarify that a written request by the Board to a licensee for documentation of successful completion of continuing education can be delivered to the licensee's preferred mailing address or e-mail address; (4) to clarify when written documentation of successful completion of CME must be submitted to the Board by renewal, change of status, reinstatement and reactivation applicants; and (5) to identify what constitutes required proof of successful completion of continuing education for reactivation applicants.

Section Six: Section six is a new section which establishes protocol for obtaining Board approval of drug diversion training and best practice prescribing of controlled substances training courses and updated version of courses previously approved. The agency approved filing contains technical corrections to the rule format and corrects typographical errors regarding numbering.

#### STATEMENT OF CIRCUMSTANCES WHICH REQUIRE THE RULE:

This rule establishes the continuing education requirements for physicians and podiatric physicians. The rule language has been modernized throughout. The proposed amendments clarify the continuing education obligations of physicians and podiatric physicians, and modify the definition of drug diversion training and best practice prescribing training to incorporate a training component on prescribing and administration of an opioid antagonist as required by state law.

SUMMARIZE IN A CLEAR AND CONCISE MANNER THE OVERALL ECONOMIC IMPACT OF THE PROPOSED LEGISLATIVE RULE:

A. ECONOMIC IMPACT ON REVENUES OF STATE GOVERNMENT:

The Board does not anticipate any economic impact on revenues of state government.

B. ECONOMIC IMPACT OF THE LEGISLATIVE RULE ON THE STATE OR ITS RESIDENTS:

The Board does not anticipate any economic impact on the state or its residents.

C. FISCAL NOTE DETAIL:

| Effect of Proposal      | Fiscal Year                            |  |  |
|-------------------------|--|--|--|
|                         | 2017<br>Increase/Decrease<br>(use "-") | 2018<br>Increase/Decrease<br>(use "-") | Fiscal Year (Upon<br>Full<br>Implementation) |
| 1. Estimated Total Cost | 0                                      | 0                                      | 0  |
| Personal Services       | 00                                     | 0                                      | 0  |
| Current Expenses        | 0                                      | 0                                      | 0  |

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## TITLE 11 LEGISLATIVE RULE BOARD OF MEDICINE

### SERIES 6 CONTINUING EDUCATION FOR PHYSICIANS AND ~~PODIATRISTS~~ PODIATRIC PHYSICIANS

#### **§11-6-1. General.**

1.1. Scope. -- These legislative rules address minimum requirements for continuing education satisfactory to the Board for physicians and ~~podiatrists~~ podiatric physicians.

1.2. Authority. -- W. Va. Code §30-3-12 and § 30-1-7a.

1.3. Filing Date. -- ~~May 6, 2013.~~

1.4. Effective Date. -- ~~May 6, 2013.~~

1.5. Sunset Provision -- This rule shall terminate and have no further force or effect upon the expiration of five years from its effective date.

#### **§11-6-2. Definitions.**

Definitions set forth in 11 CSR 1A are hereby incorporated by reference.

2.1. “ABMS” means American Board of Medical Specialties.

2.2. “Board” means the West Virginia Board of Medicine.

2.3. “Chronic pain” means pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously or episodically, for longer than three (3) continuous months. For purposes of this rule, “chronic pain” does not include pain associated with a terminal condition or illness or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition or illness.

2.4. “Controlled substances” means drugs that are classified by federal or state law in Schedules I, II, III, IV or V, as defined in W. Va. Code § 60A-2-204 through 212.

2.5. “Drug diversion training and best practice prescribing of controlled substances training” means training which includes all of the following:

2.5.a. Drug diversion, including West Virginia statistics on prescription drug abuse and resulting deaths.

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2.5.b. Epidemiology of chronic pain and misuse of opioids.

2.5.c. Indication for opioids in chronic pain treatment including general characteristics, toxicities and drug interactions.

2.5.d. Examination of patient evaluation and risk assessment and tools to assess risk and monitor benefits.

2.5.e. Initiation and ongoing management of chronic pain patients treated with opioid based therapies, including treatment objectives; monitoring and periodic review; referrals and consultations; informed consent; prescription of controlled substance agreements, urine screens and pill counts; patient education on safe use, storage and disposal of opioids; discontinuation of opioids for pain due to lack of benefits or increased risks; documentation and medical records.

2.5.f. Case study of a patient with chronic pain.

2.5.g. Identification of diversion and drug seeking tactics and behaviors.

2.5.h. Best practice methods for working with patients suspected of drug seeking behavior and diversion.

2.5.i. Compliance with controlled substances laws and rules.

2.5.j. Training on prescribing and administration of an opioid antagonist.

~~j.~~ 2.5.k. Registration with and use of the West Virginia Controlled Substances Monitoring Program established in West Virginia Code Chapter 60A, Article 9.

~~k.~~ 2.5.l. Maintenance of a record of attendance of each individual who successfully completes the drug diversion training and best practice prescribing of controlled substances training.

2.6. “Licensee” means a physician or podiatric physician licensed pursuant to the provisions of W. Va. Code § 30 -3-1 et seq. and the provisions of 11 CSR 1A.

~~2.6.~~ 2.7. “Maintenance of certification” means an ongoing process of education and assessment for the twenty four (~~24~~) member boards of the ABMS board certified physicians to improve practice performance in six (~~6~~) core competencies: professionalism, patient care and professional skills, medical knowledge, practice based learning and improvement, interpersonal and communication skills, and systems based practice.

~~2.7.~~ 2.8. “Opioid” means natural and semi-synthetic derivatives of the opium poppy, as well as similar synthetic compounds that have analgesic or pain relieving properties because of their effects in the central nervous system. These include, but are not limited to, codeine, morphine, hydromorphone, hydrocodone, oxycodone, methadone, and fentanyl.

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~~2.8.~~ 2.9. “Reactivation” means ~~a return to active status of a license which has been in an expired, lapsed, surrendered or suspended status~~ re-licensure of an eligible former licensee who has not held a license issued by the Board for more than one (1) year immediately preceding the request for reactivation.

~~2.9.~~ “Suspended license” for purposes of this rule means ~~a license suspended on a non-disciplinary basis under the provisions of West Virginia Code § 30-3-12 for failure to timely provide required continuing education to the Board.~~

2.10. “Reinstatement” means re-licensure of an eligible former licensee whose license automatically expired or was subject to a non-disciplinary voluntary surrender less than one year prior to the request for reinstatement.

2.11. “Renewal applicant” means a licensee who is seeking to renew a license issued by the Board.

2.12. “Reporting period” means the two-year period preceding the renewal deadline for a license issued by the Board. Continuing education satisfactory to the Board must be obtained in each reporting period.

### **§11-6-3. Continuing Education Satisfactory to the Board.**

3.1. Physicians. -- ~~Beginning July 1, 1993,~~ Successful completion of a minimum of fifty (~~50~~) hours of continuing medical education satisfactory to the Board during the preceding ~~two (2)~~ two-year period is required for the biennial renewal of a medical license. ~~Beginning July 1, 2008,~~ At least thirty (~~30~~) hours of the required fifty (~~50~~) hours must be related to the physician’s area or areas of specialty.

~~3.2.~~ ~~In order to acquire continuing medical education satisfactory to the Board, a physician may:~~ Types and categories of continuing medical education satisfactory to the Board for physicians are:

~~3.2.1.~~ ~~Take~~ 3.1.a Continuing medical education designated as Category I by the American Medical Association AMA or the American Academy of Family Physicians, or.

~~3.2.2.~~ 3.1.b. Teaching medical education courses or ~~lecture~~ lecturing to medical students, residents, or licensed physicians, or ~~serve~~ servicing as a preceptor to medical students or residents: Provided, that a A physician may not count more than twenty (20) hours in this category toward the required fifty (50) hours of continuing medical education. obtain a maximum of twenty hours of continuing medical education credit for this category of activity.

~~3.2.3.~~ ~~Sit for and pass~~ 3.1.c. Passing a certification or recertification examination of one of the ABMS member boards, and ~~receive~~ receiving certification or recertification from said board during the reporting period, or ~~provide documentation of~~ successful involvement in maintenance of certification from said ABMS member board during the two (2) years subsequent to the last medical license renewal in West Virginia: Provided, that a physician may not count more than

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~~forty seven (47) hours in this category toward the required fifty (50) hours of continuing medical education : Provided, however, that any physician who timely provides to the Board a Board-developed certification form and waiver request attesting that he or she has not prescribed, administered, or dispensed a controlled substance during the entire previous reporting period may count fifty (50) hours in this category toward the required fifty (50) hours of continuing medical education.~~ reporting period. Certification, recertification, or current successful involvement in maintenance of certification from any board other than one of the ABMS member boards does not qualify the recipient for any credit hours of continuing medical education. A maximum of fifty hours of continuing medical education credit may be awarded for this category of activity, but a physician shall only be awarded forty-seven hours of credit if the physician is a mandatory participant in the continuing education activity described in subsection 3.3 of this rule.

3.1.d. Successful completion during the reporting period of a minimum of twelve months of an ACGME approved post-graduate training program or fellowship. A maximum of fifty hours of continuing medical education credit may be awarded for this category of activity, but a physician shall only be awarded forty-seven hours of credit if the physician is a mandatory participant in the continuing education activity described in subsection 3.3 of this rule.

There are no other types or categories of continuing medical education satisfactory to the Board for physicians.

3.2. Podiatric physicians. -- Successful completion of a minimum of fifty hours of continuing podiatric education satisfactory to the Board during the preceding two-year period is required for the biennial renewal of a podiatric license. At least thirty hours of the hours must be related to the podiatric physician's area or areas of specialty. Types and categories of continuing podiatric education activity satisfactory to the Board for podiatric physicians are:

3.2.a. Continuing podiatric education:

3.2.a.1. Approved by the APMA or Council on Podiatric Medical Education;

3.2.a.2. Presented or sponsored by any of the podiatry colleges in the United States;

3.2.a.3. Designated as Category I by the AMA or the American Academy of Family Physicians; or

3.2.a.4. Presented or sponsored by the West Virginia Podiatric Medical Association.

3.2.b. Teaching podiatric education courses or lecturing to medical students, podiatric students, residents, or licensed physicians or podiatric physicians on podiatric medicine, or serving as a preceptor to podiatric students or residents. Provided, that a podiatric physician may obtain a maximum of twenty hours of continuing podiatric education credit for this category of activity.

3.2.c. Successful completion during the reporting period of a minimum of twelve months of graduate clinical training in a program approved by the Council on Podiatric Medical Education or the Colleges of Podiatric Medicine. A maximum of fifty hours of continuing podiatric education

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credit may be awarded for this category of activity, but a podiatric physician shall only be awarded forty-seven hours of credit if the licensee is a mandatory participant in the continuing education activity described in subsection 3.3 of this rule.

There are no other types or categories of continuing podiatric education activity satisfactory to the Board.

~~3.3. Beginning May 1, 2014, unless a physician has completed and timely provided to the Board a Board-developed certification form and waiver request attesting that he or she has not prescribed, administered, or dispensed a controlled substance during the entire previous reporting period, every physician as a prerequisite to license renewal shall complete a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training during the previous reporting period, which three (3) such hours may be provided only by a Board-approved program. Said three (3) hours shall be part of the fifty (50) total hours of continuing education required and not three (3) additional hours.~~

3.3. Mandatory Continuing Education Activity for Physicians and Podiatric Physicians. -- As a prerequisite to license renewal, a licensee who has prescribed, administered, or dispensed any controlled substance pursuant to a West Virginia license during the reporting period shall complete a Board-approved continuing education activity for a minimum of three hours of drug diversion training and best practice prescribing of controlled substances training.

3.3.a. The Board-approved drug diversion training and best practice prescribing of controlled substances training shall satisfy three of the fifty required hours of continuing education for the reporting period.

3.3.b. A renewal applicant who has not prescribed, administered, or dispensed any controlled substances pursuant to a West Virginia license during the reporting period may seek a waiver of this continuing education requirement by completing the required attestation and waiver request on the renewal application.

~~3.4. Podiatrists. — Beginning July 1, 1993, successful completion of a minimum of fifty (50) hours of continuing podiatric education satisfactory to the Board during the preceding two (2) year period is required for the biennial renewal of a podiatric license. Beginning July 1, 2008, at least thirty (30) hours of the hours must be related to the podiatrist's area or areas of specialty.~~

~~3.5. In order to acquire continuing podiatric education satisfactory to the Board a podiatrist may:~~

~~— 3.5.1. Take continuing podiatric education approved by the Council on Podiatric Medical Education, or~~

~~— 3.5.2. Take continuing podiatric education given under the auspices of the podiatry colleges in the United States, or~~

~~— 3.5.3. Take continuing medical education designated as Category I by the American Medical Association or the American Academy of Family Physicians.~~



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~~—3.5.4. Take continuing podiatric education given under the auspices of the West Virginia Podiatric Medical Association.~~

~~—3.5.5. Teach podiatric education courses or lectures in podiatry taught to podiatric students, residents, or licensed podiatrists, or serve as a preceptor to podiatric students or residents: Provided, that a podiatrist may not count more than twenty (20) hours in this category toward the required fifty (50) hours of podiatric education.~~

~~3.6. Beginning May 1, 2014, unless a podiatrist has completed and timely provided to the Board a Board developed certification waiver form attesting that he or she has not prescribed, administered, or dispensed a controlled substance during the entire previous reporting period, every podiatrist as a prerequisite to license renewal shall complete a minimum of three (3) hours of drug diversion training and best practice prescribing of controlled substances training during the previous reporting period. Said three (3) hours shall be part of the fifty (50) total hours of continuing education required and not three (3) additional hours.~~

~~There are no other types or categories of continuing podiatric education satisfactory to the Board.~~

~~3.7. Hours; Physicians and Podiatrists. — For the purposes of this section, one (1) clock hour of attendance equals one (1) hour of continuing education.~~

3.4. Other than as specifically set forth herein, in calculating continuing education activities, one hour equals sixty minutes of activity or instruction.

### **§11-6-4. Certification of Successful Completion of Continuing Education Requirements.**

~~4.1. Certification. -- Every applicant for licensure renewal shall timely submit to the Board a certification of the successful completion of a minimum of fifty (50) hours of continuing education satisfactory to the Board during the preceding two (2) year period. If an applicant fails to submit such certification in a timely fashion the applicant's license shall automatically expire. A renewal applicant shall, as a condition of licensure renewal, certify his or her successful completion of all required continuing education during the reporting period.~~

~~4.2. Form of Certification. -- The Board shall ~~imprint~~ include a certification of successful completion of required continuing education on its biennial renewal application. ~~forms a certification requiring the applicant's signature and the date after an attestation to the truth and correctness of the applicant's statements pertaining to the successful completion of the required continuing education.~~ The certification shall require the renewal applicant to: ~~include a statement that any license issued from the application is based on the truth of the applicant's statements and that if false information is submitted in the application, such an act constitutes good cause for the revocation of the applicant's license to practice in the State of West Virginia.~~~~

4.2.a. Certify successful completion of all required continuing education;

4.2.b. Attest to the truthfulness and accuracy of the renewal applicant's statements regarding continuing education activities;

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4.2.c. Acknowledge that any license issued based upon the renewal application is based upon the truth and accuracy of the applicant's statements and that if false information is submitted in the application, such act constitutes good cause for the revocation of the renewal applicant's license to practice in the State of West Virginia; and

4.2.d. Sign and date the certification.

~~4.3. Timely Submission of Certification. -- In order for a certification to be submitted to the Board in a timely fashion, the certification must be received in the Board offices before the first day of July of the year of renewal of the license. At the beginning of each renewal application period, the Board shall publish the renewal deadline on its website. A continuing education certification is timely if it is received by the Board prior to the renewal deadline.~~

4.4. A license shall automatically expire if the certification required by this section is not submitted to the Board by the renewal deadline. An automatically expired license shall remain expired until a licensee successfully seeks reinstatement or reactivation of license.

### **§11-6-5. Recordkeeping, Audits and Written Documentation of Successful Completion of Continuing Education Requirements.**

5.1. Records. A licensee shall maintain accurate records of all continuing education he or she has completed. Continuing education records shall be maintained for a period of six years.

~~5.1.~~ 5.2. Audits. -- The Board may conduct such audits and investigations as it considers necessary to determine if licensees are complying assure compliance with continuing education requirements and to verify the accuracy of if the statements made on the Board's renewal application forms as to a renewal applicant's certification of continuing education are accurate.

~~5.2. When Written Documentation Requested. -- Any licensee is required to provide supporting written documentation of the successful completion of the continuing education certified as received on the biennial renewal application form, if the Board requests such written documentation in writing. The licensee shall provide the Board with the written documentation so that it is received by the Board within thirty (30) days of the licensee's receipt of the written request.~~

~~5.3. Automatic Expiration of License. -- When a licensee's license automatically expires for failure to timely submit to the Board a certification of successful completion of a minimum of fifty (50) hours of continuing education satisfactory to the Board, the license shall remain expired until such time as the certification, as set forth in section 4 of this rule, is received by the Board and until such time as all supporting written documentation is submitted to and approved by the Board.~~

5.3. Production of Written Documentation. -- Upon written request of the Board to a licensee's preferred mailing address or e-mail address of record with the Board, a licensee shall, within thirty days, submit written documentation satisfactory to the Board corroborating the licensee's renewal application certification of continuing education compliance.

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5.4. Failure or Refusal to Provide Written Documentation. -- Failure or refusal of a licensee to provide written documentation requested by the Board as set forth in ~~section 5.2~~ subsection 5.3 of this rule is prima facie evidence of renewing a license to practice medicine or podiatry by fraudulent misrepresentation and the licensee is subject to disciplinary proceedings under W. Va. Code §30-3-14.

5.5. Inactive License. -- ~~Beginning July 1, 1993, in the case of a~~ A licensee who holds an inactive license and who makes a written request to the Board for an active license, ~~the licensee~~ shall submit written documentation of successful completion of a minimum of fifty (50) hours of continuing education as required in section 3 of this rule. The Board shall not consider a ~~request for a change of status request~~ from an inactive to an active license until all written documentation accompanied by a certification in accordance with section 4 of this rule is submitted to and approved by the Board.

~~5.6. Expired, Lapsed, Surrendered, or Suspended License. -- Beginning June 1, 2013, in the case of a former licensee who makes a written request to the Board for reactivation of a license, the former licensee shall submit written documentation of successful completion of a minimum of fifty (50) hours of continuing education as required in section 3 of this rule: Provided, in order for reactivation to be granted by the Board, the former licensee shall not be required by the Board to submit such written documentation for more than fifty (50) hours obtained during each of the two (2) full and complete renewal cycles immediately preceding the reactivation request.~~

5.6. Reinstatement Applicants. - As a part of a reinstatement application, an eligible applicant shall certify his or her completion of all required continuing education for the previous reporting period, and shall submit written documentation satisfactory to the Board corroborating applicant's certification of continuing education compliance.

5.7. Reactivation applicants. – An eligible applicant seeking reactivation of licensure shall submit a reactivation application packet, which includes an initial licensure application accompanied by any corroborating documentation or verifications required by the Board for reactivation applicants, the reactivation application fee, and one of the following:

5.7.a. Certification and written documentation of successful completion of continuing education for the reporting period associated with the applicant's last period of licensure with the Board;

5.7.b. Certification and written documentation of successful completion of fifty hours of continuing education satisfactory to the Board within two-year period preceding the application submission date; or

5.7.c. An attestation by the applicant that he or she holds an active status license in another state which requires the periodic completion of a minimum number of continuing education hours as a condition of continued licensure, and that the applicant is currently compliant with all such continuing education requirements.

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### **§11-6-6. Board Approval of Drug Diversion Training and Best Practice Prescribing of Controlled Substances Training Courses.**

6.1. The biennial requirement to complete a minimum of three hours of drug diversion training and best practice prescribing of controlled substances training requires successful completion of a Board-approved course.

6.2. The Board shall maintain and publish on its website a current list of all educational activities which have been approved by the Board to satisfy the drug diversion training and best practice prescribing of controlled substances training continuing education requirement.

6.3. To obtain Board approval that an educational activity satisfies the drug diversion training and best practice prescribing of controlled substances training requirement, a provider or sponsor shall submit a written request to the Board at least thirty days in advance of the educational activity:

6.3.a. Identifying the provider, sponsor, all presenters and the full name of the educational activity for which Board approval is sought;

6.3.b. Identifying all dates and locations that the educational activity will be offered;

6.3.c. Confirming that the educational activity includes all required training components which are set forth in subsection 2.5; and

6.3.d. Providing sufficient documentation of the course content and objectives to permit the Board to evaluate whether approval should be granted.

6.4. Board-approval for a proposed continuing education activity is valid for a period of one year. If additional dates or locations of a Board-approved training are offered within the approval period, the course sponsor or presenter shall notify the Board of the date and location of all such additional course offerings.

6.5. To obtain approval in a subsequent year for an updated educational activity which was previously approved pursuant to this section, a provider or sponsor shall submit a written request to the Board at least thirty days in advance of the educational activity:

6.5.a. Identifying full name of the educational activity which was previously approved and any changes to the name for the updated course;

6.5.b. Identifying all dates and locations that the updated educational activity will be offered;

6.5.c. Confirming that the updated educational activity includes all required training components which are set forth in subsection 2.5; and

6.5.d. Providing sufficient information regarding the updated information incorporated into the course content to permit the Board to evaluate whether approval should be granted.

6.6. Board staff shall respond to all requests submitted pursuant to this section, in writing, within twenty days of receipt of the request.