

**PROPOSED REGULATION OF THE
BOARD OF MEDICAL EXAMINERS**

LCB FILE NO. R068-23I

**The following document is the initial draft regulation proposed
by the agency submitted on 09/19/2023**

Proposed Regulation Draft

Amendment for NAC 630.147:

An applicant for a special event license issued pursuant to NRS 630.266 must, not later than 30 days before the requested effective date described in subsection 1, submit to the Board or, where appropriate, cause to be submitted to the Board:

1. An application for a special event license on a form approved by the Board. The application must include, without limitation, the date on which the applicant wishes the special event license to become effective. To ensure compliance with NRS 630.266, the application must also include:

(a) Verification that the applicant is currently licensed as a physician in another state and is in good standing in that state;

(b) The dates and locations of the demonstrations of medical techniques or procedures *or assistance with the demonstration of medical techniques or procedures* that the applicant plans to conduct pursuant to the special event license; and

(c) A description of the type of persons expected to attend the demonstrations.

2. The documentation and information, other than an application, that an applicant for a license to practice medicine is required to submit to the Board pursuant to NRS 630.165 to 630.173, inclusive, 630.195 and 630.197.

3. The applicable fee for the application for and issuance of the special event license as prescribed by the Board pursuant to subsection 1 of NRS 630.268.

4. Such other pertinent information as the Board may require.

Amendment for NAC 630.180:

1. If an applicant:

(a) Does not complete his or her application by providing all the documentation required by the form for application within 6 months after the actual date of filing of the form by the applicant;

(b) Withdraws his or her application; or

(c) Dies before he or she is issued a license by the Board,

↳ the Board will not refund any portion of the fee for application.

2. Applications which are not completed within 6 months ~~will~~ *may be rejected closed without action.*

3. If an applicant pays the fee for biennial registration at the time of application, the Board will refund the fee for biennial registration if the Board does not issue a license to the applicant for any reason set forth in subsection 1 or 2.

Amendment for NAC 630.280:

An applicant for licensure as a physician assistant must have the following qualifications:

1. If the applicant has not practiced as a physician assistant for 24 months or more before applying for licensure in this State, he or she must, at the order of the Board, have taken and passed:

a. The same examination to test medical competency as that given to applicants for initial licensure; or

b. An examination designated by the Board, if the applicant is currently certified as a physician assistant by the National Commission on Certification of Physician Assistants, or its successor organization, and ineligible to take the examination described in paragraph (a).

2. Be able to communicate adequately orally and in writing in the English language.

3. Be of good moral character and reputation.
 4. ~~[Have attended and completed a course of training in residence as a]~~ *Graduated from a postsecondary physician assistant program* approved by one of the following entities affiliated with the American Medical Association or its successor organization:
 - (a) The Committee on Allied Health Education and Accreditation or its successor organization;
 - (b) The Commission on Accreditation of Allied Health Education Programs or its successor organization; or
 - (c) The Accreditation Review Commission on Education for the Physician Assistant or its successor organization.
 5. Be certified by the National Commission on Certification of Physician Assistants or its successor organization.
- ~~[—6.— Possess a postsecondary degree.]~~

Amendment to NAC 630.290:

1. An application for licensure as a physician assistant must be made on a form supplied by the Board. The application must state:
 - (a) The date and place of the applicant's birth and his or her sex;
 - (b) *Information about [F] the applicant's postsecondary education related to his or her physician assistant program [education], including, without limitation, high schools and postsecondary institutions attended, the length of time in attendance at each and whether he or she is a graduate of those schools and institutions;*
 - (c) Whether the applicant has ever applied for a license or certificate as a physician assistant in another state and, if so, when and where and the results of his or her application;
 - (d) The applicant's ~~[training and experience as a physician assistant]~~ *work activities for the preceding five years from the date of his or her application;*
 - (e) Whether the applicant has ever been investigated for misconduct as a physician assistant or had a license or certificate as a physician assistant revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against the applicant by a licensing body in any jurisdiction;
 - (f) Whether the applicant has ever been *arrested, investigated for, charged with*, convicted of, *or pled guilty or nolo contendere to any [a felony or an] offense or violation of any federal, state or local law, including the Uniform Code of Military Justice, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense [involving moral turpitude];*
 - (g) Whether the applicant has ever been *arrested*, investigated for, charged with, ~~[or]~~ convicted of, *or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing, [the use or illegal sale]* or dispensing of controlled substances; and
 - (h) The various places of his or her residence ~~[from the date of:~~
 - ~~(1) Graduation from high school;~~
 - ~~(2) Receipt of a high school general equivalency diploma; or~~
 - ~~(3) Receipt of a postsecondary degree;~~~~→ whichever occurred most recently.]~~ *for the preceding five years from the date of his or her application.*

2. An applicant must submit to the Board:
 - (a) Proof of completion of an educational program as a physician assistant:
 - (1) If the applicant completed the educational program on or before December 31, 2001, which was approved by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs; or
 - (2) If the applicant completed the educational program on or after January 1, 2002, which is accredited by the Accreditation Review Commission on Education for the Physician Assistant or approved by the Commission on Accreditation of Allied Health Education Programs;
 - (b) Proof of passage of the examination given by the National Commission on Certification of Physician Assistants; and
 - (c) Such further evidence and other documents or proof of qualifications as required by the Board.
3. Each application must be signed by the applicant and sworn to before a notary public or other officer authorized to administer oaths.
4. The application must be accompanied by the applicable fee.
5. An applicant shall pay the reasonable costs of any examination required for licensure.

Amendment to NAC 630.350:

1. The license of a physician assistant may be renewed biennially. The license will not be renewed unless the physician assistant provides satisfactory proof that the physician assistant has completed the following number of hours of continuing medical education as defined by the American Academy of Physician Assistants or has received a certificate documenting the completion of the following number of hours of Category 1 credits as recognized by the American Medical Association:

- (a) If licensed during the first 6 months of the biennial period of registration, 40 hours.
- (b) If licensed during the second 6 months of the biennial period of registration, 30 hours.
- (c) If licensed during the third 6 months of the biennial period of registration, 20 hours.
- (d) If licensed during the fourth 6 months of the biennial period of registration, 10 hours.

2. The Board may issue not more than 15 contact hours of continuing 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:

(a) May be credited against the hours required for a biennial licensing period pursuant to subsection 1; and

(b) Must be equal to the actual time involved in performing the medical review, not to exceed 10 hours.

3. To allow for the renewal of a license to practice as a physician assistant by each person to whom a license was issued or renewed in the preceding renewal period, the Board will make such reasonable attempts as are practicable to:

(a) ***Send [Mail]*** a renewal notice ***to the physician assistant*** at least 60 days before the expiration of a license to practice as a physician assistant; and

(b) ***Send [a]*** renewal ***[application to a licensee] instructions [at]*** to the last known ***email*** address of the ***[licensee] physician assistant*** on record with the Board.

4. If a licensee fails to pay the fee for biennial registration after it becomes due or fails to submit proof that the licensee completed the number of hours of continuing medical education required by subsection 1, his or her license to practice in this State expires. Within 2 years after

the date on which the license expires, the holder may be reinstated to practice as a physician assistant if the holder:

(a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of hours of continuing medical education required by subsection 1; and

(c) Is found to be in good standing and qualified pursuant to this chapter.

5. Not later than September 30 of each odd-numbered year, the Board shall provide a list of physician assistant licenses that have expired during that year to the Drug Enforcement Administration of the United States Department of Justice or its successor agency and the Nevada State Board of Pharmacy.

Amendment to NAC 630.370:

1. Except as otherwise provided in NAC 630.375, the supervising physician is responsible for all the medical activities of his or her physician assistant and shall ensure that:

(a) The physician assistant is clearly identified to the patients as a physician assistant;

(b) The physician assistant performs only those medical services which have been approved by his or her supervising physician;

(c) The physician assistant does not represent himself or herself in any manner which would tend to mislead the general public, the patients of the supervising physician or any other health professional; and

(d) There is strict compliance with:

(1) The provisions of the certificate of registration issued to his or her physician assistant by the State Board of Pharmacy pursuant to NRS 639.1373; and

(2) The regulations of the State Board of Pharmacy regarding controlled substances, poisons, dangerous drugs or devices.

2. Except as otherwise required in subsection 3 or 4, the supervising physician shall review and initial selected charts of the patients of the physician assistant. Unless the physician assistant is performing medical services pursuant to NAC 630.375, the supervising physician must be available at all times that his or her physician assistant is performing medical services to consult with his or her assistant. Those consultations may be indirect, including, without limitation, by telephone.

3. At least once a month, the supervising physician shall spend part of a day at any location where the physician assistant provides medical services to act as a consultant to the physician assistant and to monitor the quality of care provided by the physician assistant.

4. Except as otherwise provided in this subsection, if the supervising physician is unable to supervise the physician assistant as required by this section, the supervising physician shall designate a qualified substitute physician, who practices medicine in the same specialty as the supervising physician, to supervise the assistant. If the physician assistant is performing medical services pursuant to NAC 630.375, the supervising physician is not required to comply with this subsection.

5. A physician who supervises a physician assistant shall develop and carry out a program to ensure the quality of care provided by a physician assistant. The program must include, without limitation:

(a) An assessment of the medical competency of the physician assistant;

(b) A review and initialing of selected charts;

(c) An assessment of a representative sample of the referrals or consultations made by the physician assistant with other health professionals as required by the condition of the patient;

(d) Direct observation of the ability of the physician assistant to take a medical history from and perform an examination of patients representative of those cared for by the physician assistant; and

(e) Maintenance by the supervising physician of accurate records and documentation regarding the program for each physician assistant supervised.

6. Except as otherwise provided in subsection 7, a physician may supervise a physician assistant if the physician:

(a) Holds an active license in good standing to practice medicine issued by the Board;

(b) Actually practices medicine in this State; and

(c) Has not been specifically prohibited by the Board from acting as a supervising physician.

7. If the Board has disciplined a physician assistant pursuant to ~~[NAC 630.410]~~ ***NRS 630.352*** a physician shall not supervise that physician assistant unless the physician has been specifically approved by the Board's *Executive Director or his or her designee* to act as the supervising physician of that physician assistant.

8. To request approval for the supervision of a physician assistant pursuant to subsection 7, the physician must submit his or her plan of supervision as required by NAC 630.370 for the physician assistant for review by the Board's Executive Director or his or her designee. In making a determination whether to approve the supervision, the Board's Executive Director or his or her designee will review the licensing history and disciplinary history of both the physician and physician assistant.

Repeal NAC 630.410:

~~[If the Board finds, by a preponderance of the evidence, after notice and hearing in accordance with this chapter, that:~~

~~—1.— The charges in the complaint against the physician assistant are true, the Board will issue and serve on the physician assistant its written findings and any order of sanctions. The following sanctions may be imposed by order:~~

~~—(a) Placement on probation for a specified period on any of the conditions specified in the order.~~

~~—(b) Administration of a public reprimand.~~

~~—(c) Limitation of his or her practice or exclusion of one or more specified branches of medicine from his or her practice.~~

~~—(d) Suspension of his or her license, for a specified period or until further order of the Board.~~

~~—(e) Revocation of his or her license to practice.~~

~~—(f) A requirement that the physician assistant participate in a program to correct alcohol or drug dependence or any other impairment.~~

~~—(g) A requirement that there be additional and specified supervision of his or her practice.~~

~~—(h) A requirement that the physician assistant perform community service without compensation.~~

~~—(i) A requirement that the physician assistant take a physical or mental examination or an examination testing his or her medical competence.~~

~~—(j) A requirement that the physician assistant fulfill certain training or educational requirements, or both, as specified by the Board.~~

~~—(k) A fine not to exceed \$5,000.~~

~~—(1) A requirement that the physician assistant pay all costs incurred by the Board relating to the disciplinary proceedings.~~

~~—2. No violation has occurred, it will issue a written order dismissing the charges and notify the physician assistant that the charges have been dismissed. If the disciplinary proceedings were initiated as a result of a complaint filed against the physician assistant, the Board may provide to the physician assistant a copy of the complaint and the name of the person who filed the complaint.]~~

Amendment to NAC 630.490:

1. Except as otherwise provided in this section, a physician may collaborate with an advanced practice registered nurse if the physician:

- (a) Holds an active license in good standing to practice medicine;
- (b) Actually practices medicine in this State; and
- (c) Has not been specifically prohibited by the Board from acting as a collaborating physician.

2. No physician may collaborate with an advanced practice registered nurse whose scope of practice or medical competence is other than the scope of practice or medical competence of the physician.

3. Before collaborating with an advanced practice registered nurse, a physician, on a form prescribed by the Board, shall notify the Board of the name and location of the practice of the advanced practice registered nurse and the portion of the practice of the advanced practice registered nurse that the physician will collaborate on with the advanced practice registered nurse. The notice must contain the signatures of the advanced practice registered nurse and the collaborating physician.

4. In addition to any other requirements, if the State Board of Nursing pursuant to NRS 632.349 has disciplined an advanced practice registered nurse, a physician shall not collaborate with that advanced practice registered nurse unless the physician has been specifically approved by the Board's *Executive Director or his or her designee* to act as the collaborating physician of that advanced practice registered nurse. *To request approval for the collaboration with an advanced practice registered nurse pursuant to this section, the physician must submit his or her plan of collaboration as required by this provision for the advanced practice registered nurse for review by the Board's Executive Director or his or her designee. In making a determination whether to approve the supervision, the Board's Executive Director or his or her designee will review the licensing history and disciplinary history of both the physician and advanced practice registered nurse.*

5. A collaborating physician shall immediately notify the Board of the termination of collaboration between the collaborating physician and an advanced practice registered nurse. For any portion of the practice of the advanced practice registered nurse that the collaborating physician terminating collaboration with the advanced practice registered nurse collaborated, no physician shall collaborate with the advanced practice registered nurse until the physician submits notice to the Board pursuant to subsection 3.

6. The collaborating physician or his or her substitute shall be available at all times that the advanced practice registered nurse is providing medical services to consult with the advanced practice registered nurse. Those consultations may be indirect, including, without limitation, by telephone.

7. The collaborating physician shall, at least once a month, spend part of a day at any location where the advanced practice registered nurse provides medical services to act as consultant to the

advanced practice registered nurse and to monitor the quality of care provided by an advanced practice registered nurse.

8. The collaborating physician shall develop and carry out a program to ensure the quality of care provided by an advanced practice registered nurse. The program must include, without limitation:

- (a) An assessment of the medical competency of the advanced practice registered nurse;
- (b) A review and initialing of selected charts;
- (c) An assessment of a representative sample of referrals or consultations made by the advanced practice registered nurse with another health professional as required by the condition of the patient;
- (d) Direct observation of the ability of the advanced practice registered nurse to take a medical history from and perform an examination of patients representative of those cared for by the advanced practice registered nurse; and
- (e) Maintenance of accurate records and documentation of the program for each advanced practice registered nurse with whom the physician collaborated.

9. The collaborating physician shall ensure that the advanced practice registered nurse:

- (a) Does not use presigned prescriptions; and
- (b) Practices in strict compliance with the regulations of the State Board of Pharmacy regarding prescriptions, controlled substances, dangerous drugs and devices.

10. The medical director of a practice that is specific to a site, including, without limitation, a facility for skilled nursing or a hospital, may act as a collaborating physician to an advanced practice registered nurse who works at the practice. A medical director acting as a collaborating physician may allow the advanced practice registered nurse to evaluate and care for patients under the direction of an attending physician who is not the collaborating physician of the advanced practice registered nurse.

11. A collaborating physician shall ensure that the medical services that an advanced practice registered nurse performs while collaborating with the physician are:

- (a) Commensurate with the education, training, experience and level of competence of the advanced practice registered nurse; and
- (b) Within the scope of practice of the:
 - (1) Advanced practice registered nurse;
 - (2) Certification of the advanced practice registered nurse; and
 - (3) Collaborating physician.

12. If the collaborating physician is unable to act as the collaborating physician for an advanced practice registered nurse, he or she shall designate a qualified substitute physician to act as a temporary collaborating physician. The scope of practice or medical competence of the temporary collaborating physician must be the same as the scope of practice or medical competence of the original collaborating physician.

13. The collaborating physician is responsible for all the medical services performed by the advanced practice registered nurse.

Amendment to NAC 630.495:

1. Except as otherwise provided in subsection 2, a physician shall not simultaneously:

- (a) Supervise more than three physician assistants;
- (b) Collaborate with more than three advanced practice registered nurses; or

(c) Supervise or collaborate with a combination of more than three physician assistants and advanced practice registered nurses.

2. A physician may petition the Board for approval to supervise or collaborate with more physician assistants and advanced practice registered nurses than he or she would otherwise be allowed pursuant to subsection 1. *Such petitions will be reviewed and approved by the Board's Executive Director or his or her designee.* The Board's *Executive Director or his or her designee* will not approve the petition unless the physician provides satisfactory proof to the Board that:

(a) Special circumstances regarding his or her practice exist that necessitate his or her supervision or collaboration with more physician assistants and advanced practice registered nurses than would otherwise be allowed pursuant to subsection 1; and

(b) The physician will be able to supervise or collaborate with the number of physician assistants and advanced practice registered nurses for which he or she is requesting approval in a satisfactory manner.

In making a determination whether to approve the petition submitted pursuant to subsection 2, the Board's Executive Director or his or her designee will review the licensing history and disciplinary history of the physician, physician assistants, and advanced practice registered nurses, as applicable.

Amendment to NAC 630.505:

1. An application for licensure 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, his or her sex and the various places of his or her residence ~~[after reaching 18 years of age]~~ *for the preceding five years from the date of his or her application;*

(b) *Information about* ~~[T]~~ *the applicant's* ~~[education]~~ *postsecondary education related to his or her respiratory care training program* ~~[of the applicant],~~ including, without limitation, ~~[all high schools,]~~ postsecondary institutions and professional institutions attended, the length of time in attendance at each ~~[high school or]~~ institution and whether he or she is a graduate of those schools ~~[and]~~ *or* institutions;

(c) Whether the applicant has ever applied for a license or certificate as a practitioner of respiratory care in another state and, if so, when and where and the results of his or her application;

(d) *The applicant's work activities for the preceding five years from the date of his or her application* ~~[The professional training and experience of the applicant];~~

(e) Whether the applicant has ever been investigated for misconduct as a practitioner of respiratory care or had a license or certificate as a practitioner of respiratory care revoked, modified, limited or suspended or whether any disciplinary action or proceedings have ever been instituted against him or her by a licensing body in any jurisdiction;

(f) Whether the applicant has ever been *arrested, investigated for, charged with,* convicted of, *or pled guilty or nolo contendere to any* ~~[a felony or an]~~ *offense or violation of any federal, state or local law, including the Uniform Code of Military Justice, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense* ~~[involving moral turpitude];~~

(g) Whether the applicant has ever been *arrested,* investigated for, charged with, ~~[or]~~ convicted of, *or pled guilty or nolo contendere to any offense which is related to the manufacture, distribution, prescribing,* ~~[the use or illegal sale]~~ or dispensing of controlled substances; and

(h) 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 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;

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

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

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 practitioner of respiratory care 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.

Note to LCB: Please ensure that the same changes in NAC 630.505 are added to the new provisions created in LCB File No. R009-19.

Amendment to NAC 630.530:

1. The license of a practitioner of respiratory care may be renewed biennially upon dates set by the Board. The license will not be renewed unless the practitioner of respiratory care provides satisfactory proof:

(a) Of current certification by the National Board for Respiratory Care or its successor organization; and

(b) That he or she has completed the number of contact hours of continuing professional education required by subsections 2 and 3.

2. To renew a license for the practice of respiratory care, a licensee must complete the number of contact hours of continuing education required by subsection 3, of which:

(a) Sixty percent must be from an approved educational source directly related to the practice of respiratory care. Two hours of this 60 percent must be in medical ethics.

(b) Forty percent must be in any program approved by the American Association for Respiratory Care for Continuing Respiratory Care Education or any program of another organization approved by the Board.

3. The following contact hours for continuing education are required for a licensee to renew a license for the practice of respiratory care:

(a) If licensed during the first 6 months of the biennial period of registration, 20 hours.

(b) If licensed during the second 6 months of the biennial period of registration, 15 hours.

- (c) If licensed during the third 6 months of the biennial period of registration, 10 hours.
- (d) If licensed during the fourth 6 months of the biennial period of registration, 5 hours.

4. A practitioner of respiratory care shall notify the Board within 10 days if his or her certification by the National Board for Respiratory Care or its successor organization is withdrawn.

5. To allow for the renewal of a license to practice respiratory care by each person to whom a license was issued or renewed in the preceding renewal period, the Board will make such reasonable attempts as are practicable to:

(a) ~~Send [Mail]~~ a renewal notice *to the practitioner of respiratory care* at least 60 days before the expiration of a license to practice respiratory care; and

(b) ~~Send [a]~~ renewal ~~[application to a licensee]~~ *instructions [at]* to the last known *email* address of the ~~[licensee]~~ *practitioner of respiratory care* on record with the Board.

6. If a licensee fails to pay the fee for biennial registration on or before the date required by [NAC 630.525](#) or fails to submit proof that the licensee completed the number of contact hours of continuing education required by subsections 2 and 3, his or her license to practice respiratory therapy in this State expires. Within 2 years after the date on which the license expires, the holder may be reinstated to practice respiratory care if he or she:

(a) Pays twice the amount of the current fee for biennial registration to the Secretary-Treasurer of the Board;

(b) Submits proof that he or she completed the number of contact hours of continuing education required by subsections 2 and 3; and

(c) Is found to be in good standing and qualified pursuant to the provisions of this chapter and [NRS 630.277](#).

7. The Board may issue not more than 10 contact hours of continuing education during a biennial licensing period to a licensee if the licensee performs a medical review for the Board. The hours issued by the Board:

(a) May be credited against the hours required for a biennial licensing period pursuant to subsections 2 and 3; and

(b) Must be equal to the actual time involved in performing the medical review, not to exceed 10 hours.

Repeal NAC 630.555:

~~[If the Board finds, by a preponderance of the evidence, after notice and hearing in accordance with this chapter, that:~~

~~—1. The charges in a complaint against a practitioner of respiratory care are true, the Board will issue and serve on the practitioner of respiratory care its written findings and any order of sanctions. The following sanctions may be imposed on a practitioner of respiratory care by order of the Board:~~

~~—(a) Placement on probation for a specified period on any of the conditions specified in the order.~~

~~—(b) Administration of a public reprimand.~~

~~—(c) Suspension of his or her license for a specified period or until further order of the Board.~~

~~—(d) Revocation of his or her license to practice.~~

~~—(e) A requirement that he or she participate in a program to correct alcohol or drug dependence or any other impairment.~~

~~—(f) A requirement that there be specified supervision of his or her practice.~~

~~—(g) A requirement that he or she perform public service without compensation.~~

~~— (h) A requirement that he or she take a physical or mental examination or an examination testing his or her medical competence.~~

~~— (i) A requirement that he or she fulfill certain training or educational requirements, or both, as specified by the Board.~~

~~— (j) A fine not to exceed \$1,500.~~

~~— (k) A requirement that the practitioner of respiratory care pay all costs incurred by the Board relating to the disciplinary proceedings.~~

~~— 2. No violation has occurred, the Board will issue a written order dismissing the charges and notify the practitioner of respiratory care that the charges have been dismissed. If the disciplinary proceedings were initiated as a result of a complaint filed against the practitioner of respiratory care, the Board may provide to the practitioner of respiratory care a copy of the complaint and the name of the person who filed the complaint.]~~

Amendment to NAC 630.700:

1. An application for licensure as a perfusionist must be made on a form provided by the Board. The application must set forth:

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

(b) The gender of the applicant;

(c) *Information about [T] the applicant's [education] postsecondary education related to his or her perfusionist training program [of the applicant],* including, without limitation, *[all high schools,]* postsecondary institutions and professional institutions attended, the length of time in attendance at each *[high school or]* institution and whether he or she is a graduate of those schools *[and] or* institutions;

(d) If the applicant has ever applied for a license or certificate to practice perfusion in another state or jurisdiction, the date and disposition of the application;

(e) *The applicant's work activities for the preceding five years from the date of his or her application [The training and experience of the applicant in the practice of perfusion];*

(f) If the applicant has ever been investigated for misconduct in the practice of perfusion, had a license or certificate to practice perfusion revoked, modified, limited or suspended or had any disciplinary action or proceeding instituted against the applicant by a licensing body in another state or jurisdiction, the dates, circumstances and disposition of each such occurrence;

(g) *Whether the applicant has ever been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal, state or local law, including the Uniform Code of Military Justice, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense [If the applicant has ever been convicted of a felony or any offense involving moral turpitude, the dates, circumstances and disposition of each such occurrence];*

(h) *Whether the applicant has ever been arrested, 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 [If the applicant has ever been investigated for, charged with or convicted of the use or illegal sale or dispensing of a controlled substance, the dates, circumstances and disposition of each such occurrence];* and

(i) Each place of residence of the applicant *for the preceding five years from the date of his or her application [after the date of graduation of the applicant from high school or the receipt by the applicant of a high school general equivalency diploma, whichever occurred most recently].*

2. An applicant must submit to the Board:

(a) 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.

(b) Except as otherwise provided in [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](#).

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

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

a. The applicant is the person named in the proof of completion of a perfusion education program 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 fee.

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

Note to LCB: Please ensure that the same changes in NAC 630.700 are added to the new provisions created in LCB File No. R010-19.

Amendment to NAC 630.730:

Before providing perfusion services, a perfusionist must notify the Board, on a form prescribed by the Board, of the name and location of the primary location of practice of the perfusionist. The form must be signed by the perfusionist. ***When the primary location of practice for a perfusionist changes, he or she must provide updated information to the Board within 30 days.***

New Provision #1:

A practitioner of respiratory care shall not falsify the medical records of a hospital so as to indicate his or her presence at a time when he or she was not in attendance or falsify those

records to indicate that procedures were performed by him or her which were in fact not performed by him or her.

New Provision #2:

A perfusionist shall not falsify the medical records of a hospital so as to indicate his or her presence at a time when he or she was not in attendance or falsify those records to indicate that procedures were performed by him or her which were in fact not performed by him or her.

New Provision #3:

Pursuant to NRS 233B.121(4) and except for expert witnesses, the Board will authorize witness fees and mileage to be paid to witnesses utilized in hearings on contested cases in the same amounts and under the same conditions as for witnesses in the courts of this state. The Board will pay its expert witnesses according to the agreements between the Investigative Committee and its expert witnesses. Each party shall pay its own witness fees and mileage except that, if the Investigative Committee prevails in the hearing, the Respondent may be required to reimburse the Board for its witness fees and mileage fees pursuant to NRS 622.400.

New Provision #4:

Unless it is an emergency, prior to providing a specific medical intervention to a patient, physicians or physician assistants must obtain and document informed consent from the patient or the patient's surrogate. Pursuant to the provisions in NRS 629.076, informed consent must include information regarding the qualifications of the physician or physician assistant providing the medical intervention as well as a discussion of the burdens, risks, and expected benefits of all options, including forgoing treatment. Prior to providing any care or treatment to a patient, a physician or physician assistant may not require or ask a patient to waive his or her right to file a complaint with the Board regarding that care or treatment. In an emergency situation when the patient or the patient's surrogate is not available, physicians or physician assistants may initiate treatment without prior informed consent. In that situation, the physician or physician assistant should inform the patient or the patient's surrogate at the earliest opportunity and obtain informed consent for ongoing treatment according to the requirements of this section. For a physician assistant, as used in this section, qualifications includes providing information to the patient regarding the physician assistant's licensure and certification, if any, and information regarding the board certification of his or her supervising physician pursuant to NRS 629.076.

New Provision #5:

"Collaborating physician" means an active physician license and in good standing in the State of Nevada who collaborates with an advanced practice registered nurse.

New Provision #6:

A collaborating physician shall limit the authority of an advanced practice registered nurse to prescribe controlled substances to those schedules of controlled substances that the collaborating physician is authorized to prescribe pursuant to state and federal law.

New Provision #7:

Fees paid according to NRS 630.268 for application for, issuance of, or renewal of a limited licenses issued pursuant to NRS 630.265 are not refundable.

New Provision #8:

If it appears that:

- 1. An applicant for licensure as a perfusionist is not qualified or is not of good moral character or reputation;*
- 2. Any credential submitted is false; or*
- 3. The application is not made in proper form or other deficiencies appear in it,
↳ the application may be rejected.*

New Provision #9:

If it appears that:

- 1. An applicant for licensure as a physician is not qualified or is not of good moral character or reputation;*
- 2. Any credential submitted is false; or*
- 3. The application is not made in proper form or other deficiencies appear in it,
↳ the application may be rejected.*