

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

**LCB FILE NO. R033-24I**

**The following document is the initial draft regulation proposed  
by the agency submitted on 03/01/2024**

**New Provision #1:**

*For purposes of section 2.6(1)(a) of SB336, the physician treating the patient is deemed to be the supervising physician of the certified registered nurse anesthetist.*

**New Provision #2:**

*As authorized by NRS 622.530(2) and NRS 630.1605(1)(b)(4) and (c), applicants applying for licensure by endorsement as a physician pursuant to NRS 630.1605 may not:*

- 1. Have been disciplined and may not be currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to practice as a practitioner of respiratory care or the equivalent license in that jurisdiction.*
- 2. Have been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her practice as a practitioner of respiratory care or the equivalent license in that jurisdiction.*
- 3. Have had his or her license to practice as a practitioner of respiratory care or the equivalent license in that jurisdiction suspended or revoked in the District of Columbia or any state or territory of the United States.*
- 4. Have been refused or denied a license to practice as a practitioner of respiratory care or the equivalent license in that jurisdiction in the District of Columbia or state or territory of the United States.*

**New Provision #3:**

*Applicants applying for licensure by endorsement as a practitioner of respiratory care pursuant to NAC 630.513 may not:*

- 1. Have been disciplined and may not be currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to practice as a practitioner of respiratory care or the equivalent license in that jurisdiction.*
- 2. Have been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her practice as a practitioner of respiratory care or the equivalent license in that jurisdiction.*
- 3. Have had his or her license to practice as a practitioner of respiratory care or the equivalent license in that jurisdiction suspended or revoked in the District of Columbia or any state or territory of the United States.*
- 4. Have been refused or denied a license to practice as a practitioner of respiratory care or the equivalent license in that jurisdiction in the District of Columbia or state or territory of the United States.*

**New Provision #4:**

*Applicants applying for licensure by endorsement as a perfusionist pursuant to NAC 630.715 may not:*

- 1. Have been disciplined and may not be currently under investigation by the corresponding regulatory authority of the District of Columbia or any state or territory in which the applicant currently holds or has held a license to practice as a perfusionist or the equivalent license in that jurisdiction.*

2. *Have been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her practice as a perfusionist or the equivalent license in that jurisdiction.*

3. *Have had his or her license to practice as a perfusionist or the equivalent license in that jurisdiction suspended or revoked in the District of Columbia or any state or territory of the United States.*

4. *Have been refused or denied a license to practice as a perfusionist or the equivalent license in that jurisdiction in the District of Columbia or state or territory of the United States.*

**New Provision #5:**

*If a physician, physician assistant, practitioner of respiratory care, perfusionist, or anesthesiologist assistant engages in sexual impropriety with a patient, it is grounds for disciplinary action. As used in this section sexual impropriety include, but is not limited to, engaging in behaviors that are seductive, sexually suggestive, disrespectful of patient privacy, or sexually demeaning to a patient.*

**New Provision #6:**

1. *A physician shall designate to the Board each medical specialty of the physician.*

2. *Each medical specialty designated to the Board by a physician must be in a practice area:*

a. *Which has been certified by a specialty board of the American Board of Medical Specialties; or*

b. *In which the physician has successfully completed a postgraduate training program approved by the Accreditation Council for Graduate Medical Education, and which provides complete training in a specialty or subspecialty.*

3. *If there is no specialty board of the American Board of Medical Specialties in the specialty that a physician intends to designate pursuant to subsection 1 and the physician cannot satisfy the requirements of subsection 2(b), the physician must demonstrate to the Board evidence of training that is substantially similar in rigor, length, and examinations to test competency and continued competency to that required by a specialty board of the American Board of Medical Specialties.*

4. *Pursuant to NRS 630.306(1)(e), a physician may not practice outside the scope of a medical specialty designated pursuant to subsection (1), except in:*

a. *Life-threatening emergencies, including, without limitation, at the scene of an accident;*

b. *Emergency situations, including, without limitation, human-caused or natural disaster relief efforts; or*

c. *As otherwise permitted by law.*

**New Provision #7:**

1. *The Board may deny an application for a license to assist with the practice of medicine or practice respiratory care or perfusion for any violation of the provisions of this chapter or regulations of the Board.*

2. *The Board shall notify an applicant of any deficiency which prevents any further action on the application or results in the denial of the application. The applicant may respond in writing to the Board concerning any deficiency and, if the applicant does so, the Board shall respond in writing to the contentions of the applicant.*

3. *Any unsuccessful applicant may appeal to the Board if the applicant files the appeal within 90 days after the date of the denial of the application by the Board. Upon appeal, the applicant has the burden to show that the action of the Board is erroneous.*

**Amendment to NAC 630.290 (some changes to this provision are in progress in LCB File No. R068-23):**

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) The applicant's 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;

(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 convicted of a felony or an offense involving moral turpitude;

(g) Whether the applicant has ever been investigated for, charged with or convicted of the use or illegal sale or dispensing of controlled substances;

(h) *Whether her or she has an untreated medical condition that may affect his or her ability to practice medicine and indicate whether he or she is using prescription drugs or other substances that may affect his or her ability to practice medicine;* and

~~(i) 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 His or her current mailing and public addresses.*

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 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 physician assistant 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 fee.

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

**Amendment to NAC 630.360:**

1. The medical services which a physician assistant is authorized to perform must be:

(a) Commensurate with the education, training, experience and level of competence of the physician assistant; and

(b) Within the scope of the practice of ~~his or her~~ the supervising physician's ~~of the physician assistant~~ *medical specialty as designated by the supervising physician pursuant to New Provision #6.*

2. The physician assistant shall wear at all times while on duty a placard, plate or insigne which identifies him or her as a physician assistant.

3. No physician assistant may represent himself or herself in any manner which would tend to mislead the general public or the patients of the supervising physician.

**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 that are within the scope of practice of the supervising physician's medical specialty as designated by the supervising physician pursuant to New Provision #6.*

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

(ed) 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

(de) 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. The requirements of this subsection are satisfied if the supervising physician spends part of a day at any location where the physician assistant uses telehealth to provide medical services.

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, which may include, without limitation, electronic medical records.

(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. The requirements of this paragraph are satisfied if a program includes direct observation of a physician assistant while the physician assistant uses telehealth to provide such services.

(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, a physician shall not supervise that physician assistant unless the physician has been specifically approved by the Board to act as the supervising physician of that physician assistant.

#### **Amendment to NAC 630.420:**

A petition requesting the adoption, filing, amendment or repeal of any regulation must be **filed with the Board and** accompanied by a draft of the proposed regulation in a form suitable for **filing with the Secretary of State submission to the Legislative Counsel Bureau for drafting.**

#### **Amendment to NAC 630.440:**

1. Any petition described in NAC 630.420 filed ~~more than~~ **at least 30** days before the next regularly scheduled meeting of the Board will be considered by the Board at that meeting. Any petition filed ~~less than~~ **30** days ~~or less~~ before the next regularly scheduled meeting of the Board

will be considered at the first regular meeting scheduled more than 30 days after the petition is filed.

2. *Pursuant to NRS 233B.100(1) a petition submitted pursuant to NAC 630.420 will be deemed submitted on the day that it is considered by the Board at a Board meeting unless the Petitioner reasonably requests additional time to submit information regarding the petition and this request is approved by the Board.* The Board will, within 30 days after ~~consideration~~ *submission* of a petition, deny the petition in writing stating the reasons for the denial or initiate proceedings under NRS 233B.060 for adoption of the proposed regulation.

#### **Amendment to NAC 630.450:**

1. A petition for a declaratory order or advisory opinion may be filed only by a holder of or applicant for a license *regarding the specific application of a statute or regulation within the Board's jurisdiction (NRS Chapter 630, NAC Chapter 630, or NRS Chapter 629) on the licensee or applicant. A petition for a declaratory order or advisory opinion may not be filed by a holder of or applicant for a license if an investigation has been opened and is pending or disciplinary proceedings are pending regarding the specific statutes or regulations or factual circumstances contained in the petition.*

2. The ~~original and 12 copies of the~~ petition must be filed with the Board not less than ~~30~~ *31* days before its next regularly scheduled meeting *to be considered at that meeting.* ~~The petition must be submitted to the Board at that meeting.~~ *If the petition is filed less than 30 days prior to the Board's next regularly scheduled meeting, it will be considered at the Board's regularly scheduled meeting that follows.* Within 30 days *after the petition is considered by the Board unless the Board approves a reasonable request for a reasonable and specified extension of time thereafter,* the Board will issue its declaratory order or advisory opinion.

3. *The Board may deny a petition for declaratory order or advisory opinion submitted under this provision if the Board determines that the petition is not specific to the applicant or licensee or the petition is seeking a determination regarding statutes or regulations that are not within the Board's jurisdiction (NRS Chapter 630, NAC Chapter 630, or NRS Chapter 629).*

#### **Amendment to NAC 630.455:**

A request for the Board to consider or take action upon a matter at a meeting other than a petition described in NAC 630.420 or 630.450 must be received by the Board at least ~~30~~ *31* days before the date of the meeting. *These requests will be reviewed and approved by Executive Director or his or her designee or the President of the Board prior to their inclusion on a Board meeting agenda. If a request pursuant to this provision is made less than 30 days prior to the Board's next regularly scheduled meeting, the request will be considered at the Board's regularly scheduled meeting that follows.*

#### **Amendment to NAC 630.475:**

1. A subpoena issued pursuant to NRS 630.140 must specify the name of the witness and specifically identify the books, X-rays, medical records or other papers which are required to be produced.

2. The Board or a person acting on its behalf will not issue a subpoena to compel the attendance of a member of the Board or a licensee *who is the Respondent* at a hearing ~~or require a member of the Board or a licensee to produce books, X-rays, medical records or any other papers during a hearing.~~

3. The Board or a person acting on its behalf will not petition the district court for an order compelling compliance with a subpoena unless: *the Board agrees to pay the witness fees and mileage authorized by New Provision #3 in LCB File No. R068-23 and the subpoena is served upon the witness at least five business days before he or she is required to appear at the hearing.*

~~—(a) At the time the subpoena is served, the witness is tendered:~~

~~—(1) A fee of \$25 for the first day of attendance at the hearing;~~

~~—(2) An allowance for travel which is equal to the allowance for travel by private conveyance provided for state officers and employees generally; and~~

~~—(3) A per diem allowance equal to the per diem allowance provided for state officers and employees generally.~~

~~—(b) It is served upon the witness at least 120 hours before he or she is required to appear at the hearing.~~

**Amendment to NAC 630.505 (some changes to this provision are in progress in LCB File No. R068-23):**

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; *and* his or her sex ~~and the various places of his or her residence after reaching 18 years of age;~~

(b) The education 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 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 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 convicted of a felony or an offense involving moral turpitude;

(g) Whether the applicant has ever been investigated for, charged with or convicted of the use, illegal sale or distribution of controlled substances;

(h) *Whether her or she has an untreated medical condition that may affect his or her ability to practice respiratory care and indicate whether he or she is using prescription drugs or other substances that may affect his or her ability to practice respiratory care;* and

(i) 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.

**Amendment to NAC 630.513 (some changes to this provision are in progress in LCB File No. R068-23):**

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

(a) The date of birth and the birthplace of the applicant; *and* his or her sex ~~and the various places of his or her residence after reaching 18 years of age;~~

(b) The education 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 institutions;

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

(d) The professional training and experience of the applicant;

(e) Whether the applicant has been disciplined by the corresponding regulatory authority of the District of Columbia or any state or territory of the United States in which the applicant currently holds or has held a license to engage in the practice of respiratory care;

(f) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States for misconduct relating to his or her license to engage in the practice of respiratory care;

(g) Whether the applicant has had a license to engage in the practice of respiratory care suspended or revoked in the District of Columbia or any state or territory of the United States;

(h) Whether the applicant has pending any disciplinary action concerning his or her license to engage in the practice of respiratory care in the District of Columbia or any state or territory of the United States;

(i) Whether the applicant has ever been convicted of a felony or an offense involving moral turpitude;

(j) Whether the applicant has ever been investigated for, charged with or convicted of the use, illegal sale or distribution of controlled substances; and

(k) *whether her or she has an untreated medical condition that may affect his or her ability to practice respiratory care and indicate whether he or she is using prescription drugs or other substances that may affect his or her ability to practice respiratory care.*

(l) A public address *and the mailing address at which the applicant prefers to receive correspondence from the Board.* ~~where the applicant may be contacted by the Board.~~

2. An applicant must submit to the Board:

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

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

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

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

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

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

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

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

3. Each application must be signed by the applicant and sworn to before a notary public or other officer authorized to administer oaths.

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

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

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

(a) Sixty days after receiving the application; or

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

→ whichever occurs later.

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

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

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

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

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

**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) The education of the applicant, including, without limitation, each high school and postsecondary institution attended by the applicant, the dates of attendance and whether the applicant is a graduate of those schools and 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 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) 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) 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;

(i) *Whether her or she has an untreated medical condition that may affect his or her ability to practice perfusion and indicate whether he or she is using prescription drugs or other substances that may affect his or her ability to practice perfusion;* and

~~(j) Each place of residence of the applicant 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~~ *His or her current mailing and public addresses.*

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 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 fee.

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

**Amendment to NAC 630.715 (some changes to this provision are in progress in LCB File No. R068-23):**

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

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

(b) The gender of the applicant;

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

(d) Whether the applicant has ever applied for a license or certificate to practice perfusion in the District of Columbia or in another state or territory of the United States and, if so, when and where and the results of his or her application;

(e) The training and experience of the applicant in the practice of perfusion;

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

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

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

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

(j) If the applicant has ever been convicted of a felony or an offense involving moral turpitude, the dates, circumstances and disposition of each such occurrence;

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

(l) *Whether her or she has an untreated medical condition that may affect his or her ability to practice perfusion and indicate whether he or she is using prescription drugs or other substances that may affect his or her ability to practice perfusion;* and

~~(m) Each place of residence of the applicant 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~~ *His or her current mailing and public addresses.*

2. An applicant must submit to the Board:

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

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

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

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

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

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

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

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

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

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

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

3. Each application must be signed by the applicant and sworn to before a notary public or other officer authorized to administer oaths.

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

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

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

(a) Sixty days after receiving the application; or

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

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

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

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

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

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

#### **Repeal NAC 630.325:**

~~The Board may issue a locum tenens license, which is effective for not more than 3 months after issuance, to any physician assistant who is licensed or certified as a physician assistant and in good standing in another state and who is of good moral character and reputation. The purpose of this license is to enable an eligible physician assistant to serve as a substitute for another physician assistant who is licensed to practice as a physician assistant in this State and who is absent from his or her practice for reasons deemed sufficient by the Board. A license issued pursuant to this section is not renewable.~~

#### **Repeal of NAC 630.430:**

~~A petition described in NAC 630.420 must be filed with the Board. The original and 12 copies of the petition must be filed, together with the original and 12 copies of the proposed regulation.~~

#### **Repeal of NAC 630.415:**

~~—1.— The Board will appoint three licensed physician assistants to an advisory committee. These physician assistants must have lived in and actively and continuously practiced in this State as licensed physician assistants for at least 3 years before their appointment.~~

~~— 2. The Board will give appointees to the advisory committee written notice of their appointment and terms of office [and a written summary of any projects pending before the committee]. ***The term of each appointee to the advisory committee must not exceed 4 years, except that a member of the advisory committee must continue to serve until the Board appoints a replacement as his or her successor.***~~

~~— 3. At the request of the Board, the advisory committee shall review and make recommendations to the Board concerning any matters relating to licensed physician assistants.~~

~~— ***4. The members of the advisory committee serve without compensation.***~~

~~— (Added to NAC by Bd. of Medical Exam'rs, eff. 6-23-86; A 11-21-88; R149-97, 3-30-98; R108-01, 11-29-2001) **Amended by R118-21, June 2, 2023.**~~

### **Repeal of NAC 630.560:**

~~— 1. The Board will appoint five licensed practitioners of respiratory care to an advisory committee. These practitioners of respiratory care must have lived in and actively and continuously practiced in this State as practitioners of respiratory care for at least 3 years before their appointment.~~

~~— 2. The Board will give appointees to the advisory committee written notice of their appointment and terms of office [and a written summary of any projects pending before the committee]. ***The term of each appointee to the advisory committee must not exceed 4 years, except that a member of the advisory committee must continue to serve until the Board appoints a replacement as his or her successor.***~~

~~— 3. At the request of the Board, the advisory committee shall review and make recommendations to the Board concerning any matters relating to licensed practitioners of respiratory care.~~

~~— ***4. The members of the advisory committee serve without compensation.***~~

~~— (Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001; A by R081-05, 10-31-2005) **Amended by R118-21, June 2, 2023.**~~