

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

LCB File No. R117-24

July 18, 2024

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §§ 1, 2 and 15, NRS 630.130; §§ 3, 5, 7, 8 and 13, NRS 630.130 and 630.275; § 4, NRS 630.130 and 630.253; § 6, NRS 630.130, 630.253 and 630.275; § 9, NRS 630.130 and 630.279; § 10, NRS 622.530, 630.130 and 630.279; § 11, NRS 630.130, 630.269 and 630.2691; § 12, NRS 622.530, 630.130 and 630.269; § 14, NRS 630.130 and 630.26825.

A REGULATION relating to medical professionals; authorizing, with certain exceptions, certain custodians of health care records to recover the cost of a medium used to furnish a copy of health care records electronically; prohibiting, with certain exceptions, a physician assistant from performing cosmetic surgeries without the direct supervision of a physician; authorizing, with certain exceptions, the holder of a license to practice medicine or a license to practice as a physician assistant to receive additional credit for certain continuing education; revising the required contents of an application for certain licenses; revising various procedures relating to the imposition of disciplinary action against certain medical professionals; repealing certain duplicative provisions; and providing other matters properly relating thereto.

Legislative Counsel’s Digest:

Existing law requires a custodian of health care records to make the health care records of a patient available for physical inspection by certain authorized persons. Existing law further requires a custodian of health care records to furnish a copy of the record to an authorized person who requests the record and pays certain costs of furnishing the record. (NRS 629.061) **Section 2** of this regulation authorizes, with certain exceptions, a physician, physician assistant, practitioner of respiratory care, perfusionist or anesthesiologist assistant to charge an authorized person the cost of a medium used to furnish health care records electronically.

Section 3 of this regulation prohibits a physician assistant from performing certain cosmetic surgeries without the direct supervision of his or her supervising physician, unless the cosmetic surgery is medically necessary or does not involve certain anesthesia or sedation.

Existing law provides for the licensure and regulation of physicians, physician assistants, perfusionists and practitioners of respiratory care by the Board of Medical Examiners. (Chapter 630 of NRS) **Sections 5, 9-12 and 14** of this regulation revise requirements concerning the information that an applicant for a license as a physician assistant, practitioner of respiratory care, perfusionist or anesthesiologist assistant must provide concerning licenses that he or she

holds or has held in other jurisdictions. **Sections 10 and 12** of this regulation make additional changes concerning the contents of an application for licensure by endorsement as a practitioner of respiratory care or perfusionist. Existing law requires the Board to encourage the holders of licenses to practice medicine to receive continuing education related to training concerning methods for educating patients about how to effectively manage medications. (NRS 630.253) **Sections 4 and 6** of this regulation authorize the holder of a license to practice medicine or as a physician assistant to receive double hours of credit for such continuing education, with certain exceptions.

Existing regulations prescribe procedures concerning prehearing conferences in proceedings relating to physicians, physician assistants, anesthesiologist assistants, practitioners of respiratory care and perfusionists. (NAC 630.465) **Section 8** of this regulation clarifies that each party to such a proceeding is required to submit to the presiding member of the Board or panel or to the hearing officer conducting the conference: (1) each issue in the case which has been resolved by negotiation or stipulation; and (2) an estimate of the time required to present arguments at the hearing.

Existing law defines “nonablative esthetic medical procedure” to mean a procedure performed for esthetic purposes using certain medical devices which is not expected to excise, vaporize, disintegrate or remove living tissue. (NRS 644A.127) Existing regulations authorize a physician or a physician assistant acting under the supervision of a physician to supervise an advanced esthetician in the performance of a nonablative esthetic medical procedure that is within the scope of practice of the physician or physician assistant, as applicable. (Section 2 of LCB File No. R177-22) **Section 13** of this regulation additionally requires a physician or a physician assistant who supervises an advanced esthetician in the performance of a nonablative esthetic medical procedure to be licensed and in good standing with the Board.

Existing law requires a regulatory body, including the Board, to provide a licensee with notice of a case against the licensee. (NRS 233B.121, 241.0333, 622A.300) **Section 15** of this regulation repeals duplicative provisions providing that the Board will give a physician assistant or practitioner of respiratory care a written notice of the charges made against physician assistant or practitioner of respiratory care. (NAC 630.390, 630.545) **Section 7** of this regulation provides that the Board will provide such a notice to each supervising physician of a physician assistant.

Section 1. Chapter 630 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 and 3 of this regulation.

Sec. 2. *Subject to the limitations prescribed in NRS 629.062, if a physician, physician assistant, practitioner of respiratory care, perfusionist or anesthesiologist assistant furnishes health care records of a patient electronically to the patient or another person authorized to inspect the health care records pursuant subsection 1 of NRS 629.061, the physician, physician assistant, practitioner of respiratory care, perfusionist or anesthesiologist assistant*

may charge the patient or other person, as applicable, the cost of the medium used to provide the health care records, including, without limitation, a USB flash drive, thumb drive or CD-ROM.

Sec. 3. 1. *Except as otherwise provided in subsection 2, a physician assistant shall not perform a cosmetic surgery without the direct supervision of his or her supervising physician.*

2. *A physician assistant may perform a cosmetic surgery without the direct supervision of his or her supervising physician if the cosmetic surgery:*

(a) Is medically necessary; or

(b) Does not involve the administration of general anesthesia, conscious sedation, deep sedation, tumescent anesthesia or any other sedation by medication, regardless of whether the patient is awake.

3. *As used in this section:*

(a) "Conscious sedation" has the meaning ascribed to it in NRS 449.436.

(b) "Cosmetic surgery" means a liposuction, facelift, abdomen reduction, neck lift, otoplasty, rhinoplasty, blepharoplasty, breast augmentation, breast lift, breast reduction, belt lipectomy, inner thigh lift, arm lift or circumferential body lift.

(c) "Deep sedation" has the meaning ascribed to it in NRS 449.437.

(d) "Direct supervision" means the supervising physician is physically present in the same room while the physician assistant is performing the cosmetic surgery.

(e) "General anesthesia" has the meaning ascribed to it in NRS 449.438.

Sec. 4. NAC 630.155 is hereby amended to read as follows:

630.155 1. Except as otherwise provided in subsections ~~4~~ 5 and ~~5~~ 6, if a holder of a license to practice medicine takes a continuing education course on geriatrics and gerontology,

the holder of the license is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on geriatrics and gerontology.

2. Except as otherwise provided in subsections ~~44~~ 5 and ~~45~~ 6, if a holder of a license to practice medicine takes a continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia, the holder of the license is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia.

3. Except as otherwise provided in subsections ~~44~~ 5 and ~~45~~ 6, if a holder of a license to practice medicine takes a continuing education course on the diagnosis of rare diseases, the holder of the license is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on the diagnosis of rare diseases.

4. *Except as otherwise provided in subsections 5 and 6, if a holder of a license to practice medicine takes a continuing education course on the methods for educating patients about how to effectively manage medications, including, without limitation, the ability of the patient to request to have the symptom or purpose for which a drug is prescribed included on the label attached to the container of the drug, the holder of the license is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.153 equal to twice the number of hours the holder of the license actually spends in the continuing education course on the methods for educating patients about how to effectively manage medications.*

5. During any biennial licensing period, a holder of a license to practice medicine may receive a maximum credit pursuant to this section of 8 hours of continuing medical education for 4 hours of time spent in a continuing education course described in subsection 1, 2, 3 or ~~3~~ 4, or any combination thereof.

~~5~~ 6. A holder of a license to practice medicine is only entitled to receive the additional credit for a continuing education course pursuant to either subsection 1, 2, 3 or ~~3~~ 4, but not any combination thereof.

Sec. 5. NAC 630.290 is hereby amended to read as follows:

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) 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}~~ *Each* license ~~{or certificate}~~ as a physician assistant *that the applicant currently holds or has held in the District of Columbia or* in another state ~~{and, if so, when and where and the results of his}~~ *or territory of the United States* or ~~{her application;}~~ *in any other country;*
- (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;~~ *the District of Columbia or in another state or territory of the United States or in any other country;*

(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; 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.

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 education program required by subsection 2 was obtained without fraud or misrepresentation or any mistake of which the applicant is aware; and

(c) All of the information contained in the application and any accompanying material 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.

6. *As used in this section, “license as a physician assistant”:*

(a) Means any professional credential that authorizes a person to practice as a physician assistant; and

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

Sec. 6. NAC 630.357 is hereby amended to read as follows:

630.357 1. Except as otherwise provided in subsections ~~44~~ 5 and ~~57~~ 6, if a physician assistant takes a continuing education course on geriatrics and gerontology, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on geriatrics and gerontology.

2. Except as otherwise provided in subsections ~~44~~ 5 and ~~57~~ 6, if a physician assistant takes a continuing education course on the recent developments, research and treatment of

Alzheimer's disease or other forms of dementia, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on the recent developments, research and treatment of Alzheimer's disease or other forms of dementia.

3. Except as otherwise provided in subsections ~~4~~ 5 and ~~5~~ 6, if a physician assistant takes a continuing education course on the diagnosis of rare diseases, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on the diagnosis of rare diseases.

4. *Except as otherwise provided in subsections 5 and 6, if a physician assistant takes a continuing education course on the methods for educating patients about how to effectively manage medications, including, without limitation, the ability of the patient to request to have the symptom or purpose for which a drug is prescribed included on the label attached to the container of the drug, the physician assistant is entitled to receive credit towards the continuing medical education required pursuant to NAC 630.350 equal to twice the number of hours the physician assistant actually spends in the continuing education course on the methods for educating patients about how to effectively manage medications.*

5. During any biennial licensing period, a physician assistant may receive a maximum credit pursuant to this section of 8 hours of continuing medical education for 4 hours of time spent in a continuing education course described in subsection 1, 2, 3 or ~~3~~ 4, or any combination thereof.

~~5~~ 6. A physician assistant is only entitled to receive the additional credit for a continuing education course pursuant to either subsection 1, 2, 3 or ~~3~~ 4, but not any combination thereof.

Sec. 7. NAC 630.410 is hereby amended to read as follows:

630.410 **1.** If the Board finds, by a preponderance of the evidence, after notice and hearing in accordance with this chapter, that:

~~1(a)~~ **(a)** 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:

~~1(a)(1)~~ **(1)** Placement on probation for a specified period on any of the conditions specified in the order.

~~1(b)~~ **(2)** Administration of a public reprimand.

~~1(e)~~ **(3)** Limitation of his or her practice or exclusion of one or more specified branches of medicine from his or her practice.

~~1(d)~~ **(4)** Suspension of his or her license, for a specified period or until further order of the Board.

~~1(e)~~ **(5)** Revocation of his or her license to practice.

~~1(f)~~ **(6)** A requirement that the physician assistant participate in a program to correct alcohol or drug dependence or any other impairment.

~~1(g)~~ **(7)** A requirement that there be additional and specified supervision of his or her practice.

~~1(h)~~ **(8)** A requirement that the physician assistant perform community service without compensation.

~~1(i)~~ **(9)** A requirement that the physician assistant take a physical or mental examination or an examination testing his or her medical competence.

~~(10)~~ (10) A requirement that the physician assistant fulfill certain training or educational requirements, or both, as specified by the Board.

~~(11)~~ (11) A fine not to exceed \$5,000.

~~(12)~~ (12) A requirement that the physician assistant pay all costs incurred by the Board relating to the disciplinary proceedings.

~~(b)~~ (b) 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.

2. If the Board imposes disciplinary action against a physician assistant, the Board will deliver a copy of the order imposing disciplinary action to each supervising physician of the physician assistant.

Sec. 8. NAC 630.465 is hereby amended to read as follows:

630.465 1. At least 30 days before a hearing but not earlier than 30 days after the date of service upon the physician, physician assistant, anesthesiologist assistant, practitioner of respiratory care or perfusionist of a formal complaint that has been filed with the Board pursuant to NRS 630.311, unless a different time is agreed to by the parties, the presiding member of the Board or panel of members of the Board or the hearing officer shall conduct a prehearing conference with the parties and their attorneys. All documents presented at the prehearing conference are not evidence, are not part of the record and may not be filed with the Board.

2. Each party shall provide to every other party a copy of the list of proposed witnesses and their qualifications and a summary of the testimony of each proposed witness. A witness whose

name does not appear on the list of proposed witnesses may not testify at the hearing unless good cause is shown.

3. In addition to the requirements of NRS 622A.330, each party shall provide to every other party any evidence that the party proposes to introduce at a hearing. All evidence, except rebuttal evidence, which is not provided to each party at the prehearing conference may not be introduced or admitted at the hearing unless good cause is shown.

4. Each party shall submit to the presiding member of the Board or panel or to the hearing officer conducting the conference each issue *in the case* which has been resolved by negotiation or stipulation and an estimate, to the nearest hour, of the time required for presentation of its ~~oral argument.~~ *arguments at the hearing.*

Sec. 9. NAC 630.505 is hereby amended to read as follows:

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;

(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~~ *A list of each* license ~~for certificate~~ as a practitioner of respiratory care *that the applicant currently holds or has held in the District of Columbia or* in another state ~~and, if so, when and where and the results of his~~ *or territory of the United States* or ~~her application;~~ *in any other country;*

(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 ~~for 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;~~ *the District of Columbia or in another state or territory of the United States or in any other country;*

(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; 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 education program as a practitioner of respiratory care required by subsection 2;

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

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

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

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

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

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

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

Sec. 10. NAC 630.513 is hereby amended to read as follows:

630.513 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, 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}~~ *A list of each* license ~~{or certificate}~~ as a practitioner of respiratory care *that the applicant currently holds or has held* in the District of Columbia or in another state or territory of the United States ~~{and, if so, when and where and the results of his or her application;}~~ *or in any other country;*

(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 *or in any other country* in which the applicant currently holds or has held a license ~~{to engage in the practice}~~ *as a practitioner* of respiratory care;

(f) Whether the applicant has been held civilly or criminally liable in the District of Columbia or any state or territory of the United States *or in any other country* for misconduct relating to his or her license ~~{to engage in the practice}~~ *as a practitioner* of respiratory care;

(g) Whether the applicant has had a license ~~{to engage in the practice}~~ *as a practitioner* of respiratory care suspended or revoked in the District of Columbia or any state or territory of the United States ~~{}~~ *or in any other country;*

(h) Whether the applicant has pending any disciplinary action concerning his or her license ~~{to engage in the practice}~~ *as a practitioner* of respiratory care in the District of Columbia or any state or territory of the United States ~~{}~~ *or in any other country;*

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

2. An applicant must submit to the Board:

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

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

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

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

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

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

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

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

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

3. Each application must be signed by the applicant and ~~sworn to before a notary public or other officer authorized to administer oaths.~~ *accompanied by a signed affidavit indicating that:*

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

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

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

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

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

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

(a) Sixty days after receiving the application; or

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

↳ whichever occurs later.

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

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

9. 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 based on that conviction.

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

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

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

Sec. 11. NAC 630.700 is hereby amended to read as follows:

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~~ *Each* license ~~for certificate~~ to practice perfusion *that the applicant currently holds or has held* in *the District of Columbia or* another state *or territory of the United States* or ~~jurisdiction, the date and disposition of the application;~~ *in any other country;*

(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 ~~for 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 the District of Columbia or* in another state or ~~jurisdiction;~~ *or territory of the United States or in any other country,* 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; and

(i) 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.

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 education program as a practitioner of respiratory care required by subsection 2;

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

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

4. The application must be accompanied by the applicable fee.

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

6. *As used in this section, "license to practice perfusion":*

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

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

Sec. 12. NAC 630.715 is hereby amended to read as follows:

630.715 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}~~ *Each* license ~~{or certificate}~~ to practice perfusion *that the applicant currently holds or has held* 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;}~~ *or in any other country;*

(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 *or in any other country* in which the applicant currently holds or has held a license to practice perfusion;

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

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

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

(j) If the applicant has ever been 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; and

(l) 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.

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.~~ *accompanied by a signed affidavit indicating that:*

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

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

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

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

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

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

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

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

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

Sec. 13. Section 2 of LCB File No. R177-22 is hereby amended as follows:

1. A physician may supervise an advanced esthetician in the performance of a nonablative esthetic medical procedure pursuant to NRS 644A.545 if ~~the~~ :

(a) The procedure is within the scope of practice of the physician ~~+~~ ; and

(b) The physician has an active license and is in good standing in this State.

2. A physician assistant may supervise an advanced esthetician in the performance of a nonablative esthetic medical procedure pursuant to NRS 644A.545 if:

(a) The procedure is within the scope of practice of the physician assistant; ~~and~~

(b) The supervision is supervised by the supervising physician of the physician assistant in accordance with NAC 630.360, 630.370 and 630.375 ~~+~~ ; ***and***

(c) The physician assistant has an active license and is in good standing in this State.

3. As used in this section:

(a) “Advanced esthetician” has the meaning ascribed to it in NRS 644A.013.

(b) “Nonablative esthetic medical procedure” has the meaning ascribed to it in NRS 644A.127.

Sec. 14. Section 4 of LCB File No. R069-23 is hereby amended as follows:

1. An application for licensure as an anesthesiologist 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 the applicant’s postsecondary education as an anesthesiologist assistant, including, without limitation, postsecondary institutions attended, the length of time in attendance at each institution and whether he or she is a graduate of those institutions;

(c) ~~{Whether the applicant has ever applied for a}~~ *Each* license ~~{or certificate}~~ as an anesthesiologist assistant *that the applicant currently holds or has held in the District of Columbia or* in another state ~~{and, if so, when and where and the results of his}~~ *or territory of the United States* or ~~{her application;}~~ *in any other country;*

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

(e) Whether the applicant has ever been investigated for misconduct as an anesthesiologist assistant or had a license ~~{or certificate}~~ as an anesthesiologist 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;}~~ *the District of Columbia or in any state or territory of the United States or in any other country.*

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

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

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

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

(h) Whether the applicant has an untreated medical condition that may affect his or her ability to safely practice as an anesthesiologist assistant; 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 graduation from an anesthesiologist assistant program described in paragraph (a) of subsection 1 of NRS 630.2683;

(b) Proof of passage of a certification examination administered by the National Commission for Certification of Anesthesiologist Assistants or its successor organization;

(c) Proof of certification issued by the National Commission for Certification of Anesthesiologist Assistants or its successor organization; and

(d) 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 graduation from an anesthesiologist assistant program as required by subsection 2;

(b) The proof of graduation from an anesthesiologist assistant 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.

6. As used in this section, "license as an anesthesiologist assistant":

(a) Means any professional credential that authorizes a person to practice as an anesthesiologist assistant; and

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

Sec. 15. NAC 630.390 and 630.545 are hereby repealed.

TEXT OF REPEALED SECTIONS

630.390 Disciplinary action: Notice of charges. (NRS 630.130, 630.275) Before the Board takes disciplinary action against a physician assistant, the Board will give to the physician assistant and to his or her supervising physician a written notice specifying the charges made against the physician assistant and stating that the charges will be heard at the time and place indicated in the notice. The notice will be served on the physician assistant and the supervising physician at least 21 business days before the date fixed for the hearing. Service of the notice will be made and any investigation and subsequent disciplinary proceedings will be conducted in the same manner as provided by law for disciplinary actions against physicians.

630.545 Disciplinary action: Notice of charges. (NRS 630.130, 630.279) Before the Board takes disciplinary action against a practitioner of respiratory care, the Board will give to the practitioner of respiratory care a written notice specifying the charges made against the practitioner of respiratory care and stating that the charges will be heard at the time and place indicated in the notice. The notice will be served on the practitioner of respiratory care at least 21 business days before the date fixed for the hearing. Service of the notice will be made, and any investigation and subsequent proceedings will be conducted in the same manner as provided by law for disciplinary actions against physicians.