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Addendum**

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VOLUME 44 NUMBER 12 DECEMBER 29, 2022 Addendum

ADOPTED

Public Notice and Certification of Adoption of the Amendment to the Psychology Rules & Regulations Health Care Professions Licensing Board	49372
Public Notice and Certification of Adoption of the Amendment to the Physician – Doctor of Osteopathy Rules & Regulations Health Care Professions Licensing Board	49378



Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD
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**PUBLIC NOTICE AND CERTIFICATION OF ADOPTION OF THE AMENDMENT TO THE
HEALTH CARE PROFESSIONS LICENSING BOARD FOR
PSYCHOLOGY**

**PRIOR PUBLICATION IN THE COMMONWEALTH REGISTER AS PROPOSED
AMENDMENTS TO REGULATIONS**

VOLUME 44, NUMBER 11, PP 049254 – 049263 OF NOVEMBER 30, 2022

ACTION TO ADOPT PROPOSED REGULATIONS: The Health Care Professions Licensing Board, HEREBY ADOPTS AS PERMANENT regulations the Proposed Regulations which were published in the Commonwealth Register at the above-referenced pages, pursuant to the procedures of the Administrative Procedure Act, 1 CMC § 9104(a). The Health Care Professions Licensing Board announced that it intended to adopt them as permanent, and now does so.

PRIOR PUBLICATION: The prior publication was as stated above. The Health Care Professions Licensing Board adopted the attached regulations as final as of the date of signing below.

MODIFICATIONS FROM PRIOR PUBLISHED PROPOSED REGULATIONS, IF ANY: None

AUTHORITY: The Health Care Professions Licensing Board has statutory power to promulgate and effect regulations pursuant to 4 CMC §2206(b), as amended.

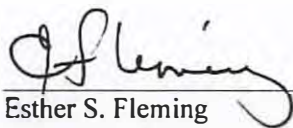
EFFECTIVE DATE: Pursuant to the APA, 1 CMC § 9105(b), these adopted amendments to the Regulations for Psychology are effective 10 days after compliance with the APA, 1 CMC §§9102 and 9104(a) or (b), which in this instance, is 10 days after publication in the Commonwealth Register.

COMMENTS AND AGENCY CONCISE STATEMENT: Pursuant to the APA, 1 CMC § 9104(a)(2), the agency received no comments on the proposed amendments to the regulations for Psychology. Upon this adoption of the amendments, the agency, if requested to do so by an interested person within 30 days of publication, will issue a concise statement of the principal reasons for accepting or rejecting any comments.

ATTORNEY GENERAL APPROVAL: The adopted regulations for Addiction Professionals were approved for promulgation by the CNMI Attorney General in the above cited pages of the Commonwealth Register, pursuant to 1 CMC § 2153 (e) (to review and approve, as to form and legal sufficiency, all rules and regulations to be promulgated by any department, agency or instrumentality of the Commonwealth government, including public corporations, except as otherwise provided by law).

I DECLARE under penalty of perjury that the foregoing is true and correct copy and that this declaration was executed on the 29 day of December, 2022, at Saipan, Commonwealth of the Northern Mariana Islands.


Certified and ordered by:



Esther S. Fleming
Executive Director

12/29/22
Date

Filed and recorded by:



Esther San Nicolas
Commonwealth Registrar

12-29-22
Date

§ 185-10-4935 Post-doctoral supervised experience.

A total of 3,000 hours of supervised experience must be completed, of which a minimum of 1,500 hours of supervised experience must be obtained after the receipt of the doctoral degree.

(1) Hours of Supervised Experience.

- (a) Each year (or equivalent) shall be comprised of no less than ten (10) months, but no more than twenty (20) months, and at least 1,500 hours of professional service including direct client contact, supervision, and didactic training;**
- (b) One (1) year may be a doctoral internship which consists of a minimum of 1,500 hours of actual work experience (exclusive of holidays, sick leave, vacations or other such absences);**
- (c) At least 50% of the supervised experience must be in service-related activities such as treatment/intervention, assessment, interviews, report writing, case presentations, or consultations;**
- (d) At least 50% of service-related activities shall be direct client contact; a maximum of forty-five (45) hours per week, including supervision time, may be credited toward meeting the supervised experience requirement;**
- (e) Supervision shall be provided 10% of the total time worked per week;**
- (f) A minimum of two (2) hours per week of supervision, one (1) hour of which is individual face-to-face, in-person supervision by a licensed psychologist. At the Board's discretion, tele-supervision may be approved.**

(2) Organization of the post-doctoral supervised experience.

- (a) The supervisor is ethically and legally responsible for all supervisee work covered by the supervision agreement. Therefore, the supervisor has authority to alter service plans and direct the course of psychological work.**
- (b) Supervisees must use titles indicating their training status, such as "psychological resident," "psychology intern," or "psychology supervisee."**
- (c) Clients must be informed of the identity and responsibilities of the supervisor and how they can speak directly to the supervisor.**
- (d) Services rendered by the supervisee must not be represented to third parties as having been rendered by the supervisor. Insurance forms must be filled out indicating the nature of the supervisory relationship.**

(3) The supervisor and supervisee must have a written agreement for supervision, including:

- (a) The area(s) of professional activity in which supervision will occur;**

- (b) Hours of supervision and/or ratio of supervision to professional activity;
 - (c) Fees for supervision, if any;
 - (d) Processes for supervision including mode(s) of supervision, expectations for recordkeeping, evaluation, and feedback;
 - (e) Relevant business arrangements;
 - (f) How the supervisee will represent himself or herself; and
 - (g) How disagreements will be handled.
- (4) Mode of supervision.
- (a) The preferred mode of supervision is face-to-face discussion between the supervisor and the supervisee.
 - (b) The nature of the supervision may depend on the following:
 - (i) The theoretical orientation of the supervisor;
 - (ii) The training and experience of the supervisee; and
 - (iii) The duration of the supervisory relationship.
- (5) Some direct observation of the supervisee's work is required and the supervisor may use the following:
- (a) Detailed process notes and progress reports;
 - (b) Audio and/or videotapes;
 - (c) Client supplied information such as behavioral ratings; and
 - (d) One-way mirror observation.
- (6) Supervised experience must be appropriate to the area(s) of professional activity the person intends to practice.
- (7) There must be at least one (1) hour of individual supervision for every twenty (20) hours of psychological work.
- (8) The supervisor and the supervisee must keep records of experience and supervision hours.
- (9) At the end of the supervision period, the supervisor must prepare and forward to the board a written evaluation, including written certification of successfully completed supervised hours of psychological work and any hours not successfully completed. If any hours were not successfully completed, the board may require additional hours of supervision.

(10) Supervision of the post-doctoral supervised experience.

- (a) At least 50% of the post-doctoral supervision must be provided by a licensed psychologist with two (2) years post-license experience who is the primary supervisor and is responsible for the supervision and could then delegate up to 50% to another professional in (10) (b) (i-iii).**
- (b) Up to 50% of the supervision may be provided by the following:**
 - (i) A licensed psychologist with two (2) years post-license experience;**
 - (ii) A psychiatrist with three (3) years of experience beyond residency;**
 - (iii) A licensed mental health counselor, a licensed marriage and family therapist, a licensed advanced social worker, or a licensed independent clinical social worker, if the supervisor has five (5) years post-license experience.**
- (c) The primary post-doctoral supervisor must be on site as well as a (w-9) employee or in contract status with the agency. The board could grant an exception or waiver of this requirement provided that the supervisee and the post-doctoral supervisor petition the board prior to the start of the pre-internship with their reasoning for why the supervisor could not be on site and an employee of the agency and suggest an alternative procedure to ensure the supervisee is getting appropriate supervision. If a waiver is granted, the supervisor still will routinely, on a fixed schedule, visit the site and conduct face-to-face supervision. Also, the supervisee may travel to the supervisor and have face-to-face supervision at that site.**

(11) Supervision must include the following:

- (a) Discussion of services provided by the student;**
- (b) Selection, service plan, and review of each case or work unit of the student;**
- (c) Discussion of and instruction in theoretical concepts underlying the work;**
- (d) Discussion of the management of professional practice and other administrative or business issues;**
- (e) Evaluation of the supervisory process by the student and the supervisor;**
- (f) Discussion of coordination of services among the professionals involved in the particular cases or work units;**
- (g) Discussion of relevant State laws and rules;**
- (h) Discussion of ethical principles including principles applicable to the work;**
- (i) Review of standards for providers of psychological services; and**

- (j) Discussion of reading materials relevant to cases, ethical issues and the supervisory process.
- (12) Tele-supervision and Supervisory contact.
- (a) In-person supervision must account for at least 50% of any postdoctoral supervision used toward the required 3,000 hours of supervised experience for licensure.
 - (b) Tele-supervision or telephonic supervision may account for no more than 50% of postdoctoral supervision hours.
 - (c) The supervisor must have a formal policy addressing the utilization of Tele-supervision or telephonic supervision.
 - (d) Tele-supervision or telephonic supervision does not account for more than 50% of the total supervision at the site.
 - (e) The doctoral training program shall have a formal policy addressing its utilization of Tele-supervision or telephonic supervision that includes:
 - (i) an explicit rationale for using Tele-supervision or telephonic supervision;
 - (ii) how and when Tele-supervision or telephonic supervision is utilized in clinical training;
 - (iii) how it is determined which trainees can participate in Tele-supervision or telephonic supervision;
 - (iv) how an off-site supervisor maintains full professional responsibility of clinical cases;
 - (v) how non-scheduled consultation and crisis coverage are managed; and
 - (vi) how privacy and confidentiality of the client and trainees are assured.
 - (vii) Any licensed Psychologist providing tele-supervision from outside the CNMI must be licensed by the Board and, if providing services for a fee, must have a CNMI business license to conduct business in the CNMI.
 - (f) A person may apply to do more than 50% tele-supervision by requesting in writing their reasons for needing more than 50% tele-supervision. The board may grant or deny any such request at its sole discretion.



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**PUBLIC NOTICE AND CERTIFICATION OF ADOPTION OF THE AMENDMENT TO THE
HEALTH CARE PROFESSIONS LICENSING BOARD FOR
PHYSICIAN – DOCTOR OF OSTEOPATHY**

**PRIOR PUBLICATION IN THE COMMONWEALTH REGISTER AS PROPOSED
AMENDMENTS TO REGULATIONS
VOLUME 44, NUMBER 11, PP 049264 – 049287 OF NOVEMBER 30, 2022**

ACTION TO ADOPT PROPOSED REGULATIONS: The Health Care Professions Licensing Board, HEREBY ADOPTS AS PERMANENT regulations the Proposed Regulations which were published in the Commonwealth Register at the above-referenced pages, pursuant to the procedures of the Administrative Procedure Act, 1 CMC § 9104(a). The Health Care Professions Licensing Board announced that it intended to adopt them as permanent, and now does so.

PRIOR PUBLICATION: The prior publication was as stated above. The Health Care Professions Licensing Board adopted the attached regulations as final as of the date of signing below.

MODIFICATIONS FROM PRIOR PUBLISHED PROPOSED REGULATIONS, IF ANY: None

AUTHORITY: The Health Care Professions Licensing Board has statutory power to promulgate and effect regulations pursuant to 4 CMC §2206(b), as amended.

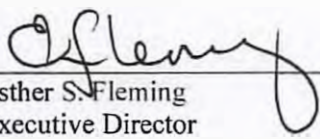
EFFECTIVE DATE: Pursuant to the APA, 1 CMC § 9105(b), these adopted amendments to the Regulations for Physician and Doctor of Osteopathy are effective 10 days after compliance with the APA, 1 CMC §§9102 and 9104(a) or (b), which in this instance, is 10 days after publication in the Commonwealth Register.

COMMENTS AND AGENCY CONCISE STATEMENT: Pursuant to the APA, 1 CMC § 9104(a)(2), the agency received no comments on the proposed amendments to the regulations for Physician and Doctor of Osteopathy. Upon this adoption of the amendments, the agency, if requested to do so by an interested person within 30 days of publication, will issue a concise statement of the principal reasons for accepting or rejecting any comments.

ATTORNEY GENERAL APPROVAL: The adopted regulations for Physician and Doctor of Osteopathy were approved for promulgation by the CNMI Attorney General in the above cited pages of the Commonwealth Register, pursuant to 1 CMC § 2153 (e) (to review and approve, as to form and legal sufficiency, all rules and regulations to be promulgated by any department, agency or instrumentality of the Commonwealth government, including public corporations, except as otherwise provided by law).

I DECLARE under penalty of perjury that the foregoing is true and correct copy and that this declaration was executed on the 29 day of December, 2022, at Saipan, Commonwealth of the Northern Mariana Islands.

Certified and ordered by:




Esther S. Fleming
Executive Director

12/29/22

Date

Filed and recorded by:



Esther San Nicolas *rar*
Commonwealth Register

12.29.22

Date

**CHAPTER 185-10
COMMONWEALTH HEALTH CARE PROFESSIONS
LICENSING BOARD REGULATIONS**

Part 4200

Physician – Doctor of Osteopathy

§ 185-10-4201	Definitions
§ 185-10-4202	[Reserved]
§ 185-10-4203	Exemptions from Licensure
§ 185-10-4204	[Reserved]
§ 185-10-4205	Requirements for Licensure for U.S. or Canadian Medical Graduates
§ 185-10-4206	Requirements for Licensing for Foreign or International Medical Graduates.
§ 185-10-4207	Foreign and International Medical Graduates without U.S. Training or License
§ 185-10-4208	[Reserved]
§ 185-10-4209	Additional Requirements
§ 185-10-4210	Licensure by Endorsement
§ 185-10-4211	Requirements for Temporary/Limited License
§ 185-10-4212	[Reserved]
§ 185-10-4213	Applications
§ 185-10-4214	[Reserved]
§ 185-10-4215	Continuing Medical Education (CME)
§ 185-10-4216	Renewal
§ 185-10-4217	[Reserved]
§ 185-10-4218	Reporting Requirements
§ 185-10-4219	Impaired Physicians
§ 185-10-4220	[Reserved]
§ 185-10-4221	Code of Medical Ethics
§ 185-10-4222	Disciplinary Action

Part 4200 - Physician – Doctor of Osteopathy

§ 185-10-4201 Definitions

- (a) “ACCME” is the Accreditation Council on Continuing Medical Education.
- (b) “ACGME” is the Accreditation Council for Graduate Medical Education of the American Medical Association and is the council ~~in-charge-of responsible for~~ accrediting internship, residency, or fellowship training programs in the United States.
- (c) “AMA” is the American Medical Association and is the medical association in America which ~~promote the art and science of medicine and technology to improve healthcare. medical education and innovation. and to advance initiatives that enhance practice efficiency. professional satisfaction, and the delivery of care. helps doctors help patients by uniting physicians nationwide to work on vital professional and public health i~~
- (d) “AOA” is the American Osteopathic Association, which serves as the professional ~~family organization~~ for all DOs and osteopathic medical students. In addition to serving as the primary certifying body for DOs, the AOA is the accrediting agency for all osteopathic medical schools and has federal authority to accredit hospitals and other health care facilities.
- (e) “COMLEX-USA” is the Comprehensive Osteopathic Medical Licensing Examination of the United States and is a series of three osteopathic medical licensing examinations administered by the ~~National Board of Osteopathic Medical Examiners (NBOME).~~
- (f) “Continuing Medical Education (CME)” ~~shall-mean-is~~ educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance, and relationships that a physician uses to provide services for patients, the public, or the profession.
- (g) “Doctor” including “Dr.,” “D.O.,” or “MD,” in these regulations means a physician.
- (h) “Doctor of Osteopathy (DO)” is a physician licensed to practice osteopathic medicine.
- (i) “ECFMG” is the Educational Commission for Foreign Medical Graduates. Its certification program assesses the readiness of foreign/international medical graduates to enter U.S. residency or fellowship programs that are accredited by the ACGME.

ECFMG certification assures directors of ACGME-accredited residency and fellowship programs and the people of the United States that foreign/international medical graduates have met minimum standards of eligibility to enter such programs. ECFMG certification does not, however, guarantee that these graduates will be accepted into ~~such~~ programs, since the number of applicants frequently exceeds the number of available positions.

ECFMG certification is also one of the eligibility requirements for foreign/international medical graduates to take Step 3 of the three-step ~~United States Medical Licensing Examination.(USMLE).~~ Medical licensing authorities in the United States and its territories require ECFMG certification, among other requirements, to obtain an unrestricted license to practice medicine.

- (j) “Emergency lifesaving service” ~~means-is~~ medical assistance given to a person whose physical condition, in the opinion of a reasonably prudent person, is such that the person’s life is endangered.

- (k) **“Endorsement”** ~~means-a~~ is the process whereby a jurisdiction issues an unrestricted license to practice medicine to an individual who holds a valid and unrestricted license in another jurisdiction.
- (l) **“FAIMER”** is the Foundation for Advancement of International Medical Education and Research. It is a non-profit foundation committed to improving world health through education. It was established by the ECFMG to promote excellence in international health professions education through programmatic and research activities.
- (m) **“FCVS”** ~~mean-is~~ the Federation Credentials Verification Services established by the Federation of State Medical Boards (FSMB) in September 1996 to provide a centralized, uniform process for state medical boards to obtain a verified, primary-source record of a physician’s core medical credentials. FCVS obtains primary- source verification of medical education, postgraduate training, examination history, board action history, board certification and identity. This repository of information allows a physician and/or physician assistant to establish a confidential, lifetime professional portfolio with FCVS which can be forwarded, at the applicant’s request, to any state medical and osteopathic board, hospital, health care facility or other entity.
- (n) **“Fifth Pathway Program”** is an academic year of supervised clinical education provided by an Liaison Committee on Medical Education (LCME)-accredited medical school, a prerequisite for licensure by examination, and is available to a person who has completed all the formal requirements for graduation from a foreign medical school recognized by the World Health Organization, except for any postgraduate training.
- (o) **“FLEX”** is the Federation Licensing Examination prepared and issued by the Federation of State Medical Boards (FSMB). The FLEX includes three parts: ~~T~~he basic science, the clinical science, and the clinical competency average.
- (p) **“Foreign or International Medical Graduate (IMG)”** ~~means~~ is a graduate of a medical school located outside of any U.S. state or territories territory, or Canada and recognized and officially listed by the World Health Organization.
- (q) **“Foreign-licensed physician”** is a physician who received his/her medical education outside of the U.S. or Canada and who is ineligible for licensure in the U.S. or has no active and unrestricted U.S. license but holds an active and unrestricted license from a medical licensing authority of a foreign country.
- (r) **“FSMB”** is the Federation of State Medical Boards. It is a national non-profit organization representing the medical and osteopathic boards of the United States and its territories.
- (s) **“FSMB BADB”** is the FSMB’s board action data bank. It is the FSMB’s data bank of board action and licensure data on U.S. physicians that contains disciplinary actions against physicians dating to the 1960’s.
- (t) **“Healthcare Integrity and Protection Data Bank (HIPDB)”** is a national health care fraud and abuse data collection program for the reporting and disclosing of certain final adverse actions taken against health care providers, suppliers, or practitioners implemented by the U.S. Secretary of Health and Human Services.
- (u) **“IMED”** is the International Medical Education Directory. It provides an accurate and up-to-date

resource of information about international medical schools that are recognized by the appropriate government agency in the countries where the medical schools are located. The agency responsible for this recognition in most countries is the Ministry of Health. Medical schools that are recognized by the appropriate agencies in their respective countries are listed in this directory.

A medical school is listed in IMED after FAIMER receives confirmation from the Ministry of Health or other appropriate agency that the Ministry or other agency recognizes the medical school. FAIMER also updates IMED as information about medical schools is received from Ministries of Health or other appropriate agencies.

- (v) **“Impairment”** means the inability of a licensee to practice medicine with reasonable skill and safety by reason of:
 - (1) Mental illness;
 - (2) Physical illness or condition, including, but not limited to, those illnesses or conditions that would adversely affect cognitive, motor, or perceptive skills; or
 - (3) Habitual or excessive use or abuse of drugs, defined by law as controlled substances, or alcohol or of other substances that impair ability.
- (w) **“LCME”** is the Liaison Committee on Medical Education and is the committee in charge of accrediting medical colleges or universities in the United States.
- (x) **“LMCC (Le Conseil medical du Canada)”** is the Licentiate Medical Council of Canada, which is the agency that offers and administers the Qualifying Examinations (national medical exams) in Canada.
- (y) **“NBME”** is the National Board of Medical Examiners. It is an independent, non-profit organization that serves the public by providing examinations for the health professions.
- (z) **“NBOME”** is the National Board of Osteopathic Medical Examiners, a non-profit corporation dedicated to serving the public and state licensing agencies by administering examinations that test the medical knowledge of those who seek to serve the public as osteopathic physicians.
- (aa) **“NPDB”** is the National Practitioner Data Bank. It is a confidential information clearinghouse created by Congress to improve health care quality, protect the public, and reduce health care fraud and abuse in the United States. It includes the ~~Healthcare Integrity and Protection Data Bank (HIPDB)~~.
- (bb) **“Osteopathic medicine”** is practiced by Doctors of Osteopathy with a philosophy of treating and healing the patient, ~~as a whole,~~ rather than focusing on one system or body part.
- (cc) **“Person”** means a person real or legal, including a human being and an artificial person, including a government entity, non-governmental organization, association, corporation, Limited Liability Company, limited liability partnership, partnership, or sole proprietorship.
- (dd) **“Practice of Medicine”** means:
 - (1) Holding out one self to the public as being able to diagnose, treat, prescribe for, palliate,

or prevent any human disease, ailment, injury, deformity, or physical or mental condition,

whether by the use of drugs, surgery, manipulation, electricity, or any physical, mechanical, or other means whatsoever;

- (2) Suggesting, recommending, prescribing, or administering any form of treatment, operation, or healing for the intended palliation, relief, or cure of any physical or mental disease, ailment, injury, condition, or defect of any person with the intention of receiving, either directly or indirectly, any fee, gift, or compensation whatsoever;
- (3) The maintenance of an office or other place to meet persons for the purpose of examining or treating persons afflicted with disease, injury, or clinical defect of body or mind;
- (4) Using the title "Doctor," "Doctor of Medicine," "Doctor of Osteopathy," "Physician," "Surgeon," "Dr.," "M.D.," "D.O.," or any word or abbreviation to indicate or induce others to believe that one is engaged in the practice of medicine as defined herein;
- (5) Performing any kind of surgical operation upon a human being.

(ee) **"Postgraduate Training"** means is training after earning a medical degree at an accredited program, including internship, residency, and fellowship.

(ff) **"State"** includes a United States of America state, territory, tribal land, commonwealth, the District of Columbia, and any other U.S. jurisdiction other than the U.S. federal government.

(gg) **"Supervision"** of a foreign-licensed physician means overseeing the activities of, and accepting responsibility for, the medical services rendered by the foreign-licensed physician.

(hh) **"Test of English as a Foreign Language (TOEFL)"** is a test administered by the Educational Testing Service (ETS) that evaluates the ability of an individual to use and understand English in an academic setting.

(ii) **"USMLE"** mean is the United States Medical Licensing Examination. It is a 3-step exam required for medical licensure in the U.S. and is sponsored by the FSMB and the NBME.

§ 185-10-4202 [Reserved]

§ 185-10-4203 Exemptions from Licensure

Nothing in these regulations shall apply to:

- (a) The exercise of the traditional Micronesian art of healing or a person practicing a recognized religion or local faith that includes in its tenets the ministering to the sick or suffering, provided that:
 - (1) No such person shall be exempt from the public health laws of the Commonwealth; and
 - (2) No such person shall employ the title "doctor" or "Dr."
- (b) Doctors who are engaged in postgraduate training under the supervision of licensed physician at a

hospital or other health care facility approved by the Board for such training. However, such persons must hold a temporary/limited license issued by this Board;

- (c) A person from administering a lawful domestic or family remedy to a member of his or her own family;
- (d) A person providing emergency lifesaving service where no fee or other consideration is contemplated, charged, or received;
- (e) Any commissioned medical officers of the U.S. armed forces and medical officers of the U.S. Public Health Service or the U.S. Veterans Administration in the discharge of their official duties or within federally controlled facilities;
- (f) Those fully licensed to practice medicine in another U.S. state who briefly render emergency medical treatment or briefly provide critical medical service at the specific lawful direction of a medical institution or federal agency that assumes full responsibility for that treatment of service and is approved by the Board;
- (g) A physician from another jurisdiction, when in limited consultation with a licensed CNMI physician, including in-person, mail, email, telephonic, tele-medicine, or other electronic consultation, if the physician from the other jurisdiction is licensed to practice in his/her jurisdiction.

§ 185-10-4204 [Reserved]

§ 185-10-4205 Requirements for Licensure for U.S. or Canadian Medical Graduates

- (a) An applicant for licensure as a physician must be at least twenty-one years of age, a U.S. citizen or a foreign national lawfully entitled to remain and work in the CNMI, and meet the following requirements:
 - (1) Applicant possesses an active unrestricted license to practice medicine in another U.S. state, territory, or Canada; or Applicant is a graduate of a medical school accredited by the Liaison Committee on Medical Education, by the American Osteopathic Association's Commission on Osteopathic College Accreditation, or by the Committee on Accreditation for Canadian Medical Schools of the Canadian Medical Association of Canadian Medical Colleges; and
 - (2) Applicant shall have satisfactorily completed three years of postgraduate training, internship, residency, accredited by the Accreditation Council for Graduate Medical Education of the American Medical Association, or the Accreditation Committee of the Federation of the Medical Licensing Authority of Canada, or by the Royal College of Physician and Surgeons of Canada, or by a training program approved by the Board, after earning a medical degree; and
 - (3) Applicant successfully passed all parts of the FLEX, NBME, USMLE, or a Board- approved combination of these examinations, all three levels of the COMLEX-USA, or the Qualifying Examinations administered by the Licentiate Medical Council of Canada, or other Board-approved future national examinations; and
 - (4) The applicant shall be of good moral character and shall not have been convicted of a crime of moral turpitude or a crime related to his or her practice as a physician any jurisdiction, U.S. or foreign.

§ 185-10-4206 Requirements for Licensing for Foreign or International Medical Graduates

- (a) A foreign or international medical graduate applying to practice as a physician must be at least twenty-one years of age, lawfully entitled to remain and work in the Commonwealth, and meet the following requirements:
- (1) Applicant is a graduate of a foreign medical school listed in the IMED and have graduated in a calendar year when the medical school was listed in the IMED; and
 - (2) Applicant holds a valid ECFMG certificate; and
 - (3) Applicant shall have satisfactorily completed at least three (3) years of postgraduate training, internship, residency in a training program accredited by ACGME or the Accreditation Committee of the Federation of the Medical Licensing Authority of Canada, or the Royal College of Physicians and Surgeons of Canada, after earning a medical degree; and
 - (4) Applicant successfully passed all parts of the FLEX, NBME, or USMLE or a Board-approved combination of these examinations or the Qualifying Examinations administered by the Licentiate Medical Council of Canada, or other Board approved future national examinations; and
 - (5) The applicant shall be of good moral character and shall not have been convicted of a crime of moral turpitude or a crime related to his or her practice as a physician in any jurisdiction, U.S. or foreign.

§ 185-10-4207 Foreign and International Medical Graduates without U.S. Training or License

This section of the regulations is pursuant to Part 200, Subpart A of P.L. 17-56:

- (a) Category I: Temporary, Limited Licensure with Supervision Requirements for Foreign Physicians without U.S. Training and U.S. Licensure.
- (1) An applicant to practice as a physician under this Category must:
 - (i) Be at least twenty-one years of age and lawfully entitled to enter, work, and remain in the Commonwealth; and
 - (ii) Be a graduate of a medical school listed in the IMED and have graduated in a calendar year when the medical school was recognized by the government agency in the country where the school is located; and
 - (iii) Have satisfactorily completed a 3-year postgraduate training program (residency and fellowship, if applicable), after earning a medical degree, in the field applicant is applying for; and
 - (iv) Provide proof of ECFMG certification and have taken and passed all parts of the Step I and Step 2 examinations of the USMLE or the equivalent of those exams in

former tests such as the FLEX and NBME; and

- (v) Have taken and passed the national specialty examination of his/her field of medicine (if applicable) in the country where he or she currently practices medicine; and
 - (vi) Demonstrate a command of the English language by taking and passing the TOEFL test. A score of at least 550 on the paper-based test or a score of at least 79 on the Internet--based test will be considered an acceptable passing score. The test must have been taken and passed within the two-year period preceding the date of application to practice in the CNMI. Test scores must be submitted directly to the HCPLB from the Educational Testing Service (ETS); and
 - (vii) Hold an unrestricted, active license to practice medicine in the country where he or she is currently practicing and must have held that license and have been practicing independently in that country for at least two years preceding the date of application to practice in the CNMI; and
 - (viii) Provide a Letter of Good Standing from the licensing and/or regulatory agency from the country where he or she is currently practicing medicine, satisfactory to the Board, that no disciplinary action has been taken against his/her license by any medical profession licensing authority and has not been the subject of any adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied. This Letter of Good Standing must be issued and dated within six months preceding the date of application to practice in the CNMI; and
 - (ix) Provide an original or certified copy of a police clearance where he or she currently practices medicine issued and dated within thirty days preceding the date of application to practice in the CNMI; and
 - (x) Provide proof of completion of a minimum of 50 U.S. Category 1 Continuing Medical Education credits in his or her field of medicine within the two-year period preceding the date of application to practice in the CNMI.
- (2) The limited license shall be for a period of not more than two years and shall not be renewed or granted an extension.
- (3) A U.S. Social Security number and a National Provider Identification (NPI) number must be provided upon request by the Board during the period of time that the limited license is valid.
- (4) Scope of Practice; Practice Agreement.
- (i) The foreign-licensed physician shall practice in accordance with his/her training and experience; and
 - (ii) The foreign-licensed physician shall not practice unless an active written practice agreement has been filed with and approved by the Board. A practice agreement is not active if the supervising physician has communicated in writing his/her

termination of supervision, has been rendered legally incompetent to continue supervising, or has moved from the CNMI; and

(iii) The foreign-licensed physician shall be employed only by the CNMI Government and shall practice only within the Commonwealth Healthcare Corporation.

(5) **Supervising Physician.** The supervising physician must comply with the following requirements to supervise foreign-licensed physicians:

(i) The supervising physician shall possess a current unrestricted CNMI license to practice medicine that is in good standing with the Board; and

(ii) The supervising physician must be currently practicing in the CNMI and be a full-time employee of the CNMI government; and

(iii) The supervising physician must have a similar specialty to that of the supervised foreign-licensed physician; and

(iv) The supervising physician shall supervise no more than two foreign-licensed physicians concurrently; and

(v) The supervising physician must include in the Practice Agreement a statement that he or she will direct and exercise supervision over the foreign-licensed physicians in accordance with these regulations, and recognizes that he or she retains full professional and legal responsibility for the performance of the foreign-licensed physician and for the care and treatment of the patient; and

(vi) The supervising physician will provide adequate means for direct communication between the foreign-licensed physician and him or her; provided that where the physical presence of the supervising physician is not required, the direct communication may occur using technology which may include but is not limited to two-way radio, telephone, fax machine, modem, or another telecommunication device; and

(vii) The supervising physician will perform a monthly random chart review of at least 10% of all the foreign-licensed physician's patient encounters; and

(viii) The supervising physician shall designate an alternate supervising physician in his or her absence. The alternate supervising physician must meet all the above requirements as a supervising physician.

(b) **Category II: Conditional License for Foreign Physicians with U.S. Training and Expired U.S. Licensure.**

(1) An applicant to practice as a physician under this category must:

(i) Be at least twenty-one years of age and lawfully entitled to enter, work, and remain in the Commonwealth; and

(ii) Provide proof of ECFMG certification and have taken and passed all parts of the FLEX, NBME, or USMLE; and

- (iii) Have previously held an unrestricted license to practice medicine in a U.S. state, territory, or jurisdiction; and
 - (iv) Demonstrate a command of the English language by taking and passing the TOEFL test. A score of at least 550 on the paper-based test or a score of at least 79 on the Internet-based test will be considered an acceptable passing score. The test must have been taken and passed within the two-year time period preceding the date of application to practice in the CNMI. Test scores must be submitted directly to the HCPLB from the Educational Testing Service (ETS); and
 - (v) Hold an unrestricted, active license to practice medicine in the country where he or she is currently practicing, and must have held that license and have been practicing independently in that country for at least two years preceding the date of application to practice in the CNMI; and
 - (vi) Provide a Letter of Good Standing, satisfactory to the Board, from the licensing and/or regulatory agency of the country where he or she is currently practicing medicine, which states that no disciplinary action has been taken against his or her license by any medical profession licensing authority and has not been the subject of any adverse action in which his or her license was suspended, revoked, placed on probation, conditioned, or denied renewal. This Letter of Good Standing must be issued and dated within six months preceding the date of application to practice in the CNMI; and
 - (vii) Provide an original or certified copy of a police clearance where he or she currently practices medicine issued and dated within thirty days preceding the date of application to practice in the CNMI; and
 - (viii) Provide proof of completion of a minimum of fifty U.S. Category I Continuing Medical Education credits in his or her field of medicine within the two-year period preceding the date of application to practice in the CNMI.
- (2) The conditional license shall be for a period of two years. After the two-year period, if the applicant has satisfied the conditions of the license, she/he may apply for a two-year unrestricted license.
- (3) A U.S. Social Security number and a National Provider Identification (NPI) number must be provided upon request by the Board during the period of time that the limited license is valid.
- (4) Scope of Practice; Evaluation Report.
- (i) The foreign-licensed physician shall practice in accordance with his/her training and experience; and
 - (ii) The foreign-licensed physician shall be employed only by the CNMI Government and shall practice only within the Commonwealth Health-Care Corporation.
 - (iii) A quarterly evaluation must be performed by a full-time physician who holds an active, unconditioned license in the CNMI and who has the same or similar specialty

employed at DPH, to assess the foreign licensed physician's performance and competence in his/her practice of medicine. The evaluation report must be submitted to the Board within a week of the evaluation.

- (c) Pursuant to Part 100, Subpart A of P.L. 17-56, nothing in these regulations shall:
- (1) Prohibit the Board from disapproving any foreign medical school or postgraduate training program or from denying an application if, in the opinion of the Board, the professional instruction provided by the medical school or the post graduate training program or the instruction received by the applicant is not equivalent to that required of U.S.-trained physicians.
 - (2) Prohibit the Board from suspending, revoking, placing on probation, or conditioning the license, on any grounds that by law or regulations would be grounds to suspend, revoke, place on probation, or condition the license to practice medicine in the CNMI, or for such periods of time when the foreign-licensed physician is not under the supervision of a CNMI licensed health care professional.
 - (3) Prohibit the Board from revoking a previously issued license if the licensee has not entered the CNMI and begun work for the Commonwealth Healthcare Corporation within ninety days from the date of licensure.

§ 185-10-4208 [Reserved]

§ 185-10-4209 **Additional Requirements**

In addition to the foregoing requirements, the Board may add the following requirements, in its discretion, and for good cause:

- (a) Require additional proof that the person is competent to practice professionally;
- (b) Require further examination;
- (c) Require additional proof that the person is of an acceptable moral character; and/or
- (d) Require that the person not be impaired by reason of substance abuse or debilitating physical or mental/emotional condition.

§ 185-10-4210 **Licensure by Endorsement**

- (a) The Board may grant a license to a person to practice as a physician by endorsement if:
 - (1) The person holds a full, unrestricted, active license to practice as a physician in another U.S. state or territory, or Canada; and
 - (2) The person substantially complies with the requirements for licensure in subsection §§ 4205.
- (b) The Board may deny a license by endorsement to a person to practice as a physician if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned or renewal denied.

§ 185-10-4211 Requirements for Temporary/Limited License

- (a) The board may issue a temporary or limited license for three months to an applicant to practice as a physician if:
- (1) The applicant meets all the requirements set forth in § 4205, but due to administrative error or time constraints, not the fault of the applicant, the Board's ability to issue the license in the ordinary course of its affairs has been impaired;
 - (2) A public emergency occurred, such as a declared disaster of such destructive magnitude or force which damaged or destroyed homes, and injured or killed people, and produces a range of immediate suffering and basic human needs that cannot be promptly or adequately addressed by the affected people, and there is a shortage of physicians;
 - (3) Applicant is to engage in post graduate training under the supervision of a licensed physician at a hospital or other health care facility approved by the Board for such training; or
 - (4) There is an absence or a shortage of licensed physicians or osteopathic physicians in the CNMI and that the applicant has been duly licensed as a physician or osteopathic physician under the laws of another U.S. state or territory. For this purpose, the board may consider having an absence or shortage of physicians or osteopathic physicians if the absence or shortage results from the temporary loss of a physician or osteopathic physician. An application for a temporary license due to absence or shortage of physicians shall require the applicant to provide a request from the Medical Affairs Director or the director of the CNMI Department of Public Health as to the absence or shortage of physicians in the CNMI.
- (b) Applicants for temporary or limited license shall apply and submit copies of documents required under subsection ~~185-10~~ 4213.
- (c) Because of time constraint and the urgency of the situation, the temporary or limited license may be issued to an applicant at the discretion and approval of the Chairperson of the Board or his designee, if the applicant meets the licensing requirements of this section before the application and required documents are submitted to the Board. Application, required documents, and fees shall be submitted within 5 business days after the license is issued.
- (d) The Board may deny an application for a temporary or limited license if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied.

§ 185-10-4212 [Reserved]

§ 185-10-4213 Applications

- (a) An application for a license to practice as a physician shall be made under oath on a form to be provided by the Board and shall be signed and sworn to under penalty of perjury by the applicant.
- (b) Applicant must also provide:
- (1) The applicant's full name and all aliases or other names ever used, current address, date and

place of birth and social security number; and

- (2) Applicant's 2x2 photograph taken within six months from date of application; and
 - (3) The appropriate fees, including the application fee which shall not be refunded; and
 - (4) Copies acceptable to the Board of such documents and credentials, including but not limited to:
 - (i) Diploma showing a degree of Doctor of Medicine or Doctor of Osteopathy; or a document showing proof that applicant holds a valid ECFMG certificate; and
 - (ii) Documents showing proof that applicant has taken and passed the required examinations; and
 - (iii) Documents showing proof that applicant has satisfactorily completed the required postgraduate training; and
 - (iv) Documents showing proof that applicant is licensed to practice as a physician in another jurisdiction, when applicable; and
 - (v) The FCVS's profile of the applicant submitted to the Board by the FSMB shall be accepted in lieu of the documents required in subsections (i), (ii), (iii), and (iv) above.
 - (5) A detailed educational history, including places, institutions, dates, and program descriptions of all his or her education beginning with secondary schooling and including all college, pre-professional, professional, and professional postgraduate training; and
 - (6) A list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has ever applied for a license to practice as a physician; and
 - (7) A list of all jurisdictions, U.S. or foreign, in which the applicant has been denied licensure or voluntarily surrendered a license to practice as a physician; and
 - (8) A list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements, or convictions against the applicant that would constitute grounds for disciplinary action under 3 CMC § 2201, et seq. or these regulations; and
 - (9) An NPDB or FSMB's BADB report within sixty days from the signature date of the application. Additionally, when applicable, an applicant must provide a certificate or Letter of Good Standing from the appropriate government health agency having jurisdiction over a foreign-licensed physician, or from any other entity, satisfactory to the Board, having information pertinent to the applicant's professional standing.
- (c) All documents submitted in a foreign language shall be accompanied by a certified and accurate translation in English.

§ 185-10-4214 [Reserved]

§ 185-10-4215 Continuing Medical Education (CME)

- (a) Each physician licensed to practice in the CNMI is required to complete fifty Category 1 CME hours during the 24 months prior to the expiration of his or her license as a prerequisite to the renewal of his or her biennial license.
- (b) One hour of credit will be allowed for each clock hour of CME participation.
- (c) Approved continuing medical education activities include, but are not limited to, CMEs certified by the Commonwealth Healthcare Corporation, activities designated as Category 1 by an organization accredited by the Accreditation Council on Continuing Medical Education (ACCME), the American Medical Association, the Academy of Family Physicians, the American Osteopathic Association, or the Maintenance of Proficiency (MainPro), which is a program of the College of Family Physicians of Canada, which establishes CME requirements for its members.
- (d) If a licensee fails to meet the CME requirements for renewal of license because of illness, military service, or other extenuating circumstances, the Board, upon appropriate written explanation, may grant an extension of time to complete same, on an individual basis.
- (e) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing medical education, and the number of credits earned.
- (f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CME requirements or who falsely certifies attendance at, or completion of the CME as required herein.

§ 185-10-4216 Renewal

- (a) All licenses, except temporary or limited licenses issued by the Board, expire every two years following issuance or renewal and become invalid after that date.
- (b) Each licensee shall be responsible for submitting a completed renewal application at least sixty days before the expiration date. The Board may send, by mail or email, a notice to every person licensed hereunder giving the date of expiration, the fee, and any additional requirement for the renewal thereof.
- (c) All licensees must submit satisfactory evidence of completion of CME requirements, as required under § 4215(a) of these regulations.
- (d) A late fee of \$25.00 will be charged every 1st of the month after the expiration date.
- (e) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.
- (f) A licensee whose license has been revoked, suspended, or placed on probation by the licensing

authority of another U.S. or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice as a physician in the CNMI. This will not, however, prevent the Board from considering a new application.

§ 185-10-4217 [Reserved]

§ 185-10-4218 Reporting Requirements

(a) Reporting to National and Interstate Data Banks.

The Board shall report adverse information of a physician to the National Practitioner Data Bank ("NPDB"), the FSMB's Federation Physician Data Center (FPDC), to the appropriate government health agency having jurisdiction over a foreign-licensed physician, and such other interstate or national health professional data banks within thirty-five days following its receipt of the information. The Board shall, if financially feasible, maintain its membership in these two and other such organizations to retain the benefits of access to the data. The information to be reported shall include:

- a. Discipline of a physician described by, or undertaken pursuant to, the Act and these regulations, and without regard to whether the action of the disciplining entity has been stayed by a reviewing court;
- b. A professional review action that adversely affects the clinical privileges of a physician for a period of more than 30 days; and
- c. Acceptance of the surrender of clinical privileges or any restriction of such privileges of a physician.

(a) Securing Information.

- a. The Board shall secure, for each person, reportable information at the following times:
 - i. When a physician applies for a license;
 - ii. Every two years, typically in advance of license renewal; and
 - iii. Whenever the Board determines such information would be reasonably required.
- b. The applicant or the licensee shall be responsible for the cost of obtaining such information.
- c. The Board must comply with the terms and conditions for confidentiality of the NPDB, FSMB, BABD, or other such entity.

§ 185-10-4219 Impaired Physicians

- (a) The Board shall have the power to deny an application, refuse to renew or restore, suspend, revoke, place on probation or condition the license of any physician whose mental or physical ability to practice medicine with reasonable skill and safety is impaired.

- (b) By submission of an application for licensure, or renewal, an applicant shall be deemed to have given his or her consent to submit to mental or physical examination and/or chemical dependency evaluation. This includes taking tissue or fluid samples, at the physician's own expense, as the Board may direct, and waiving all objections as to the admissibility or disclosure of such information and related findings, reports, or recommendations in an administrative or judicial proceeding. If a licensee or applicant fails to submit to an examination or evaluation when properly directed to do so by the Board, unless failure was due to circumstances deemed beyond the licensee's control, the Board shall be permitted to enter a final order upon proper notice, hearing, and proof of refusal.
- (c) If the Board finds, after examination and hearing, that the applicant or licensee is impaired, the Board shall:
 - (1) Direct the applicant or licensee to submit to care, counseling, or treatment, acceptable to the Board, at his or her own expense; and
 - (2) Deny the application, suspend, place on probation, or condition the license for the duration of the impairment; or
 - (3) Revoke the license.
- (d) Any licensee or applicant who is prohibited from practicing as a physician under this section shall, at reasonable intervals, be afforded an opportunity to demonstrate to the satisfaction of the Board that he or she can resume or begin to practice medicine and surgery with reasonable skill and safety. A license shall not be reinstated, however, without the payment of all applicable fees and the fulfillment of all requirements, as if the applicant had not been prohibited.

§ 185-10-4220 **[Reserved]**

§ 185-10-4221 **Code of Medical Ethics**

The Board recognizes the AMA's Code of Medical Ethics as its professional standards model. The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self.

§ 185-10-4222 **Disciplinary Action**

The Board shall have the power to impose administrative penalties and/or reprimands; revoke or suspend; refuse to issue, restore, or renew, the license of any person who is found guilty of one or more of the violations enumerated in § 2224 of P.L. 15-105 and §§ 185-10-901 to -1300 of these regulations or for a violation of the AMA's Code of Medical Ethics.