

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

LCB FILE NO. R111-25I

**The following document is the initial draft regulation proposed
by the agency submitted on 12/14/2025**

Draft Regulation Changes for NAC Chapter 630

Note to LCB: Throughout NAC Chapter 630, please remove all references to NRS 630.1606 and special license (now repealed). Please change all references to special purpose license to telemedicine license. Please update all references to formal complaint to charging document. Please also update references to foreign country and equivalent foreign country as necessary to fully implement AB319 from the 2025 Legislative Session. Please also check the references for NRS 630.160 and update them to reflect changes made in SB124 and AB319 and AB56. Please also update approved continuing education for physicians, physician assistants, and anesthesiologist assistants to include credit recognized by the American Academy of Family Physicians.

Note to LCB: NAC 630.050 needs to be updated to comply with SB124 and AB319.

NAC 630.050 Application: Restrictions; filing; contents; fee. (NRS 630.130)

1. The Board ~~will not accept any application for any type of license to practice medicine in this State if the Board cannot~~ **must** substantiate that the medical school from which ~~the~~ **an** applicant graduated provided the applicant with a resident course of professional instruction equivalent to that provided in the United States or a Canadian medical school approved by either the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges or by the Committee on Accreditation of Canadian Medical Schools **or equivalent foreign country certification or ECFMG for applicants for limited licenses pursuant to SB124.**

2. Except as otherwise provided in NAC 630.130, an applicant for ~~any~~ license to practice medicine must file his or her sworn application with the Board. The application must:

- (a) Include all documentation required by the application;
- (b) Include complete answers to all questions on the form; and
- (c) Be accompanied by the applicable fee.

3. If the Board denies an application for ~~any type of~~ license to practice medicine in this State, the Board may prohibit the person whose application was denied from reapplying for a period of 1 year to 3 years after the date of the denial.

[Bd. of Medical Exam'rs, § 630.050, eff. 12-20-79]—(NAC A 6-23-86; 3-19-87; R149-97, 3-30-98; R080-05, 10-31-2005) **Amended by R171-20, June 2, 2023.**

NAC 630.055 Qualifications: “Progressive postgraduate education” interpreted. (NRS 630.130, 630.160) ~~As used in paragraph (d) of subsection 2 of NRS 630.160,~~ **In addition to §6 in AB319, as used in NRS and NAC Chapter 630,** the term “progressive postgraduate education” does not include training received in the program commonly referred to as the “fifth pathway program,” which was

established by the American Medical Association in 1971 to allow entry into the first year of graduate medical education in the United States to citizens of the United States who study at foreign medical schools.

(Added to NAC by Bd. of Medical Exam'rs by R007-99, eff. 9-27-99; A by R145-03, 12-16-2003)

NAC 630.080 Examinations. (NRS 630.130, 630.160, 630.180, 630.318)

1. For the purposes of paragraph (d) of subsection 2 of NRS 630.160, an applicant for a license to practice medicine must, except as otherwise provided in subsection 2, pass an examination, designated by the Board, to test the competency of the applicant to practice medicine, including, without limitation:

- (a) The Special Purpose Examination;
- (b) An examination testing competence to practice medicine conducted by physicians; or
- (c) Any other examination designed to test the competence of the applicant to practice medicine.

2. The Board will deem an applicant to have satisfied the requirements of subsection 1 if:

(a) Within 10 years before the date of an application for a license to practice medicine in this State, the applicant has passed:

(1) Part III of the examination given by the National Board of Medical Examiners;

(2) Component II of the Federation Licensing Examination;

(3) Step 3 of the United States Medical Licensing Examination;

(4) All parts of the examination to become a licentiate of the Medical Council of Canada;

(5) The examination for primary certification or recertification by a specialty board of the American Board of Medical Specialties and received primary certification from that board; or

(6) The Special Purpose Examination; or

(b) The applicant is currently certified and was certified prior to recertification or maintenance of certification requirements by a specialty board of the American Board of Medical Specialties, agrees to maintain that certification throughout any period of licensure in this State and has actively practiced clinical medicine for the past 5 years in any state or country in which the applicant is licensed or officially authorized to practice.

3. For the purposes of subparagraph (3) of paragraph (b) of subsection 2 of NRS 630.160:

(a) An applicant for a license to practice medicine must pass Step 1, Step 2 and Step 3 of the United States Medical Licensing Examination in not more than a total of nine attempts and must pass Step 3 in not more than a total of three attempts; and

(b) An applicant:

(1) Who holds a degree of doctor of medicine must pass all steps of the examination within 7 years after the date on which the applicant first passes any

step of the examination; or

(2) Who holds a degree of doctor of medicine and a degree of doctor of philosophy must pass all steps of the examination within 10 years after the date on which the applicant first passes any step of the examination.

(c) An applicant for a license to practice medicine who is certified by a specialty board of the American Board of Medical Specialties must pass Step 1, Step 2, and Step 3 of the United States Medical Licensing Examination, but the applicant does not have to meet the attempt requirements in (a) and (b).

4. For any examination conducted by the Board for a license to practice medicine, an applicant must answer correctly at least 75 percent of the questions propounded. The Board will use the weighted average score of 75, as determined by the Federation of State Medical Boards of the United States, Inc., to satisfy the required score of 75 percent for passage of the Special Purpose Examination and the United States Medical Licensing Examination.

5. The Board will authorize the Federation of State Medical Boards of the United States, Inc., to administer the Special Purpose Examination or the United States Medical Licensing Examination on behalf of the Board.

6. An applicant for a license to practice medicine and a person who holds a license to practice medicine must pay the reasonable costs of any examination required for licensure and any examination ordered pursuant to NRS 630.318.

[Bd. of Medical Exam'rs, § 630.080, eff. 12-20-79]—(NAC A 6-23-86; 3-19-87; 11-21-88; 3-7-90; 9-12-91; R149-97, 3-30-98; R007-99, 9-27-99; R167-99, 1-19-2000; R145-03, 12-16-2003; R054-05, 10-31-2005; R150-07 & R151-07, 6-17-2008; R134-14, 6-26-2015) **Amended by R177-22, June 2, 2023. Amended by R002-23, November 8, 2023.**

NAC 630.130 Limited license for graduate program of training. (NRS 630.130, 630.265)

1. The applicant for a limited license to practice medicine as a resident physician in a graduate program of clinical training must file an application with the Board on the standard form for application for a license to practice medicine and submit with the application such proofs and documents as are required on the form to the extent that the proofs and documents are applicable to the issuance of the limited license.

2. The application must be accompanied by written confirmation from the institution sponsoring the graduate program of clinical training that the applicant has been appointed to a position in the program. ~~If the applicant is not a citizen of the United States, the applicant must also provide satisfactory evidence from the United States Citizenship and Immigration Services of the Department of Homeland Security that he or she is lawfully entitled to remain and work in the United States.~~

3. The Board will review the application and, upon approval, issue the limited license. An applicant for a limited license may be required to appear before the Board or one of its members for an oral interview before the issuance of the limited license.

4. A limited license issued under this section will state on its face that it is a limited license to practice medicine as a resident physician in a graduate program of

clinical training, and the period during which it is valid. ~~If the licensee is not a citizen of the United States, a limited license is valid only as long as the licensee is lawfully entitled to remain and work in the United States.~~

[Bd. of Medical Exam'rs, § 630.130, eff. 12-20-79]—(NAC A 6-23-86; R042-12, 2-20-2013)

Note to LCB: We are hoping to update NAC 630.145 to be more consistent with recent legislation regarding underserved areas. I'm not sure if what I have is the best solution.

NAC 630.145 Restricted license: “Medically underserved area” defined. (NRS 630.130, 630.264) For the purposes of subsection 1 of NRS 630.264, “medically underserved area” ~~means any geographic area designated by the Board with a population to primary care physician ratio of 2,500:1.~~ *has the same definition as historically underserved community in AB483 section 5(2)(b).* When designating a geographic area as medically underserved, the Board may consider any additional criteria proposed by the Officer of Rural Health of the University of Nevada School of Medicine or ~~a~~ *the* board of county commissioners *in the petition submitted pursuant to NRS 630.267(1).*

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001)—(Substituted in revision for NAC 630.035)

NAC 630.153 Continuing education: General requirements; exemption; failure to comply; credit for medical review. (NRS 630.130, 630.253)

1. Except as otherwise provided in subsection 2 and NAC 630.157, each holder of a license to practice medicine shall, at the time of the biennial registration, submit to the Board by the final date set by the Board for submitting applications for biennial registration evidence, in such form as the Board requires, that he or she has completed 40 hours of continuing medical education during the preceding 2 years in one or more educational programs, 2 hours of which must be in medical ethics and 20 hours of which must be in the scope of practice or specialty of the holder of the license. Each educational program must:

(a) Offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association *or prescribed credit as recognized by the American Academy of Family Physicians* to the holder of the license;

(b) Be approved by the Board; and

(c) Be sponsored in whole or in part by an organization accredited or deemed to be an equivalent organization to offer such programs by the American Medical Association or the Accreditation Council for Continuing Medical Education *or the American Academy of Family Physicians.*

2. Any holder of a license who has completed a full year of residency or fellowship in the United States or Canada *or an equivalent foreign country* any time during the period for biennial registration immediately preceding the submission of the application for biennial registration is exempt from the requirements set forth in

subsection 1.

3. If the holder of a license fails to submit evidence of his or her completion of continuing medical education within the time and in the manner prescribed by subsection 1, the license will not be renewed. Such a person may not resume the practice of medicine unless, within 2 years after the end of the biennial period of registration, the person:

(a) Pays a fee to the Board which is twice the fee for biennial registration otherwise prescribed by subsection 1 of NRS 630.268;

(b) Submits to the Board, in such form as it requires, evidence that he or she has completed 40 hours of Category 1 continuing medical education as recognized by the American Medical Association *or the American Academy of Family Physicians* within the preceding 2 years; and

(c) Is found by the Board to be otherwise qualified for active status pursuant to the provisions of this chapter and chapter 630 of NRS.

4. The Board may issue up to 20 hours of continuing medical education credit during a single biennial period to a holder of a license to practice medicine if the licensee performs a medical review for the Board. The hours issued by the Board:

(a) May be credited against the 40 hours required for any single biennial registration period pursuant to subsection 1; and

(b) Without exceeding the limit of 20 hours, must be equal to the actual time involved in performing the medical review.

(Added to NAC by Bd. of Medical Exam'rs, 7-31-85, eff. 8-1-85; A 6-23-86; 11-21-88; 9-12-91; R149-97, 3-30-98; R108-01, 11-29-2001)

~~— NAC 630.154 Continuing education: Course of instruction relating to medical consequences of act of terrorism involving use of weapon of mass destruction. (NRS 630.130, 630.253)~~

~~— 1. Pursuant to the provisions of NRS 630.253, a holder of a license to practice medicine shall complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:~~

~~— (a) If the holder of a license to practice medicine was initially licensed by the Board on or after October 1, 2003, within 2 years of initial licensure.~~

~~— (b) If the holder of a license to practice medicine was initially licensed by the Board before October 1, 2003, on or before September 30, 2005.~~

~~— 2. In addition to the requirements provided pursuant to NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:~~

~~— (a) Except as otherwise provided in subsection 3, must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the holder of the license; and~~

~~— (b) Is in addition to the continuing education required pursuant to NAC 630.153.~~

~~— 3. A course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided~~

~~to a holder of a license to practice medicine:~~

~~— (a) After January 1, 2002; and~~

~~— (b) As a part of the training the holder of the license to practice medicine received:~~

~~— (1) While serving in the military; or~~

~~— (2) While serving as a public health officer.~~

~~— (Added to NAC by Bd. of Medical Exam'rs by R145-03, eff. 12-16-2003)~~

NAC 630.156 Continuing education: Training required for certain physicians relating to persons with substance use and other addictive disorders and prescribing of opioids; credit for training. (NRS 630.130, 630.2535)

1. Pursuant to the provisions of NRS 630.2535 and except as otherwise provided in that section, a holder of a license to practice medicine who is registered to dispense controlled substances pursuant to NRS 453.231 shall, during each period for biennial registration, complete at least 2 hours of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids.

2. Pursuant to NRS 630.253, a holder of a license to practice medicine shall complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.

3. A program of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids or a program of training in the screening, brief intervention and referral to treatment approach to substance use disorder must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the holder of the license.

4. A holder of a license to practice medicine is entitled to receive credit towards the continuing medical education required pursuant to subsection 1 of NAC 630.153 for each hour of continuing medical education completed pursuant to subsection 1 of this section or training completed pursuant to subsection 2 of this section.

5. Screening, brief intervention and referral to treatment approach to substance use disorder training includes nutrition as a part of its syllabus.

(Added to NAC by Bd. of Medical Exam'rs by R163-16, eff. 8-30-2018) ***Amended by R068-23, September 13, 2024.***

NAC 630.210 Consultation with another provider of health care. (NRS 630.130) A physician, ***limited license holder***, or physician assistant shall seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services. ***A record of this consultation must be documented in the patient's medical records.***

[Bd. of Medical Exam'rs, § 630.210, eff. 12-20-79]—(NAC A 6-23-86) ***Amended by R171-20, June 2, 2023.***

NAC 630.230 Prohibited professional conduct. (NRS 630.130, 630.275)

1. A person who is licensed as a physician, **limited license holder** or physician assistant shall not:

- (a) Falsify records of health care;
- (b) Falsify the medical records of a hospital so as to indicate his or her presence at a time when he or she was not in attendance or falsify those records to indicate that procedures were performed by him or her which were in fact not performed by him or her;
- (c) Render professional services to a patient while the physician or physician assistant is under the influence of alcohol or any controlled substance or is in any impaired mental or physical condition;
- (d) Acquire any controlled substances from any pharmacy or other source by misrepresentation, fraud, deception or subterfuge;
- (e) Prescribe anabolic steroids for any person to increase muscle mass for competitive or athletic purposes;
- (f) Make an unreasonable additional charge for tests in a laboratory, radiological services or other services for testing which are ordered by the physician or physician assistant and performed outside his or her own office;
- (g) Allow any person to act as a medical assistant in the treatment of a patient of the physician or physician assistant, unless the medical assistant has sufficient training to provide the assistance;
- (h) Fail to provide adequate supervision of a medical assistant who is employed or supervised by the physician or physician assistant, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820;
- (I) If the person is a physician, fail to provide adequate supervision of **a limited license holder**, physician assistant or an anesthesiologist assistant or adequate collaboration with an advanced practice registered nurse-with whom the physician is collaborating;
- (j) Fail to honor the advance directive of a patient without informing the patient or the surrogate or guardian of the patient, and without documenting in the patient's records the reasons for failing to honor the advance directive of the patient contained therein;
- (k) Engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the policies set forth in the *Guidelines for the Chronic Use of Opioid Analgesics* adopted by reference in NAC 630.187; or
- (l) Administer or use, or allow any person under his or her supervision, direction or control to administer or use, a single-use medical device:
 - (1) For more than one procedure;
 - (2) For more than one patient; or
 - (3) In a manner inconsistent with the manufacturer's instructions or directions included on or with the single-use medical device.
- (m) Require or ask a patient to waive his or her right to file a complaint with the Board; or

(n) Condition care or treatment on the provision of a waiver described in paragraph (m).

(o) Engage in sexual impropriety toward a patient, including, without limitation, engaging in behavior that is seductive, sexually suggestive, disrespectful of a patient's privacy or sexually demeaning.

2. A physician, **limited license holder** or physician assistant shall comply with all applicable provisions of chapters 440 and 629 of NRS and any regulation adopted pursuant thereto.

3. As used in this section:

(a) "Chronic pain" has the meaning ascribed to it in section 3 of the *Guidelines for the Chronic Use of Opioid Analgesics* adopted by reference in NAC 630.187.

(b) "Single-dose vial" means a vial, including, without limitation, a sealed sterile vial, which may be accessed by insertion of a needle and which, according to the manufacturer's instructions:

(1) Contains only one dose of a medication; and

(2) May be used for only one patient.

(c) "Single-use medical device" means a medical device that is intended for one use or on a single patient during a single procedure and includes, without limitation, a blade, clip, catheter, implant, insufflator, lancet, needle, sleeve, syringe and single-dose vial.

[Bd. of Medical Exam'rs, § 630.230, eff. 12-20-79]—(NAC A 6-23-86; 9-19-90; 1-13-94; 7-18-96; R007-99, 9-27-99; R089-00, 7-19-2000; R108-01, 11-29-2001; R052-10, 10-15-2010; R059-11, 5-30-2012; R094-12, 2-20-2013; R001-14 & R057-14, 6-26-2015; R008-17, 8-21-2019) **Amended by R002-23, November 8, 2023; Amended by R069-23, April 19, 2024. Amended by R068-23, September 13, 2024. Amended by R033-24, September 13, 2024.**

~~—NAC 630.353 Continuing education: Course of instruction relating to medical consequences of act of terrorism involving use of weapon of mass destruction. (NRS 630.130, 630.253, 630.275)~~

~~—1. Pursuant to the provisions of NRS 630.253, a physician assistant shall complete a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:~~

~~—(a) If the physician assistant was initially licensed by the Board on or after October 1, 2003, within 2 years of initial licensure.~~

~~—(b) If the physician assistant was initially licensed by the Board before October 1, 2003, on or before September 30, 2005.~~

~~—2. In addition to the requirements provided pursuant to NRS 630.253, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:~~

~~—(a) Except as otherwise provided in subsection 3, must offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the physician assistant; and~~

~~—(b) Is in addition to the continuing education required pursuant to NAC 630.350.~~

~~—3. A course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided to a physician assistant:~~

~~—(a) After January 1, 2002; and~~

~~—(b) As a part of the training the physician assistant received:~~

~~—(1) While serving in the military; or~~

~~—(2) While serving as a public health officer.~~

~~—(Added to NAC by Bd. of Medical Exam'rs by R145-03, eff. 12-16-2003)~~

NAC 630.358 Continuing education: Training required for certain physician assistants relating to persons with substance use and other addictive disorders and prescribing of opioids; credit for training. (NRS 630.130, 630.2535)

1. Pursuant to the provisions of NRS 630.2535 and except as otherwise provided in that section, a physician assistant who is registered to dispense controlled substances pursuant to NRS 453.231 shall, during each period for biennial registration, complete at least 2 hours of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids.

2. Pursuant to NRS 630.253, a physician assistant shall complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to a substance use disorder without 2 years after initial licensure.

3. A program of continuing medical education relating specifically to persons with substance use and other addictive disorders and the prescribing of opioids or a program of training in the screening, brief intervention and referral to treatment approach to substance use disorder must:

(a) Be a program of continuing medical education as defined by the American Academy of Physician Assistants; or

(b) Offer, upon successful completion of the program, a certificate of Category 1 credit as recognized by the American Medical Association to the physician assistant.

4. A physician assistant is entitled to receive credit towards the continuing medical education required pursuant to subsection 1 of NAC 630.350 for each hour of continuing medical education completed pursuant to subsection 1 of this section or training completed pursuant to subsection 2 of this section.

5. Screening, brief intervention and referral to treatment approach to substance use disorder training includes nutrition as a part of its syllabus.

(Added to NAC by Bd. of Medical Exam'rs by R163-16, eff. 8-30-2018) ***Amended by R068-23, September 13, 2024.***

NAC 630.495 Restrictions on simultaneous supervision of physician assistants and collaboration with advanced practice registered nurses. (NRS 630.130)

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

(a) Supervise more than ~~three~~ **four** physician assistants;

(b) Collaborate with more than ~~three~~ **four** advanced practice registered nurses;
or

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

2. A physician may petition the Board for approval to supervise or collaborate with more physician assistants and advanced practice registered nurses than he or she would otherwise be allowed pursuant to subsection 1. ***However, at no time will the Board approve a petition that requests to supervise or collaborate with more than six total physician assistants and advanced practice registered nurses.***

3. The Executive Director of the Board or his or her designee shall review and approve or deny a petition made pursuant to subsection 2. The Executive Director or his or her designee shall not approve the petition unless the physician provides satisfactory proof to the Board that:

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

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

4. When determining pursuant to subsection 3 whether to approve a petition made pursuant to subsection 2, the Executive Director or his or her designee shall review the licensing history and disciplinary history of the physician and each physician assistant or advanced practice registered nurse.

5. If a physician also supervises holders of limited licenses issued pursuant to SB124, the physician may not supervise or collaborate with more than four total physician assistants, advanced practice registered nurses, and limited license holders, and the total limited license holders may not exceed two pursuant to NEW REGULATION (draft submitted pursuant to SB124). A physician supervising holders of limited licenses issued pursuant to SB124 may not submit a petition to increase the total number of individuals supervised by them to more than four.

(Added to NAC by Bd. of Medical Exam'rs by R149-97, eff. 3-30-98; A by R108-01, 11-29-2001) ***Amended by R068-23, September 13, 2024.***

NAC 630.515 Temporary license to practice as intern. (NRS 630.130, 630.279)

1. Upon payment of a fee, the Board may issue a temporary license to practice respiratory care as an intern for a period of 12 months to an applicant for licensure providing the applicant *submits shows-;*

~~—(a) Written evidence, verified by oath, that the applicant is a graduate of a respiratory education program~~ *and that he or she will be practicing in a program of practical training approved by the Board;* ~~and~~

~~—(b) That he or she is scheduled to sit for the national exam administered by the National Board for Respiratory Care or its successor organization.~~

2. During the 12-month period, *the applicant must sit for the national exam administered by the National Board for Respiratory Care and* shall wear a name badge that prominently displays the phrase “Graduate Therapist” while on the job.

(Added to NAC by Bd. of Medical Exam’rs by R108-01, eff. 11-29-2001)

NAC 630.530 Renewal of license; notification of withdrawal of certification; expiration and reinstatement of license. (NRS 630.130, 630.279)

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

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

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

2. To renew a license for the practice of respiratory care, a licensee must complete ~~the number of hours of continuing education required by subsection 3, of which:~~ *20 hours of continuing education in a program approved by the Board.*

(a) ~~Sixty percent~~ *10 hours* must be from an approved educational source directly related to the practice of respiratory care. Two hours ~~of this 60 percent~~

(b) ~~Forty percent~~ *8 hours* must be in any program approved by the American Association for Respiratory Care ~~for Continuing Respiratory Care Education~~ or any program of another organization approved by the Board.

3. ~~The following hours for continuing education are required for a licensee to renew a license for the practice of respiratory care:~~ *If a practitioner of respiratory care was licensed after the first 6 months of the biennial period of registration, he or she must complete:*

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

~~—(b) If licensed during the second 6 months of the biennial period of registration,~~ *15 hours, with 8 hours from an approved educational source directly related to the practice of respiratory care, 2 hours in medical ethics, and 5 hours in any program approved by the American Association for Respiratory Care or*

any other program of another organization approved by the Board.

(c) If licensed during the third 6 months of the biennial period of registration, 10 hours, *with 5 hours from an approved educational source directly related to the practice of respiratory care, 2 hours in medical ethics, and 3 hours in any program approved by the American Association for Respiratory Care or any other program of another organization approved by the Board.*

(d) If licensed during the fourth 6 months of the biennial period of registration, 5 hours, *with 2 hours from an approved educational source directly related to the practice of respiratory care, 2 hours in medical ethics, and 1 hour in any program approved by the American Association for Respiratory Care or any other program of another organization approved by the Board.*

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

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

(a) Send a renewal notice to the licensee at least 60 days before the expiration of a license to practice respiratory care; and

(b) Send instructions for the licensee to renew his or her license to the licensee at the last known electronic mail address of the licensee on record with the Board.

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

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

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

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

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

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

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

8. A practitioner of respiratory care may receive a maximum of 5 hours of credit toward his or her continuing education required pursuant to subsections 2 and 3 for acting as a preceptor as part of a respiratory education program approved by the Commission on Accreditation for

Respiratory Care or its successor organization. A practitioner of respiratory care may claim one hour of credit for each 24 hours that he or she preceptors students in an approved program pursuant to this section.

9. To qualify for credit pursuant to subsection 8, the practitioner of respiratory care must have a license in good standing with the Board, and he or she must have practiced for a minimum of 2,000 hours as a practitioner of respiratory care within the five years immediately preceding the date the preceptor services are provided. Within the past four years and prior to providing preceptor services and requesting continuing education credit for those service, the practitioner of respiratory care must have completed a preceptor course offered by the American Association for Respiratory Care or its successor organization. The practitioner of respiratory care asking for continuing education credit as a preceptor must be employed by a facility licensed pursuant to NRS 449 to provide patient care as a practitioner of respiratory care and be responsible for the direct supervision and clinical instruction of a student. Subject to the requirements of subsections 2 and 3, the practitioner of respiratory care may receive credit for completion of the preceptor course offered by the American Association for Respiratory Care or its successor organization.

10. Continuing education hours earned pursuant to subsections 8 and 9 will be issued by the Commission on Accreditation for Respiratory Care or its successor organization after validating that the practitioner of respiratory care has met the requirements contained in subsection 9.

(Added to NAC by Bd. of Medical Exam'rs by R108-01, eff. 11-29-2001; A by R049-10, 10-15-2010; R124-10, 12-16-2010; R140-11, 9-14-2012; R035-13, 2-26-2014; R024-15, 12-30-2015) **Amended by R068-23, September 13, 2024.**

Amend Section 14 of LCB File No. R069-23:

1. Pursuant to NRS 630.253, as amended by section 30 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1554, an anesthesiologist assistant shall complete at least 2 hours of training in the screening, brief intervention and referral to treatment approach to substance use disorder within 2 years after initial licensure.

2. An anesthesiologist assistant is entitled to receive credit towards the continuing education required pursuant to subsection 2 of section 11 of R069-23 for each hour of continuing education completed pursuant to subsection 1.

3. Screening, brief intervention and referral to treatment approach to substance use disorder training includes nutrition as a part of its syllabus.

Repeal of Section 13 from LCB File No. R069-23:

~~1. Pursuant to the provisions of NRS 630.253, as amended by section 30 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1554, an anesthesiologist assistant shall complete, within 2 years after initial licensure, a course of instruction relating to the medical consequences of an act of terrorism that~~

~~involves the use of a weapon of mass destruction;~~

~~— 2. In addition to the requirements set forth in NRS 630.253, as amended by section 30 of Assembly Bill No. 270, chapter 247, Statutes of Nevada 2023, at page 1554, a course of instruction relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction:~~

~~(a) Except as otherwise provided in subsection 3, must offer to the anesthesiologist assistant, upon successful completion of the course, a certificate of Category 1 credit as recognized by the American Medical Association; and~~

~~(b) Is in addition to the continuing education required by section 11 of R069-23.~~

~~— 3. A course of instruction relating to the medical consequences of an act of terrorism that~~

~~involves the use of a weapon of mass destruction will be deemed to satisfy the requirements of paragraph (a) of subsection 2 if the course was provided to an anesthesiologist assistant:~~

~~(a) After January 1, 2002; and~~

~~(b) As a part of the training the anesthesiologist assistant received while serving:~~

~~(1) In the military; or~~

~~(2) As a public health officer.~~

New Provision #1:

An applicant for licensure as an administrative physician is not required to complete the requirements for postgraduate training contained in NRS 630.160(2)(c)(1) or provide proof of clinical practice within the last twenty-four months prior to his or her application for licensure in order to avoid the examination that may be required pursuant to NRS 630.257 for new applicants for licensure.

New Provision #2:

A physician may submit a petition to the Board pursuant to NRS 630.373(2) to provide tumescent anesthesia to patients by completing and submitting the form provided by the Board for this purpose. In his or her petition, the physician must indicate the type of services that will be provided, the individuals that will be administering the tumescent anesthesia under his or her direction, and the sanitation and other protocols, including without limitation monitoring the patient during the procedure being performed, that the physician will put in place with regard to the use of tumescent anesthesia. The physician must have documented training in the procedures performed and cleaning and infection control procedures for surgical facilities. Proof of this training must be accompanied with his or her petition. The physician must ensure that a tumescent anesthesia log is kept regarding the use of tumescent anesthesia in that location, including without limitation the preoperative, intraoperative, and postoperative care provided to the patient in connection with that procedure. The tumescent

anesthesia log must be timely, legible, accurate, and complete and be provided to the Board upon request. In deciding whether to grant the physician's petition, the Executive Director of the Board or his or her designee shall review the licensing history and the disciplinary history of the physician and any other licensees or individuals who will be involved in the use of tumescent anesthesia in connection with the petition. An approved petition is required before providing tumescent anesthesia. Board staff may come to the location and inspect the premises and/or request the tumescent anesthesia log at any time. If new licensees or individuals later begin to provide tumescent anesthesia at the location, the physician must provide an updated petition to the Board, and that petition must be reviewed and approved prior to the new individuals providing tumescent anesthesia services at the location. If a physician assistant will be providing services under tumescent anesthesia pursuant to a petition submitted pursuant to this section, the physician submitting the petition must be one of the physician assistant's supervisors of record and the physician is responsible for the conduct of the physician assistant pursuant to NAC 630.375. The physician must meet all other requirements related to supervision of physician assistants and delegation of tasks to physician assistants contained in NRS and NAC Chapters 630. If an anesthesiologist assistant will be providing tumescent anesthesia to patients pursuant to a petition submitted pursuant to this section, a supervising anesthesiologist must be supervising the anesthesiologist assistant during all procedures and following all supervision and other requirements regarding anesthesiologist assistants contained in NRS and NAC Chapters 630. A physician using tumescent anesthesia pursuant to a petition approved pursuant to this provision must submit a report to the Board containing all of the information contained in NRS 630.30665 for the use of tumescent anesthesia.

New Provision #3 (Pursuant to AB483 from the 2025 Legislative Session):

1. Any person applying for an initial license to practice medicine, as a physician assistant, as an anesthesiologist assistant, practitioner of respiratory care, perfusion, or as a genetic counselor may indicate on the application form that that he or she qualifies for priority processing if:

a. He or she attests in his or her application that, as part of his or her employment, he or she is reasonably expected to provide services for which he or she will be licensed in a historically underserved community; and

b. He or she includes with the application a letter from an employer located in a historically underserved community notifying the Board of the applicants' imminent employment.

i. The employment letter must indicate that the applicant has already accepted the offer of employment; and

ii. The employment letter must include the expected start date of employment.

2. *For purposes of this regulation, priority processing means:*

a. *Upon initial receipt of an application form, the required application fee and background check fee, and employment letter, the Board will, within 7 business days of receipt, review the application to determine if it is complete. A complete application means a complete licensing file for the applicant that includes all required verifications, transcripts, addendum, fingerprint submission, employment letter, and other documents required by the Board, and the application and background fees have been paid. If the applicant's application is complete, processing will move to the steps outlined in subsection (b). If it is not complete, the Board will orally or in writing notify the applicant of any missing documents necessary to consider the application file complete and eligible for final Board review and approval.*

b. *Once the application is complete, the Board will, within 14 business days of the completion of the applicant's file, review the application for licensing approval.*

c. *Any periods of time between the initial notice of application completion requirements outlined in subsection (a) and application completion outlined in subsection (b) are not considered part of priority processing, as document ordering, receipt, and submission timeliness are dependent on applicant and external vendor actions and availability not controlled by the Board. The 14-day review and approval deadline noted under subsection (b) commences on the business day immediately following the Board's receipt from an external entity the final outstanding required document needed for packet completion. If during the 14-day review and approval period, if it is determined that file is incomplete, the application will move back to the steps outlined in subsection (a) until that deficiency is corrected and it moves back into subsection (b). If during the 14-day review and approval period, the application passes the final review process, the application will be approved for licensure. If the applicant's application requires review by the Board at a public Board meeting, the applicant will be so notified and the application will be scheduled for the next available public Board meeting.*

3. *For purposes of this regulation, a "historically underserved community" is a geographic location (county, city, town, zip code area, etc.) in Nevada that is:*

a. *Designated as a qualified census tract by the U.S. Secretary of Housing and Urban Development;*

b. *A census tract where, in the immediately preceding census, at least 20 percent of households were not proficient in the English language; or*

c. *Qualified tribal land under NRS 370.0325.*

4. *An applicant who indicates they qualify for priority processing under this regulation must individually determine whether his or her*

employer's location meets the definition of a historically underserved community; the Board will presume the validity of such an election and need not perform its own analysis of whether the geographic location of employment validly meets the definition of "historically underserved community." Later discovery of a fraudulent indication that an applicant qualified for priority processing based on employment in a historically underserved community can result in denial of the initial application, denial of renewal applications, or referral for disciplinary proceedings.