

**CHAPTER 35**  
**BOARD OF MEDICAL EXAMINERS**

**Authority**

N.J.S.A. 26:6A-1 et seq., specifically 26:6A-4; 45:1-15.1 and 45:9-2.

**Source and Effective Date**

R.2005 d.120, effective March 17, 2005.  
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

**Chapter Expiration Date**

Chapter 35, Board of Medical Examiners, expires on March 17, 2010.

**Chapter Historical Note**

Chapter 35, Board of Medical Examiners, was adopted and became effective prior to September 1, 1969.

Chapter 35, Board of Medical Examiners, was repealed and Chapter 35, Board of Medical Examiners, was adopted as new rules by R.1983 d.314, effective August 1, 1983. See: 15 N.J.R. 503(a), 15 N.J.R. 1255(a).

Subchapter 7, Chiropractic Practice, was adopted as R.1984 d.533, effective November 19, 1984. See: 16 N.J.R. 686(a), 16 N.J.R. 3208(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1989 d.532, effective September 21, 1989. See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

Subchapter 6A, Declarations of Death upon the Basis of Neurological Criteria, was adopted as R.1992 d.309, effective August 3, 1992. See: 23 N.J.R. 3635(a), 24 N.J.R. 2731(c).

Subchapter 2A, Limited Licenses: Certified Nurse Midwifery, was adopted as R.1992 d.332, effective September 8, 1992. See: 23 N.J.R. 3632(a), 24 N.J.R. 3094(a).

Subchapter 9, Acupuncture, was adopted as R.1993 d.299, effective June 21, 1993. See: 24 N.J.R. 4013(a), 25 N.J.R. 2689(c).

Subchapter 10, Athletic Trainers, was adopted as R.1993 d.546, effective November 1, 1993. See: 25 N.J.R. 265(a), 25 N.J.R. 4935(a), 26 N.J.R. 483(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1994 d.522, effective September 19, 1994, and Subchapter 7, Chiropractic Practice, was repealed by R.1994 d.522, effective October 17, 1994. See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Subchapter 2B, Limited Licenses: Physician Assistants, was adopted as R.1994 d.538, effective November 7, 1994. See: 25 N.J.R. 5099(b), 26 N.J.R. 4411(b).

Subchapter 11, Alternate Resolution Program, was adopted as R.1995 d.339, effective June 19, 1995. See: 27 N.J.R. 1363(a), 27 N.J.R. 2412(a).

Subchapter 7, Prescription, Administration and Dispensing of Drugs, was adopted as R.1997 d.475, effective November 3, 1997. See: 29 N.J.R. 842(a), 29 N.J.R. 4706(a).

Subchapter 4A, Surgery, Special Procedures, and Anesthesia Services Performed in an Office Setting, was adopted as R.1998 d.294, effective June 15, 1998. See: 29 N.J.R. 2238(a), 30 N.J.R. 2236(b).

Petition for Rulemaking. See: 30 N.J.R. 740(c), 1642(a).

Pursuant to Executive Order No. 66(1978), Chapter 35, Board of Medical Examiners, was readopted as R.1999 d.356, effective September 20, 1999. See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

Subchapter 12, Electrologists Advisory Committee; Licensure of Electrologists and Electrology Instructors; Electrology Standards of Practice, was adopted as R.2004 d.279, effective July 19, 2004. See: 35 N.J.R. 3263(a), 36 N.J.R. 3401(a).

Subchapter 13, Perfusionists, Advisory Committee, was adopted as R.2005 d.88, effective March 7, 2005. See: 36 N.J.R. 1721(a), 37 N.J.R. 782(a).

Chapter 35, Board of Medical Examiners, was readopted as R.2005 d.120, effective March 17, 2005. See: Source and Effective Date. See, also, section annotations.

Subchapter 6A, Declarations of Death Upon the Basis of Neurological Criteria, was repealed and Subchapter 6A, Declarations of Death Upon the Basis of Neurological Criteria, was adopted as new rules by R.2007 d.120, effective May 7, 2007. See: 38 N.J.R. 2021(a), 39 N.J.R. 1751(a).

**Law Review and Journal Commentaries**

How New Jersey Regulates Doctors. Theodosia Tamborlane, 132 N.J.L.J. No. 15, S24 (1992).

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any aspect of the patient's treatment, including the prescription of medication for the patient. An observer shall make no entries on the patient's permanent record.

(d) The observer shall at all times of patient contact wear an identifying badge inscribed "Medical Student."

(e) Prior to commencing participation in an observership program, the student shall have obtained written permission from the Chief of Staff and the Administration of the participating hospital and shall retain such letter.

(f) Under no circumstances shall the performance of any of the duties listed in (b) above by an observer, while engaged in such a program, be construed as the practice of medicine.

(g) The time spent in an observership program shall not be considered as part of or credited toward fulfillment of any statutory academic or clinical requirements for licensure.

Amended by R.1999 d.356, effective October 18, 1999.  
See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

Substituted references to observers for references to externs and substituted references to observerships for references to externships throughout; in (a), substituted "delineated in this section" for "hereafter delineated" at the end; and in (f), substituted "duties listed in (b) above" for "above duties" following "any of the".

**13:35-1.2 Fifth Pathway**

(a) The Board shall accept application for licensure from an applicant who does not meet the usual statutory prerequisites for educational background, in the following circumstances to be known as the Fifth Pathway:

1. The applicant has completed the entirety of the academic curriculum in residence at a medical school in a foreign country located outside of the United States, Puerto Rico or Canada or in a school-authorized clinical training program;

2. The medical school was approved throughout the applicant's period of education by the government of the country of domicile to confer the degree of Doctor of Medicine and Surgery or its equivalent, and was listed in the World Health Organization Directory;

3. The applicant has satisfactorily completed all the requirements for a matriculated student of that foreign medical school to receive a diploma, except for internship and/or social service;

4. The applicant has achieved a passing score on a screening examination acceptable to the Educational Commission on Foreign Medical Graduates (ECFMG) even though not eligible for ECFMG certification; and

5. The applicant has had his or her academic record reviewed and approved by a medical school approved by the Liaison Committee on Medical Education, which school has accepted the applicant in a one-academic-year

**SUBCHAPTER 1. MEDICAL SCHOOLS, COLLEGES, EXTERNSHIPS, CLERKSHIPS AND POST-GRADUATE WORK**

**13:35-1.1 Observership program**

(a) "Observer" shall mean an undergraduate medical student of an allopathic or osteopathic school accredited either by the Liaison Committee on Medical Education or the American Osteopathic Association or a foreign medical school listed in the World Health Organization Directory and whose graduates are accepted by the New Jersey Board of Medical Examiners as eligible to sit for the licensure examination. Observerships are limited to the student's vacation period in an extra-curricular professional experience as delineated in this section.

(b) An observership program shall be limited to:

1. Observation of operative procedures;
2. The taking of histories;
3. The performance of physical examinations;
4. The performance of non-invasive procedures under the direct supervision of and in the immediate presence of the supervising licensed physician; and
5. The participation in patient rounds and other organized patient care activities of the supervising physician.

(c) At no time shall the observer be delegated any responsibility for the care of the patient, the patient's diagnosis or

program of supervised clinical training under its direction, and the applicant has satisfactorily completed that program as evidenced by receipt of a certificate issued by the sponsoring medical school.

(b) The applicant meeting the requirements in (a) shall thereafter be deemed by the Board to be eligible to enter a graduate training program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). Upon satisfactory completion of the three years of post-graduate training required by N.J.A.C. 13:35-3.11, the applicant may apply for licensure in this State.

Amended by R.1989 d.532, effective October 16, 1989.

See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

Rule deleted and replaced with new text.

### 13:35-1.3 Postgraduate training

Postgraduate training shall be taken under the auspices of a hospital or hospitals accredited for such training by the Accreditation Council for Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA) or by the American Podiatric Medical Association (APMA), as applicable to the profession. The program shall further be acceptable to the Board, which shall take into account the standards adopted by the Advisory Graduate Medical Education Council (AGMEC).

Amended by R.1989 d.532, effective October 16, 1989.

See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

Rule deleted and replaced with new text.

#### Case Notes

Reasonable regulation of advertising. Att'y Gen. Form Op. No. 20 (1977).

(h) A registered resident may engage in the practice of medicine or podiatry provided that such practice shall be confined to a hospital affiliated with the graduate medical education program and outpatient facilities integrated into the curriculum of the program, under the supervision of licensed plenary physicians or licensed podiatric physicians, as appropriate. All prescriptions and orders issued by registered residents in the inpatient setting shall be countersigned by either a licensed physician or a licensed podiatric physician, as applicable; or a permit holder at the minimum upon the patient's discharge, or sooner if the Director so requires. All prescriptions issued by registered residents in the outpatient setting which are to be filled in a pharmacy outside a licensed health care facility shall be signed by either a licensed physician or licensed podiatric physician, as appropriate.

(i) The Board may refuse to register a registration applicant if he or she has not certified that the prerequisites set forth in (c) above have been satisfied or if the Board is in possession of any information contradicting the representation made in the registration application form. The Board shall give the Director and the registration applicant notice of its refusal, allowing the submission of documentary evidence in rebuttal. Upon a showing of good cause the applicant will be granted an appearance before a committee of the Board.

(j) In addition to any practice declared to be a basis for sanction, pursuant to P.L. 1978, c.73 (N.J.S.A. 45:1-14 et seq.), the practices listed below, upon proof, shall also provide a basis for the withdrawal of the authorization to engage in the practice of medicine or podiatry as a registered resident. Upon receipt of the notice of proposed withdrawal, the registered resident may request a hearing, which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq.

1. Termination or withdrawal from the graduate medical education program.
2. Failure to advise the Board of a termination or withdrawal from a graduate medical education program.
3. Engaging in any act or practice beyond the scope of those authorized pursuant to (h) above.

(k) Upon a duly verified application of the Attorney General, alleging a violation of any act or regulation administered by the Board, which palpably demonstrates that the resident's continued practice would constitute a clear and imminent danger to the public health, safety and welfare, upon notice, the Board may enter an order temporarily suspending the resident's authority to engage in the practice of medicine or podiatry pending a plenary hearing on the charge.

(l) A permit applicant shall submit to the Director a permit application form certifying that he or she has attained the prerequisites set forth in (c) above, and, in

addition, shall forward to the appropriate individuals requests for the production of the documentation listed below. The documentation sought by the permit applicant shall be sent directly to the director by the certifying individual. The permit applicant shall also submit to the director a check or money order in the sum of \$50.00 made payable to the New Jersey State Board of Medical Examiners.

1. Registrar's certification of attendance or college transcript from each college attended;
2. Registrar's certification of attendance or school transcript from each medical or podiatric school attended;
3. With respect to medical residents, ECFMG or Fifth Pathway certification, if applicable;
4. Certification of successful performance during the first year of a graduate medical education program to date.

(m) The Director shall obtain from the permit applicant the application form and the \$50.00 fee and shall also receive and retain certified documentation, set forth in (l) above. No later than four months before the date on which the applicant is scheduled to begin participating in the second year of a graduate medical education program (or beyond), the Director shall submit to the Board a complete application packet for each person to whom an offer of employment has been extended. The packet shall include:

1. Permit application, completed by the applicant.
2. Registrar's certification for each college attended or college transcript for each college attended.
3. Registrar's certification for each medical or podiatric school attended, or medical or podiatric school transcript for each medical or podiatric school attended and the jurisdiction in which the didactic training was conducted.
4. With respect to medical residents, ECFMG or Fifth Pathway certification, if applicable.
5. Certification of successful performance during the first year of graduate medical education to date.
6. Permit fee of \$50.00 in the form of check or money order made payable to the New Jersey State Board of Medical Examiners.

(n) The Director shall certify that he or she has offered a position to the applicant and has personally reviewed the permit application form and all supporting documentation and is unaware of any information which would contradict any of the representations in that application form or in any of the supporting certifications. If the Director shall have reason to question the veracity or reliability of those representations, he or she shall direct the permit applicant to supply the supporting documentation.

(o) Upon receipt of the permit application packet, the Board shall review each permit packet and if it is satisfied that the permit applicant has the necessary prerequisites, it shall issue to the applicant a permit authorizing that person to engage in either the practice of medicine or the practice of podiatry, as appropriate, in the second year (or beyond) of a graduate medical education program.

(p) A permit applicant unable to certify that he or she has attained the prerequisites set forth at (c) above shall state on the permit application form the reason that he or she is unable to so certify. In addition, if he or she is unable to produce the supporting documentation set forth at (m) above, an explanation must be provided. A permit applicant who has been unable to certify that he or she has attained all the prerequisites, or unable to produce the required supporting documentation, may seek from the Board a waiver which would enable the person to be issued a permit. The Board, in its discretion, may grant or withhold such waiver for good cause shown. However, in no event may the permit applicant begin to participate in the second year (or beyond) of a graduate medical education program until the program waiver request has been granted and the permit issued or a temporary permit issued.

(q) In the event that a permit applicant has been unable to submit the required certification or supporting documentation in a timely manner, the Director may grant the permit applicant a temporary permit, which will allow him or her to participate in the graduate medical education program for no more than 60 days, to allow for the completion of the application process provided that notice of such a grant is provided to the Board within five working days.

(r) A permit holder may engage in the practice of medicine or podiatry provided that such practice shall be confined to a hospital affiliated with the graduate medical education program and outpatient facilities integrated into the curriculum of the program, under the supervision of licensed plenary physicians or licensed podiatric physicians, as appropriate. Prescriptions and orders may be issued by permit holders in the inpatient setting without countersignature. All prescriptions issued by permit holders in the outpatient setting which are to be filled in a pharmacy outside a licensed health care facility shall be signed by a licensed physician or licensed podiatric physician, as appropriate.

(s) The Board may refuse to issue a permit to a permit applicant if he or she has not certified that the prerequisites set forth in (c) above have been satisfied, if the supporting documentation set forth in (l) above has not been produced or if the Board is in possession of any information contradicting the representations made in the permit application form or supporting documentation. The Board shall give the Director and the applicant notice of its refusal, allowing the submission of documentary evidence in rebuttal. Upon a showing of good cause the applicant will be granted an appearance before a committee of the Board.

(t) In addition to any practice declared to be a basis for sanction, pursuant to P.L. 1978, c.73 (N.J.S.A. 45:1-14 et seq.), the practices listed below, upon proof, shall also provide basis for the termination or suspension of a permit. Upon receipt of the notice of proposed termination or suspension the permit holder may request a hearing which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq.

1. Termination or withdrawal from a graduate medical education program.
2. Failure to advise the Board of a termination or withdrawal from a graduate medical education program.
3. Engaging in any act or practice beyond the scope of those authorized pursuant to (r) above.

(u) Upon a duly verified application of the Attorney General alleging a violation of any act or regulation administered by the Board which palpably demonstrates that the resident's continued practice would constitute a clear and imminent danger to the public health, safety and welfare, the Board may enter an order temporarily suspending the resident's permit to engage in the practice of medicine or podiatry pending a plenary hearing on the charge.

(v) A permit shall be valid for the duration of the graduate medical education program in which the permit holder is participating. If the permit holder seeks to change programs, he or she must submit a transfer application form. All transfer applications must be accompanied by a certification from the Director of the graduate medical education program in which the applicant has been or is currently participating, attesting to successful performance in the program.

(w) Each hospital offering a program(s) in medicine shall designate one physician who would qualify as a Director to fulfill the responsibilities set forth in this rule. Each hospital offering a podiatry program shall designate one podiatric physician who would qualify as a Director of a podiatry program to fulfill the responsibilities set forth in this rule. The Director may delegate to individual program directors these responsibilities, so long as the Director retains ultimate responsibility for the conduct of the program, except that the Director may not delegate the authority to issue temporary authorizations. In addition to the responsibilities placed upon any Director by this rule, he or she shall:

1. Implement procedures to assure that all prescriptions and orders issued by residents are countersigned or signed in accordance with the requirements of this rule.
2. Provide broad oversight of the activities of all program participants.
3. Report to the Board any conduct by a resident which, if proven, would represent cause for the withdrawal of registration or the suspension of a permit.

4. Report to the Board if any resident is granted a leave of absence for any reason, relating to a medical or psychiatric illness or to medical competency or conduct which would represent cause for the withdrawal of the authority to practice, providing an explanation.

(x) The authorization granted to an unlicensed person to participate in the first year of a graduate medical education program shall not be construed to imply that that person will be deemed eligible for the issuance of a permit or a license. The issuance of a permit similarly should not be construed to imply that the permit holder will be deemed eligible for licensure.

(y) This rule shall be effective upon publication as an adopted rule in the New Jersey Register. With respect to the first year during which this rule is in effect, Directors shall be required to submit a master list. Registration application forms and permit application forms will be made available after the publication of the rule. Unlicensed residents intending to participate in a graduate medical education program on or after July 1, 1988 may, if they so choose, seek registration or a permit, as may be applicable for the year beginning on July 1, 1988. Registration and permits will be required, as applicable, for participants in the second year (or beyond) of a residency training program which begins on or after July 1, 1989.

New Rule. R.1988 d.203, effective May 2, 1988.

See: 19 N.J.R. 2243(a), 20 N.J.R. 986(a).

Amended by R.1994 d.522, effective October 17, 1994.

See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Amended by R.1999 d.356, effective October 18, 1999.

See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

In (a), inserted a reference to words in the introductory paragraph, and inserted a reference to medicine in "Resident"; rewrote (c); in (d), rewrote the last sentence; in (l), substituted a reference to the Director for a reference to the Board in the introductory paragraph; and in (m)3, added "and the jurisdiction in which the didactic training was conducted" at the end.

Amended by R.2004 d.398, effective October 18, 2004.

See: 36 N.J.R. 2582(a), 36 N.J.R. 4827(a).

In (c)iii, inserted "and that the didactic training was completed in the jurisdiction where the school is authorized to confer a medical degree" at the end of the first sentence and deleted the same at the end of the second sentence.

approved by its country of domicile and listed in a current World Health Organization Directory, but which medical school is not currently eligible for evaluation and not approved by the Liaison Committee on Medical Education, the American Osteopathic Association or other group or agency recognized by the New Jersey State Board of Medical Examiners.

1. The term affiliate institution shall mean a licensed hospital in the State of New Jersey approved by the Accreditation Council on Graduate Medical Education, the American Osteopathic Association, or any other equivalent group or agency recognized by the New Jersey State Board of Medical Examiners, for the purpose of conducting therein one or more postgraduate training programs in specific medical specialties.

(b) A medical school offering or conducting a clinical training program in the State of New Jersey shall secure the prior approval of such program by the New Jersey State Board of Medical Examiners. Following receipt of approval for a specific program, the medical school (referred to hereinafter sometimes as the parent medical school) shall be responsible for the education, clinical training program and faculty performance at the affiliate institution in the State of New Jersey. The affiliate institution must have a current accredited postgraduate training program in the subject matter of the clinical training proposed for the program.

(c) The clinical programs as well as adequate supervision of the students assigned to such programs shall be planned and evaluated by the parent medical school and administered in close cooperation with representatives of the affiliate institution. Supervision shall include periodic onsite inspection by a member of the parent medical school's central administration.

#### 13:35-1A.2 Administration of the clinical training program

(a) A director of the clinical medical education program at and acceptable to the affiliate hospital shall be appointed by and be responsible to the administrative head of the parent medical school. The affiliate institution must demonstrate to the Board's satisfaction that the Director possesses the academic credentials and experience sufficient to assure competent performance of the program director's function. The position of program director shall be half-time or more, proportionate to the number of students approved by the Board and sufficient to assure comprehensive planning and supervision of the program.

(b) The clinical program of the affiliate institution with respect to instruction and faculty assignments shall be coordinated with the overall educational program of the parent medical school.

(c) The parent medical school shall file with the New Jersey State Board of Medical Examiners a certified copy of the written agreement between the parent and affiliate institution(s) establishing responsibility for the planning, financing, conduct and monitoring of the clinical program at the affiliate(s).

### SUBCHAPTER 1A. STANDARDS FOR NEW JERSEY CLINICAL TRAINING PROGRAMS SPONSORED BY MEDICAL SCHOOLS NOT ELIGIBLE FOR EVALUATION AND NOT APPROVED BY THE L.C.M.E., THE A.O.A. OR OTHER AGENCY RECOGNIZED BY THE NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

#### 13:35-1A.1 Definitions and principles of responsibility

(a) For the purpose of this subchapter, the term medical school or parent medical school shall mean a medical school

(d) Financial provision shall be made by the parent medical school to assure completion of each semester program at the affiliate hospital.

### 13:35-1A.3 Faculty

(a) The affiliate institution must demonstrate to the Board's satisfaction that all clinical faculty possess academic credentials and experience sufficient to assure competent performance of the instructional assignment.

(b) The program director shall be responsible for filing with the Board a syllabus for each course of instruction.

### 13:35-1A.4 Education program

(a) Student eligibility for participation in the program shall be subject to the following:

1. The parent medical school shall establish academic eligibility criteria for student participation in the clinical training program. The criteria shall include minimum academic performance as demonstrated by maintenance of no less than a passing grade for all academic course work preceding entry into the clinical program, as shown on a certified copy of the transcript submitted directly by the medical school to the director of the clinical program at the affiliate institution.

2. In addition, the academic eligibility requirement for those students participating in clinical training programs equivalent to the final two semesters or fourth year of a United States medical school curriculum shall include proof that each student has successfully completed clinical training equivalent to the fifth and sixth semesters or third year of a United States medical school curriculum through a program approved for this purpose by the parent medical school. If conducted in New Jersey, such prior clinical training is limited to those fifth and sixth semester programs approved by the State Board of Medical Examiners. Such record of prior clinical training shall include a certificate issued by the director of the clinical program to each student, noting the dates and describing the type and length of each service and the date issued. The record of prior clinical training shall also include proof of the program's supervision by the parent medical school and proof that the teaching hospital has been approved by the ACGME, the AOA or another equivalent organization recognized by the New Jersey State Board of Medical Examiners for the conduct of one or more post-graduate training programs in specific medical specialties. If the teaching hospital in which the prior clinical training took place is outside the geographical jurisdiction of the above said accrediting organizations, the record of prior clinical training must include proof that the hospital and training program have been approved by the parent medical school.

3. Preparedness of each student applying for the clinical training program shall in addition be demonstrated by achievement of either of the following:

i. A passing grade on Part I of the National Board of Medical Examiners Examination; or

ii. A passing grade on USMLE—Step 1.

4. Students who have satisfied (a)1, 2 and 3 above and who are permanent residents of the State of New Jersey shall be given preference in placement in New Jersey affiliate institutions, insofar as is practicable.

(b) Educational criteria for the program follows:

1. The clinical training program shall be limited to students entering a level of education equivalent to the final four semesters or the equivalent of the third and fourth years of clinical experience in a United States medical school curriculum.

2. The parent medical school shall be approved by the State Board of Medical Examiners for the purpose of placing students in New Jersey hospitals for clinical training. The Board shall conduct an academic review of the parent medical school in conjunction with expert authorities of higher education as recognized by the Board. The didactic elements of the medical education shall have been completed in the country of domicile authorized to confer the degree or certificate.

3. The student-faculty ratio of the program at each affiliate institution shall bear a reasonable relationship to the availability of service of the program director, the budget proposed, faculty and facilities available, all subject to final approval of the Board.

4. A certificate shall be issued by the director of the clinical training program to each enrolled student recording the dates, type and length of each service and an evaluation of the student's accomplishment, and the date the certificate was issued.

As amended. R.1983 d.549, effective December 5, 1983.

See: 15 N.J.R. 1444(a), 15 N.J.R. 2044(a).

In (a)2, added "equivalent to the final two semesters or fourth year of a U.S. medical school curriculum" and "approved by the parent medical school. If conducted in N.J. such training is limited to those fifth and sixth semester programs approved by the Board of Medical Examiners". In (b)1., changed final "two" to "four" semesters and "final year" to "third and fourth years".

Amended by R.1985 d.564, effective November 4, 1985.

See: 17 N.J.R. 2010(a), 17 N.J.R. 2670(a).

(a) substantially amended.

Amended by R.1994 d.522, effective October 17, 1994.

See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Amended by R.1999 d.356, effective October 18, 1999.

See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

Rewrote (b)2.

### 13:35-1A.5 Facilities

(a) For the purpose of clinical training, the parent medical school shall propose an affiliate institution which must be a licensed hospital approved by the Accreditation Council on Graduate Medical Education, the American Osteopathic Association or other group acceptable to the Board for postgraduate training in subject area(s) of the proposed clinical training program, or which institution is part of such a program through affiliation(s) approved by the above bodies. The affiliate shall provide to the Board a certified copy of the approval(s).

**13:35-2B.17 Licensure; biennial license renewal; license suspension; reinstatement of suspended license; inactive status; return from inactive status**

(a) All licenses issued by the Board shall be issued for a two-year biennial licensure period. A licensee who seeks renewal of the license shall submit a renewal application and the renewal fee set forth in N.J.A.C. 13:35-6.13 prior to the expiration date of the license.

(b) The Board shall send a notice of renewal to each licensee at the address registered with the Board at least 60 days prior to the expiration of the license. If the notice to renew is not sent at least 60 days prior to the expiration date, no monetary penalties or fines shall apply to the holder for failure to renew.

(c) If a licensee does not renew the license prior to its expiration date, the licensee may renew the license within 30 days of its expiration by submitting a renewal application, a renewal fee and a late fee, as set forth in N.J.A.C. 13:35-6.13. During this 30-day period, the license shall be valid, and the licensee shall not be deemed to be practicing without a license.

(d) A license that is not renewed within 30 days of its expiration shall be automatically suspended. An individual who continues to practice with a suspended license shall be deemed to be engaged in unlicensed practice and shall be subject to the penalties prescribed by N.J.S.A. 45:9-22 for practicing without a license.

(e) A licensee whose license has been automatically suspended for five years or less for failure to renew pursuant to (d) above may be reinstated by the Board upon completion of the following:

1. Payment of the reinstatement fee and all past delinquent biennial renewal fees pursuant to N.J.A.C. 13:35-6.13;
2. Completion of the Board-approved continuing education units required for each biennial registration period for which the licensee was suspended; and
3. Submission of an affidavit of employment listing each job held during the period of suspended license which includes the name, address, and telephone number of each employer.

(f) In addition to the fulfilling the requirements set forth in (e) above, a licensee whose license has been automatically suspended for more than five years who wishes to return to practice shall reapply for licensure and shall demonstrate that he or she has maintained proficiency. An applicant who fails to demonstrate to the satisfaction of the Board that he or she has maintained proficiency while suspended may be subject to an examination or other requirements as determined by the Board prior to reinstatement of his or her license.

(g) Renewal applications shall provide the licensee with the option of either active or inactive status. A licensee electing inactive status shall pay the inactive license fee set forth in N.J.A.C. 13:35-6.13 and shall not engage in practice.

(h) A licensee who elected inactive status and has been on inactive status for five years or less may be reinstated by the Board upon completion of the following:

1. Payment of the reinstatement fee;
2. The completion of the Board-approved continuing education units required for each biennial registration period for which the licensee was on inactive status; and
3. Submission of an affidavit of employment listing each job held during the period the licensee was on inactive status which includes the name, address, and telephone number of each employer.

(i) In addition to the fulfilling the requirements set forth in (h) above, a licensee who has been on inactive status for more than five years who wishes to return to the practice of medicine shall reapply for licensure and shall demonstrate that he or she has maintained proficiency. An applicant who fails to demonstrate to the satisfaction of the Board that he or she has maintained proficiency while on inactive status may be subject to an examination or other requirements as determined by the Board prior to reinstatement of his or her license.

New Rule, R.2000 d.397, effective October 2, 2000.

See: 31 N.J.R. 2449(a), 32 N.J.R. 3573(a).

Repeal and New Rule, R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

Section was "Reinstatement of lapsed license".

**13:35-2B.18 Sexual misconduct**

(a) The purpose of this section is to identify for physician assistants licensed by the State Board of Medical Examiners conduct which shall be deemed sexual misconduct.

(b) As used in this section, the following terms have the following meanings unless the context clearly indicates otherwise:

"Patient" means any person who is the recipient of a professional service rendered by a physician assistant relating to treatment.

"Patient-physician assistant relationship" means a relationship between a physician assistant and a patient wherein the licensee owes a continuing duty to the patient to render physician assistant services consistent with his or her training and experience.

"Sexual contact" means the knowing touching of a person's body directly or through clothing, where the circumstances surrounding the touching would be construed by a reasonable person to be motivated by the licensee's own

prurient interest or for sexual arousal or gratification. "Sexual contact" includes, but is not limited to, the imposition of a part of the licensee's body upon a part of the patient's body, sexual penetration, or the insertion or imposition of any object or any part of a licensee or patient's body into or near the genital, anal or other opening of the other person's body.

"Sexual harassment" means solicitation of any sexual act, physical advances, or verbal or non-verbal conduct that is sexual in nature, and which occurs in connection with a licensee's activities or role as a provider of physician assistant services, and that either: is unwelcome, is offensive to a reasonable person, or creates a hostile workplace environment, and the licensee knows, should know, or is told this; or is sufficiently severe or intense to be abusive to a reasonable person in that context. "Sexual harassment" may consist of a single extreme or severe act or of multiple acts and may include conduct of a licensee with a patient, co-worker, employee, student or supervisee whether or not such individual is in a subordinate position to the licensee. "Sexual harassment" may also include conduct of a nonsexual nature if it is based on the sex of an individual.

"Spouse" means either the husband or wife of the licensee or an individual involved in a long-term committed relationship with the licensee.

(c) A licensee shall not engage in sexual contact with a patient with whom he or she has a patient-physician assistant relationship. The patient-physician assistant relationship is ongoing for purposes of this section, unless:

1. Physician assistant services are actively terminated by way of written notice to the patient and is documented in the patient record; or
2. The last physician assistant services were rendered more than one year ago.

(d) A licensee shall not seek or solicit sexual contact with a patient with whom he or she has a patient-physician assistant relationship and shall not seek or solicit sexual contact with any person in exchange for professional services.

(e) A licensee shall not engage in any discussion of an intimate sexual nature with a patient, unless that discussion is related to legitimate patient needs. Such discussion shall not include disclosure by the licensee of his or her own sexual relationships.

(f) A licensee shall provide privacy and examination conditions which prevent the exposure of the unclothed body of the patient unless necessary to the professional services rendered.

(g) A licensee shall not engage in sexual harassment whether in a professional setting such as an office, hospital, residence or health care facility, or outside of the professional setting.

(h) A licensee shall not engage in any other activity, such as, but not limited to, voyeurism or exposure of the genitalia of the licensee, which would lead a reasonable person to believe that the activity serves the licensee's personal prurient interest or is for the sexual arousal, the sexual gratification or the sexual abuse of the licensee or patient.

(i) Violation of any of the prohibitions or directives set forth in (c) through (h) above shall be deemed to constitute gross or repeated malpractice pursuant to N.J.S.A. 45:1-21(c) or (d) or professional misconduct pursuant to N.J.S.A. 45:1-21(e).

(j) Nothing in this section shall be construed to prevent a licensee from rendering physician assistant services to a spouse, as defined in (b) above, providing that the rendering of such physician assistant services is consistent with accepted standards of physician assistants and that the performance of physician assistant services is not utilized to exploit the patient spouse for the sexual arousal or sexual gratification of the licensee.

(k) It shall not be a defense to any action under this section that:

1. The patient solicited or consented to sexual contact with the licensee; or
2. The licensee is in love with or held affection for the patient.

New Rule, R.2000 d.456, effective November 20, 2000.  
See: 31 N.J.R. 3040(a), 32 N.J.R. 4122(a).

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### SUBCHAPTER 3. LICENSING EXAMINATIONS AND ENDORSEMENTS, LIMITED EXEMPTIONS FROM LICENSURE REQUIREMENTS

#### 13:35-3.1 Licensing examination; physicians

(a) Effective December 1994, the standard medical and surgical licensing examination in the State of New Jersey shall be the United States Medical Licensing Examination (USMLE), Step 3. The licensing examination administered by the National Osteopathic Board of Examiners shall also be recognized as an alternative standard licensing examination for graduation of American Osteopathic Association-approved Osteopathic Medical Schools.

Amended by R.1989 d.532, effective October 16, 1989.  
 See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).  
 Deleted reference to specific statute.  
 Amended by R.1994 d.522, effective October 17, 1994.  
 See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

### 13:35-3.8 Administrative processing of license application

(a) In the case of candidates who are graduates of professional schools or colleges approved by the Board and whose required documents (for example, complete application form, diploma, transcript and license in foreign countries, with attested translations thereof (if not in English) by an official translator approved by the Board) are in the possession of the Board and apparently authentic, the Executive Director of the Board shall be authorized to admit such candidate to the licensing examination.

(b) Any applicant who fails to satisfy the documentary requirements set forth in (a) above may be reviewed individually by the Board.

Amended by R.1989 d.532, effective October 16, 1989.  
 See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).  
 Changed reference from secretary to Executive Director.

### 13:35-3.9 Postponement of or absence from examination; transfer or refund of fee

(a) An application for examination for any category of license may be postponed and transferred, along with the fee already paid, upon written request of the applicant, from the examination for which the applicant was scheduled, but only to the next subsequent examination. Any request for a transfer of fee must be supported by a reason accepted as valid by the Board. Request for transfer of fee and postponement of examination must be made prior to the first day of the examination.

(b) When an applicant has withdrawn from, or has failed to appear at, a scheduled examination, the Board may, at its discretion, authorize the refund of the paid examination fee. A request for refund must be made no later than 30 days after the scheduled date of the examination and must present good cause of an unusual personal nature. The Board shall review the particular circumstances of each case in determining the appropriateness of refund.

(c) No later than 90 days prior to the scheduled date of the next examination subsequent to the examination whose fee was transferred, an applicant whose request for postponement and transfer was granted pursuant to (a) above, shall submit to the Board notice of intention to take the said examination and to apply the transferred fee, along with any additional fee required by the then current fee schedule.

Amended by R.1989 d.532, effective October 16, 1989.  
 See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).  
 Entire text deleted and replaced.

### 13:35-3.10 Subversion or attempt to subvert the licensing examination process

(a) The purpose of this rule is to enhance the security of licensing examination materials and to discourage certain

types of conduct in the licensing examination process, whether by applicants or by current license holders subject to regulation by the Board.

(b) Any individual found by the Board to have engaged in conduct which subverts or attempts to subvert the licensing examination process may, at the discretion of the Board, have his or her scores on the licensing examination withheld and/or declared invalid, be found ineligible for licensure, be disqualified from the practice of the pertinent profession, and/or be subject to the imposition of other appropriate sanctions pursuant to N.J.S.A. 45:1-22.

(c) Conduct which subverts or attempts to subvert the licensing examination process includes, but is not limited to:

1. Conduct which violates the security of the examination materials, such as removing from the examination room any of the examination materials; reproducing or reconstructing any portion of the licensing examination; aiding by any means in the reproduction or reconstruction of any portion of the licensing examination; selling, distributing, buying, receiving or having unauthorized possession of any portion of a future, current or previously administered licensing examination.

2. Conduct which violates the standard of test administration, such as communicating with any other examinee during the administration of the licensing examination; copying answers from another examinee or permitting one's answers to be copied by another examinee during the administration of the licensing examination; having in one's possession during the administration of the licensing examination any books, notes, written or printed materials or data of any kind, other than the examination materials distributed.

3. Conduct which violates the credentialing process, such as falsifying or misrepresenting educational credentials or other information required for admission to the licensing examination; impersonating an examinee or having an impersonator take the licensing examination on one's behalf.

### 13:35-3.11 Standards for licensure of physicians graduated from medical schools not approved by American national accrediting agencies

(a) An applicant for a license to practice medicine and surgery in this State, who is a graduate of a medical school not eligible for and not accredited by the Liaison Committee on Medical Education or the American Osteopathic Association, shall satisfy the conditions in this section to be deemed eligible for New Jersey licensure by examination or to be licensed by endorsement of a sister-state license.

(b) During the course of the applicant's medical training, and at the time of graduation, the medical school(s) was listed (or notified of eligibility for listing) in the World Directory of Medical Schools published by the World Health Organization, or the medical school(s) was approved and authorized by the country of domicile to confer the degree or certificate evidencing completion of a medical curriculum for the plenary practice of medicine and surgery.

(c) The applicant shall demonstrate successful completion of the full medical curriculum, didactic elements and clinical training prescribed by the medical school and by the country in which the medical school is located and within which the training took place, and successful completion of all of the educational requirements to practice medicine in that country.

(d) If the applicant is a national of the country in which the medical training was received, the applicant shall have obtained an unrestricted license or certificate of registration to practice medicine and surgery in that country.

(e) An applicant who has successfully completed the full basic science studies (or the equivalent of the first two years of an American medical school) in the foreign medical school located in the country of domicile authorized to confer the degree or certificate and has been given academic credit for successful completion of clinical training programs in United States hospitals, with residency programs approved by the American Council on Graduate Medical Education and the American Osteopathic Association in that field, shall demonstrate that the medical school was approved by the New Jersey State Board of Medical Examiners to conduct such a program in this State, or that the program was performed in a sister-state and recognized as acceptable by the Board.

(f) A graduate of a foreign medical school shall demonstrate to the satisfaction of the Board that he or she holds certification issued by the Educational Commission for Foreign Medical Graduates (ECFMG) which was granted following the attainment of a passing score on an acceptable examination and verification of his or her credentials by ECFMG. The Board shall accept certification of successful completion of an approved Fifth Pathway program in lieu of issuance of the ECFMG Certificate.

(g) The applicant shall demonstrate satisfaction of all other requirements of law.

(h) The applicant shall demonstrate attainment of a passing grade on an examination approved by the New Jersey Medical Board for purposes of medical licensure in this State.

(i) An applicant who has successfully completed the full basic science studies, or the equivalent of the first two years of an American medical school, in the foreign medical school located in the country of domicile authorized to confer the degree or certificate, but who has completed clinical training in the United States in a program not specifically approved by the Board, shall demonstrate prior licensure in another state and compliance with all other provisions of this section and of law, and may then be eligible to be considered for licensure in this State by endorsement. An applicant from a program specifically disapproved by the Board or conducted outside of an available approved-program procedure shall not be eligible under this subsection.

(j) Any applicant having received a medical degree from a medical school not eligible for and not accredited by the Liaison Committee on Medical Education or the American Osteopathic Association on or after July 1, 1985 shall also demonstrate successful completion of a three-year post-graduate training program accredited by the American Council on Graduate Medical Education, the American Osteopathic Association, or any other equivalent group or agency recognized by the Board of Medical Examiners.

R.1984 d.281, effective July 2, 1984 (except subsection (f) which will be operative July 1, 1985).

See: 16 N.J.R. 503(b), 16 N.J.R. 1806(a).

Amended by R.1986 d.67, effective March 17, 1986.

See: 18 N.J.R. 50(a), 18 N.J.R. 568(a).

Text added to (f) "a document indicating ... applicable) followed by".

Amended by R.1988 d.7, effective January 4, 1988.

See: 19 N.J.R. 1534(a), 20 N.J.R. 102(a).

Deleted text in (f) "followed by successful ..."; added (k).

Amended by R.1989 d.532, effective October 16, 1989.

See: 21 N.J.R. 2226(a), 21 N.J.R. 3307(a).

Deleted references to specific statutes.

Amended by R.1994 d.522, effective October 17, 1994.

See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Amended by R.1999 d.356, effective October 18, 1999.

See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).

Rewrote (c), (e) and (j); and in (i), rewrote the first sentence.

### 13:35-3.12 Standards for licensure of physicians with post-secondary educational deficiencies

(a) An applicant for licensure to practice medicine and surgery in this State shall submit proof to the Board that, prior to having commenced medical school studies, he or she has successfully completed a satisfactory course of at least two years, at a college or university accredited by an agency recognized by the Board, during which period he or she shall have earned at least 60 credits, and passed at least one three-credit course in each of the following subjects: chemistry, physics and biology.

(b) The Board in its discretion may waive any or all of the pre-medical requirements set forth in (a) above if the credentials presented include proof of the following:

1. Certification by a specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association;

2. Award of a Ph.D. degree in a health-related field from a college or university accredited by an agency recognized by the Board;

3. Award of an M.P.H. degree from a college or university accredited by an agency recognized by the Board; or

4. Award of a National Institute of Health Research Award.

(c) The Board in its discretion may waive up to 30 of the required credits and/or all or part of the required subjects if the credentials presented include:

1. Proof of successful completion of the full term of a fellowship program accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association acceptable to the Board; or

2. Satisfactory completion of at least three years' clinical training gained through either a residency program or programs that satisfy three years of a nationally prescribed course of training in one discipline pursuant to Accreditation Council on Graduate Medical Education or American Osteopathic Association accreditation standards for a particular specialty.

(d) The Board in its discretion may waive any or all of the required subjects if the credentials presented include proof of a score of 80 on each part of the Federation Licensing Examination or the Uniform State Medical Licensing Examination.

(e) If the Board identifies substantive deficiencies, and none of the credentials identified at (b), (c) or (d) above have been presented, the applicant may be provided leave to secure such credentials and the Board, upon request, may provide guidance to applicants seeking to remediate deficiencies.

New Rule, R.1994 d.539, effective November 7, 1994.

See: 26 N.J.R. 2742(b), 26 N.J.R. 4418(a).

Amended by R.2000 d.398, effective October 2, 2000.

See: 31 N.J.R. 2451(a), 32 N.J.R. 3574(a).

Rewrote (c).

### 13:35-3.13 Criminal history record information

An applicant for initial licensure in the State by the Board shall submit his or her name, address and fingerprints for purposes of a criminal history background check to be conducted by the State of New Jersey pursuant to P.L. 2002, c.104 (N.J.S.A. 45:1-28 et seq.) to determine whether criminal history record information exists which may be considered by the Board in determining whether the applicant shall be licensed in the State. Fees for criminal history record checks shall be paid by applicants for licensure in conformity with P.L. 1994, c.60 (N.J.S.A. 53:1-7), P.L. 2002, c.104 (N.J.S.A. 45:1-31) and N.J.A.C. 13:59-1.3 and 1.4. In addition to its use in evaluating an application for initial licensure, the Board may obtain criminal history record information from the Division of State Police for any other purpose authorized by statute or regulation.

New Rule, R.1995 d.554, effective October 16, 1995.

See: 27 N.J.R. 1743(a), 27 N.J.R. 3964(a).

Amended by R.2005 d.120, effective April 18, 2005.

See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

Rewrote the section.

### 13:35-3.14 Biennial license renewal; license suspension; reinstatement of suspended license; inactive status; return from inactive status

(a) All licenses issued by the Board shall be issued for a two-year biennial licensure period. A licensee who seeks renewal of the license shall submit a renewal application

and the renewal fee set forth in N.J.A.C. 13:35-6.13 prior to the expiration date of the license.

(b) The Board shall send a notice of renewal to each licensee at the address registered with the Board at least 60 days prior to the expiration of the license. If the notice to renew is not sent at least 60 days prior to the expiration date, no monetary penalties or fines shall apply to the holder for failure to renew.

(c) If a licensee does not renew the license prior to its expiration date, the licensee may renew the license within 30 days of its expiration by submitting a renewal application, a renewal fee and a late fee, as set forth in N.J.A.C. 13:35-6.13. During this 30-day period, the license shall be valid, and the licensee shall not be deemed to be practicing without a license.

(d) A license that is not renewed within 30 days of its expiration shall be automatically suspended. An individual who continues to practice with a suspended license shall be deemed to be engaged in unlicensed practice.

(e) A licensee whose license has been automatically suspended for five years or less for failure to renew pursuant to (d) above may be reinstated by the Board upon completion of the following:

1. Payment of the reinstatement fee and all past delinquent biennial renewal fees pursuant to N.J.A.C. 13:35-6.13;

2. Completion of the continuing education units required for each biennial registration period for which the licensee was suspended, if appropriate; and

3. Submission of an affidavit of employment listing each job held during the period of suspended license which includes the name, address, and telephone number of each employer.

(f) In addition to the fulfilling the requirements set forth in (e) above, a licensee whose license has been automatically suspended for more than five years who wishes to return to have his or her license reinstated shall reapply for licensure and, in accordance with N.J.S.A. 45:5-9b or 45:9-6.1, whichever is appropriate, shall demonstrate that he or she has maintained proficiency. An applicant who fails to demonstrate to the satisfaction of the Board that he or she has maintained proficiency while suspended may be subject to an examination or other requirements as determined by the Board prior to reinstatement of his or her license.

(g) Renewal applications shall provide the licensee with the option of either active or inactive status. A licensee electing inactive status shall pay the inactive license fee set forth in N.J.A.C. 13:35-6.13 and shall not engage in practice.

(h) A licensee who elected inactive status and has been on inactive status for five years or less may be reinstated by the Board upon completion of the following:

1. Payment of the reinstatement fee;
2. The completion of the continuing education units required for each biennial registration period for which the licensee was on inactive status, if appropriate; and
3. Submission of an affidavit of employment listing each job held during the period the licensee was on inactive status which includes the name, address, and telephone number of each employer.

(i) In addition to the fulfilling the requirements set forth in (h) above, a licensee who has been on inactive status for more than five years who wishes to return to practice shall reapply for licensure and, consistent with N.J.S.A. 45:5-9b or 45:9-6.1, whichever is appropriate, shall demonstrate that he or she has maintained proficiency. An applicant who fails to demonstrate to the satisfaction of the Board that he or she has maintained proficiency while on inactive status may be subject to an examination or other requirements as determined by the Board prior to reinstatement of his or her license.

New Rule, R.2005 d.120, effective April 18, 2005.  
See: 36 N.J.R. 4633(a), 37 N.J.R. 1203(a).

## SUBCHAPTER 4. SURGERY

### Subchapter Historical Note

Petition for Rulemaking. See: 31 N.J.R. 2276(a), 32 N.J.R. 609(a), 32 N.J.R. 1260(a).

### 13:35-4.1 Major surgery; qualified first assistant

(a) A major surgical procedure is one with a substantial hazard to the life, health or welfare of the patient. By way of example, but not limitation, major surgical procedures include:

1. A procedure performed where the anatomic locality, the condition, the difficulty or the length of time required to operate would constitute a direct hazard to the life of the patient; and
2. A procedure in which an opening is made into any of the three major body cavities (abdomen, chest or head), if the facility's credentials committee, in conjunction with the chair or chief of the relevant department or division, has delineated the procedure as one requiring a qualified first assistant.

(b) A major surgical procedure shall be performed by a duly qualified surgeon with a duly qualified assisting physician who may be a duly qualified resident in or rotating through a training program approved by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.

(c) In addition to those individuals listed in (b) above who may act as qualified first assistants, in a health care facility licensed by the Department of Health and Senior Services, a duly qualified registered nurse first assistant (RNFA), a duly qualified physician assistant or a licensed podiatric physician may so act. A duly qualified certified nurse midwife (CNM) may also act as a qualified first assistant in the performance of cesarean sections. For purposes of this subsection, a licensed CNM shall be deemed to be "duly qualified" provided that the CNM has taken and passed a 30-hour didactic training course that includes anatomy, physiology, surgical technique (including wound closure), and direct observation of cesarean sections. Following the completion of the course, a CNM shall serve and be supervised as a second assistant on 10 cesarean sections and complete a supervised preceptorship as a first assistant in 20 cesarean sections.

(d) A duly qualified surgeon, duly qualified assistant physician, duly qualified resident, duly qualified registered nurse first assistant, duly qualified physician assistant, or duly qualified certified nurse midwife (CNM) shall be determined by the hospital credentials committee in conjunction with the chairman or chief of the appropriate committee in conjunction with the chairman or chief of the appropriate department or division consistent with the requirements of law or applicable rule.

(e) Licensees shall comply with the rules as promulgated by the medical staff at the health care facility and shall cooperate to assure compliance with the rules of the Board as well as any rules of the Department of Health and Senior Services which licenses the facility.

(f) In all instances in which a registered nurse first assistant, a physician assistant, or duly qualified certified nurse midwife (CNM) may act as first assistant pursuant to (c) above, the operating surgeon shall have discretion to determine whether to utilize such an individual as a first assistant, despite the fact that they are permitted to so act pursuant to this rule.

(g) In the event of incapacity or unavailability of the operating surgeon during a major surgical procedure, the functions of a first assistant who is not a physician shall be limited to maintaining the status of the patient while a substitute operating surgeon is summoned, except in matters of dire emergency. "Dire emergency" shall include only those circumstances posing a significant risk of imminent death or serious bodily injury to the patient, such as uncontrolled bleeding.

Amended by R.1989 d.532, effective October 16, 1989.  
See: 21 N.J.R. 2226(b), 21 N.J.R. 3307(a).

Deleted reference to specific statute.

Amended by R.1994 d.522, effective October 17, 1994.

See: 26 N.J.R. 2526(a), 26 N.J.R. 4195(a).

Amended by R.1995 d.503, effective September 5, 1995.

See: 27 N.J.R. 1744(a), 27 N.J.R. 3365(a).

Amended by R.1999 d.356, effective October 18, 1999.

See: 31 N.J.R. 1742(a), 31 N.J.R. 3117(a).