

Board of Homeopathic and Integrated Medicine Examiners

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 38. BOARD OF HOMEOPATHIC AND INTEGRATED MEDICINE EXAMINERS

(Authority: A.R.S. § 32-2904 et seq.)

Chapter heading amended from Board of Homeopathic Medical Examiners to Board of Homeopathic and Integrated Medicine Examiners by A.R.S. § 32-2902 as amended by Laws 2008, Ch. 57 (Supp. 10-1).

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Article 4, consisting of Sections R4-38-401 thru R4-38-403, adopted effective September 24, 1998 (Supp. 98-3).

Section

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ARTICLE 1. GENERAL

R4-38-101. Definitions

In addition to the definitions at A.R.S. § 32-2901, in this Chapter:

- “Beneficial clinical usage” means that usage results of a therapy modality or treatment are documented by:
 - Clinical reports from national or international organizations;
 - Professionally recognized publications of clinical indications and contraindications;
 - National or international instructional courses providing training in the use of the therapy modality, or treatment; or
 - Professional peer review presentations of physicians’ usage results with the therapy modality or treatment at local, county, state, national or international meetings.
- “Classical homeopathy” means a system of medical practice expounded by Samuel Hahnemann in the *Organon of Medicine* that treats a disease by the administration of minute doses of a remedy that would in healthy persons produce symptoms of the disease treated.
- “Complex homeopathy” means a system of medical practice that combines one or more homeopathic remedies that are not described in the *Organon of Medicine*.
- “EAV” means electric acupuncture according to Reinhard Voll.
- “Fifth Pathway program” means an academic program created by the Council on Medical Education of the American Medical Association specifically for American medical students studying abroad.
- “Generally accepted experimental criteria in homeopathy” means:
 - A protocol in which a therapy modality or treatment is administered in the smallest amount necessary to stimulate a healing response with a minimum of clinical aggravation of symptoms or side effects;
 - A process of recording the clinical efficacy of a therapy modality or treatment reflected by measurements of symptom aggravation or improvement, laboratory testing, and changes in physiologic functioning; or
 - A process by which innovative diagnostic procedures and devices are analyzed and evaluated according to their ability to assist a physician in assessing the degree of electrical resistance or conduction disturbance in the totality of a patient’s presenting signs, symptoms, and physiologic responses

- and predict or monitor the totality of the patient's responses to a therapy modality or treatment.
7. "Homeopathic indication" means a recognized standard of practice of homeopathic practitioners that describes a sign, symptom, and physical finding that leads to the recommendation of a particular substance or therapeutic procedure.
 8. "Metal poisoning" means a level of toxic metals present in a patient that in the professional judgment of a licensee is inconsistent with the patient's ability to achieve optimal health.
 9. "Proving method of administration" means testing a homeopathic drug on healthy volunteers by recording, compiling, and organizing symptoms that are developed into a repertory.
 10. "Repertory" means a compilation, usually in book form, of information categorized by the different systems of the body and providing an index of symptoms and a listing of corresponding homeopathic remedies.
 11. "Rubric" means a guiding symptom leading to a homeopathic remedy.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Heading amended effective February 7, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2).

R4-38-102. Additional Requirements for Applicants Graduated from an Unapproved School of Medicine

In addition to the requirements for a license prescribed in A.R.S. § 32-2912, an applicant who has not graduated from an approved school of medicine shall meet the following:

1. Hold a standard certificate issued by the Educational Council for Foreign Medical Graduates; or
2. Complete a Fifth Pathway program of one academic year of supervised clinical training under the direction of an approved school of medicine in the United States and upon completion of the Fifth Pathway program complete a 24-month internship, residency, or clinical fellowship program accredited by the Accreditation Council on Graduate Medical Education (ACGME).

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Section repealed; new Section made by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2).

R4-38-103. Postgraduate Requirements for Licensure

Under A.R.S. § 32-2912(F)(3), an applicant for licensure shall:

1. Have a degree of doctor of medicine in homeopathy issued by a homeopathic college or other Board-approved educational institution, or
2. Have successfully completed:
 - a. Formal postgraduate courses approved under R4-38-104, or
 - b. A preceptorship approved under R4-38-105.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Section repealed; new Section made by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). Former R4-38-103 renumbered to R4-38-104; new Section made by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-104. Approved Postgraduate Coursework

A. An applicant who seeks licensure based on successful completion of formal postgraduate courses shall:

1. Complete at least 300 hours of formal postgraduate courses in one or more of the treatment modalities specified in subsections (C)(1) through (6);
 2. Ensure that at least 40 of the 300 required hours are in a course of classical homeopathy; and
 3. Submit with the application required under R4-38-108 a statement from the sponsor of the formal postgraduate course that includes:
 - a. The applicant's name,
 - b. The name of the course sponsor,
 - c. The dates on which the course was taken,
 - d. A brief description of the course content,
 - e. The number of hours completed, and
 - f. Whether the applicant successfully completed the course.
- B. The Board shall approve a formal postgraduate course if the Board determines that:
1. Except as provided in subsection (B)(4), the course content provides training in one or more of the treatment modalities specified in subsections (C)(1) through (6).
 2. There is evidence that the course instructor is qualified in the subject matter of the course; and
 3. The course sponsor is recognized within the homeopathic, osteopathic, or allopathic medical profession as a provider of postgraduate training and continuing education; or
 4. An applicant who has completed postgraduate coursework in treatment modalities not specified in subsections (C)(1) through (6) shall submit evidence of the postgraduate coursework with the application sufficient to enable the Board to determine whether the postgraduate coursework is related to the practice of homeopathic medicine as defined in statute.
- C. An applicant who wishes to practice a specific treatment modality listed in subsections (C)(1) through (6) shall demonstrate proficiency in the modality by completing the indicated number of postgraduate course hours or certification by the indicated credentialing authority.
1. Acupuncture:
 - a. Classical acupuncture:
 - i. Certification by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), or
 - ii. Completing at least 220 hours of postgraduate courses recognized by the American Academy of Medical Acupuncture or other sponsor approved by the Board that provides equivalent training.
 - b. Electro-diagnosis: Completing at least 50 hours of postgraduate courses in electro-diagnosis that are approved by the Board.
 2. Chelation therapy: Completing at least 16 hours of postgraduate courses offered by the American Board of Clinical Metal Toxicology, American College of Alternative Medicine, International College of Integrative Medicine, or the American Academy of Environmental Medicine or other sponsor approved by the Board that provides equivalent training.
 3. Classical homeopathy: Completing at least 90 hours of formal postgraduate courses in classical homeopathy approved by the Board, or whose sponsor is recognized by the Council on Homeopathic Education, the American Institute of Homeopathy, the American Board of Homeotherapeutics, the Homeopathic Association of Naturopathic Physicians or the Council for Homeopathic Certification.

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4. Complex homeopathy and electro-therapeutics, EAV and related: Completing at least 90 hours of formal postgraduate courses in complex homeopathy approved by the Board, or whose sponsor is recognized by the Council on Homeopathic Education, the American Institute of Homeopathy, the American Board of Homeotherapeutics, the Homeopathic Association of Naturopathic Physicians, or the Council for Homeopathic Certification.
5. Neuromuscular integration:
 - a. Completing a residency or fellowship in physical medicine or graduation from an osteopathic medical school; or
 - b. Completing at least 220 hours of formal postgraduate courses in neuromuscular integration therapies that are approved by the Board.
6. Orthomolecular therapy and nutrition: completing at least 300 hours of postgraduate courses in orthomolecular therapy and nutrition approved by the Board.

Historical Note

Adopted effective February 22, 1988 (Supp. 88-1). Amended effective January 27, 1995. Amended effective February 7, 1995 (Supp. 95-1). Amended effective November 12, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). Former R4-38-104 renumbered to R4-38-105; new R4-38-104 renumbered from R4-38-103 and amended by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-105. Approval of Preceptorship

- A. An applicant who seeks licensure based on successful completion of a preceptorship shall obtain the Board's approval of the preceptorship by submitting the following with the application required under R4-38-108:
 1. A notarized affidavit from each preceptor on the preceptor's letterhead attesting to:
 - a. The educational qualifications of the preceptor,
 - b. The number of years the preceptor has been conducting preceptorships;
 - c. The dates of the preceptorship,
 - d. An outline of the training conducted,
 - e. Which of the treatment modalities listed in A.R.S. § 32-2901(22) were involved in the training,
 - f. The number of hours of didactic and clinical training in each treatment modality, and
 - g. The general nature of the services performed during the training; and
 2. A summary from the applicant of each preceptorship including:
 - a. The name of each preceptor,
 - b. The treatment modalities included in each preceptorship, and
 - c. The total number of hours claimed instead of formal postgraduate courses.
- B. The Board shall approve a preceptorship under this Section if the Board determines that:
 1. The preceptorship provides training in one or more of the treatment modalities specified in R4-38-104;
 2. The preceptorship involves a balance of didactic and clinical training;
 3. The preceptor has been in full-time clinical practice for at least three years and meets the educational requirements of R4-38-302(C) in the treatment modality being precepted; and
 4. If the preceptorship involves training in classical homeopathy, the preceptorship includes case-taking, repertory

use, materia medica, philosophy and history of homeopathy, acute remedies, constitutional prescribing, posology, homeopathy prescription policy, and remedy handling policy.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Section repealed; new Section made by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). Amended by emergency rulemaking at 12 A.A.R. 4894, effective December 4, 2006 for 180 days (Supp. 06-4). Emergency expired. Amended by final rulemaking at 13 A.A.R. 2924, effective August 7, 2007 (Supp. 07-3). Amended by final rulemaking at 16 A.A.R. 178, effective March 6, 2010 (Supp. 10-1). Former R4-38-105 renumbered to R4-38-106; new R4-38-105 renumbered from R4-38-104 and amended by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-106. Fees

- A. The Board establishes and shall collect the following fees, which are specifically authorized by A.R.S. § 32-2914:
 1. Application for license: \$550.00
 2. Issuance of initial license: \$250.00
 3. Annual renewal of license: \$1000.00
 4. Late renewal penalty: \$350.00
 5. Application for dispensing permit: \$200.00
 6. Annual renewal of dispensing permit: \$200.00
 7. Locum tenens registration application: \$200.00
 8. Locum tenens registration issuance: \$100.00
 9. Application for approval of a practical education program: \$150.00
 10. Annual renewal of approval of a practical education program: \$50.00
 11. Initial application to register a medical assistant: \$200.00
 12. Annual renewal of registration of medical assistant: \$200.00
- B. The Board shall collect the following amounts for the services described:
 1. Annual directory: \$25.00
 2. Copies, per page: \$0.25
 3. Copies, per audio tape: \$35.00
 4. Copies, per 1.44 M computer disk: \$100.00
 5. Mailing lists - non-commercial (per name): \$0.05
 6. Mailing lists - commercial (per name): \$0.25
 7. Mailing list labels (per name): \$0.30
 8. Copy of statutes or rules: \$5.00

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Section repealed; new Section made by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). Former R4-38-106 renumbered to R4-38-107; new R4-38-106 renumbered from R4-38-105 by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3). Amended by final rulemaking at 18 A.A.R. 2143, effective October 7, 2012 (Supp. 12-3).

R4-38-107. Examination

- A. The examination for a license consists of two parts:
 1. A timed written examination that includes questions addressing the treatment modalities listed in A.R.S. § 32-2901(22). To pass the written examination, an applicant shall obtain a score of at least 70 percent; and
 2. A personal interview with the Board to examine an applicant's personal and professional history as it applies to homeopathic medicine. The Board may ask questions to clarify issues regarding the applicant's competence to

engage in the practice of medicine safely, unprofessional conduct in the applicant's professional record, and whether the scope of the applicant's practice falls within the scope of homeopathic medicine as defined at A.R.S. § 32-2901(22).

- B.** An applicant may use a copy of Kent's Repertory as a reference during the written examination. An applicant shall not use a computer or other written material during the written examination.

Historical Note

Adopted effective June 13, 1988 (Supp. 88-2). Amended effective February 7, 1995 (Supp. 95-1). Amended by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). Section repealed; new R4-38-107 renumbered from R4-38-106 and amended by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-108. Application for Licensure

- A.** To apply for licensure, an applicant shall submit the following directly to the Board:

1. An application form that contains the following information about the applicant:
 - a. Name as the applicant wants the name to appear on a license;
 - b. Social Security number, as required under A.R.S. §§ 25-320(P) and 25-502(K);
 - c. Date and place of birth;
 - d. Personal identifying characteristics including gender, weight, height, eye and hair colors, and any identifying marks;
 - e. Business name and address;
 - f. Residential address;
 - g. Business telephone and fax numbers;
 - h. E-mail address;
 - i. Date on which the applicant expects to take the written examination required under A.R.S. § 32-2913;
 - j. Name of the approved medical school from which the applicant obtained an allopathic or osteopathic medical degree and the date of the degree;
 - k. Name of the hospital program at which the applicant served as an intern and the years of the internship;
 - l. Names and addresses of three physicians who will send the Board letters of recommendation for the applicant;
 - m. List of the states or other jurisdictions in which the applicant is or ever has been licensed to practice medicine;
 - n. List of specialty colleges of which the applicant is a member;
 - o. List of specialty boards by which the applicant is certified;
 - p. List of the places where the applicant has practiced medicine and the dates of practice;
 - q. Statement indicating whether the applicant:
 - i. Has, within the last 10 years, had a medical malpractice judgment entered against an applicant or settled a malpractice claim against the applicant;
 - ii. Has ever been convicted of or pled guilty or nolo contendere to a criminal charge in an adult court of record;
 - iii. Has been charged with a crime that is pending adjudication in an adult court of record;
 - iv. Has had a state or other jurisdiction refuse or deny the applicant a license to practice medicine or has allowed the applicant to withdraw a license application instead of being refused or denied a license to practice medicine;

cine or has allowed the applicant to withdraw a license application instead of being refused or denied a license to practice medicine;

- v. Has had a state or other jurisdiction take disciplinary action against the applicant's license to practice medicine including placing the license on probation, suspending the license, limiting or restricting the license, revoking the license, or accepting surrender of the license;
- vi. Has had a state or other jurisdiction, including a federal agency, suspend, limit, restrict, revoke, deny, or accept surrender in lieu of action of the applicant's registration to possess, dispense, or prescribe controlled substances;
- vii. Has or had, within the last 10 years, a mental illness or psychological condition that impaired the applicant's ability to practice medicine or function as a medical student;
- viii. Is now or has been within the last 10 years dependent upon alcohol or drugs; and
- ix. Has had a specialty board or college suspend, revoke, or deny certification to the applicant.

- r. Notarized signature and attestation that the information provided is true, correct, and complete;
2. A summary listing the course title, sponsor, dates attended, and credit hours and evidence of completing the 300 hours of postgraduate coursework required under R4-38-104 or the preceptorship required under R4-38-105;
3. If the answer to any item in subsections (A)(1)(q)(i) through (ix) is yes, detailed information regarding the nature, date, and location of the incident, or the nature of the condition, and the identity of the agency, court, or organization involved, action taken, and current status;
4. An Arizona Statement of Citizenship and documentary evidence of U.S. citizenship or qualified alien status;
5. A list of the homeopathic modalities the applicant intends to make available under the applicant's supervision if the applicant is licensed;
6. If the applicant intends to use an experimental form of diagnosis or treatment in the applicant's homeopathic medical practice, a copy of the written informed consent materials that a patient will sign before examination or treatment;
7. Two photographs of the applicant's face taken within the last 60 days;
8. A copy of the membership card provided by a specialty college of which the applicant is a member;
9. A copy of the certification card provided by a specialty board by which the applicant is certified;
10. A completed and signed form authorizing individuals, organizations, previous employers, and schools to release to the Board information regarding the applicant;
11. A current curriculum vitae that includes all professional activity from medical school to the present; and
12. The license application fee specified in R4-38-106.

- B.** An applicant for licensure shall ensure that the following information is submitted directly to the Board:

1. Verification of graduation provided by the allopathic or osteopathic medical college from which the applicant graduated;
2. Letters of recommendation, on professional letterhead and notarized, from three licensed physicians; and
3. Verification of licensure from every jurisdiction in which the applicant is or ever has been licensed to practice medicine.

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Historical Note

Adopted effective June 13, 1988 (Supp. 88-2). Amended by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). Former R4-38-108 renumbered to R4-38-110; new Section made by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-109. License Renewal

- A.** The Board shall provide a licensee with at least 30 days' notice of the need to renew the licensee's license. It is the responsibility of the licensee to renew timely. Failure to receive notice of the need to renew does not excuse failure to renew timely.
- B.** Under A.R.S. § 32-2915(G), a licensee who wishes to continue practicing homeopathic medicine shall submit the license renewal materials described in subsection (E) annually on or before the last day of the month in which the license was initially issued.
- C.** A licensee who fails to comply with subsection (E) by the date specified in subsection (B) may apply for license renewal within 60 days after the date specified in subsection (B) by:
 1. Submitting to the Board the license renewal materials described in subsection (E), and
 2. Paying the late renewal penalty prescribed in R4-38-106.
- D.** If a licensee fails to comply with either subsection (B) or (C), the licensee's license expires and the licensee shall immediately cease practicing homeopathic medicine. A licensee whose license expires may obtain licensure only by complying again with R4-38-108 and taking the examination specified in R4-38-107.
- E.** To renew a license issued by the Board, a licensee shall submit the following directly to the Board:
 1. A license renewal application that contains the following information about the applicant:
 - a. Name;
 - b. License number;
 - c. Business name and address;
 - d. Residential address;
 - e. Business telephone number;
 - f. E-mail address;
 - g. Address and telephone numbers of each location at which the licensee practices;
 - h. Number of the active M.D. or D.O. license held by the licensee and name of the state that issued the license; and
 - i. A statement indicating whether during the last 12 months:
 - i. A licensing authority of another jurisdiction denied the licensee a license to practice allopathic, homeopathic, or osteopathic medicine and if so, the name of the jurisdiction, date of the denial, and an explanation of the circumstances;
 - ii. A licensing authority of another jurisdiction revoked, suspended, limited, restricted, or took other action regarding a license of the licensee and if so, the name of the jurisdiction taking action, nature and date of the action taken, and an explanation of the circumstances;
 - iii. The licensee has been convicted of or pled guilty or nolo contendere to a criminal charge, including driving under the influence of drugs or alcohol, and if so, the name of the jurisdiction in which convicted, nature of the crime, date of conviction, and current status;
 - iv. A lawsuit was filed or settlement entered into or judgment entered against the licensee alleging professional malpractice or negligence in

the practice of homeopathic, allopathic, or osteopathic medicine and if so, the case number, date of action, the matters alleged, and whether the lawsuit is still pending or the manner in which the settlement or judgment was resolved; and

- v. The licensee has or had a mental illness or psychological condition that may impair the licensee's ability to practice homeopathic medicine safely and skillfully and if so, the nature of the condition and any accommodations necessary;
 - vi. The licensee has been charged with or arrested for any felony or misdemeanor involving conduct that may affect patient safety or a felony as required under A.R.S. § 32-3208.
2. A list of the treatment modalities the licensee makes available under the licensee's supervision;
 3. If the licensee uses an experimental form of diagnosis or treatment in the licensee's practice of medicine, a copy of the written informed consent materials that a patient signs before examination or treatment;
 4. A list of any specialty certifications held by the licensee, the certifying entity, and the date the certification expires;
 5. If the licensee dispenses drugs or devices as part of the licensee's practice of homeopathic medicine:
 - a. The licensee's DEA registration number;
 - b. A statement of whether a complaint has been filed or legal action has been taken against the licensee by a court or federal or state agency for dispensing a device, drug, or substance and if so, the name and address of the court or federal or state agency and documentation of the action taken; and
 - c. A list of the items dispensed;
 6. An Arizona Statement of Citizenship and documentary evidence of U.S. citizenship or qualified alien status;
 7. An affirmation that the licensee has completed the continuing education required under A.R.S. § 32-2915;
 8. An affirmation that the licensee is in compliance with A.R.S. § 32-3211 regarding medical records;
 9. The license renewal fee prescribed under R4-38-106; and
 10. The licensee's dated signature affirming that the information provided is true, correct, and complete.

Historical Note

Adopted effective June 13, 1988 (Supp. 88-2). Amended by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). Former R4-38-109 renumbered to R4-38-111; new Section made by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-110. Notification of Change in Contact Information

The Board shall communicate with a licensee using the most recent contact information provided to the Board. To ensure timely communication from the Board, a licensee shall advise the Board in writing within 45 days of opening an additional office or a change in name, office or residential address, or telephone number.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Section repealed by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). New R4-38-110 renumbered from R4-38-108 and amended by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-111. Experimental Forms of Diagnosis and Treatment

A. The Board neither approves nor advocates specific experimental therapies. The Board considers the standards in this Section

in determining whether a licensee is in compliance with A.R.S. § 32-2933(27). The Board considers a therapy that is in violation of applicable state or federal statutes, or state or federal rules or regulations regarding drugs and devices to be unprofessional conduct under A.R.S. § 32-2933(27).

- B.** Experimental forms of diagnosis or treatment, within the meaning of A.R.S. § 32-2933(27), include:
1. Administration of a pharmaceutical agent untested for safety in humans;
 2. Use of a physical agent or electromagnetic current or field in a manner not supported by established clinical usage; and
 3. Therapy modalities and diagnostic methods that are not included in the practice of homeopathic medicine as defined in A.R.S. § 32-2901(22) and do not meet the criteria of subsection (C).
- C.** The following are not an experimental form of diagnosis or treatment under A.R.S. § 32-2933(27):
1. A substance or therapy modality administered on a homeopathic indication that has been in beneficial clinical usage by professionally trained, legally qualified physicians for at least 10 years;
 2. Homeopathic medications listed in the Homeopathic Pharmacopoeia of the United States;
 3. Homeopathic medications that have been characterized by toxicity studies or by the “proving” method of administration on healthy volunteers to determine the medication’s spectrum of action;
 4. Administration of a pharmaceutical agent for a therapeutic indication supported by clinical usage if the agent is approved to be marketed publicly for other therapeutic indications by the appropriate regulatory agency; and
 5. A procedure used for patient education, preventative medicine, or general health assessment or enhancement such as bio-terrain analysis, live blood analysis, soft laser, magnetic therapy, oxidative therapy, and microelectric therapy, and other procedures considered by the Board to be in beneficial clinical usage.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Amended by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). Former R4-38-111 renumbered to R4-38-112; new R4-38-111 renumbered from R4-38-109 by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-112. Peer Review

- A.** A licensee using an experimental form of diagnosis and treatment such as vaccine therapy for cancer without affiliation with a recognized research institution, institutional review board, or peer review committee may request or the Board may require review of the procedure by the Board or a Board-appointed peer review committee.
- B.** In conducting the review, the Board or Board-appointed peer review committee shall examine protocols, recordkeeping, analyses of results, and informed patient consent forms and procedures. Based on the review, the Board shall determine the licensee’s compliance with generally accepted homeopathic experimental criteria under A.R.S. § 32-2933(27).
- C.** As used in A.R.S. § 32-2933(27), “periodic review by a peer review committee” means peer review for compliance with any form of experimental medicine occurs at a minimum of five-year intervals through a recognized research institution, institutional review board, or a peer review committee. The chairperson of a Board-appointed peer review committee shall

be appointed by the Board president and approved by the Board.

- D.** During a review of a licensee’s use of experimental forms of diagnosis and treatment or at any other time the Board deems appropriate, the licensee shall submit informed patient consent forms and protocols and other records indicating the licensee’s compliance with generally accepted experimental criteria designated in A.R.S. § 32-2933(27).

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Amended by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). Section repealed; new R4-38-112 renumbered from R4-38-111 by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-113. Chelation Therapy Practice Requirements

- A.** Before a licensee may practice chelation therapy for other than the treatment of metal poisoning, the licensee:
1. Shall document completion of the postgraduate education required in R4-38-104(C)(2); and
 2. Submit to and obtain approval from the Board of the informed patient consent form required by A.R.S. § 32-2933(27). As part of the documentation submitted with the informed patient consent form, the licensee shall include a copy of the chelation therapy protocol.
- B.** A licensee shall ensure that detailed records and periodic analysis of results on patients consistent with the most recent informed consent and protocol on file with the Board are maintained consistent with A.R.S. § 32-2933(27) and available for periodic review by a peer review committee designated by the Board. The licensee shall ensure that retention of patient medical and treatment records conform to the requirements of A.R.S. § 32-2936.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Amended effective February 7, 1995 (Supp. 95-1). Amended by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-114. Rehearing or Review of Decision

- A.** Except as provided in subsection (G), any party to an appealable agency action or a contested case before the Board who is aggrieved by a decision rendered in the case may file with the Board not later than 30 days after service of the decision, a written motion for rehearing or review of the decision, specifying the particular grounds for the motion. A decision is served when personally delivered or five days after the date the decision is mailed to the party at the party’s last known residence or place of business.
- B.** A motion for rehearing may be amended at any time before a ruling by the Board. Any other party may file a response within 15 days after the motion or amended motion is filed. The Board may require the filing of written briefs upon the issues raised in the motion and may provide for oral argument.
- C.** The Board may grant a rehearing or review of the decision for any of the following reasons materially affecting the moving party’s rights:
1. Irregularity in the administrative proceedings of the Board or the hearing officer, or any order or abuse of discretion that results in the moving party being deprived of a fair hearing;
 2. Misconduct of the Board or the non-moving party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;

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4. Newly discovered material evidence that with reasonable diligence could not have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;
 6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing; or
 7. The decision is not justified by the evidence or is contrary to law.
- D.** The Board may affirm or modify the decision or grant a rehearing to all or any of the parties and on all or part of the issues for any of the reasons set forth in subsection (C). An order granting a rehearing shall specify the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters.
- E.** Not later than 30 days after a decision is rendered, the Board may on its own initiative order a rehearing or review of its decision for any reason for which it might have granted a rehearing on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. In either case, the order granting the rehearing shall specify the grounds for the rehearing.
- F.** When a motion for rehearing is based upon an affidavit the party shall serve the affidavit with the motion. Within 10 days after service, an opposing party may serve an opposing affidavit. The Board may extend the period to serve an opposing affidavit for an additional 20 days for good cause shown or by written stipulation of the parties. The Board may permit a reply affidavit.
- G.** If the Board makes specific findings that the immediate effectiveness of the decision is necessary for the immediate preservation of the public peace, health, or safety and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the Board may issue the decision as a final decision without an opportunity for a rehearing or review. If a decision is issued as a final decision without an opportunity for rehearing, any application for judicial review of the decision shall be made within the time limits permitted for applications for judicial review of the Board's final decisions.
- H.** The terms "contested case" and "party" as used in this Section are defined in A.R.S. § 41-1001. The term "appealable agency action" is defined in A.R.S. § 41-1092.

Historical Note

Adopted effective June 3, 1988 (Supp. 88-2). Amended by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2).

R4-38-115. Use of Title and Abbreviation

- A.** The use of the abbreviation "M.D.(H.)" or "D.O.(H.)" (with or without periods), is equivalent to the written designation, "Doctor of Medicine (Homeopathic)" or "Doctor of Osteopathy (Homeopathic)."
- B.** A homeopathic physician practicing in this state who is not licensed by the Arizona Board of Medical Examiners or the Arizona Board of Osteopathic Examiners in Medicine and Surgery shall not use any designation other than the initials M.D.(H.) or D.O.(H.) (with or without periods) to indicate a doctoral degree.
- C.** A physician licensed by the Board and the Arizona Board of Medical Examiners or the Board and the Arizona Board of Osteopathic Examiners in Medicine and Surgery shall use M.D., M.D.(H.) or D.O., D.O.(H.) as appropriate (with or without periods).
- D.** A licensee practicing in this state shall display the license issued by the Board or an official duplicate of the license in a

conspicuous location in the reception area of each office facility.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1). Amended by final rulemaking at 11 A.A.R. 2008, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-116. Continuing Education Requirement

- A.** Under A.R.S. § 32-2915(F), a licensee shall complete at least 20 hours of Board-approved continuing education in the 12 months before submitting the license renewal materials required under R4-38-109. If a licensee completes more than 20 hours of continuing education during a year, the licensee shall not report the extra hours in a subsequent year.
- B.** A licensee shall ensure that the licensee obtains and maintains for two years documentary evidence of complying with the continuing education requirement.
- C.** An hour of continuing education consists of 60 minutes of participation unless specified otherwise in subsection (D).
- D.** The following continuing education programs and activities are approved by the Board and do not require an application under R4-38-117:
1. Participating in an internship, residency, or fellowship at a teaching institution approved by the American Medical Association, Association of American Medical Colleges, or American Osteopathic Association. A licensee may claim one credit hour of continuing education for each day of training in a full-time approved program, or for a less than full-time training on a pro-rata basis. For purposes of this subsection, teaching institutions define "full-time";
 2. Participating in an education program for an advanced degree in a medical or medically-related field in a teaching institution approved by the American Medical Association, Association of American Medical Colleges, or American Osteopathic Association. A licensee may claim one credit hour of continuing education for each one day of full-time study or less than a full-time study on a pro rata basis. For purposes of this subsection, teaching institutions define "full-time";
 3. Participating in full-time research in a teaching institution approved by the American Medical Association, Association of American Medical Colleges, or American Osteopathic Association. A licensee may claim one credit hour of continuing education for each one day of full-time research, or less than full-time research on a pro rata basis. For purposes of this subsection, teaching institutions define "full-time";
 4. An educational program certified as Category 1 by an organization accredited by the Accreditation Council for Continuing Medical Education or the American Osteopathic Association;
 5. A medical education program designed to provide understanding of current developments, skills, procedures, or treatments related to the practice of medicine and provided by an organization or institution accredited by the Accreditation Council for Continuing Medical Education or the American Osteopathic Association; and
 6. A homeopathic medical education course approved or offered by the Council on Homeopathic Education.
- E.** The following activities are approved by the Board as continuing education and do not require an application under R4-38-117 subject to the specified limitations:

1. Serving as an instructor of medical students, house staff, other physicians, or allied health professionals from a hospital or other health care institution if serving as an instructor provides the licensee with an understanding of current developments, skills, procedures, or treatments related to the practice of allopathic, osteopathic, or homeopathic medicine. A licensee who serves as an instructor:
 - a. May claim one hour of continuing education for each hour of instruction up to a maximum of 10 hours, and
 - b. If the licensee teaches substantially the same class more than once, may claim hours of continuing education only for the first time the class is taught;
 2. Publishing or presenting a paper, report, or book that deals with current developments, skills, procedures, or treatments related to the practice of allopathic, osteopathic, or homeopathic medicine. A licensee who publishes or presents a paper, report, or book:
 - a. May claim one hour of continuing education for each hour preparing, writing, and presenting up to a maximum of 10 hours; and
 - b. May claim hours of continuing education only after the date of publication or presentation; and
 3. Participating in the following activities if the participation provides the licensee with an understanding of current developments, skills, procedures, or treatments related to the practice of allopathic, osteopathic, or homeopathic medicine. A licensee may claim one hour of continuing education for each hour of participation in the following activities up to a maximum of six hours:
 - a. Completing a self-instructed medical education program through the use of videotape, audiotape, film, filmstrip, radio broadcast, or computer;
 - b. Reading scientific journals and books;
 - c. Preparing for and obtaining specialty board certification or recertification; and
 - d. Participating on a staff or quality of care committee or utilization review committee in a hospital, health care institution, or government agency.
- F.** The Board shall approve a program or activity note listed in subsection (D) or (E) as continuing education if the provider of the program or activity makes application under R4-38-117 and the Board determines that the program or activity:
1. Is designed to provide the participant with:
 - a. Understanding of current developments, procedures, or treatments related to the practice of homeopathic medicine as defined at A.R.S. § 32-2901(22);
 - b. Knowledge and skills used to practice homeopathic medicine safely and competently; or
 - c. Knowledge and skills related directly or indirectly to patient care including practice management, medical ethics, or language necessary to the patient population served;
 2. Includes a method by which the participant evaluates the:
 - a. Stated objectives of the program or activity,
 - b. Instructor knowledge and teaching ability,
 - c. Effectiveness of the teaching methods used, and
 - d. Usefulness or applicability of the information provided; and
 3. Provides the participant with a certificate of attendance that shows the:
 - a. Name of the participant;
 - b. Name of the approved continuing education;
 - c. Name of the continuing education provider;
 - d. Date, time, and location of the continuing education; and
 - e. Hours of instruction provided.
- G.** Except as specified in subsection (H), a licensee who fails to comply with subsection (A) may submit to the Board a notice of 60-day extension. The licensee shall submit the notice of 60-day extension no later than the date indicated in R4-38-109(B). If a licensee who submits a notice of 60-day extension fails to comply with the continuing education requirement and submit the affirmation required by R4-38-109(E)(7) within the extension period, the licensee's license expires and the licensee shall immediately cease practicing homeopathic medicine. A licensee whose license expires may obtain licensure only by complying again with R4-38-108 and taking the examination specified in R4-38-107.
- H.** If a licensee fails to comply with subsection (A) because of disability, military service, absence from the U.S., or other circumstance beyond the control of the licensee, the licensee may submit to the Board a request for a temporary waiver of the continuing education requirement that includes the reason for noncompliance, the number of hours of continuing education completed, and the amount of time requested for the licensee to complete the continuing education requirement. The licensee shall submit the request for temporary waiver no later than the date specified in R4-38-109(B). The Board shall evaluate the request for temporary waiver and provide written notice to the licensee of the time within which the licensee shall comply with subsection (A).

Historical Note

New Section made by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-117. Application for Continuing Education Approval

- A.** To obtain Board approval of a continuing education under R4-38-116(F), the provider of the continuing education shall submit the following to the Board at least 10 days before the meeting at which the Board will consider the continuing education for approval:
1. An application for approval, using a form available from the Board, which contains the following information:
 - a. Title of the continuing education;
 - b. Name and address of the continuing education provider;
 - c. Name and telephone and fax numbers of the contact person for the continuing education provider;
 - d. Date, time, and place at which the continuing education will be taught, if known;
 - e. Subject matter of the continuing education;
 - f. Objective of the continuing education;
 - g. Method of instruction; and
 - h. Number of continuing education hours requested; and
 2. The following documents:
 - a. Curriculum vitae of the continuing education instructor,
 - b. Detailed outline of the continuing education,
 - c. Agenda for the continuing education showing hours of instruction and subject matter taught in each hour,
 - d. Method by which participants will evaluate the continuing education, and
 - e. Certificate of attendance that meets the requirements of R4-38-116(F)(3).
- B.** A provider of continuing education shall not advertise that a continuing education is approved until the Board approves the application submitted under subsection (A).

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- C. The Board's approval of a continuing education is valid for one year or until there is a change in subject matter, instructor, or hours of instruction. At the end of one year or when there is a change in subject matter, instructor, or hours of instruction, the provider of the continuing education shall reapply for approval.

Historical Note

New Section made by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

R4-38-118. Audit of Compliance and Sanction for Noncompliance with Continuing Education Requirement

- A. When notice of the need to renew a license is provided under R4-38-109(A), the Board shall also provide notice of an audit of continuing education records to a random sample of licensees.
- B. A licensee who is notified of a continuing education audit shall submit documentary evidence of compliance with the continuing education requirement at the same time that the licensee submits the renewal application required under R4-38-109(E).
- C. If a licensee subject to a continuing education audit fails to submit the required evidence no later than the date specified in R4-38-109(C), the licensee is considered to have committed an act of unprofessional conduct and is subject to probation or license suspension or revocation.

Historical Note

New Section made by final rulemaking at 17 A.A.R. 1980, effective November 12, 2011 (Supp. 11-3).

ARTICLE 2. DISPENSING OF DRUGS BY HOMEOPATHIC PHYSICIANS**R4-38-201. Definitions**

In addition to the definitions in A.R.S. §§ 32-2901, 32-2933, and 32-2951, the following definitions apply in this Chapter:

1. "Administer" means the direct application of a controlled substance, prescription-only drug, dangerous drug as defined in A.R.S. § 13-3401, narcotic drug as defined in A.R.S. §13-3401, homeopathic medication, natural substance, or non-prescription drug, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by a homeopathic physician, a homeopathic physician's nurse or assistant, or by the patient or research subject at a homeopathic physician's direction.
2. "Label" means a display of written, printed, or graphic matter on the immediate container of an article and, on the outside wrapper or container, if the display on the immediate wrapper or container is not easily legible through the outside wrapper.
3. "Labeling" means all labels and other written, printed, or graphic matter:
 - a. On an article or any of its containers or wrappers and
 - b. Accompanying the article.
4. "Manufacturer" means each person who prepares, derives, produces, compounds, processes, packages or repackages, or labels a drug in a place devoted to manufacturing the drug, but does not include a pharmacy, pharmacist, or physician.
5. "Natural substance" means an herbal phytotherapeutic or oxygen, carbon, or nitrogen-based therapeutic agent, vitamin, mineral, or food-factor concentrate isolated from animal, vegetable, or mineral sources for nutritional augmentation.
6. "Official compendium" means the latest revisions of the Pharmacopoeia of the United States and the Homeopathic

Pharmacopoeia of the United States, the latest revision of the National Formulary, or any current supplement.

7. "Packaging" means the act or process of placing a drug in a container to dispense or distribute the drug.
8. "Pharmaceutical drug" means a drug intended for use in preventing or curing disease or relieving pain.

Historical Note

Adopted effective September 13, 1993 (Supp. 93-3). Amended by final rulemaking at 9 A.A.R. 1599, effective July 5, 2003 (Supp. 03-2).

R4-38-202. General Provisions

- A. A homeopathic physician shall not dispense unless the physician obtains from the Board a permit to dispense. The physician may renew the permit annually at the same time the license is renewed. The physician shall include the following on the permit application or renewal form:
1. The classes of drugs the physician will dispense, including controlled substances, pharmaceutical drugs, homeopathic medications, prescription-only drugs, natural substances, non-prescription drugs defined in A.R.S. § 32-1901(46), and devices defined in A.R.S. § 32-1901(18);
 2. The location where the physician will dispense; and
 3. A copy of the physician's current Drug Enforcement Administration (DEA) registration, or an affidavit averring that the physician does not possess a DEA registration and that the physician will not prescribe or dispense controlled substances.
- B. If a homeopathic physician determines that a shortage exists in a controlled substance maintained for dispensing, the physician shall immediately notify the Board, the local law enforcement agency, and the Department of Public Safety by telephone. The physician shall also provide written notification to the Board within seven days of the date of the discovery of the shortage.

Historical Note

Adopted effective September 13, 1993 (Supp. 93-3). Amended by final rulemaking at 9 A.A.R. 1599, effective July 5, 2003 (Supp. 03-2).

R4-38-203. Repealed**Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section repealed by final rulemaking at 9 A.A.R. 1599, effective July 5, 2003 (Supp. 03-2).

R4-38-204. Repealed**Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section repealed by final rulemaking at 9 A.A.R. 1599, effective July 5, 2003 (Supp. 03-2).

R4-38-205. Repealed**Historical Note**

Adopted effective September 13, 1993 (Supp. 93-3). Section repealed by final rulemaking at 9 A.A.R. 1599, effective July 5, 2003 (Supp. 03-2).

R4-38-206. Packaging

In addition to the requirements of A.R.S. § 32-2951, a dispensing homeopathic physician shall dispense a controlled substance or prescription-only pharmaceutical drug in a light-resistant container with a consumer safety cap, unless the patient or patient's representative and the physician agree otherwise.

Historical Note

Adopted effective September 13, 1993 (Supp. 93-3).
Amended by final rulemaking at 9 A.A.R. 1599, effective
July 5, 2003 (Supp. 03-2).

**ARTICLE 3. EDUCATION, SUPERVISION, AND
DELEGATION STANDARDS FOR REGISTRATION
OF MEDICAL ASSISTANTS BY HOMEOPATHIC
PHYSICIANS**

R4-38-301. Definitions

The definitions in A.R.S. §§ 32-2901, 32-2933, and 32-2951 apply to this Article. Additionally, in this Article:

“Advertisement” means a written, oral, or electronic communication, including a business card or telephone directory listing, which is intended, directly or indirectly, to inform a person that a medical assistant provides a homeopathic procedure.

“Delegated procedure” means a technical homeopathic function that a medical assistant is qualified to perform and is specified in the medical assistant’s Board-approved job description.

“Electrodermal testing device” means an instrument that is FDA-registered for the measurement of galvanic skin response.

“FDA” means the United States Food and Drug Administration.

“Homeopathic modality” means a method of diagnosis and treatment listed in the definition of the practice of homeopathic medicine at A.R.S. § 32-2901.

“Homeopathic repertorization” means to assess an individual’s symptoms and use a reference to determine the appropriate homeopathic remedy for each symptom.

“Homeotherapeutic instruction” means education regarding the signs, symptoms, and physical findings that lead to the recommendation of a particular substance or therapeutic procedure.

“Hour” means 60 minutes.

“Kinesiology” means the scientific study of human movement.

“Patient record,” as used in A.R.S. § 32-2936, means a medical record, as defined at A.R.S. § 12-2291.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).
Amended by final rulemaking at 16 A.A.R. 178, effective
March 6, 2010 (Supp. 10-1).

R4-38-302. Requirements to Supervise a Medical Assistant; Standards for Supervision

- A. Before a homeopathic physician applies to the Board to register a medical assistant under R4-38-306, the homeopathic physician shall be licensed by the Board.
- B. When a homeopathic physician applies to the Board to register a medical assistant, the homeopathic physician shall submit evidence, as outlined in R4-38-103(C), that the homeopathic physician is qualified in the homeopathic modality of the procedure that will be delegated to the medical assistant.
- C. The Board shall find that a homeopathic physician is qualified in the homeopathic modality of the procedure that will be delegated to a medical assistant if the homeopathic physician submits with the application to register the medical assistant certificates of attendance or other evidence that the homeopathic physician completed postgraduate coursework in the

delegated homeopathic modality equal to or exceeding the number of hours specified in R4-38-103(C)(1) through (6).

- D. A homeopathic physician who supervises a registered medical assistant shall:
 1. Perform and document in the patient record the following for each patient for whom the medical assistant performs a delegated procedure:
 - a. Initial evaluation,
 - b. Treatment planning including any modification in the treatment plan, and
 - c. Re-evaluation of the patient’s health status every fourth visit and at the time of discharge or termination of treatment;
 2. Respond within 15 minutes to a telephone call or other telecommunication from a medical assistant who performs a delegated procedure when the homeopathic physician is not physically present at the location at which the medical assistant is working;
 3. Ensure that a note is placed in the patient record every time the medical assistant seeks direction from the homeopathic physician regarding a delegated procedure performed for a patient;
 4. Ensure that the medical assistant performs only delegated procedures that are in the medical assistant’s Board-approved job description;
 5. Provide a specific written order for any procedure delegated to and performed by the medical assistant for a patient;
 6. Ensure that the specific written order required under subsection (D)(5) is placed in the patient record on the day that the medical assistant performs the delegated procedure;
 7. Ensure that the medical assistant makes a contemporaneous note in the patient record of any procedure performed by the medical assistant for the patient;
 8. Review, initial, and date the medical assistant notes placed in patient records within one week after each note is made and initial and date each note; and
 9. Review with the medical assistant a patient’s response to treatments performed by the medical assistant:
 - a. Within three months of the initial visit,
 - b. After any significant change in the initial treatment plan, and
 - c. After an adverse reaction.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1). Former R4-38-302 renumbered to R4-38-303; new Section R4-38-302 made by final rulemaking at 16 A.A.R. 178, effective March 6, 2010 (Supp. 10-1).

R4-38-303. Board Standards for a Formal Education Program

- A. The Board establishes the following minimum standards for a formal education program in the subject area specified:
 1. Neuromuscular integration therapy procedures. A formal education program in neuromuscular integration therapy procedures shall:
 - a. Be provided at an educational institution and designed to qualify a graduate as a physical therapist assistant in a U.S. jurisdiction; or
 - b. Consist of 750 hours of educational training and 250 hours of supervised clinical experience in Feldenkrais, Rolfing, Hellerwork, Trager, Orthobionomy, Shiatsu, Reiki, Polarity, Jin Shin Jyutsu, or a similar therapy;

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2. Homeopathic repertorization procedures. A formal education program in homeopathic repertorization procedures shall:
 - a. Be provided at an educational institution,
 - b. Be designed to train a graduate in classical homeopathy, and
 - c. Consist of the following:
 - i. 200 hours of education training, and
 - ii. 100 hours of supervised clinical experience, and
 3. Nutrition counseling and orthomolecular therapy procedures. A formal education program in nutrition counseling and orthomolecular therapy procedures shall:
 - a. Be provided at an educational institution, and
 - b. Consist of the following:
 - i. 500 hours of education training, and
 - ii. 175 hours of supervised clinical internship, or
 - c. Result in certification by the Clinical Nutrition Certification Board.
- B.** If a homeopathic physician applies to register as a medical assistant an individual who completed a formal education program in a homeopathic modality other than those listed in subsection (A), the homeopathic physician shall submit to the Board evidence that the program consists of educational training and clinical supervision that is substantially equivalent to the requirements specified in R4-38-103(C).

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1). Section repealed; new R4-38-303 renumbered from R4-38-302 and amended by final rulemaking at 16 A.A.R. 178, effective March 6, 2010 (Supp. 10-1).

R4-38-304. Approved Practical Education Program; Renewal

- A.** A homeopathic physician who wishes to provide on-the-job practical education to an unregistered individual shall apply for and obtain Board approval of a practical education program specifically designed for the unregistered individual before providing the practical education program.
- B.** The Board's approval of a practical education program is specific to the unregistered individual being trained. A homeopathic physician who wishes to provide on-the-job practical education to more than one unregistered individual shall apply for and obtain Board approval of a practical education program for each unregistered individual.
- C.** The Board shall approve a practical education program only if the program meets one of the following minimum standards:
1. Neuromuscular integration therapy procedures. For each therapy listed in R4-38-303(A)(1)(b) in which practical education is provided, 375 hours of instruction and 125 hours of supervised clinical experience;
 2. Homeopathic repertorization procedures.
 - a. If performed with an electrodermal testing device or kinesiology, 180 hours of homeotherapeutic instruction including at least 45 hours of supervised clinical experience;
 - b. If performed without an electrodermal testing device or kinesiology, 200 hours of homeotherapeutic instruction and 100 hours of supervised clinical experience;
 3. Nutrition counseling and orthomolecular therapy procedures, 500 hours of instruction and 170 hours of supervised clinical experience; and
 4. Other homeopathic procedure. Hours of instruction and supervised clinical experience that the Board determines is sufficient to enable the unregistered individual being trained to perform as a medical assistant in a safe and competent manner.
- D.** To obtain the Board's approval of a practical education program, the homeopathic physician who will provide the training shall:
1. Provide the following information on a form obtained from the Board:
 - a. Name of the unregistered individual for whom the practical education program is designed,
 - b. Residential address and telephone number of the unregistered individual,
 - c. Social Security number of the unregistered individual,
 - d. A training protocol that identifies the:
 - i. Homeopathic procedure in which the unregistered individual will be trained,
 - ii. Subject matter on which instruction will be provided and the hours devoted to each subject, and
 - iii. Manner in which supervised clinical experience will be provided,
 - e. Address at which the practical education program will be conducted,
 - f. Name of the homeopathic physician who will provide the practical education, and
 - g. License number of the homeopathic physician who will provide the practical education.
 2. Attach the following to the form required under subsection (D)(1):
 - a. Documentation of any previous on-the-job training or formal education, as described in R4-38-303, completed by the unregistered individual for whom the practical education program is designed;
 - b. Documentation that the homeopathic physician is qualified in the procedure in which training will be provided. For the procedures in which training may be provided, the Board shall accept certificates of attendance or other evidence that the homeopathic physician completed postgraduate course work in the homeopathic procedure to be taught equal to or exceeding the number of hours specified in R4-38-103(C)(1) through (6).
 3. Sign the application form affirming that the homeopathic physician shall:
 - a. Ensure that the unregistered individual being trained is not held out or represented to be a medical assistant,
 - b. Ensure that the unregistered individual is supervised at all times,
 - c. Ensure that the unregistered individual is assigned only tasks that the unregistered individual can perform safely and competently,
 - d. Ensure that the unregistered individual is not registered by the Board as a medical assistant before completing the practical education program, and
 - e. Provide the unregistered individual with a certificate or other evidence of completion when the unregistered individual completes the Board-approved practical education program. The homeopathic physician shall include the following information on the certificate or other evidence of completion:
 - i. Name of the unregistered individual completing the practical education program,
 - ii. Name and license number of the homeopathic physician who provided the practical education program,

- iii. Date on which Board approval was obtained for the practical education program,
 - iv. Dated signature of the homeopathic physician affirming that the practical education program completed met the standards established by the Board.
- E. The Board's approval of a practical education program is valid for one year. If the homeopathic physician who obtained approval of the practical education program does not complete providing the program within one year, the homeopathic physician may renew the program by submitting to the Board a letter affirming continued compliance with this Section and paying the fee listed in R4-38-105.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1).
Amended by final rulemaking at 16 A.A.R. 178, effective March 6, 2010 (Supp. 10-1).

R4-38-305. Minimum Requirements for Registration of a Homeopathic Medical Assistant

- A. The Board shall approve the registration of an individual as a homeopathic medical assistant only if the homeopathic physician who will supervise the individual submits evidence that the individual:
1. Completed a formal education program that meets the standards at R4-38-303, or
 2. Completed a practical education program that is approved by the Board under R4-38-304.
- B. The Board shall approve the registration of an individual as a homeopathic medical assistant only if the individual is employed and supervised by a homeopathic physician who submits the evidence required under R4-38-302(C) showing that the homeopathic physician is qualified in the homeopathic modality in which the individual will work.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1). Section repealed; new Section R4-38-305 made by final rulemaking at 16 A.A.R. 178, effective March 6, 2010 (Supp. 10-1).

R4-38-306. Application to Register a Medical Assistant

- A. If a homeopathic physician intends that an individual who meets one of the minimum requirements listed in R4-38-305(A) work as a medical assistant, the homeopathic physician shall submit to the Board an application to register the individual within two weeks after employing the individual.
- B. To register an individual who meets one of the standards at R4-38-305(A) as a medical assistant, a homeopathic physician shall submit to the Board the following information on a form obtained from the Board:
1. About the individual being registered:
 - a. Name;
 - b. Residential address;
 - c. Residential and mobile telephone numbers;
 - d. E-mail address;
 - e. Social Security number;
 - f. Address of the practice location at which the individual will perform delegated procedures;
 - g. Telephone and fax numbers of the clinic at which the individual will perform delegated procedures;
 - h. Statement of whether the individual completed a formal education program that meets the standards at R4-38-303 or a practical education program approved by the Board under R4-38-304;
 - i. Statement of whether the individual is or ever has been licensed as a health care practitioner in a U.S.

jurisdiction in a profession subject to regulation by licensure in Arizona and if so:

- i. A list of all jurisdictions in which the individual is or ever has been licensed as a health care professional, and
 - ii. A list of the health care professions in which the individual is or ever has been licensed; and
 - iii. A statement whether the individual has ever been subject to a disciplinary proceeding by a health care regulatory board in any jurisdiction and if so, the jurisdiction, health care profession, date, and cause and result of the disciplinary proceeding;
 - j. Statement of whether the individual has ever been charged with or convicted of any criminal act and if so, the nature of the criminal act, date, jurisdiction, and current status;
 - k. Statement of whether the individual is a U.S. citizen and if not, whether the individual is an alien qualified to work in the U.S.; and
 - l. Dated signature of the individual being registered affirming that the information provided under subsections (B)(1)(a) through (k) is true, correct, and complete;
2. Description of the homeopathic procedures and other duties that will be delegated to the individual being registered, and
 3. About the homeopathic physician:
 - a. Name,
 - b. License number, and
 - c. Dated signature of the homeopathic physician affirming that:
 - i. All information provided, including the materials listed in subsection (C), is true, correct, and complete; and
 - ii. The homeopathic physician has reviewed the standards for supervision listed at R4-38-302 and agrees to comply with the standards.
- C. In addition to the form required under subsection (B), a licensed homeopathic physician applying to register an individual as a medical assistant shall attach the following materials to the form:
1. A curriculum vitae or resume of the individual being registered;
 2. If the individual being registered completed a formal education program that meets the standards at R4-38-303, an official transcript from the school, college, or technical institution that provided the program;
 3. If the individual being registered completed a practical education program approved by the Board under R4-38-304, a copy of the certificate or other evidence of completion required under R4-38-304;
 4. If the individual being registered has ever been charged with or convicted of any criminal act, a certified copy of the original charging document and a copy of all court documents relating to the individual's current status;
 5. If the individual being registered is not a U.S. citizen, a copy of the document that shows the individual is qualified to work in the U.S.;
 6. The evidence required under R4-38-302(C) showing that the homeopathic physician is qualified in the homeopathic modality to be delegated; and
 7. The fee required under R4-38-105.
- D. Multiple homeopathic physicians who work in the same medical practice may apply jointly to register one individual as a medical assistant. If multiple homeopathic physicians apply

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jointly to register one individual as a medical assistant, each shall:

1. Provide the information and affirmation required under subsection (B)(3), and
 2. Provide the evidence required under subsection (C)(6).
- E.** A homeopathic physician who has registered a medical assistant may amend the medical assistant's job description provided under subsection (B)(2). To amend the job description of a registered medical assistant, the homeopathic physician shall submit to the Board:
1. A new job description that identifies the homeopathic procedures and other duties that will be delegated to the registered medical assistant,
 2. The documentation required under subsection (C)(2) or (3) showing that the registered medical assistant is qualified to perform the procedures and other duties to be delegated, and
 3. The evidence required under subsection (C)(6) showing that the homeopathic physician is qualified in the homeopathic modality to be delegated.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1). Former R4-38-306 renumbered to R4-38-309; new R4-38-306 renumbered from R4-38-308 and amended by final rulemaking at 16 A.A.R. 178, March 6, 2010 (Supp. 10-1).

R4-38-307. Additional Requirements to Register a Previously Licensed Health Care Practitioner

- A.** An individual who is or ever has been licensed as a health care practitioner in a U.S. jurisdiction in a profession subject to regulation by licensure in this state shall not attempt to practice the health care profession outside of this state's regulatory authority by obtaining registration as a medical assistant under this Chapter.
- B.** A homeopathic physician may register as a medical assistant an individual previously licensed or subject to professional regulation as a health care practitioner in a U.S. jurisdiction, only if the individual meets one of the standards in R4-38-305(A). To register as a medical assistant an individual previously licensed or subject to professional regulation as a health care practitioner in a U.S. jurisdiction, a homeopathic physician shall submit to the Board the application form and materials required under R4-38-306(B) and (C).
- C.** In addition to complying with subsection (B), a homeopathic physician applying to register as a medical assistant an individual previously licensed or subject to professional regulation as a health care professional in a U.S. jurisdiction shall submit to the Board an affidavit from the individual being registered stating the reason for which the individual seeks employment as a homeopathic medical assistant rather than as a licensed Arizona health care practitioner in accordance with the individual's professional training.
- D.** The Board shall conduct an investigation of the individual's health care professional practice in all jurisdictions in which the individual is or ever has been licensed. The Board shall ensure that the investigation is sufficient to determine whether the individual ever engaged in unprofessional conduct, was deemed incompetent, or was physically or mentally unable to provide health care services safely.
- E.** The Board shall conduct a personal interview with the homeopathic physician and the individual being registered to determine whether:
1. The description of homeopathic procedures and delegated duties provided under subsection (B) is accurate,

2. The supervisory relationship between the homeopathic physician and individual will not constitute a violation of A.R.S. § 32-2933(11),
3. The homeopathic physician understands the supervisory responsibilities, and
4. The individual being registered understands the limitations under this Article and applicable statutes.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1). Former R4-38-307 renumbered to R4-38-312; new R4-38-307 renumbered from R4-38-310 and amended by final rulemaking at 16 A.A.R. 178, effective March 6, 2010 (Supp. 10-1).

R4-38-308. Renewal of Medical Assistant Registration

- A.** The registration of a medical assistant expires:
1. When the medical assistant ceases to be employed by the homeopathic physician who registered the medical assistant, or
 2. When the supervising homeopathic physician fails to comply with subsection (B) by December 31.
- B.** To renew the registration of a medical assistant, on or before December 31 of each year, the supervising homeopathic physician shall submit to the Board:
1. A renewal application form, which is available from the Board, and provide the following information:
 - a. About the homeopathic physician.
 - i. Name;
 - ii. Name of medical facility at which the homeopathic physician is employed;
 - iii. Address of the medical facility;
 - iv. Telephone and fax numbers of the medical facility;
 - v. E-mail address of the homeopathic physician; and
 - vi. Dated signature of the homeopathic physician affirming that the information provided is true, correct, and complete;
 - b. About the medical assistant.
 - i. Name;
 - ii. Residential address;
 - iii. Residential telephone number;
 - iv. Homeopathic procedures delegated to the medical assistant;
 - v. Practice locations at which the medical assistant works;
 - vi. Statement of whether the medical assistant has been arrested or charged with a criminal act during the last year; and if so, the nature of the criminal act, date, jurisdiction, and current status; and
 - vii. Dated signature of the medical assistant affirming that the information provided is true, correct, and complete; and
 2. The fee specified in R4-38-105 for annual renewal of a medical assistant registration.
- C.** When a medical assistant's registration expires, the supervising homeopathic physician may register the medical assistant again by complying with R4-38-306.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1). Former R4-38-308 renumbered to R4-38-306; new Section R4-38-308 made by final rulemaking at 16 A.A.R. 178, effective March 6, 2010 (Supp. 10-1).

R4-38-309. Restrictions on Delegated Procedures

A homeopathic physician shall not delegate the following procedures to a registered medical assistant:

1. Psycho-therapeutic procedures, including individual or group psychotherapy, clinical hypnosis, or other behavioral health interventions subject to independent regulation in this state; or
2. Dispensing drugs, homeopathic agents, herbal products, natural products, or therapy devices if the supervising homeopathic physician has not obtained from the Board a dispensing permit.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1). Former R4-38-309 renumbered to R4-38-310; new R4-38-309 renumbered from R4-38-306 and amended by final rulemaking at 16 A.A.R. 178, effective March 6, 2010 (Supp. 10-1).

R4-38-310. Registration Not Transferable; Multiple Employers

- A.** The registration and job description of a medical assistant are not transferable from one employing homeopathic physician to another or from one medical assistant to another.
1. If a medical assistant changes from one employing homeopathic physician to another, the new employing homeopathic physician shall apply to the Board to register the medical assistant;
 2. If a homeopathic physician employs a new medical assistant, the homeopathic physician shall apply to the Board to register the new medical assistant.
- B.** A medical assistant may be employed by more than one homeopathic physician.
1. If the multiple homeopathic physicians by whom a medical assistant is employed are part of the same medical practice, they shall apply jointly under R4-38-306(D) to register the medical assistant;
 2. If the multiple homeopathic physicians by whom a medical assistant is employed are not part of the same medical practice, each shall apply under R4-38-306 to register the medical assistant.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1). Former R4-38-310 renumbered to R4-38-307; new R4-38-310 renumbered from R4-38-309 and amended by final rulemaking at 16 A.A.R. 178, effective March 6, 2010 (Supp. 10-1).

R4-38-311. Responsibilities of a Registered Medical Assistant

After approval by the Board, a registered medical assistant shall:

1. Perform only the homeopathic procedures and duties specified under R4-38-306(B)(2),
2. Wear a clearly labeled name tag stating the designation "medical assistant" and the specific homeopathic modality in which the registered medical assistant is approved to work, and
3. Ensure that any advertisement includes:
 - a. The designation "medical assistant,"
 - b. The name of the supervising physician, and
 - c. A clear indication of the supervised nature of the delegated procedures provided.

Historical Note

Adopted effective January 27, 1995 (Supp. 95-1). Section repealed, new Section made by final rulemaking at 16 A.A.R. 178, effective March 6, 2010 (Supp. 10-1).

R4-38-312. Unprofessional Conduct

The following conduct by a homeopathic physician who supervises a medical assistant is unprofessional conduct because the conduct does or might constitute a danger to the health, welfare, or safety of the patient or the public:

1. Obtaining board approval for a practical education program or supervision of the medical assistant under false pretenses,
2. Failing to adhere to a standard for supervision listed in R4-38-302(D),
3. Failing to register and maintain registration for the medical assistant as required by this Article,
4. Allowing the medical assistant to perform a procedure not specified in the medical assistant's Board-approved job description,
5. Delegating a procedure to an individual who is not registered with the Board or for whom the homeopathic physician has not obtained approval of a practical education program,
6. Holding out or representing that an unregistered individual for whom the homeopathic physician is providing an approved practical education program is a medical assistant, and
7. Failing to ensure that the medical assistant complies with A.R.S. § 32-2933 and this Article.

Historical Note

New Section R4-38-312 renumbered from R4-38-307 and amended by final rulemaking at 16 A.A.R. 178, effective March 6, 2010 (Supp. 10-1).

ARTICLE 4. APPLICATION AND RENEWAL PROCESS; TIME-FRAMES**R4-38-401. Definitions**

In this Article, the following terms apply:

1. "Application period" means 365 days, starting from the date an initial application and fee are received in the Board office under A.R.S. § 32-2912(F)(3) and (4).
2. "Deficiency notice" means a written, comprehensive list of missing information or documents.
3. "Prescribed fee" means a fee permitted by A.R.S. § 32-2914 or prescribed by R4-38-104.
4. "Serve" means sending the document by U.S. mail to the last address provided by the applicant.
5. "Staff" means any person employed or designated by the Board to perform administrative tasks.

Historical Note

Adopted effective September 24, 1998 (Supp. 98-3).

R4-38-402. Application; Initial License, Permit, or Registration

- A.** An applicant shall submit to the Board office a signed, notarized application form, the contents of which are described by A.R.S. Title 32, Chapter 29 and 4 A.A.C. 38; any supporting information required; and the prescribed fee. Within 90 days after receipt of an initial application package, staff shall finish an administrative completeness review.
1. If the application package is complete, staff shall serve the applicant with a written notice of administrative completeness informing the applicant of the date, time, and place of the Board's consideration of the application.
 2. If the application package is deficient, staff shall serve the applicant with a written deficiency notice. The 90-day time-frame for staff to finish the administrative completeness review is suspended from the date the deficiency notice is served until all missing information is received.

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- B.** Except as otherwise provided by law, the applicant shall provide all missing information within 180 days after the date on the deficiency notice, including information from other agencies, institutions, and persons. If the applicant has not already done so, the applicant shall take the written examination prescribed in R4-38-105 within the 180 days.
- C.** Within 90 days after receipt of a complete initial application package, the Board shall render a decision on the initial license, permit, or registration. The applicant shall undergo the oral examination and interview prescribed in R4-38-106 within the 90 days.
1. If the Board finds the applicant meets the licensing requirements, the Board shall grant a license effective on the date that the Board receives the license issuance fee. If no license fee is required, the Board shall grant the permit or registration, which is effective on the date granted.
 2. If the Board finds the applicant does not meet the licensing requirements, the Board shall issue a written notice of denial of license.
 3. If the Board determines that there are substantive deficiencies in the application, the Board shall serve a single comprehensive written request for additional information.
 4. The 90-day substantive review time-frame is suspended from the date on the request for additional information until the date that all requested information is received. Except as otherwise provided by law, the applicant shall provide the requested information within 60 days from the date on the notice.
- D.** If an applicant fails to provide the information required in subsections (B) and (C), the Board shall determine whether to deny the application or to consider it withdrawn under A.R.S. § 32-2912(F).
- shall submit to the Board a renewal application form, the contents of which are prescribed by A.R.S. Title 32, Chapter 29 and 4 A.A.C. 38, and the appropriate fees.
- B.** Within 30 days after receipt of a renewal application package, staff shall notify the applicant that the package is either complete or deficient.
1. If the application package is complete, staff may serve the applicant with a written notice of administrative completeness. If the notice of administrative completeness is not served within 30 days after receipt of a renewal application package, the package is deemed complete.
 2. If the renewal application package is deficient, staff shall serve the applicant with a written deficiency notice. The 30-day time-frame for staff to finish the administrative completeness review is suspended from the date the deficiency notice is served until all missing information is received.
- C.** Except as otherwise provided by law, an applicant for renewal shall provide all missing information within 10 days after the date on the deficiency notice or by the applicable deadline prescribed in A.R.S. § 32-2915, whichever is later.
- D.** Within 90 days of receipt of a complete renewal application package, the Board shall either issue a license renewed notice, showing the effective year of renewal, or conduct a substantive review of those renewal applications which, when considered alone or in conjunction with additional information, raise a concern that the applicant's conduct may be in violation of A.R.S. Title 32, Chapter 29. The Board shall investigate and resolve such a concern under A.R.S. § 32-2934.
- E.** If an applicant for renewal fails to provide the missing information required by subsection (C), the license, permit, or registration expires effective January 1 of the renewal year for which the application was made and the Board shall not refund any renewal fees paid for that year.

Historical Note

Adopted effective September 24, 1998 (Supp. 98-3).

R4-38-403. Application; Renewal of License, Permit, or Registration

- A.** On or before the deadlines prescribed in A.R.S. § 32-2915(D), an applicant for renewal of a license, permit or registration

Historical Note

Adopted effective September 24, 1998 (Supp. 98-3).