BUSINESS MEETING AGENDA

Monday, September 30, 2013
Mandalay Bay Hotel—Las Vegas, NV
Room—Surf E
2:30 P.M. – 4:00 P.M.

2:30 P.M. Call the Meeting to Order
Geraldine T. O'Shea DO, President

- Roll Call and Introductions
- Approval of Agenda
- Approval of AAOE Annual Meeting Minutes

2:40 P.M. Organizational Comments

- American Osteopathic Association
  Norman E. Vinn, DO, President;
  Adrienne White-Faines, MPA, Executive Director
- National Board of Osteopathic Medical Examiners
  Janice Knebl, DO, Chair; Wayne Carlson, DO, Vice Chair;
  John R. Gimpel, DO, President/CEO
- Federation of State Medical Boards
  Don Polk, DO, Chair-elect

2:55 P.M. AAOE Summit and Joint Meeting with Osteopathic International Alliance (OIA)

- Concurrent Session Agenda
  Geraldine T. O'Shea DO, AAOE President; Karen Nichols, DO, OIA Board Member; William Burke, DO, OIA Board Member
- Open Discussion on Business Meeting Agenda

3:15 P.M. New Business—*Fellows Only*
Geraldine T. O'Shea DO, President

- 2014 AAOE Annual Meeting; April 23, 2014—Denver
- FSMB Leadership Elections/Nominations; April 24-26, 2014—Denver
- Representative for OIA Meeting; Oct. 3-5, 2014—London
- Representative for IAMRA Meeting; Sept. 9-12, 2014—London

New Business—Continued

- Outreach to New Fellows
- State Issues Impacting Licensure/Licensing Boards
  - ACGME Comments – AAOE and NBOME
  - Pain Management
  - Amalgamation Update

4:00 P.M. Adjournment

MEETING MINUTES

Wednesday, April 17, 2013
Sheraton Boston Hotel—Boston, MA
7:30 PM – 9:15 PM

Members Present:
Dana Shaffer, DO, President, AAOE, Iowa Board of Medicine
Geraldine O'Shea, DO, Vice-President, AAOE, Osteopathic Medical Board of California
Scott Steingard, DO, Secretary- Treasurer, AAOE, Arizona Board of Osteopathic Examiners in Medicine and Surgery
James Andriole, DO, Immediate Past President, AAOE, Florida Board of Osteopathic Medicine
Anita M. Steinberg, DO, President, State Medical Board of Ohio
George Scott, DO, New Jersey State Board of Medical Examiners
Joseph Willett, DO, Chair, Complaint Review Committee, Minnesota Board of Medical Practice
Randel C. Gibson, DO, Vice President, Kentucky Board of Medical Licensure
Boyd R. Buser, DO, Board of Trustees, American Osteopathic Association
Ronald Burns, DO, Chair, Florida Board of Osteopathic Medicine
Anna Hayden, DO, Florida Board of Osteopathic Medicine
Jeremy Edmonds, DO, President-elect, New Mexico Board of Osteopathic Medical Examiners
Ernest Miller, DO, President, West Virginia Board of Osteopathy
James Griffin, DO, President, Rhode Island Board of Medical Licensure and Discipline
David Rydell, DO, Secretary-Treasurer, Maine Board of Osteopathic Licensure
Greg Hoverstein, DO, Chairperson, Iowa Board of Medicine
Donald Polk, DO, President, Tennessee Board of Osteopathic Examination
Joseph Provenzano, DO, President, Osteopathic Medical Board of California

AOA Staff/Leaders:
Sydney Olson, AOA Associate Executive Director, Advocacy and Government Relations
Linda Mascheri, Director, AOA Department of State, Affiliate & International Affairs
Nicholas A. Schilligo, MS, Director, AOA Division of State Government Affairs

I. Dana Shaffer, DO, called the meeting to order at 7:30 PM.

II. Dr. Shaffer presented the agenda for approval. James Andriole, DO, made a motion to approve the agenda; seconded by Anna Hayden, DO. The agenda was adopted unanimously.

III. Dr. Shaffer presented the January 5, 2013 meeting minutes and asked if any amendments would be offered. There were none. Dr. Andriole made a motion to approve the minutes; seconded by Dr. Steingard. The minutes were adopted unanimously.

IV. Dr. Shaffer moved to a discussion on resolutions being considered by the Federation of State Medical Boards (FSMB) House of Delegates. Ronald Burns, DO mentioned that he was chairing Reference Committee A and asked Dr. Shaffer if he would like him to present the resolutions being considered by this body. Dr. Shaffer agreed.

a. Dr. Burns discussed each resolutions and offered suggestions for improving several resolutions. Specifically, Dr. Burns proposed amendments that needed to be offered to address osteopathic components within Resolutions 13-2, 13-3 and the Report of the Maintenance of Licensure Workgroup on Clinically Inactive Physicians. These recommendations were discussed and adopted as the official position of the organization.
b. Dr. Shaffer presented and briefly discussed the resolutions under consideration by Reference Committee B. There was agreement that no changes or comments were needed on these resolutions.

V. Dr. Shaffer discussed candidates for various offices within the FSMB. The Chair-elect position was discussed at great length along with the other candidates for the Board of Directors. A slate of candidates was presented and a motion was made by George Scott, DO; seconded by Ernest Miller, DO. This slate was unanimously adopted. Candidates for the Board of Directors positions were then prioritized.

VI. Dr. Shaffer moved to AAOE office elections. A slate of candidates was presented by Dr. Shaffer on behalf of the Nominating Committee. Geraldine T. O'Shea, DO—President; Anna Z. Hayden, DO—Vice-President; Ernest E. Miller, DO—Secretary-Treasurer.

a. The slate of candidates was discussed and Dr. Shaffer asked if there were any other nominations. Seeing none he requested a motion to elect each nominee for the office recommended by the Nominating Committee.
b. Dr. Miller made a motion to elect Dr. O'Shea as President; seconded by Scott Steingard, DO. Dr. O'Shea was elected unanimously.
c. Joseph Willet, DO made a motion to elect Dr. Hayden as Vice-President; seconded by Boyd Buser, DO. Dr. Hayden was elected unanimously.
d. Dr. Andriole made a motion to elect Dr. Miller as Secretary-Treasurer; seconded by Dr. Scott. Dr. Miller was elected unanimously.
e. Dr. Shaffer congratulated the newly elected officers and presented the new leadership to the fellows in attendance.

VII. Dr. Shaffer discussed upcoming meetings of the AAOE.

a. The organization will meet briefly on September 30, 2013 as part of the OMED in Las Vegas, NV.
b. The AAOE Summit will be held on January 10-14, 2014 in Austin, TX. Dr. Shaffer announced that this meeting will include several joint sessions with the Osteopathic International Alliance, of which the AAOE is a member. Joint topics will include: revalidation, reentry, competency demonstration standards and social media.

VIII. Dr. Shaffer asked if there was any new business. Seeing none he recognized James Andriole, DO and Scott Steingard, DO for their service to the AAOE and the profession. He also mentioned that the AAOE was holding a recognition dinner on April 19th for John Crosby, JD in honor of his retirement and longstanding support of the AAOE.

IX. Dr. Shaffer, seeing no additional comments, asked for a motion to adjourn. Dr. Steingard made a motioned to adjourn; seconded by Dr. O'Shea. Motion was unanimously adopted.

X. Meeting adjourned at 9:07 PM.

Preliminary Schedule for OIA Austin Conference

Theme: Osteopathy: A Global Presence

When: 9-12 January 2014

Where: Austin, Texas, USA

The Committee believes it is important to have good multi-year theme that is somewhat vague, so that it can be built upon and that links to the Status Report, Stage 2 document, showing the profession as, instead of developing or growing, being an important part of the health care system in many countries. This theme and basic schedule can be used to build the individual programmes throughout the years.

Italics indicate OIA Board-only activities

Thurs, 9 Jan

13:00 – 17:00
OIA Board Meeting

19:00
OIA Board Dinner (TBA)

Fri, 10 Jan

08:30 – 12:00
OIA Board Meeting (including Strategic Planning)

12:00 – 13:30
Lunch

13:30 – 16:00
OIA Board Meeting Continued

16:00 – 17:00
Members' Open Session

Evening
AOA RECEPTION – NO OIA PROGRAMMING PLANNED

Sat, 11 Jan (PARTNER WITH AAOE)

08:30 – 9:00
Plenary Session Welcome

09:00 – 12:00
Keynote Presentations – 20 minute presentation by keynote, short discussion by supporting speakers with Q&A (*indicates keynote country)
9-10: Scope of Practise (NZ*, AU, DE or CH) *Emma Fairs, Chair OCNZ*
10-11: Regulation of Registration/Licensure (US*, DE, IT)
11-12: Revalidation (US*, UK, NL or BE)

12:00 – 13:30 Networking Lunch with OIA, AOA and AAOE attendees

Preliminary Schedule for OIA Austin Conference

13:30 – 15:30
Concurrent Workshops
Education: Hands-on how to revalidate
Regulation/Registration: Social Media, other topics

16:00 – 17:30
OIA Annual General Meeting

19:00 – 20:30
OIA Reception in the Austin Hilton
Status Report 2 Announcement at beginning of Reception

Sun, 12 Jan

8:30 – 8:45
Joint Session Welcome

8:45 – 9:30
Status Report on Osteopathy, Stage 2 Discussion (invite Dr. Zhang Qi)

9:30 – 10:50
Research Presentations
:40 John Licciardone, ORC – traditional research/lower back pain
:40 Dawn Carnes, NCOR – Practice/Clinic based research

10:50 – 11:00
Break

11:00 – 12:00
Education Accreditation (speakers from US, UK, AU, NZ)

12:00 – 13:00
Networking Lunch
New Board Member Orientation

13:00 – 15:00
Concurrent Workshops
Association Leadership and Management: will poll Ass'n members for topics, move among different stations
Research: "Creating an Effective International Research Network"

15:15 – 16:00
Closing Session & London Preview

TBA
Board Conference Follow Up Meeting

Review and Comment Form

The ACGME invites comments from the community of interest regarding the proposed requirements. Comments must be submitted electronically and must reference the requirements by line number and requirement number. **For focused revisions, only the section(s) of the requirements that is being revised is open for review and comment.**

Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Title of Program Requirements	ACGME Common Program Requirements

Select [X] only one	
Organization (consensus opinion of membership)	
Organization (compilation of individual comments)	
Review Committee	
Designated Institutional Official	
Program Director in the Specialty	
Resident/Fellow	
Other (specify):	X

Name	Geraldine T. O'Shea, DO
Title	President
Organization	American Association of Osteopathic Examiners

Add rows as necessary.

	Program Requirement Reference	**Comment(s)**
1	Line number(s): [313-324] Requirement number: [III.A.2]	See letter referenced in General Comments.
2	Line number(s): [352-354] Requirement number: [A.2.b) (3)]	See letter referenced in General Comments.
3	Line number(s): [ ] Requirement number: [ ]	
4	Line number(s): [ ] Requirement number: [ ]	

General Comments:

The attached provides the opinions and concerns of the American Association of Osteopathic Examiners.

American Association of Osteopathic Examiners

142 E. Ontario
Chicago, IL 60611

www.aaoe-net.org

312-202-8185
312-202-8485 fax

September 6, 2013

Accreditation Council on Graduate Medical Education
Committee on Requirements
515 North State Street, Suite 2000
Chicago, IL 60654

Dear Committee on Requirements:

The American Association of Osteopathic Examiners (AAOE) is the membership organization representing osteopathic physicians (DOs) serving on osteopathic and composite medical licensing boards throughout the United States. The AAOE supports the distinctiveness and integrity of osteopathic medicine and is the unified authority in matters that affect osteopathic medical licensure and discipline. AAOE members license and discipline both osteopathic and allopathic physicians, and serve to protect the public by evaluating the credentials of physicians seeking medical licensure in their jurisdiction. To this end, we request that you accept our comments on the American Council on Graduate Medical Education (ACGME) Common Program Requirements for Graduate Medical Education (GME) published for comment on August 19, 2013.

As members of licensing boards, AAOE members are charged with evaluating the credentials of physicians applying for a medical or osteopathic license in our jurisdictions. As representatives of the state licensing boards, it is our belief that both the ACGME and American Osteopathic Association (AOA) adhere to the highest educational and testing standards as they strive to accredit the highest quality GME programs. In the Common Program Requirements Revisions proposed to take effect July 1, 2015, the ACGME stated:

"Programs other than those accredited by ACGME/RCPSC lack accreditation oversight similar to that of ACGME…These Milestones are unknown for non-ACGME/RCPSC trained individuals."

The AAOE believes that the standards and oversight processes utilized by the AOA as they accredit Osteopathic Graduate Medical Education (OGME) adequately assure high quality postdoctoral training. Similar to ACGME programs, OGME programs accredited by the AOA operate within approved standards and adopt rules and regulations to ensure that training is of high quality and remains in the best interest of the public. While we recognize that the AOA's metrics may not be identical to those used by the ACGME, this does not mean that they are any less valid.

We applaud the ACGME for initiating a set of specialty specific milestones based on the six domains of core competence, and are aware that the AOA has implemented similar competencies that must be documented and met for residents to advance within their residency program. However, we are also well aware that while ACGME programs are charged with documented achievement of these milestones for each individual resident, there is no externally validated and objective summative assessment of each resident's skills and knowledge, other than well-established American Board of Medical Specialties (ABMS) and AOA board certification examinations that residents have historically taken. Since there is no externally validated objective assessment, we believe it is inappropriate to exclude a certain population of osteopathic medical graduates. Seeing that this is the

case, and that AOA uses similar standards and practices in accrediting OGME, we recommend that all osteopathic applicants continue to be eligible for ACGME training and fellowships without additional conditions.

In reviewing the licensing and educational credentials of physicians who have moved from one residency to another, we are very cognizant that educational gaps are common. These gaps can exist for a number of reasons, and it seems prudent that if the goal is raising educational standards and identifying gaps as residents move between residency or fellowship programs, that a validated system of standard assessment be required regardless of where or what program the resident originated, including from another ACGME program. This assessment could be based on the proposed "exceptionally qualified" candidate procedure.

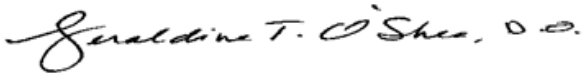
Finally, licensing board members are interested in making sure that licensure and certification examinations, which are developed to assess the qualifications for each specific profession, are used for their intended purpose. Just as allopathic students and physicians should be evaluated based on the examinations developed to assess their knowledge and abilities (United States Medical Licensing Examination—USMLE and ABMS member board certification examinations), osteopathic examinations (COMLEX-USA and AOA board certification examinations) should be used to do the same for osteopathic students and physicians. Accepting both USMLE and COMLEX-USA will allow residency programs to appropriately evaluate allopathic and osteopathic medical applicants based on their understanding and knowledge of the unique and distinctive philosophies for which they were taught. Evidence based decisions require the use of appropriate and validated professional assessment examinations. If comparisons need to be made between examinations, percentile ranks should be employed to make a reliable comparison between examinations.

All fifty states and the District of Columbia accept COMLEX-USA for licensure of osteopathic physicians and several require DO applicants to have passed all three levels of the exam. The Federation of State Medical Boards (FSMB) established a Special Committee to Evaluate Licensure Examinations which documents the validity of the USMLE and COMLEX-USA. The Committee's report found both examinations to be valid for their stated purposes (see FSMB Policy 120.009). Additionally, osteopathic medical students are required to pass COMLEX-USA Levels 1, 2-Cognitive Evaluation and 2-Performace Evaluation in order to graduate.

Establishing standards that do not recognize the work already completed and requiring osteopathic medical graduates to take additional examinations creates undue burdens on qualified applicants. These burdens will unnecessarily restrict access to residency and fellowship training positions. With looming workforce shortages and millions of newly insured patients seeking care through the Affordable Care Act, our country is in desperate need of qualified physicians. Restricting access to publically funded GME training programs will only create further physician workforce shortages. The AAOE therefore requests that any updates to the ACGME Common Program Requirements for GME universally recognizes COMLEX-USA as an equivalent assessment tool used to evaluate osteopathic physicians.

In summary, while we realize that our suggestions will require additional work on the part of all involved in the education of tomorrow's allopathic and osteopathic physicians, we also suggest that if the ultimate goal is to seriously raise GME standards, then just depending on ACGME Milestones and AOA Competencies will not get the job done. As members of the state licensing boards charged with protecting the citizens of our states, we are expecting that the GME community will collectively work to raise the quality of the entering physician workforce.

Respectfully submitted,



Geraldine T. O'Shea, DO
President

CC: Anna Z. Hayden, DO, AAOE, Vice-President
Ernest E. Miller, DO, AAOE, Secretary-Treasurer
Dana Shaffer, DO, AAOE Immediate Past President
Norman E. Vinn, DO, MBA, FACOFP, AOA President.
Adrienne E. White-Faines, MPA, AOA Executive Director
John Gimpel, DO, MEd, NBOME, President and CEO
Humayun Chaudhry, DO, FSMB, President and CEO

Review and Comment Form

The ACGME invites comments from the community of interest regarding the proposed requirements. Comments must be submitted electronically and must reference the requirements by line number and requirement number. **For focused revisions, only the section(s) of the requirements that is being revised is open for review and comment.**

Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

Title of Program Requirements	ACGME Common Program Requirements (focused revision proposed effective date: July 1, 2015)

Select [X] only one	
Organization (consensus opinion of membership)	
Organization (compilation of individual comments)	
Review Committee	
Designated Institutional Official	
Program Director in the Specialty	
Resident/Fellow	
Other (specify): Consensus Opinion of the NBOME; Invited by Baretta Casey, MD	X

Name	Janice A. Knebl, DO, MBA	John R. Gimpel, DO, MEd
Title	Chair	President & CEO
Organization	National Board of Osteopathic Medical Examiners (NBOME)	

Add rows as necessary.

	Program Requirement Reference	**Comment(s)**
1	Line number(s): [294-312] Requirement number: [III.A.1]	Resident Appointments-Eligibility Criteria
2	Line number(s): [313-328] Requirement number: [III.A.2]	Eligibility Requirements-Fellowship Programs
3	Line number(s): [352-354] Requirement number: [III.A.2.b).(3)]	Fellow Eligibility Exception
4	Line number(s): [ ] Requirement number: [ ]	

General Comments:

Thank you for your consideration of comments from stakeholder groups.

September 7, 2013

Baretta Casey, MD
Chair of the Board,
and Thomas Nasca, MD,
Chief Executive Officer
Accreditation Council for Graduate Medical Education
515 N. State Street
Chicago, IL 60654

Dear Dr. Casey and Dr. Nasca:

The National Board of Osteopathic Medical Examiners (NBOME) would like to thank you for the opportunity to provide comment on the most recent proposed focused revision of the ACGME Common Program Requirements (proposed revision date July 1, 2015).

As a fellow charter member of the Coalition of Physician Accountability, the NBOME appreciates the invitation to comment on the drafted changes as well as the many similarities in our organizations' mission statements and our core values. First incorporated in 1934, the NBOME mission is to protect the public by providing the means to assess competencies for osteopathic medicine and related health care professions. We have had the word "competencies" in our mission statement since 1991, and the NBOME's COMLEX-USA examination program, which is widely recognized for competency assessment for osteopathic physician licensure and other important secondary purposes, is linked to clearly outline "Fundamental Osteopathic Medical Competency Domains," complete with required elements and measurable outcomes. As organizations, the NBOME shares the following identical core values with the ACGME: Integrity, Excellence, Accountability, (Collaboration) Engagement of Stakeholders, (and our fifth is Patient Safety). In addition, the NBOME has solicited input from the ACGME on numerous initiatives, including offering membership on our NBOME Liaison Committee and our NBOME Blue Ribbon Panel on Enhancing COMLEX-USA.

We are aware that the ACGME and the American Osteopathic Association (AOA) have worked very closely together in the past two years to better understand each other and your respective GME accreditation systems, and that both have found that the similarities in standards, checkpoints/milestones, and outcomes have far outweighed any substantive differences. While there is yet to be shown clear evidence or data that the ACGME Next Accreditation System or the AOA GME accreditation system enhancements or the milestone/checkpoint systems will be superior in efficacy, quality, efficiency, or outcomes as compared to the current national standards of the ACGME or the AOA, we are optimistic that alignment and collaboration are keys to successful enhancements to further benefit the patients we serve. We also are aware that the two organizations

were unable to come to an agreement on a potential single, unified GME accreditation system at this time, but that each organization gained a newfound respect for one another and each other's commitment to quality patient care.

Our first comment on the proposed ACGME Common Program Requirements (proposed revision date July 1, 2015) is regarding proposed eligibility criteria for resident appointments, Requirement III.A.1 (lines 294-312). The NBOME asks that you reconsider this and include AOA-accredited residency programs, such that III.A.1 would now read,

> **"All prerequisite post-graduate clinical education required for entry into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, ACGME International-accredited residency programs, American Osteopathic Association (AOA)-accredited residency programs, or Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited residency programs in Canada."**

It is very likely that the number of osteopathic physicians in faculty positions and leadership roles as well as those in residency positions in ACGME-accredited residency programs far outweighs those from residency programs accredited by ACGME International or by RCPSC. United States medical students, residents, and attending physicians, MD and DO, practice together in the residency programs, hospitals, academic health centers, practices, and communities here in the United States and throughout the world. It seems only logical and defensible, then, that the ACGME should offer residents who trained in AOA-accredited residency programs the same consideration and opportunities afforded the graduates from outside of the United States, including the RCPSC and ACGME International programs. In the current shortfall of GME funding and the number of residency positions in the nation's ACGME-accredited and AOA-accredited residency programs, this seems logical and responsible to society from a cost and efficiency standpoint as well. The NBOME is also concerned with the possible unintended negative impact of the proposed disregard for non-ACGME-accredited training, particularly AOA-accredited GME training, on the nation's predicted physician workforce shortage, especially with the implementation of the Affordable Care Act.

With respect to proposed Requirement III.A.2 (lines 313-328), we would like once again to offer for consideration the amended Requirement, for the same reasons as above, also including recognition of residency training accredited by the AOA:

> **"All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an ACGME International-accredited residency program, an American Osteopathic Association (AOA)-accredited residency program, or an RCPSC-accredited residency program located in Canada."**

The NBOME would like to suggest that the Fellow Eligibility Requirement, III.A.2.b (lines 329-342), which recognizes that there are qualified physicians who receive high quality graduate medical education in AOA and other programs, and therefore could be granted eligibility or even deemed "exceptionally qualified," could potentially be broadened to

EXECUTIVE OFFICES & NATIONAL CENTER FOR CLINICAL SKILLS TESTING T 610.825.6551 F 610.825.9511 A 101 W. Elm Street | Suite 150 | Conshohocken | PA 19428
CORPORATE OFFICES T 773.714.0622 F 773.714.0631 A 8765 West Higgins Road | Suite 200 | Chicago | IL 60631-4174

provide exceptions for entry into any residency program (Requirement III.A.1), provided the oversight noted below is corrected.

We suppose that in drafting language for the Fellow Eligibility Requirement for Requirement III.A.2.b).(3) (lines 352-354), the committee simply made an oversight in suggesting to require "Satisfactory completion of the United States Medical Licensing Examination (USMLE) Steps 1, 2, and, if the applicant is eligible, 3." Should the ACGME desire to include a licensure examination requirement, the NBOME respectfully requests the following amended requirement,

> **"Satisfactory completion of the United States Medical Licensing Examination (USMLE) Steps 1, 2, and if the applicant is eligible, 3, or the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA) Levels 1, 2, and if the applicant is eligible, 3."**

COMLEX-USA is universally accepted for licensure for DOs in the United States, has been found to have evidence that has been judged to be "exemplary" for its validity by the Federation of State Medical Boards of the United States, is required for graduation with the DO degree in the United States, and is widely recognized and accepted by United States residency program directors (ACGME-accredited and AOA-accredited programs.) COMLEX-USA performance has been shown to correlate with performance in residency training programs in numerous specialties. Requiring an additional examination for DOs poses unnecessary financial hardship for osteopathic medical trainees, with the resultant expenses related to examination fees, travel, time away from clinical rotations, and test preparation activities. Educational indebtedness has been shown to drive young physicians away from underserved geographic areas and specialty areas of need, and this proposed language would likely further the burden on DO students and yield another significant unintended consequence of the proposed language.

Once again, thank you for your commitment to improving health care and for consideration of input from your colleagues. Your commitment to your core values of honesty and integrity, accountability and transparency, fairness and equity, and engagement of stakeholders are evident in your consideration here, and we hope will be even more so in your action. In the words of your compelling vision statement, we envision a world where all "Virtuous Physicians…place the needs and well-being of patients first."

Sincerely,

Janice A. Knebl, DO, MBA
Chair
NBOME Board of Directors

John R. Gimpel, DO, MEd
President & CEO
NBOME

EXECUTIVE OFFICES & NATIONAL CENTER FOR CLINICAL SKILLS TESTING T 610.825.6551 F 610.825.9511 A 101 W. Elm Street | Suite 150 | Conshohocken | PA 19428
CORPORATE OFFICES T 773.714.0622 F 773.714.0631 A 8765 West Higgins Road | Suite 200 | Chicago | IL 60631-4174

Continuing Medical Education

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Alabama	Code of Ala. § 34-24-336	AAC 540-X-14-.02; 545-X-5-.02	25	Calendar Year	AMA Category 1 credits or equivalent (includes AOA 1-A)	None	None	None	None	None
Alaska	AS § 08.64.312; § 08.01.100	12 AAC 40.200 through 40.240	50	2 year license renewal period	AMA Category 1, AOA Category 1 or 2, or equivalent	None	None	None	None	None
Arizona - Medical	ARS § 32-1434	AAC R4-16-102	40	2 calendar years preceding renewal	ACCME Category 1 or other activities	N/A	None	None	None	None
Arizona - Osteopathic	ARS § 32-1825	AAC R4-22-207	40	2 year license renewal period	AOA Category 1A or ACCME Category 1	At least 12 hours of AOA Category 1A; no more than 8 hours of AACME Category 1	None	None	None	None
Arkansas	ACA § 17-80-104	Ark. Admin. Code 060.00.1-17	20	1 year	AOA, AMA, or ACCME Category 1 or other activities	None	None	None	None	50% of total hours must be Category 1 in physician's primary practice area.

Continuing Medical Education

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
California - Medical	Cal. Bus. & Prof. Code § 2190; § 2190.1; § 2190.3; § 2190.5	16 CCR § 1336	50	2 years preceding license expiration date	AMA or CMA Category 1, AAFP, and others accepted by the Division of Licensing	N/A	None	None	All CME courses must include cultural and linguistic competency in the practice of medicine.[1]	Geriatrics required for some, pain management and end of life care required for most.[2]
California - Osteopathic	Cal. Bus. & Prof. Code § 3600; § 2454.5; § 2190; § 2190.1; § 2190.3; § 2190.5	16 CCR § 1635 through § 1639	150	3 calendar years	AMA Category 1, AOA Category 1 or 2, and others which meet statutory requirements	Minimum of 60 hours in AOA Category 1A or 1B	None	None	All CME courses must include cultural and linguistic competency in the practice of medicine.[1]	Geriatrics required for some, pain management and end of life care required for most.[2]
Colorado	CRSA § 12-36-123	3 CCR 713-22:120	Zero[3]	N/A	N/A	N/A	N/A	N/A	N/A	N/A

[1] In California, CME courses offered by a CME provider that is not located in state or which do not include a patient care component are not required to comply with the cultural competency requirement.

[2] In California, general internists and family physicians with more than 25% of patient population 65 and older must complete at least 20% of CME in geriatrics. All newly licensed physicians, except pathologists and radiologists, must complete 12 hours in pain management and end of life care within four years of their initial license or by their second renewal date, whichever occurs first.

[3] In Colorado, CME is not required except in cases of discipline by the Board, or reinstatement or reactivation of a license.

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Connecticut	CGSA § 20-10b	None	50	24 months preceding renewal	Must be in physician's practice area and reflect professional needs of the licensee in order to meet the health care needs of the public	None	None	None	At least one contact hour	At least one contact hour in each of the following: infectious diseases, risk management, sexual assault, and domestic violence.
D.C.	DC Code § 3-1205.10	17 DCMR § 4614	50	2 years preceding the date of license expiration	AMA Category 1	None	None	None	None	None
Delaware	24 Del. C. § 1723	24 Del. Admin. Code 1700-12.0	40	2 year license renewal period	AMA or AOA	None	None	None	None	Pending[4]
Florida – Medical	FSA § 458.319	FAC Rule 64B8-13.005	40	24 months preceding renewal	AMA Category 1 courses or other activities	N/A	None	None	None	Domestic violence, HIV/AIDS, and prevention of medical errors.[5]

[4] 24 Del. C. § 1723(c) was amended on August 1, 2010 to direct the division of Professional Regulation to require training on the recognition of child sexual and physical abuse, exploitation and domestic violence, and mandatory reporting obligations. These regulations do not appear to have been published as of May 2013.
[5] 2 hours domestic violence course required every third renewal; 1 hour of AMA Category I on HIV/AIDS required only upon first renewal.

Continuing Medical Education

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Florida - Osteopathic	FSA § 459.008	FAC Rule 64B15-13.001	40	24 months preceding renewal	AOA or AMA courses or other activities	20 hours of AOA Category 1-A related to the practice of osteopathic medicine or under osteopathic auspices	1 hour	1 hour on FL laws and rules	None	Risk management, prescribing controlled substances, prevention of medical errors, domestic violence, and HIV/AIDS.[6]

[6] 2 hours domestic violence course required every third renewal; 1 hour HIV/AIDS course required upon first renewal. Courses on risk management, Florida laws and rules, controlled substances, professional and medical ethics, and prevention of medical errors must be completed through live participatory attendance courses. One hour of risk management or professional and medical ethics may be fulfilled by attending at least three hours of disciplinary matters at a Board meeting.

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Georgia	OCGA § 43-34-26	Ga. Comp R. & Regs. 360-15-.01	40[7]	2 years of the license term	AMA, AOA, ACOG and ACEP Category 1 or AAFP Prescribed credit	None	None	None	None	Pain management or palliative medicine for some uncertified opioid prescribers.[8] *Board may establish minimum standards of CME for physicians that own or practice in a pain clinic.
Hawaii	HRS § 453-6	HAR § 16-85-34	100, consisting of either all Category 1 or 40 hours of Category 1 and 60 hours of Category 2	2 year license renewal period	Category 1 or 1A from AOA, AMA, or ACCME; Category 2 from other activities that fit AMA PRA definition	None	None	None	None	None

[7] In Georgia, up to 10 hours of required CME may be waived each biennium by providing uncompensated health care services, with four hours of work waiving one hour of CME credit.

[8] In Georgia, only physicians who do not hold a certification in pain management or palliative medicine and whose opioid pain management patients comprise 50% or more of their patient population must complete 20 hours of CME in these topics that is AOA or AMA Category I, board approved, or federally approved. This CME counts towards the 40 hour total.

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Idaho	IC § 54-1808	IDAPA 22.01.01.079	40	2 years	ACCME or AOA Category 1	None	None	None	None	All CME must be practice relevant.
Illinois	225 ILCS 60/20	68 Ill. Admin. Code 1285.110	150[9]	36 months preceding July 31 of the renewal year	ACCME, AOA, state societies and others recognized as formal CME sponsors	None	None	None	None	None
Indiana	IC 25-22.5-7-1	844 IAC 4-6-1	Zero	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Iowa	ICA § 147.10	IAC 653-11.4(272C); 653-11.1(272C)	40	2 year license renewal period	ACCME, IMS, AOA, ACOG, or AAFP approved Category 1	None	None	None	None	Identifying and reporting abuse, chronic pain management and end of life care.[10]

[9] In Illinois, a minimum 60 hours must come from formal programs and a maximum of 90 hours from informal programs or activities.

[10] In Iowa, physicians who regularly provide primary care to children must complete 2 hours of CME in child abuse identification and reporting every 5 years, and physicians who regularly provide primary care to adults must complete 2 hours of CME in dependent adult abuse identification and reporting every 5 years. A physician who regularly provides primary care to both adults and children (including all emergency physicians, family physicians, general practice physicians, internists and psychiatrists) may complete separate courses or one two hour course that includes curricula on both child and dependent adult abuse. A physician who regularly provides primary care (including all emergency physicians, family physicians, general practice physicians, internists, neurologists, pain medicine specialists and psychiatrists) must complete 2 hours of CME for chronic pain management and 2 hours of CME for end-of-life care every 5 years.

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Kansas	KSA 65-2809	KAR 100-15-5	50, 100, or 150	18, 30, or 42 months preceding license expiration[11]	Category 1 or 2, sponsoring or approving body not specified	None	None	None	None	All CME must be relevant to the practitioner's branch of the healing arts and either have a direct bearing on patient care, have a direct bearing on the person's ability to deliver patient care, or relate to the teaching, ethical, legal, or social responsibilities of a licensee.
Kentucky	KRS § 214.610	201 KY ADC 9:310	60, 30 of which must be Category 1	3 years	AOA or ACCME Category 1	None	None	None	None	HIV/AIDS, pain management[12]

[11] In Kansas, upon renewal a physician must certify that he or she (A) completed 50 credits, at least 20 Category 1 and the rest Category 2, within the preceding 18 months, (B) completed 100 credits, at least 40 Category 1 and the rest Category 2, within the preceding 30 months, or (C) completed 150 credits, at least 60 Category 1 and the rest Category 2, within the preceding 42 months.

[12] In Kentucky, physicians must complete 2 hours of approved HIV/AIDS courses every 10 years. Physicians authorized to prescribe or dispense controlled substances must complete 4.5 hours of CME related to the use of KASPER, pain management or addiction disorders.

Continuing Medical Education

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Louisiana	LSA-RS 37:1270	LAC 46 pt XLV § 445 through 449	20	1 year	AOA, ACCME, ABMS or AOA specialty board, AAFP, ACOG, or LSMS Category 1	None	None	Physicians renewing for the first time must complete a 2 hour in person orientation program on the Medical Practice Act, the Board, and its rules and regulations.	None	None
Maine - Medical	32 MRSA § 3280-A	ME ADC 02-373 Ch. 1 § 8	100, including at least 40 Category 1 and no more than 60 Category 2	24 months preceding license renewal	AMA, ACCME, or MMA	N/A	None	None	None	None
Maine - Osteopathic	32 MRSA § 2581	02-383 CMR Ch. 14 § 2	100	2 years preceding license renewal	AOA, AMA, or ACGME Category 1 or 2	40 hours must be osteopathic Category 1	None	None	None	None
Maryland	MD Code, Health Occupations, § 14-316	COMAR 10.32.01.09	50	2 years preceding license renewal	ACCME or ABMS Category 1	None	None	None	None	None

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Massachusetts	MGLA 112 § 51A	240 CMR 2.06	100, including at least 40 Category 1 and no more than 60 Category 2	2 year license renewal period	AOA, ACCME, AAFP Category 1; AOA or AMA Category 2	None	None	2 credits studying Board regulations in either Category 1 or 2.	None	Risk management, Board regulations, end of life care, clinical assessment, pain management, and EHR competency[13]
Michigan - Medical	MCLA 333.17033; 333.16204	MAC R. 338.2371 through 338.2382	150[14]	3 years preceding license renewal	Not specified, must be approved by the Board	N/A	None	None	None	Pain management[15]
Michigan - Osteopathic	MCLA 333.17533	MAC R. 338.91 through 338.99	150[16]	3 years preceding license renewal	AOA or ACCME	60 credits	None	None	None	Pain management[15]
Minnesota	MSA § 214.12	Minn. Rules Pt. 5605.0100; 5605.0300	75	3 years	AMA, AOA or RCPSC Category 1	None	None	None	None	None

[13] In Massachusetts, physicians must complete 10 credits in risk management, at least 4 of which are Category 1, and 2 credits studying end of life care issues in Category 1 or 2. Physicians who prescribe controlled substances must complete 3 credits in pain management training. The Board may also require a licensee to participate in a clinical skills or competency assessment, if any such programs exist. Beginning in 2015, physicians must demonstrate competency in the use of electronic health records (EHR), which may be done by adopting a federally qualified system, satisfying the requirements of the ONC, completing a three hour training program.

[14] In Michigan, allopathic physicians must complete at least 50% as Category 1 or Category 6, and may earn no more than 36 Category 2 credits, 48 Category 3 credits, 48 Category 4 credits, and 36 Category 5 credits.

[15] MCLA 333.16204 directs the Board to require pain management CME, but a rule specifying the number of required credits does not appear to exist.

[16] In Michigan, osteopathic physicians must complete 60 credits in Category 1 or Category 3, and may earn no more than 90 hours in subcategories of CME other than formal osteopathic education programs or postgraduate clinical training programs approved by the Board.

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Mississippi	None	Miss. Admin. Code 30-17-2610:2.1	40	2 year license renewal period	MSMA, AMA, ACCME, AOA, AAFP, ACOG Category 1 or 1A	None	None	None	None	5 hours pain management
Missouri	VAMS 334.075	20 CSR 2150-2.125	50[17]	2 calendar years preceding renewal	AOA, AMA, or AAFP Category 1 or 2	None	None	None	None	None
Montana	None	None	Zero	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nebraska	Neb. Rev. St. § 38-2026; § 38-2032	Neb. Admin. R. & Regs. Tit. 172, Ch. 88, § 016	50	2 years	AOA or ACCME Category 1	None	None	None	None	None
Nevada - Medical	NRS 630.253	NAC 630.153 through 630.155	40[18]	2 years	AMA or ACCME Category 1	N/A	2 hours	None	None	20 hours in licensee's specialty or scope of practice; new licensees must complete 4 extra hours on WMDs.
Nevada - Osteopathic	NRS 633.471	NAC 633.250	35, including 10 hours 1A	1 year	AOA or ACCME	None	None	None	None	None
New Hampshire	NH Rev. Stat. § 329:16-g	NH ADC MED 402.01	100, including 40 Category 1	2 year license renewal period	AMA PRA or equivalent NHOA	None	None	None	None	None

[17] In Missouri, a physician is deemed to satisfy the CME requirement if he or she completes 40 hours of AOA Category 1-A or AMA Category 1 which includes a post-test of the material covered.

[18] In Nevada, classes on geriatrics and gerontology are awarded twice the number of hours actually spent in class, up to a maximum of 8 CME credits.

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
New Jersey	NJSA 45:9-7.1; 45:9-7.3; 45:9-7.7	NJAC 13:35-6.15; 13:35-6.25	100, including at least 40 Category 1	2 year license renewal period	AMA, AOA, APMA, ACCME Category 1 or 2	None	None	None	6 hours[19]	2 credits in end of life care
New Mexico - Medical	NMSA 1978 § 61-6-21	NM Admin Code 16.10.4; 16.10.14	75	3 years	AMA Category 1 or NMMS certified	N/A	None	1 hour	None	Physician licensed to prescribe opioids must complete 5 hours on pain management.
New Mexico - Osteopathic	NMSA 1978 § 61-10-19	NM Admin Code 16.17.4	75	3 years	AOA or AMA Category 1 or NMOA/NMMS certified	None	None	None	None	None
New York	Public Health Law § 239	8 NYCRR 59.12 and 59.13; 10 NYCRR 92-1.1	No traditional CME required, physicians must complete subject-specific training	N/A	Training course must be approved by the state	None	None	None	None	Infection control course work or training every 4 years and 2 hours on child abuse identification and reporting every renewal period.

[19] In New Jersey, all colleges of medicine are required to provide instruction in cultural competency. Physicians licensed before 3/24/05 who did not receive this instruction must complete six hours of CME or equivalent post-secondary education on this topic for their next renewal after 3/24/08, in addition to other CME.

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
North Carolina	NCGSA § 90-14	21 NCAC 32 R .0101; .0102	60	3 years	AOA, ACCME, AMA, ABMS, RCPSC, or state medical society Category 1	None	None	None	None	CME must be relevant to the physician's specialty or area of practice.
North Dakota	NDCC § 43-17-27.1	NDAC 50-04-01-01	60	3 years	AOA, AMA, AAFP, RCPSC, or other approved Category 1	None	None	None	None	None
Ohio	RC § 4731.281	OAC 4731-10-02, 4731-10-08	100, including 40 Category 1	2 year CME period	OSMA, OOA, or OPMA Category 1 or 2	None	None	None	None	None
Oklahoma - Medical	59 Okl. St. Ann. § 495a.1	Okla. Admin Code 435:10-15-1	60	3 years	AMA, OSMA, AAFP, or other recognized Category 1	N/A	None	None	None	None
Oklahoma - Osteopathic	59 Okl. St. Ann. § 495a.1	Okla. Admin Code 510:10-3-8	16	1 year	AOA Category 1A	All CME must be AOA approved	None	None	None	1 credit in prescribing controlled substances every 2 years.

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Oregon	None	OAR 847-008-0070 and -0075	60	2 years	AOA, AMA, APMA, AAPA Category 1	None	None	None	*Cultural competency requirements will be adopted by January 1, 2017.	1 hour pain management and 6 hours in pain management or end of life.
Pennsylvania - Medical	63 PS § 422.25	49 Pa. Code § 16.19	100, including 20 AMA Category 1	2 year license renewal period	AMA Category 1 or 2	N/A	None	None	None	12 credits of AMA Category 1 or 2 patient safety and risk management.
Pennsylvania - Osteopathic	63 PS § 271.10	49 Pa. Code § 25.271	100	2 year license renewal period	AOA, ACCME, or AMA Category 1 or 2	At least 20 AOA 1-A	None	None	None	12 credits of Category 1 or 2 patient safety or risk management.
Rhode Island	Gen. Laws 1956 § 5-37-2.1	RI Admin. Code 31-5-41:6.0	40	2 years	AOA or AMA Category 1	None	None	None	None	2 credits in current public health topics.
South Carolina	Code 1976 § 40-47-40	None	40	2 year license renewal period	AOA, AMA, or other approved Category 1	None	None	None	None	None
South Dakota	None	None	Zero	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Continuing Medical Education

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Tennessee – Medical	TCA § 63-6-233	Tenn. Comp. R. & Regs. 0880-02-.19; 1200-34-01-.09	40	2 years preceding renewal	ACCME, AMA, or AAFP	N/A	None	None	None	1 credit in prescribing practices; pain management providers must complete 10 hours related to pain management.
Tennessee - Osteopathic	TCA § 63-6-233	Tenn. Comp. R. & Regs. 1050-02-.12; 1200-34-01-.09	40	2 years preceding license renewal	AOA, ACCME, or AAFP Category 1 or 2	All CME must be defined by AOA as Category 1A, 2A and/or 1B	None	None	None	1 credit in prescribing practices; pain management providers must complete 10 hours related to pain management.
Texas	VTCA Occupations Code § 156.051; § 155.003	22 TAC tit. 22 § 166.2; 22 TAC tit. 22, § 195.4	48, half must be formal courses	24 months	AOA, AMA, ACCME Category 1 or 1A, AAFP, TMA or other Board approved formal courses	None	2 formal credits	Exam required for initial licensure, not renewal.	None	Pain management, treatment of tick-borne diseases encouraged.[20]

[20] In Texas, a physician whose practice includes the treatment of tick-borne diseases should complete formal CME in the treatment of tick-borne diseases. All pain management clinic personnel must complete ten hours of CME related to pain management each year.

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Utah - Medical	UCA 1953 § 58-67-304	UAC R156-67	40, including 34 ACCME Category 1	2 year license renewal period	ACCME or Division of Occupational and Professional Licensing	N/A	None	None	None	All CME must be relevant to licensee's professional practice.
Utah - Osteopathic	UCA 1953 § 58-68-304	UAC R156-68	40, including 34 AOA or ACCME Category 1	2 year license renewal period	AOA, ACCME, or Division	None	None	None	None	All CME must be relevant to licensee's professional practice.
Vermont - Medical	26 VSA § 1400	Vt. Admin Code 12-5-200:22	30	2 year license renewal period	AMA PRA Category 1 only	N/A	None	None	None	1 hour of hospice, palliative care, or pain management. Prescribers of controlled substances must complete 1 hour on safe and effective prescribing. All other CME must be designed for the physician's area of practice and other fields for which referrals may be appropriate.

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Vermont – Osteopathic	26 VSA § 1836	Vt. Admin Code 20-4-1300:2.3	30	2 year license renewal period	Not specified	40% must be osteopathic	None	None	None	None
Virginia	VA Code Ann. § 54.1-2912.1	18 VAC 85-20-235; 18 VAC 85-20-330	60, half must be Type 1	2 year license renewal period	Accredited or sanctioned by the profession	None	None	None	None	Type 2 credits must be in ethics, standards of care, patient safety, new medical technology, or patient communication. Physicians who administer office-based anesthesia without an anesthesiologist or CRNA must complete 4 hours related to anesthesia.
Washington – Medical	RCWA 18.71.080	WAC 246-919-430 through 246-919-460	200	48 month period preceding application for license renewal	ACCME or WSMA Category 1[21]	N/A	None	None	None	None

[21] In Washington, allopathic physicians may complete a limited number of non-Category 1p to 80 credits may be earned by attending non-accredited programs; up to 80 credits may be earned by teaching other physicians or allied health professionals; up to 80 credits may be earned through books, papers, publications or exhibits; up to 80 credits may be earned through self-directed activities.

State	Statute	Regulation	Total CME Credit Hours	CME Period	Approved Credit Type	Osteopathic CME	Ethics	Medical Jurisprudence	Cultural Competence	Other requirements
Washington - Osteopathic	RCWA 18.57.050	WAC 246-853-060 through 246-853-080	150, including 60 Category 1	36 month period preceding application for license renewal	Nationally recognized osteopathic or medical institutions[22]	None	None	None	None	None
West Virginia - Medical	W. Va. Code § 30-3-12	W. Va. Code St. R. § 11-6-2, § 11-6-3	50	2 year license renewal period	AMA or AAFP Category 1 and alternates approved by the Board	N/A	None	None	None	30 credits must be related to physician's area or areas of specialty; 3 credits drug diversion[23]
West Virginia - Osteopathic	W. Va. Code § 30-14-10	W. Va. Code St. R. § 24-1-15	32, half of which must be Category 1 or standard heart saver courses	2 year license renewal period	AOA	All CME must be AOA approved	None	None	None	Drug diversion[23]
Wisconsin	WSA 448.13	WAC Med 13.02, 13.03	30	2 preceding calendar years	AOA, AMA, ACCME Category 1 or equivalent[24]	None	None	None	None	None
Wyoming	WS 1977 § 33-26-305	WY Rules and Regs. AI BM Ch. 3§ 7	60	3 years	AOA or AMA Category 1 or 2	None	None	None	None	None

[22] In Washington, osteopathic physicians may complete a limited number of non-Category 1 credits: 15 1-B credits; 45 1-C credits; 90 2-A credits; 33 2-B credits; 20 2-C credits.

[23] Beginning May 1, 2014, West Virginia physicians who do not attest that they have not prescribed, administered or dispensed a controlled substance during the previous reporting period must complete at least three hours of training on drug diversion and best practice prescribing of controlled substances.

[24] In Wisconsin, physicians who specialize in psychiatry may also earn CME credit by providing voluntary, uncompensated assistance to the Department of Health Services in the evaluation of community outpatient mental health programs, with four hours of assistance equaling one hour of CME.