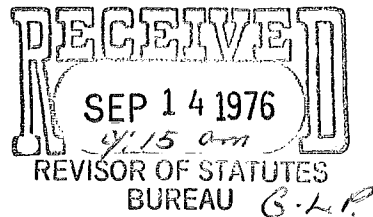


med 1 to 50

CERTIFICATE

STATE OF WISCONSIN)
MEDICAL EXAMINING BOARD)



TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Deanna Zychowski, Executive Secretary of the Wisconsin Medical Examining Board and custodian of the official records of said board, do hereby certify that the annexed rules and regulations relating to regular license to practice medicine and surgery, temporary license to practice medicine and surgery, visiting professor license, camp physician or locum tenens license, temporary educational permit, physician's assistants, denial of license: notice and hearing, unprofessional conduct defined, abortions, and procedures for investigation and hearing, were duly approved and adopted by this board on July 17, 1976.

I further certify that said copy has been compared by me with the original on file in this board and the same is a true copy thereof, and of the whole of such original.

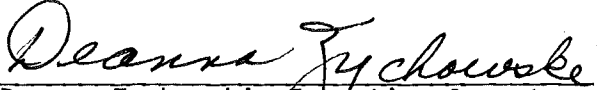
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the board at the Capitol in the city of Madison, this 13th day of September, 1976

Deanna Zychowski
Deanna Zychowski, Executive Secretary

ORDER OF THE MEDICAL EXAMINING BOARD ADOPTING RULES

Pursuant to authority vested in the Medical Examining Board by Section 448, Wis. Stats., the Medical Examining Board hereby repeals Chapters Med 1,2,3,4,5,6,7,11,12,13,15,16,17,18, and 50 and recreates Chapters Med 1,2,3,4,5,8,9,10,11 and 12 attached hereto.

The rules contained herein shall take effect as provided in Section 227.026 Wis. Stats.


Deanna Zychowski, Executive Secretary

WISCONSIN ADMINISTRATIVE CODE
RULES OF THE MEDICAL EXAMINING BOARD
CHAPTER MED 1

LICENSE TO PRACTICE MEDICINE AND SURGERY UNDER SECTION 448.04(1)(a), WIS
STATS. ("REGULAR LICENSE")

Med 1.01 Authority and Purpose.

Med 1.02 Applications and Credentials.

Med 1.03 Translation of Documents.

Med 1.04 Application Deadline.

Med 1.05 Fees.

Med 1.06 Examinations.

Med 1.07 Conduct of Examinations.

Med 1.08 Failure and Re-examinations.

Med 1.01 Authority and Purpose. The rules in this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by s. 15.08(5), 227.08, and 448.40 Wis Stats, and govern application and examination for license to practice medicine and surgery under s. 448.04(1)(a) Wis Stats, (hereinafter "regular license").

Med 1.02 Applications and Credentials. Every person applying for regular license to practice medicine and surgery shall make application therefor on forms provided for this purpose by the board and shall submit to the board the following:

- (1) A completed and verified application form.

(2) Verified documentary evidence of graduation from a medical or osteopathic school approved by the board and a verified photographic copy of the diploma conferring the degree of doctor of medicine or doctor of osteopathy granted to the applicant by such school. The board recognizes as approved those medical or osteopathic schools recognized and approved at the time of the applicant's graduation therefrom by the Council on Medical Education and Hospitals of the American Medical Association, or the American Osteopathic Association, or the Liaison Committee on Medical Education, or successors. If an applicant is not a graduate of a medical school approved by the board, but is a graduate of a medical school recognized and listed as such by the World Health Organization of the United Nations, such applicant shall submit verified documentary evidence of graduation from such school and a verified photographic copy of the diploma conferring the degree of doctor of medicine or equivalent degree as determined by the board granted to the applicant by such school and also verified documentary evidence of having passed the examinations conducted by the Educational Council for Foreign Medical Graduates or successors, and shall also present for the Board's inspection the originals thereof, and if such medical school requires either social service or internship or both of its graduates, and if the applicant has not completed either such required social service or internship or both, such applicant shall also submit verified documentary evidence of having completed a twelve month supervised clinical training program under the direction of a medical school approved by the board.

(3) A verified certificate showing satisfactory completion by the applicant of 12 months' postgraduate training in a facility approved by the board. The board recognizes as approved those facilities and training pro-

grams recognized as approved at the time of the applicant's service therein by the Council on Medical Education of the American Medical Association, or the American Osteopathic Association, or the Liaison Committee on Graduate Medical Education, or the National Joint Committee on Approval of Pre-Registration Physician Training Programs of Canada, or successors. If an applicant is a graduate of a foreign medical school not approved by the board and if such applicant has not completed 12 months' postgraduate training in a facility approved by the board, but such applicant has had other professional experience which the applicant believes has given that applicant education and training substantially equivalent, such applicant may submit to the board documentary evidence thereof. The board will review such documentary evidence and may make such further inquiry including a personal interview of the applicant as the board deems necessary to determine that such substantial equivalence in fact exists. The burden of proof of such equivalence shall lie upon the applicant. If the board finds such equivalence, the board may accept this in lieu of requiring that applicant to have completed 12 months' postgraduate training in a program approved by the board.

(4) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken not more than 60 days prior to the date of application and bearing on the reverse side the statement of a notary public that such photograph is a true likeness of the applicant.

(5) A verified statement that the applicant is familiar with the state health laws and the rules of the Department of Health and Social Services as related to communicable diseases.

Med 1.03 Translation of Documents. If any of the documents required

under this chapter are in a language other than English, the applicant shall also submit a verified English translation thereof, and the cost of such translation shall be borne by the applicant.

Med 1.04 Application Deadline. The fully completed application and all required documents must be received by the board at its office not less than three weeks prior to the date of examination.

Med 1.05 Fees. The required fees must accompany the application, and all remittances must be made payable to the Wisconsin Medical Examining Board.

Med 1.06 Examinations.

(1) Examinations are both written and oral and are conducted only in the English language. The written and oral examinations are scored separately, and each applicant must achieve passing grades on both the written and the oral examinations to become qualified for grant of license.

(2) The board will notify each applicant found eligible for examination of the time and place scheduled for that applicant's examinations. Failure of an applicant to appear for examinations as scheduled will void that applicant's application and require the applicant to reapply for licensure, unless prior scheduling arrangements have been made with the board by the applicant.

(3) The board administers the FLEX examination as its written examination and requires a weighted average score of 75.0 or better based on all three parts of the examination taken at a single session as reported by the FLEX Administrative Offices as passing grade.

(a) An applicant who has achieved a weighted average score of 75.0 or better on the FLEX examination based on all three parts of the examination

taken at a single session in another licensing jurisdiction of the United States or Canada may submit to the board verified documentary evidence thereof, and the board will accept this in lieu of requiring further written examination of the applicant.

(b) An applicant who has passed all three parts of the examinations of either the National Board of Medical Examiners or the National Board of Examiners for Osteopathic Physicians and Surgeons may submit to the board verified documentary evidence thereof, and the board will accept this in lieu of requiring further written examination of the applicant.

(c) An applicant who has received passing grades in written examinations for a license to practice medicine and surgery conducted by another licensing jurisdiction of the United States or Canada may submit to the board verified documentary evidence thereof. The board will review such documentary evidence to determine whether the scope and passing grades of such examinations are substantially equivalent to those of this state at the time of the applicant's examination, and if the board finds such equivalence, the board will accept this in lieu of requiring further written examination of the candidate. The burden of proof of such equivalence shall lie upon the applicant.

(4) Oral examinations of each applicant are conducted by members of the board, and are scored as pass or fail.

Med 1.07 Conduct of Examinations.

(1) At the opening of the examinations each applicant will be assigned a number which shall be used by the applicant on all examination papers, and neither the name of the applicant nor any other identifying marks shall appear on any such papers.

(2) At the opening of the examinations the proctor will read and distribute to the assembled applicants the rules of conduct to be followed during the course of the examinations. Any violation of these rules of conduct by any applicant will be cause for the board to terminate the examination of such applicant and to exclude such applicant from continuing the examinations, and will also be cause for the board to find that such applicant has failed the examinations.

Med 1.08 Failure and Re-examination. An applicant who fails to achieve a passing grade in the examinations required under this chapter may apply for re-examination on forms provided for that purpose by the board. For each such re-examination the application therefor shall be accompanied by the re-examination fee. An applicant who fails to achieve a passing grade in the examinations required under this chapter may be re-examined twice at not less than four month intervals, and if such applicant fails to achieve a passing grade on the second such re-examination, that applicant shall not be admitted to further examination until such applicant reapplies for licensure and also presents to the board evidence of further professional training or education as the board may deem appropriate in such applicant's specific case.

WISCONSIN ADMINISTRATIVE CODE
RULES OF THE MEDICAL EXAMINING BOARD
CHAPTER MED 2

TEMPORARY LICENSE TO PRACTICE MEDICINE AND SURGERY UNDER SECTION 448.04(1)

(b)1, WIS STATS. ("TEMPORARY LICENSE PRIOR TO REGULAR LICENSE")

Med 2.01 Authority and Purpose.

Med 2.02 Applications, Credentials, Eligibility, and Issuance.

Med 2.03 Fees.

Med 2.04 Expiration.

Med 2.05 No Renewal Provision.

Med 2.01 Authority and Purpose. The rules in this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by s. 15.08(5), 227.08, and 448.40, Wis Stats, and govern application for, and issuance of, temporary license to practice medicine and surgery as provided in s. 448.04(1)(b)1, Wis Stats (hereinafter "temporary license prior to regular license").

Med 2.02 Applications, Credentials, Eligibility, and Issuance. An applicant who is a graduate of a medical school in this state, or of whom the board will require no further examination under the provisions of ch. Med 1.06(3) Wis Adm Code, may make application to the board for temporary license prior to regular license to practice medicine and surgery. In either case, such applicant shall have submitted to the board the application and documents required under ch. Med 1 Wis Adm Code for regular license to practice medicine and surgery, and shall in addition submit to the board an application for temporary license prior to regular license on forms provided for that purpose by the board. Such application shall be made not less than 30 days prior to

the date set by the board for the holding of its next examinations for regular licensure. The application and required documents for regular license to practice medicine and surgery and the application for temporary license prior to regular license will be reviewed by two officers of the board. In the case of an applicant of whom the board will require no further written examination, upon the finding of such two officers of the board that such applicant is qualified for regular license except for having taken and passed the oral examination required under ch. Med 1.06 Wis Adm Code, the board, acting through such two officers, may issue a temporary license prior to regular license to practice medicine and surgery to such applicant. In the case of an applicant who is a graduate of a medical school in this state, upon the finding of such two officers of the board that such applicant is eligible for admission to examination for regular license under ch. Med 1.06 Wis Adm Code, the board, acting through such two officers, may issue a temporary license prior to regular license to practice medicine and surgery to such applicant.

Med 2.03 Fees. The required fees must accompany the application, and all remittances must be made payable to the Wisconsin Medical Examining Board.

Med 2.04 Expiration. A temporary license prior to regular license to practice medicine and surgery granted under this chapter shall expire by its terms 60 days after the next examination for regular license is given by the board, or on the date following the examination of an applicant therefor on which the board grants or denies such applicant a regular license to practice medicine and surgery, whichever occurs first; but temporary license prior to regular license to practice medicine and surgery shall automatically expire on the first day the board begins its examination of applicants for regular

license to practice medicine and surgery after issuing such license, unless its holder submits to examination on such date.

Med 2.05 No Renewal Provision. A temporary license prior to regular license to practice medicine and surgery shall be issued only once to the same person.

WISCONSIN ADMINISTRATIVE CODE
RULES OF THE MEDICAL EXAMINING BOARD
CHAPTER MED 3

TEMPORARY LICENSE TO PRACTICE MEDICINE AND SURGERY UNDER SECTION 448.04(1)(b)2.
("VISITING PROFESSOR LICENSE")

Med 3.01 Authority and Purpose.

Med 3.02 Applications, Credentials, and Eligibility.

Med 3.03 Fees.

Med 3.04 Practice Limitations.

Med 3.05 Expiration and Renewal.

Med 3.01 Authority and Purpose. The rules in this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by s. 15.08(5), 227.08, and 448.40, Wis Stats, and govern application for temporary license to practice medicine and surgery under s. 448.04(1)(b)2, Wis Stats, (hereinafter "visiting professor license"), and also govern practice thereunder.

Med 3.02 Applications, Credentials, and Eligibility. An applicant who is a graduate of a foreign medical school located outside of the United States or Canada and who is invited to serve on the academic staff of a medical school in this state as a visiting professor may apply to the board for a temporary visiting professor license and shall submit to the board the following:

(1) A completed and verified application form supplied by the board for this purpose.

(2) A letter from the appointing authority of a medical school in this state indicating that the applicant has been invited to serve on the aca-

demic staff of such medical school as a visiting professor.

(3) A curriculum vitae setting out the applicant's education and qualifications.

(4) A photograph of the applicant as required in ch. Med 1.02(4) Wis Adm Code.

(5) A verified statement that the applicant is familiar with the state health laws and the rules of the Department of Health and Social Services as related to communicable diseases.

Med 3.03 Fees. The required fees must accompany the application, and all remittances must be made payable to the Wisconsin Medical Examining Board.

Med 3.04 Practice Limitations. The holder of a temporary visiting professor license may practice medicine and surgery as defined in s. 448.01(9), Wis Stats, providing such practice is full-time and is entirely limited to the duties of the academic position to which the holder of such license is appointed.

Med 3.05 Expiration and Renewal. A temporary visiting professor license shall expire two years after the date of its issuance, and may be renewed for additional two year periods at the discretion of the board.

WISCONSIN ADMINISTRATIVE CODE
RULES OF THE MEDICAL EXAMINING BOARD
CHAPTER MED 4

TEMPORARY LICENSE TO PRACTICE MEDICINE AND SURGERY UNDER SECTION 448.04

(1)(b)3. ("CAMP PHYSICIAN OR LOCUM TENENS LICENSE")

Med 4.01 Authority and Purpose.

Med 4.02 Applications, Credentials, and Eligibility.

Med 4.03 Issuance.

Med 4.04 Fees.

Med 4.05 Practice Limitations.

Med 4.06 Expiration and Renewal.

Med 4.01 Authority and Purpose. The rules in this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by s. 15.08(5), 227.08, and 448.40, Wis Stats, and govern application for, and issuance of, temporary license to practice medicine and surgery under s. 448.04(1)(b)3, Wis Stats, (hereinafter "camp physician or locum tenens license"), and also govern practice thereunder.

Med 4.02 Applications, Credentials, and Eligibility. An applicant who holds a valid license to practice medicine and surgery issued by another licensing jurisdiction of the United States or Canada may apply to the board for temporary camp physician or locum tenens license and shall submit to the board the following:

(1) A completed and verified application form supplied by the board for this purpose.

(2) A letter from a physician licensed to practice medicine and surgery in this state requesting the applicant's services, or a letter from a camp

organization or other recreational facility of this state requesting the applicant's services.

(3) A verified photostatic copy of a license to practice medicine and surgery in another licensing jurisdiction of the United States or Canada issued to the applicant and verified documentary evidence of the applicant's current eligibility to practice under that license in that jurisdiction.

(4) A recent photograph of the applicant as required under ch. Med 1.02 (4) Wis Adm Code.

(5) A verified statement that the applicant is familiar with the state health laws and the rules of the Department of Health and Social Services as related to communicable diseases.

Med 4.03 Issuance. The application and documentary evidence submitted by the applicant will be reviewed by two officers of the board, and if such two officers of the board find the applicant qualified, the board, acting through such two officers, may issue a temporary camp physician or locum tenens license to the applicant.

Med 4.04 Fees. The required fees must accompany the application, and all remittances must be made payable to the Wisconsin Medical Examining Board.

Med 4.05 Practice Limitations. The holder of a temporary camp physician or locum tenens license may engage in the practice of medicine and surgery as defined in s. 448.01(9), Wis Stats, providing such practice is confined to the camp or recreational facility or geographical area for which the license is issued.

Med 4.06 Expiration and Renewal. A temporary camp physician or locum tenens license shall expire 90 days from the date of its issuance. For cause shown to the satisfaction of two officers of the board, the board, acting

through such two officers, may renew such temporary license for additional periods of 90 days each, but no such license may be renewed more than three consecutive times.

WISCONSIN ADMINISTRATIVE CODE
RULES OF THE MEDICAL EXAMINING BOARD
CHAPTER MED 5

TEMPORARY EDUCATIONAL PERMIT TO PRACTICE MEDICINE AND SURGERY UNDER s. 448.04(1)

(c). ("TEMPORARY EDUCATIONAL PERMIT")

Med 5.01 Authority and Purpose.

Med 5.02 Applications, Credentials, and Eligibility.

Med 5.03 Fees.

Med 5.04 Practice Limitations.

Med 5.05 Revocation.

Med 5.06 Expiration and Renewal.

Med 5.01 Authority and Purpose. The rules in this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by s. 15.08(5), 227.08, and 448.40, Wis Stats, and govern application for temporary educational permit to practice medicine and surgery under s. 448.04(1)(c), Wis Stats, (hereinafter "temporary educational permit"), and also govern practice thereunder.

Med 5.02 Applications, Credentials, and Eligibility. An applicant who has been appointed to a postgraduate training program in a facility in this state approved by the board under the provisions of ch. Med 1.02(3) Wis Adm Code may apply to the board for a temporary educational permit to practice medicine and surgery and shall submit to the board the following:

(1) A completed and verified application form supplied by the board for this purpose. These application forms are furnished by the board to the directors of training programs in approved facilities in this state and are available to

the applicant from such directors.

(2) The documentary evidence and credentials required under ch. Med 1.02(2), (4), and (5).

Med 5.03 Fees. The required fees must accompany the application, and all remittances must be made payable to the Wisconsin Medical Examining Board.

Med 5.04 Practice Limitations. The holder of a temporary educational permit to practice medicine and surgery may, under the direction of a person licensed to practice medicine and surgery in this state, perform services requisite to the training program in which that holder is serving. Acting under such direction, the holder of such temporary educational permit shall also have the right to prescribe drugs other than narcotics and to sign any certificates, reports or other papers for the use of public authorities which are required of or permitted to persons licensed to practice medicine and surgery. The holder of such temporary educational permit shall confine his training and entire practice to the facility in which he is taking the training and to the duties of such training.

Med 5.05 Revocation. Violation by the holder of a temporary educational permit to practice medicine and surgery of any of the provisions of this chapter or of any of the provisions of the Wisconsin Administrative Code or of Chapter 448 of the statutes which apply to persons licensed to practice medicine and surgery shall be cause for the revocation of such temporary educational permit.

Med 5.06 Expiration and Renewal. Temporary educational permits granted under this chapter shall expire one year from date of issuance and for cause shown to the satisfaction of the board may be renewed annually for not more than four such renewals, and the renewal fee shall be paid for each such renewal.

WISCONSIN ADMINISTRATIVE CODE
RULES OF THE MEDICAL EXAMINING BOARD
CHAPTER MED 8

PHYSICIAN'S ASSISTANTS

- Med 8.01 Authority and Purpose.
- Med 8.02 Definitions.
- Med 8.03 Council; Powers, Meetings, Records.
- Med 8.04 Certifying Educational Programs.
- Med 8.05 Practice: Scope and Limitations.
- Med 8.06 Practice in Remote Location.
- Med 8.07 Employe Status.
- Med 8.08 Supervising Physician: Limitations and Responsibility.
- Med 8.09 Transfer of Responsibility.
- Med 8.10 Qualification, Application, Examination, Re-examination.
- Med 8.11 Exclusions.

Med 8.01 Authority and Purpose. The rules in this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by s. 15.08(5), 227.08, and 448.40, Wis Stats, and govern the certification and regulation of physician's assistants.

Med 8.02 Definitions.

- (1) "Board" means the Medical Examining Board.
- (2) "Council" means the council on physician's assistants.
- (3) "Certificate" means documentary evidence issued by the board to applicants for certification as a physician's assistant who meet all of the requirements of the board.
- (4) "Educational program" means a program for educating and preparing physician's assistants which is approved by the board.

(5) "Individual" means a natural person, and does not include the terms firm, corporation, association, partnership, institution, public body, joint stock association, or any other group of individuals.

(6) "Supervision" means to co-ordinate, direct, and inspect continually and at first hand the accomplishments of another, or to oversee with powers of direction and decision the implementation of one's own or another's intentions.

(7) "Patient Services" means any or all of the following:

(a) The initial approach to a patient of any age in any setting to elicit a personal medical history, perform an appropriate physical examination, and record and present pertinent data in a manner meaningful to the physician.

(b) Performing, or assisting in performing, or both, routine laboratory and related studies as appropriate for a specific practice setting including the drawing of blood samples, performing urinalyses, and taking electrocardiographic tracings.

(c) Performing routine therapeutic procedures including injections, immunizations, and suturing and care of wounds.

(d) Instructing and counseling patients on physical and mental health, and on diet, disease, treatment, and normal growth and development.

(e) Assisting the physician in the institutional setting by assisting at surgery, making patient rounds, recording patient progress notes, accurately and appropriately transcribing or executing standing orders or other specific orders at the direction of the supervising physician, consistent with applicable regulations of the institution and compiling and recording detailed narrative case summaries.

(f) Assisting in the delivery of services to patients by reviewing and monitoring treatment and therapy plans.

(g) Independently performing evaluative and treatment procedures necessary to provide an appropriate response to life threatening emergency situations.

(h) Facilitating referral of patients to other appropriate community health facilities, agencies, and resources.

Med 8.03 Council: Powers, Meetings, Records. The council shall exercise such powers as are or may be provided to it by the laws of the state of Wisconsin pertaining to the education, certification, and regulation of physician's assistants. The council shall propose to the board such rules not inconsistent with the law, as it deems necessary and proper for the execution and enforcement of such laws. The council shall meet at least 4 times in each calendar year. The chairman, or other presiding officer of the council, may call special meetings thereof when, in the judgment of such chairman or other presiding officer, circumstances or functioning of the council so require. The chairman, or other presiding officer of the board, may call special meetings of the council when, in the judgment of such chairman or other presiding officer, circumstances or functioning of the council or of the board so require. The secretary shall maintain an accurate record of all proceedings of the council.

Med 8.04 Certifying Educational Programs. The board shall conduct an investigation prior to approving any educational program which prepares physician's assistants. The examining board may designate an agent and one or more examining board members and one or more council members to conduct a portion or all of such investigation to determine the facts upon which the examining board shall make its decision. Any

party aggrieved by the decision of the examining board under this section may, within 10 days of notice thereof, apply for a formal hearing before the board or an agent duly appointed to sit for the board. The decision of the board shall comply with s. 227.13, Wis Stats, and may be reviewed as provided in s. 227.16, Wis Stats.

Med 8.05 Practice: Scope and Limitations. In providing patient services the entire practice of a physician's assistant shall be under the supervision of a licensed physician. The scope of practice of a physician's assistant shall not exceed the definitions of "patient services" as set forth in Med 8.02(7) Wis Adm Code, nor the physician's assistant's training and experience, nor the scope of practice of the supervising physician. No physician's assistant shall redelegate a task delegated to such physician's assistant by the supervising physician.

Med 8.06 Practice in Remote Location. A physician's assistant may practice on premises away from the main office of the supervising physician or an institution where the supervising physician has staff privileges, providing that the supervision required in Med 8.05 Wis Adm Code is maintained.

Med 8.07 Employee Status. No physician's assistant shall be self employed. If the employer of a physician's assistant is other than a licensed physician, such employer shall provide for and not interfere with the supervision required in Med 8.05 Wis Adm Code.

Med 8.08 Supervising Physician: Limitation and Responsibility. No physician may supervise more than 2 physician's assistants, but a physician's assistant may be supervised by more than one physician.

In the case of exceptions to this rule, a written plan for the supervision of more than 2 physician's assistants by a licensed physician must be filed with, reviewed, and recommended for approval by the council, and approved by the board. At the time of initial certification and at the time of each annual registration thereafter, each physician's assistant shall list with the council the name and address of the physician supervising that physician's assistant, and shall also notify the council of any change of supervising physician within 10 days following such change.

Med 8.09 Transfer of Responsibility. Another licensed physician may be designated by the supervising physician to supervise a physician's assistant for periods not to exceed 8 weeks per year. Except in an emergency, such designation shall be made in writing to the substitute supervising physician and to the physician's assistant, and must be executed and a copy thereof filed with the council prior to the supervising physician's absence.

Med 8.10 Qualification, Application, Examination, Re-examination.

(1) To be qualified for admission to examination for certification as a physician's assistant in this state, an applicant must supply evidence satisfactory to the board that the applicant:

(a) Is of good professional character.

(b) Has successfully completed a formal physician's assistant educational program approved by the board. Until January 1, 1980, the board may waive this requirement for an applicant who has been employed in practice as a physician's assistant, as defined in these rules for 24 consecutive months during the 3 calendar years preceding January 1, 1975.

(2) Every person applying for certification as a physician's assistant shall make application therefor on forms provided for this purpose by the board and shall submit to the board the following:

(a) A completed and verified application form.

(b) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken not more than 60 days prior to the date of application and bearing on the reverse side the statement of a notary public that such photograph is a true likeness of the applicant.

(c) A verified statement that the applicant is familiar with the state health laws and the rules of the Department of Health and Social Services as related to communicable diseases.

(3) Having complied with subsection (2), the applicant shall be examined. Examination may be both written and oral. The council shall advise the board as to content of examinations required under this subsection and passing grades therein, and the board shall provide for such content and such passing grades. In lieu of its own examinations, the board may make such use as it deems appropriate of examinations prepared, administered, and scored by national examining agencies. The board designates the council as its agent for conducting examinations.

(4) The board will notify each applicant found eligible for examination of the time and place scheduled for that applicant's examinations. Failure of an applicant to appear for examinations as scheduled will void that applicant's application and require the applicant to reapply for certification, unless prior scheduling arrangements have been made with the board by the applicant. At the opening of the examinations, each applicant will be assigned a number which shall be used by the applicant on all examination papers, and neither the name of the applicant nor

any other identifying marks shall appear on any such papers. At the opening of the examinations the proctor will read and distribute to the assembled applicants the rules of conduct to be followed during the course of the examinations. Any violation of these rules of conduct by any applicant will be cause for the board to terminate the examination of such applicant and to exclude such applicant from continuing the examinations, and will also be cause for the board to find that such applicant has failed the examinations.

(5) An applicant who fails to achieve a passing grade in the examinations required under this chapter may apply for re-examination on forms provided for that purpose by the board. For each such re-examination the application therefor shall be accompanied by the re-examination fee. An applicant who fails to achieve a passing grade in the examinations required under this chapter may be re-examined twice at not less than four month intervals, and if such applicant fails to achieve a passing grade on the second such re-examination, that applicant shall not be admitted to further examination until such applicant reapplies for certification and also presents to the board evidence of such further professional training or education as the board may deem appropriate in such applicant's specific case.

(6) There is no provision for waiver of examination or for reciprocity with other licensing jurisdictions under these rules.

Med 8.11 Exclusions. None of the provisions of this chapter shall be construed to permit the independent prescribing or dispensing of any drug, or the practice of acupuncture in any form, by any physician's assistant.

WISCONSIN ADMINISTRATIVE CODE
RULES OF THE MEDICAL EXAMINING BOARD
CHAPTER MED 9

DENIAL OF LICENSE: NOTICE AND HEARING.

Med 9.01 Authority and Purpose.

Med 9.02 Definitions.

Med 9.03 Denial.

Med 9.04 Notice.

Med 9.05 Service.

Med 9.06 Hearing.

Med 9.01 Authority and Purpose. The rules in this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by s. 15.08(5), 227.08, and 448.40, Wis Stats, and govern notice of denial of license and hearings thereon.

Med 9.02 Definitions. For the purposes of these rules:

- (1) "Board" means the Medical Examining Board.
- (2) "License" means any license, permit, certificate, or registration issued by the board.
- (3) "Applicant" means any individual who has applied to the board for license.

Med 9.03 Denial. An applicant shall be denied a license if he does not meet the standards or requirements for licensure set forth in ch. 448, Wis Stats, or ch. Med Wis Adm Code.

Med 9.04 Notice. Upon denial of an application for license the board shall so notify the applicant in writing stating the reason for denial; and if the reason for denial is the applicant's failure to achieve a passing grade in any required examination, the board shall state the grades achieved by the applicant. If the denial of application for license is for any reason other than the applicant's failure to achieve a passing grade in any required examination, the board shall state such reason and shall also state that the applicant has the right to a hearing on such denial if written request therefor is filed with the board within 15 days after service of the notice of denial. Unless written request for such hearing is made within such 15 day period, the applicant's rights to a hearing shall be deemed waived.

Med 9.05 Service. Service of the notice of denial may be made by certified mail addressed to the applicant at the last address filed by the applicant in writing with the board. Service by mail is complete on the date of mailing. Service may be proved by affidavit.

Med 9.06 Hearing. If a hearing is requested by the applicant, the board shall conduct such hearing as soon thereafter as is practicable.

WISCONSIN ADMINISTRATIVE CODE
RULES OF THE MEDICAL EXAMINING BOARD
CHAPTER MED 10

UNPROFESSIONAL CONDUCT DEFINED.

Med 10.01 Authority and Purpose.

Med 10.02 Definitions.

Med 10.01 Authority and Purpose. The definitions of this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by s. 15.08(5), 227.08, and 448.40, Wis Stats, for the purposes of ch. 448, Wis Stats.

Med 10.02 Definitions.

(1) For the purposes of these rules:

(a) "Board" means the Medical Examining Board.

(b) "License" means any license, permit, certificate, or registration issued by the board.

(2) The term "unprofessional conduct" is defined to mean and include but not be limited to the following, or aiding or abetting the same:

(a) Violating or attempting to violate any provision or term of ch. 448 of the statutes or of any valid rule of the board.

(b) Violating or attempting to violate any term, provision, or condition of any order of the board.

(c) Knowingly making or presenting or causing to be made or presented any false, fraudulent, or forged statement, writing, certificate, diploma, or other thing in connection with any application for license.

(d) Practicing fraud, forgery, deception, collusion, or conspiracy in connection with any examination for license.

(e) Giving, selling, buying, bartering, or attempting to give, sell, buy, or barter any license.

(f) Engaging or attempting to engage in practice under any license under any given name or surname other than that under which originally licensed or registered to practice in this or any other state. This subsection does not apply to change of name resulting from marriage, divorce, or order by a court of record.

(g) Engaging or attempting to engage in the unlawful practice of medicine and surgery or treating the sick.

(h) Any practice or conduct which tends to constitute a danger to the health, welfare, or safety of patient or public.

(i) Practicing or attempting to practice under any license when unable to do so with reasonable skill and safety to patients.

(j) Practicing or attempting to practice under any license beyond the scope of that license.

(k) Offering, undertaking, or agreeing to treat or cure a disease or condition by a secret means, method, device, or instrumentality; or refusing to divulge to the board upon demand the means, method, device, or instrumentality used in the treatment of a disease or condition.

(l) Representing that a manifestly incurable disease or condition can be or will be permanently cured; or that a curable disease or condition can be cured within a stated time, if such is not the fact.

(m) Knowingly making any false statement, written or oral, in practicing under any license, with fraudulent intent.

(n) Willfully divulging a privileged communication or confidence entrusted by a patient or deficiencies in the character of patients observed in the course of professional attendance, unless lawfully required to do so.

(o) Soliciting or attempting to solicit patients, directly, indirectly, or by agents.

(p) Administering, dispensing, prescribing, supplying, or obtaining controlled substances as defined in s. 161.01(4), Wis Stats, otherwise than in the course of legitimate professional practice, or as otherwise prohibited by law.

(q) Having a license, certificate, permit, or registration granted by another state to practice medicine and surgery or treat the sick limited, restricted, suspended, or revoked, or having been subject to other disciplinary action by the licensing authority thereof.

(r) Conviction of any crime which may relate to practice under any license, or of violation of any federal or state law regulating the possession, distribution, or use of controlled substances as defined in s. 161.01(4), Wis Stats. A certified copy of a judgment of a court of record showing such conviction, within this state or without, shall be presumptive evidence thereof.

WISCONSIN ADMINISTRATIVE CODE
RULES OF THE MEDICAL EXAMINING BOARD
CHAPTER MED 11

ABORTIONS.

Med 11.01 Authority and Purpose.

Med 11.02 Abortion Defined.

Med 11.03 Practice of Medicine and Surgery.

Med 11.04 First 12 Weeks of Gestation.

Med 11.05 After 12 Weeks Gestation

Med 11.01 Authority and Purpose. The rules in this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by s. 15.08(5), 227.08, and 448.40, Wis Stats, and are for the professional and ethical guidance of the medical profession.

Med 11.02 Abortion Defined. For the purposes of this chapter, abortion means the artificial, intentional disruption or removal of the implanted blastocyst, embryo, or fetus from the uterus of a pregnant woman by whatever means.

Med 11.03 Practice of Medicine and Surgery. The performance of abortions involves medical and surgical procedures which are governed by ch. 448, Wis Stats, and may be performed only by physicians duly licensed by the Medical Examining Board. No physician shall be required to perform an abortion.

Med 11.04 First 12 Weeks of Gestation.

(1) If an abortion is to be performed by a physician during the first 12 weeks of gestation in a facility other than a hospital approved under s. 140.26, Wis Stats, in which general surgical procedures are customarily performed, the physician shall:

(a) Provide preoperative instructions and counseling of the patient by appropriately trained individuals.

(b) Provide a receiving facility where the patient may be prepared and may receive necessary preoperative medication and observation.

(c) Perform and record preoperative history and physical examination; verify the existence and duration of pregnancy, and perform appropriate laboratory procedures including, as a minimum, blood typing, Rh factor determination, hemoglobin determination, white blood count, and urinalysis.

(d) Provide for prevention of Rh sensitization.

(e) Provide a physical place where the abortion procedure is carried out, and use techniques and procedures which assure proper sterility, asepsis, and antisepsis.

(f) Provide for appropriate equipment and appropriately trained personnel for operative procedures, anesthesia, and resuscitation.

(g) Have arrangements with a hospital approved under s. 140.26, Wis Stats, for admission of patients needing hospital care. Such hospital shall be located sufficiently near the facility used so that the patient could be transferred to and arrive at the hospital within 30 minutes of the time when hospitalization appears necessary.

(h) Provide a recovery facility where the patient can be observed until she has sufficiently recovered from the procedure and the anesthesia and can be safely discharged by the physician.

(i) Provide for postoperative instructions and arrangements for follow-up.

(j) Maintain at the facility adequate permanent records relating to all such patients covering the above matters.

Med 11.05 After 12 Weeks Gestation. If an abortion is to be performed after the twelfth week of gestation, except in an emergency, it must be performed in a hospital approved by the state under s. 140.26, Wis Stats, in which general surgical procedures are customarily performed.

WISCONSIN ADMINISTRATIVE CODE
RULES OF THE MEDICAL EXAMINING BOARD
CHAPTER MED 12

PROCEDURES FOR INVESTIGATION AND HEARING.

- Med 12.01 Authority and Purpose.
- Med 12.02 Definitions.
- Med 12.03 Investigation and Institution of Proceedings.
- Med 12.04 Complaint.
- Med 12.05 Notice of Hearing.
- Med 12.06 Service of Complaint and Notice of Hearing.
- Med 12.07 Filings.
- Med 12.08 Answer and Default.
- Med 12.09 Hearings.
- Med 12.10 Discovery.
- Med 12.11 Subpoenas.
- Med 12.12 Pre-hearing Conference.
- Med 12.13 Pre-hearing Settlement.
- Med 12.14 Adverse Witnesses.

Med 12.01 Authority and Purpose. The rules in this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by s. 15.08(5), 227.08, 448.02(3), and 448.40, Wis Stats, and govern the investigative and hearing procedures of the board.

Med 12.02 Definitions. For the purposes of these rules:

- (1) "Board" means the Medical Examining board.
- (2) "Licensee" means a person who holds any license, permit, certificate, or registration issued by the board.

(3) "Respondent" means the licensee served with a complaint under these rules.

Med 12.03 Investigation and Institution of Proceedings. Upon receipt by the secretary of the board of information alleging unprofessional conduct on the part of a licensee, the secretary shall cause an investigation to be made by an agent or agents of the board to ascertain the probable facts of the matter. Each such investigation shall be under the general supervision and direction of the secretary or another member of the board who may be designated for that purpose by the secretary or chairman of the board. Whichever member of the board supervises and directs a particular investigation may in the course thereof exercise the full authority of the board as set out in s. 15.08(5), Wis Stats, and shall not participate in any adjudicatory function of the board regarding matters arising out of that particular investigation. Whichever member of the board supervises and directs a particular investigation shall either file and serve complaint and notice of hearing whenever he finds probable cause therefor, or lay the results of that investigation before the plenary board for determination of further process.

Med 12.04 Complaint. Complaint shall be in written form, and separate allegations shall be stated in separate paragraphs and numbered consecutively. The complaint shall be set forth with particularity as to time, place, and factual circumstances. The complaint shall also include the statute or rule alleged to have been violated.

Med 12.05 Notice of Hearing. Notice of hearing shall specify the time and place of hearing and the time for filing an answer.

Med 12.06 Service of Complaint and Notice of Hearing. The complaint and notice of hearing may be served as prescribed in s. 262.06, Wis Stats, or may be served by certified mail addressed to the respondent at his last known office address as it appears in the files of the board. The complaint and notice of hearing shall be served simultaneously. Service is complete upon mailing. Service may be proved by affidavit.

Med 12.07 Filings. All communications and papers to be filed shall be directed to the board at its office.

Med 12.08 Answer and Default. The answer to a complaint shall be in written form and shall be verified by the respondent. Allegations charged in the complaint but not ~~admitted~~^{denied} in the answer shall be construed as admitted by the respondent. The time for making answer to the complaint shall be as specified in the notice of hearing, but not less than 10 days after service of the complaint and notice of hearing. Failure of respondent to make answer within such time or any extension thereof, or failure of respondent to appear at either a hearing or a pre-hearing conference shall constitute default on the part of respondent. Upon such default the allegations of the complaint may be taken as true, and the board may enter order without further notice or hearing.

Med 12.09 Hearings.

(1) Upon issuing complaint and notice of hearing, the board shall designate a hearing examiner to preside over the matter who may be an individual from its staff or borrowed from another agency pursuant to ch. 16, Wis Stats. The hearing examiner shall be an attorney admitted to practice law in this state. The board may direct the examiner presiding at the hearing to prepare proposed findings of fact, conclusions of law, order, and opinion in a form that may be adopted by the board

as the final decision in the case. The board, however, is not required to accept the findings of fact, conclusions of law and order of the presiding examiner.

(2) All proceedings at hearings shall be taken down by a reporter, unless otherwise stipulated, and any transcript thereof, together with all exhibits, shall be a part of the official record of such hearing.

(3) The respondent shall have the right to appear at such hearing in person or by counsel, to call, examine, and cross-examine witnesses and to introduce into the record documentary or other evidence. The board shall not be bound by common law or statutory rules of evidence except as set forth in ch. 905, Wis Stats, but the Wisconsin rules of evidence may be used as guidelines in the proceedings. The board shall admit all testimony having reasonable probative value, but shall exclude immaterial, irrelevant, or unduly repetitious testimony. Objections to evidentiary offers, and offers of proof of evidence that are not admitted, may be made and shall be noted in the record.

(4) The examiner presiding at the hearing may provide for the service and filing of briefs.

(5) All motions, except those made at the hearing, shall be filed in writing with the board and a copy served upon the person prosecuting the complaint, or the respondent.

(6) The examiner presiding at the hearing may grant continuances and adjournments.

(7) The examiner may at any state of a proceeding direct or permit the amendment or correction of any process, pleading, or other defect in the proceedings, on such terms as may be fair and just.

Med 12.10 Discovery. The parties shall have the right, prior to the date set for hearing, to take depositions and preserve evidence as provided by ch. 887, Wis Stats, for the purposes set forth therein, and to make demands to admit documents or facts as provided by s. 889.22, Wis Stats.

Med 12.11 Subpoenas. Subpoenas shall be furnished by the board on request of the parties and shall be issued as provided in s. 885.01, Wis Stats, and shall be served and fees paid as provided in s. 885.03, 885.05, and 885.06, Wis Stats.

Med 12.12 Pre-hearing Conference. The examiner, at any time prior to the commencement of a hearing, may require the parties or their counsel to appear at a pre-hearing conference for the simplification of issues or consideration of other matters which expedite or aid in the disposition of the proceedings. The examiner shall keep and preserve as part of the official record of the case a record of any agreement as to the issues or stipulation or admission of fact which may be made at such conference. The examiner may issue such orders as necessary to reflect actions taken or agreements entered into at the conference and which will control subsequent hearings.

Med 12.13 Pre-hearing Settlement. Informal disposition may be made of any proceeding before hearing by stipulation or agreed settlement. The terms of such settlement shall be subject to board approval.

Med 12.14 Adverse Witnesses.

(1) Any party or any of his agents, officers, or employes with knowledge of material facts relevant to the matter being heard may be examined by any other party adverse in interest at a hearing as if under cross-examination without making such person his own witness. The testi-

mony taken shall not be binding on or conclude the examining party and may be rebutted or impeached.

(2) Any witness who is hostile, unwilling, adverse, or evasive may with permission of the examiner be interrogated by leading questions and impeached by the party calling him.