BOARD OF PHYSICAL THERAPY PRACTICE LAWS AND RULES

Chapters 486 & 456, Florida Statutes Rule 64B17, Florida Administrative Code

January 2015 Edition

www.FloridasPhysicalTherapy.Gov

ATTENTION ALL APPLICANTS

All applicants for licensure are required to sit for and pass a test on the Laws & Rules contained in this booklet.

The following 2 pages contain the general outline of material covered in this test.

64B17-3.002 Licensure Examination Subjects and Passing Score; Additional Requirements After Third Failure; Laws and Rules Examination.

(1) The licensure examination shall be the National Physical Therapy Examination (NPTE) for Physical Therapists developed by the Federation of State Boards of Physical Therapy. An applicant for licensure by examination must have obtained a passing score on the NPTE examination within the five (5) years immediately prior to the filing of the application.

(2) Applicants must obtain a passing score on the National Physical Therapy Examination for Physical Therapists developed by the Federation of State Boards of Physical Therapy.

(3) An applicant must reapply, using DOH Form #DH-MQA 1143, Re-Exam Application, Revised 08/09, incorporated by reference, which is available through www.doh.state.fl.us/mqa, in order to retake the examination. If an applicant wishes to take the examination for the fourth time, the applicant must submit to the Board for approval satisfactory evidence of having successfully completed the following since the last taking of the examination: successful completion of a course of study or internship designed to prepare the applicant for the physical therapy examination. An applicant who has completed these additional requirements may take the examination on two more occasions.

(4) All applicants for licensure including those licensed by endorsement under Rule 64B17-3.003, F.A.C., are required to take and pass the Laws and Rules Examination developed by the Federation of State Boards of Physical Therapy. Passing scores on the Laws and Rules Examination are no longer valid if more than five years have passed since the Applicant took the examination.

(a) The Laws and Rules Examination has 40 scored questions and the content and approximate weights are:

1. Legislative Intent and Definitions 25%;
2. Board Powers and Duties 5%;
3. Licensure and Examination 7.5%;
4. Patient Care 35%;
5. Disciplinary Action and Unlawful Practice 15%; and
6. Consumer Advocacy 12.5%. In order to achieve a passing score on the examination, an applicant must obtain a score equal to or greater than the scaled score based upon a passing score study conducted by the Federation of State Boards of Physical Therapy.

(b) Applicants must reapply to retake the Laws and Rules Examination, using DOH Form #DH-MQA 1143, Re-Exam Application, Revised 08/09, which is available through www.doh.state.fl.us/mqa.

Rulemaking Authority 456.017, 486.025, 486.051 FS. Law Implemented 456.017, 486.051 FS. History–New 8-6-84, Formerly 21M-7.22, Amended 3-16-88, 6-20-89, Formerly 21M-7.022, Amended 6-6-90, 6-3-92, 3-24-93, Formerly 21MM-3.002, 61F11-3.002, Amended 12-22-94, Formerly 59Y-3.002, Amended 2-14-02, 4-23-02, 12-5-04, 4-9-06, 1-7-07, 6-27-07, 5-21-09, 8-10-09, 6-29-10.

Content Overview

The Florida Laws and Rules Examination consists of fifty (50) multiple-choice questions, 40 of which are scored and 10 that are pilot questions. Applicants are given one hour (60 minutes) to complete the computer-based test.

Applicants are **NOT** allowed to bring any reference materials including Laws and Rules Study Guide into the examination room.

The Florida Laws and Rules portion of the examination will cover:

Chapter 486, Florida Statutes, Physical Therapy Practice
Chapter 456, Florida Statutes, Health Professions & Occupations: General Provisions
Chapter 64B-17, Florida Administrative Code, Physical Therapy Rules

FLORIDA JURISPRUDENCE EXAMINATION CONTENT OUTLINE

Category	Subcategory	Florida Law	Florida Rules	Specs
1. Legislative Intent and Definitions	1.1 Legislative intent	486.015;456.003		10
	1.2 Definition of Physical therapy/practice of physical therapy	486.021(8),(11)		
	1.3 Definition of Physical Therapist, Physical Therapist Assistant, Support Personnel	486.021(5)(7) 486.021(6)(7)		
	1.4 Types of Licenses, inactive status, etc.	486.021(3)	64B17-5	
	1.5 Definition of supervision and levels of supervision	486.021(9)		
2. Board Powers and Duties	2.1 Continuing education	486.109	64B17-8; 64B17-9	2
3. Licensure and Examination	3.1 Renewal/name changes	486.085(PT), 456.036 486.108(PTA)	64B17-2.005(PT, PTA) 64B17.6.004	3
	3.2 Reinstatement of license	486.085 (PT), 486.108(PTA)	64B17-5.001	
4. Patient Care Management and Use of Titles	4.1 Use of Titles	486.135,486.151		14
	4.2 Components of Care/Standards of Practice	486.021(10)	64B17.6.001 64B17-6.003 64B17-6.006	
	4.3 Supervision requirements and ratios (not definitions)		64B17-6.001 64B17-6.002 64B17-6.007	
	4.4 Referral if outside scope of physical therapist practice		64B17.6	
	4.5 Documentation/Medical Records		64B17-6.0042 64B17-6.0044 64B17.6.005	
	4.6 Responsibilities of the physical therapist and physical therapist assistant		64B17-6.007 64B17-6.002	

5. Disciplinary Action and Unlawful Practice	5.1 Grounds for disciplinary action	486.125(1) 486.123 456.072		6
	5.2 Receipt of complaint, Investigative powers, emergency action, hearing officers	456.073		
	5.3 Unlawful practice, classification, civil penalties, injunctive relief, aiding and abetting unlawful practice	486.151 456.065 486.153		
6. Consumer Advocacy	6.1 Reporting violations, immunity	456.061		5
	6.2 Substance abuse recovery program	456.076		
	6.3 Rights of Consumers, disclosure of financial interests, freedom of choice, confidentiality, public records.	456.052,456.053,456.054		

Sample Questions:

_____1 APPROPRIATE GENERAL SUPERVISION OF A PHYSICAL THERAPIST ASSISTANT IN AN OUTPATIENT SETTING REQUIRES:

A. Direct supervision by the physical therapist.
B. On-site supervision by the physical therapist.
C. Communication accessibility and geographic proximity by the physical therapist.
D. Direct supervision by the referring physician.

_____2 AN ATHLETIC TRAINER IS EMPLOYED IN AN OUTPATIENT PHYSICAL THERAPY CENTER TO ASSIST IN THE DELIVERY OF PATIENT CARE TREATMENT WITH DIRECT SUPERVISION BY THE PHYSICAL THERAPIST. THE ATHLETIC TRAINER MAY DOCUMENT WHICH OF THE FOLLOWING?

A. Tasks and activities of patients during treatment
B. Evaluation of a physical therapy patient
C. Re-evaluation of a physical therapy patient
D Patient progress notes during treatment

_____3 WHICH OF THE FOLLOWING MAY A PHYSICAL THERAPIST DELEGATE TO A PHYSICAL THERAPIST ASSISTANT?

A. Initial evaluation of a patient
B. Re-evaluation of a patient
C. Interpretation of the initial evaluation
D Assessment of the patient's progress

Correct Answers: 1. C; 2. A; 3. D

LAWS AND RULES

PART A: ***Chapter 486, F.S., Physical Therapy Practice***

PART B: **Rule *64B17, F.A.C., Physical Therapy Practice***

PART C: **Chapter 456, F.S.**
Health Professions and Occupations: General Provisions

- ***Read the laws and rules thoroughly.***
- ***Keep the laws and rules for your exam study materials. <u>DO NOT RETURN THEM TO THE DEPARTMENT.</u> It is your responsibility to be knowledgeable of and in compliance with these laws and rules as they pertain to your professional practice.***

- ***Laws and rules are subject to change at anytime. Contact the Department office periodically for updated laws and rules.***

PART A

Chapter 486, F.S.

Physical Therapy Practice

CHAPTER 486
PHYSICAL THERAPY PRACTICE
Revised 6/2012

486.011 Short title.
486.015 Legislative intent.
486.021 Definitions.
486.023 Board of Physical Therapy Practice.
486.025 Powers and duties of the Board of Physical Therapy Practice.
486.028 License to practice physical therapy required.
486.031 Physical therapist; licensing requirements.
486.041 Physical therapist; application for license; fee.
486.051 Physical therapist; examination of applicant.
486.061 Physical therapist; issuance of license.
486.0715 Physical therapist; issuance of temporary permit.
486.081 Physical therapist; issuance of license without examination to person passing examination of another authorized examining board; fee.
486.085 Physical therapist; renewal of license; inactive status; reactivation of license; fees.
486.102 Physical therapist assistant; licensing requirements.
486.103 Physical therapist assistant; application for license; fee.
486.104 Physical therapist assistant; examination of applicant.
486.106 Physical therapist assistant; issuance of license.
486.1065 Physical therapist assistant; issuance of temporary permit.
486.107 Physical therapist assistant; issuance of license without examination to person licensed in another jurisdiction; fee.
486.108 Physical therapist assistant; renewal of license; inactive status; reactivation of license; fees.
486.109 Continuing education.
486.115 Disposition of fees.
486.123 Sexual misconduct in the practice of physical therapy.
486.125 Refusal, revocation, or suspension of license; administrative fines and other disciplinary measures.
486.135 False representation of licensure, or willful misrepresentation or fraudulent representation to obtain license, unlawful.
486.151 Prohibited acts; penalty.
486.153 Injunctive relief.
486.161 Exemptions.
486.171 Current valid licenses effective.
486.172 Application of s. 456.021.

486.011 Short title.—This chapter may be cited as the "Physical Therapy Practice Act."
History.—s. 1, ch. 57-67; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; s. 24, ch. 83-86; ss. 17, 18, ch. 86-31; s. 4, ch. 91-429.

486.015 Legislative intent.—The sole legislative purpose in enacting this chapter is to ensure that every physical therapy practitioner practicing in this state meets minimum requirements for safe practice. It is the legislative intent that physical therapy practitioners who fall below minimum competency or who otherwise present a danger to the public be prohibited from practicing in this state.
History.—ss. 1, 24, ch. 83-86; ss. 2, 17, 18, ch. 86-31; s. 4, ch. 91-429.

486.021 Definitions.—In this chapter, unless the context otherwise requires, the term:
(1) "Board" means the Board of Physical Therapy Practice.
(2) "Department" means the Department of Health.
(3) "License" means the document of authorization granted by the board and issued by the department for a person to engage in the practice of physical therapy.
(4) "Endorsement" means licensure granted by the board pursuant to the provisions of s. 486.081 or s. 486.107.
(5) "Physical therapist" means a person who is licensed and who practices physical therapy in accordance with the provisions of this chapter.
(6) "Physical therapist assistant" means a person who is licensed in accordance with the provisions of this chapter to perform patient-related activities, including the use of physical agents, whose license is in good standing, and whose activities are performed under the direction of a physical therapist as set forth in rules adopted pursuant to this chapter. Patient-related activities performed by a physical therapist assistant for a board-certified orthopedic physician or physiatrist licensed pursuant to chapter 458 or chapter 459 or a practitioner licensed under chapter 460 shall be under the general supervision of a physical therapist, but shall not require onsite supervision by a physical therapist. Patient-

related activities performed for all other health care practitioners licensed under chapter 458 or chapter 459 and those patient-related activities performed for practitioners licensed under chapter 461 or chapter 466 shall be performed under the onsite supervision of a physical therapist.

(7) "Physical therapy practitioner" means a physical therapist or a physical therapist assistant who is licensed and who practices physical therapy in accordance with the provisions of this chapter.

(8) "Physical therapy" or "physiotherapy," each of which terms is deemed identical and interchangeable with each other, means a health care profession.

(9) "Direct supervision" means supervision by a physical therapist who is licensed pursuant to this chapter. Except in a case of emergency, direct supervision requires the physical presence of the licensed physical therapist for consultation and direction of the actions of a physical therapist or physical therapist assistant who is practicing under a temporary permit and who is a candidate for licensure by examination.

(10) "Physical therapy assessment" means observational, verbal, or manual determinations of the function of the musculoskeletal or neuromuscular system relative to physical therapy, including, but not limited to, range of motion of a joint, motor power, postural attitudes, biomechanical function, locomotion, or functional abilities, for the purpose of making recommendations for treatment.

(11) "Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs; the use of radiant energy, including ultraviolet, visible, and infrared rays; ultrasound; water; the use of apparatus and equipment in the application of the foregoing or related thereto; the performance of tests of neuromuscular functions as an aid to the diagnosis or treatment of any human condition; or the performance of electromyography as an aid to the diagnosis of any human condition only upon compliance with the criteria set forth by the Board of Medicine.

(a) A physical therapist may implement a plan of treatment developed by the physical therapist for a patient or provided for a patient by a practitioner of record or by an advanced registered nurse practitioner licensed under s. 464.012. The physical therapist shall refer the patient to or consult with a practitioner of record if the patient's condition is found to be outside the scope of physical therapy. If physical therapy treatment for a patient is required beyond 21 days for a condition not previously assessed by a practitioner of record, the physical therapist shall obtain a practitioner of record who will review and sign the plan. For purposes of this paragraph, a health care practitioner licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 and engaged in active practice is eligible to serve as a practitioner of record.

(b) The use of roentgen rays and radium for diagnostic and therapeutic purposes and the use of electricity for surgical purposes, including cauterization, are not "physical therapy" for purposes of this chapter.

(c) The practice of physical therapy does not authorize a physical therapy practitioner to practice chiropractic medicine as defined in chapter 460, including specific spinal manipulation. For the performance of specific chiropractic spinal manipulation, a physical therapist shall refer the patient to a health care practitioner licensed under chapter 460.

(d) This subsection does not authorize a physical therapist to implement a plan of treatment for a patient currently being treated in a facility licensed pursuant to chapter 395.

History.—s. 2, ch. 57-67; s. 1, ch. 67-537; s. 1, ch. 73-354; ss. 1, 2, ch. 78-278; ss. 1, 2, ch. 79-116; s. 361, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 2, 24, ch. 83-86; s. 1, ch. 83-93; s. 1, ch. 84-275; ss. 3, 17, 18, ch. 86-31; s. 2, ch. 89-124; s. 4, ch. 91-429; s. 1, ch. 92-70; s. 181, ch. 94-218; s. 175, ch. 97-264; s. 287, ch. 98-166; s. 1, ch. 2013-197.

486.023 Board of Physical Therapy Practice.—

(1) There is created within the department the Board of Physical Therapy Practice, composed of seven members appointed by the Governor and subject to confirmation by the Senate.

(2) Five board members shall be licensed physical therapists in good standing in this state who are residents of this state and who have been engaged in the practice of physical therapy for at least 4 years immediately prior to their appointment. One licensed physical therapist board member may be a full-time faculty member teaching in a physical therapy curriculum in an educational institution in this state. The two remaining members shall be residents of this state who have never been licensed health care practitioners.

(3) As the terms of the members expire, the Governor shall appoint successors for terms of 4 years, and such members shall serve until their successors are appointed.

(4) All provisions of chapter 456 relating to activities of the board shall apply.

History.—ss. 3, 17, ch. 89-124; s. 24, ch. 90-228; s. 4, ch. 91-429; s. 182, ch. 94-218; s. 176, ch. 97-264; s. 143, ch. 98-166; s. 202, ch. 2000-160.

486.025 Powers and duties of the Board of Physical Therapy Practice.—The board may administer oaths, summon witnesses, take testimony in all matters relating to its duties under this chapter, establish or modify minimum standards of practice, and adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter. The board may also review the standing and reputability of any school or college offering courses in physical therapy and whether the courses of such school or college in physical therapy meet the standards established by the appropriate accrediting agency referred to in s. 486.031(3)(a). In determining the standing and reputability of any such school and whether the school and courses meet such standards, the board may investigate and make personal inspection of the same.

History.—s. 12, ch. 57-67; ss. 36, 44, ch. 78-95; s. 2, ch. 79-116; s. 365, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 3, 24, ch. 83-86; ss. 4, 17, 18, 19, 20, ch. 86-31; s. 4, ch. 89-124; ss. 4, 5, ch. 91-429; s. 158, ch. 98-200.

Note.—Former s. 486.121.

486.028 License to practice physical therapy required.—No person shall practice, or hold herself or himself out as being able to practice, physical therapy in this state unless she or he is licensed in accordance with the provisions of this chapter; however, nothing in this chapter shall prohibit any person licensed in this state under any other law from engaging in the practice for which she or he is licensed.

History.—s. 7, ch. 57-67; s. 1, ch. 67-406; s. 6, ch. 67-537; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 4, 24, ch. 83-86; ss. 17, 18, ch. 86-31; s. 4, ch. 91-429; s. 457, ch. 97-103.

Note.—Former s. 486.071.

486.031 Physical therapist; licensing requirements.—To be eligible for licensing as a physical therapist, an applicant must:

(1) Be at least 18 years old;

(2) Be of good moral character; and

(3)(a) Have been graduated from a school of physical therapy which has been approved for the educational preparation of physical therapists by the appropriate accrediting agency recognized by the Commission on Recognition of Postsecondary Accreditation or the United States Department of Education at the time of her or his graduation and have passed, to the satisfaction of the board, the American Registry Examination prior to 1971 or a national examination approved by the board to determine her or his fitness for practice as a physical therapist as hereinafter provided;

(b) Have received a diploma from a program in physical therapy in a foreign country and have educational credentials deemed equivalent to those required for the educational preparation of physical therapists in this country, as recognized by the appropriate agency as identified by the board, and have passed to the satisfaction of the board an examination to determine her or his fitness for practice as a physical therapist as hereinafter provided; or

(c) Be entitled to licensure without examination as provided in s. 486.081.

History.—s. 3, ch. 57-67; s. 2, ch. 67-537; s. 39, ch. 77-121; s. 3, ch. 78-278; s. 2, ch. 79-116; s. 362, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 5, 24, ch. 83-86; ss. 17, 18, ch. 86-31; s. 5, ch. 89-124; s. 4, ch. 91-429; s. 28, ch. 94-310; s. 458, ch. 97-103; s. 177, ch. 97-264.

486.041 Physical therapist; application for license; fee.—A person who desires to be licensed as a physical therapist shall apply to the department in writing on a form furnished by the department. She or he shall embody in that application evidence under oath, satisfactory to the board, of possession of the qualifications preliminary to examination required by s. 486.031. The applicant shall pay to the department at the time of filing the application a fee not to exceed $100, as fixed by the board.

History.—s. 4, ch. 57-67; s. 2, ch. 73-354; s. 4, ch. 78-278; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 6, 24, ch. 83-86; ss. 5, 17, 18, ch. 86-31; s. 31, ch. 88-205; s. 4, ch. 91-429; s. 459, ch. 97-103; s. 178, ch. 97-264; s. 158, ch. 99-397.

486.051 Physical therapist; examination of applicant.—The examinations of an applicant for licensing as a physical therapist shall be in accordance with rules adopted by the board, to test the applicant's qualifications and shall include the taking of a test by the applicant. If an applicant fails to pass the examination in three attempts, the applicant shall not be eligible for reexamination unless she or he completes additional educational or training requirements prescribed by the board. An applicant who has completed the additional educational or training requirements prescribed by the board may take the examination on two more occasions. If the applicant has failed to pass the examination after five attempts, she or he is no longer eligible to take the examination.

History.—s. 5, ch. 57-67; s. 24, ch. 61-514; s. 3, ch. 67-537; s. 3, ch. 73-354; s. 2, ch. 79-116; s. 363, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 7, 24, ch. 83-86; ss. 6, 17, 18, ch. 86-31; s. 4, ch. 91-429; s. 460, ch. 97-103; s. 179, ch. 97-264.

486.061 Physical therapist; issuance of license.—The board shall cause a license to be issued through the department to each applicant who successfully establishes eligibility under the terms of this chapter and remits the initial license fee set by the board, not to exceed $150. Any person who holds a license pursuant to this section may engage in the practice of

physical therapy and use the words "physical therapist" or "physiotherapist," or the letters "P.T.," in connection with her or his name or place of business to denote her or his licensure hereunder.

History.—s. 6, ch. 57-67; s. 5, ch. 67-537; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 8, 24, ch. 83-86; ss. 7, 17, 18, ch. 86-31; s. 6, ch. 89-124; s. 4, ch. 91-429; s. 461, ch. 97-103.

486.0715 Physical therapist; issuance of temporary permit.—

(1) The board shall issue a temporary physical therapist permit to an applicant who meets the following requirements:

(a) Completes an application for a temporary permit on a form approved by the department.

(b) Is a graduate of an approved United States physical therapy educational program and meets all the eligibility requirements for licensure under ch. 456, s. 486.031(1)-(3)(a), and related rules, except passage of a national examination approved by the board is not required.

(c) Submits an application for licensure under s. 486.041.

(d) Demonstrates proof of possessing malpractice insurance.

(e) Submits documentation, under rules adopted by the board, verifying that the applicant will practice under the direct supervision of a licensed physical therapist as provided in subsection (3).

(2) A temporary permit is not renewable and is valid until a license is granted by the board. A temporary permit is void if the permittee does not pass a national examination approved by the board within 6 months after the date of graduation from a physical therapy training program.

(3) An applicant for a temporary permit may not work as a physical therapist until a temporary permit is issued by the board. A physical therapist who is practicing under a temporary permit must do so under the direct supervision of a licensed physical therapist. A supervising physical therapist shall supervise only one permittee at any given time. The supervising physical therapist must be licensed for a minimum of 6 months before the supervision period begins and must cosign all patient records produced by the physical therapist who is practicing under a temporary permit.

History.—s. 1, ch. 2012-69.

486.081 Physical therapist; issuance of license without examination to person passing examination of another authorized examining board; fee.—

(1) The board may cause a license to be issued through the department without examination to any applicant who presents evidence satisfactory to the board of having passed the American Registry Examination prior to 1971 or an examination in physical therapy before a similar lawfully authorized examining board of another state, the District of Columbia, a territory, or a foreign country, if the standards for licensure in physical therapy in such other state, district, territory, or foreign country are determined by the board to be as high as those of this state, as established by rules adopted pursuant to this chapter. Any person who holds a license pursuant to this section may use the words "physical therapist" or "physiotherapist," or the letters "P.T.," in connection with her or his name or place of business to denote her or his licensure hereunder.

(2) At the time of making application for licensure without examination pursuant to the terms of this section, the applicant shall pay to the department a fee not to exceed $175 as fixed by the board, no part of which will be returned.

History.—s. 8, ch. 57-67; s. 7, ch. 67-537; s. 5, ch. 73-354; s. 4, ch. 78-278; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 9, 24, ch. 83-86; ss. 8, 17, 18, ch. 86-31; s. 7, ch. 89-124; s. 4, ch. 91-429; s. 462, ch. 97-103; s. 180, ch. 97-264; s. 159, ch. 99-397.

486.085 Physical therapist; renewal of license; inactive status; reactivation of license; fees.—

(1) The department shall renew a license upon receipt of the renewal application and the fee set by the board not to exceed $200.

(2) The department shall adopt rules establishing a procedure for the biennial renewal of licenses.

(3) A license that has become inactive may be reactivated upon application to the department and completion of the requirements for reactivation under this section. The board shall prescribe by rule continuing education requirements as a condition of reactivating a license. The continuing education requirements for reactivating a license may not exceed 10 classroom hours for each year the license was inactive.

(4)(a) The board shall adopt rules relating to application procedures for inactive status, for renewal of inactive licenses, and for the reactivation of licenses. The board shall prescribe by rule an application fee for inactive status, a renewal fee for inactive status, a delinquency fee, and a fee for the reactivation of a license. None of these fees may exceed the biennial renewal fee established by the board for an active license.

(b) The department may not reactivate a license unless the inactive or delinquent licensee has paid any applicable biennial renewal or delinquency fee, or both, and a reactivation fee.

(c) The department may not reactivate a license unless the inactive licensee has met the continuing education requirements of subsection (3) or has fulfilled one of the following requirements for reactivation of a license:

1. Provides evidence satisfactory to the board that she or he has actively engaged in the practice of physical therapy in good standing in another state for the 4 years immediately preceding the filing of an application for reactivation; or

2. Makes application for and passes the examination as provided by s. 486.051 and pays the fee therefor as provided in s. 486.041.

History.—s. 4, ch. 67-537; s. 4, ch. 73-354; s. 4, ch. 78-278; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 10, 24, ch. 83-86; ss. 9, 17, 18, ch. 86-31; s. 32, ch. 88-205; s. 30, ch. 91-220; s. 4, ch. 91-429; s. 253, ch. 94-119; s. 463, ch. 97-103.

Note.—Former s. 486.052.

486.102 Physical therapist assistant; licensing requirements.—To be eligible for licensing by the board as a physical therapist assistant, an applicant must:

(1) Be at least 18 years old;

(2) Be of good moral character; and

(3)(a) Have been graduated from a school giving a course of not less than 2 years for physical therapist assistants, which has been approved for the educational preparation of physical therapist assistants by the appropriate accrediting agency recognized by the Commission on Recognition of Postsecondary Accreditation or the United States Department of Education, which includes, but is not limited to, any regional or national institutional accrediting agencies recognized by the United States Department of Education or the Commission on Accreditation for Physical Therapy Education (CAPTE), at the time of her or his graduation and have passed to the satisfaction of the board an examination to determine her or his fitness for practice as a physical therapist assistant as hereinafter provided;

(b) Have been graduated from a school giving a course for physical therapist assistants in a foreign country and have educational credentials deemed equivalent to those required for the educational preparation of physical therapist assistants in this country, as recognized by the appropriate agency as identified by the board, and passed to the satisfaction of the board an examination to determine her or his fitness for practice as a physical therapist assistant as hereinafter provided; or

(c) Be entitled to licensure without examination as provided in s. 486.107.

History.—s. 10, ch. 67-537; s. 6, ch. 73-354; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 11, 24, ch. 83-86; ss. 17, 18, ch. 86-31; s. 8, ch. 89-124; s. 4, ch. 91-429; s. 29, ch. 94-310; s. 464, ch. 97-103; s. 181, ch. 97-264; s. 17, ch. 2013-93.

486.103 Physical therapist assistant; application for license; fee.—A person who desires to be licensed as a physical therapist assistant shall apply to the department in writing on a form furnished by the department. She or he shall embody in that application evidence under oath, satisfactory to the board, of possession of the qualifications preliminary to examination required by s. 486.104. The applicant shall pay to the department at the time of filing the application a fee not to exceed

$100, as fixed by the board.

History.—s. 11, ch. 67-537; s. 7, ch. 73-354; s. 4, ch. 78-278; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 12, 24, ch. 83-86; ss. 10, 17, 18, ch. 86-31; s. 33, ch. 88-205; s. 4, ch. 91-429; s. 465, ch. 97-103; s. 182, ch. 97-264; s. 160, ch. 99-397.

486.104 Physical therapist assistant; examination of applicant.—The examination of an applicant for licensing as a physical therapist assistant shall be in accordance with rules adopted by the board, to test the applicant's qualifications and shall include the taking of a test by the applicant. If an applicant fails to pass the examination in three attempts, the applicant shall not be eligible for reexamination unless she or he completes additional educational or training requirements prescribed by the board. An applicant who has completed the additional educational or training requirements prescribed by the board may take the examination on two more occasions. If the applicant has failed to pass the examination after five attempts, she or he is no longer eligible to take the examination.

History.—s. 12, ch. 67-537; s. 8, ch. 73-354; s. 2, ch. 79-116; s. 364, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 13, 24, ch. 83-86; ss. 11, 17, 18, ch. 86-31; s. 4, ch. 91-429; s. 466, ch. 97-103; s. 183, ch. 97-264.

486.106 Physical therapist assistant; issuance of license.—The board shall issue a license to each applicant who successfully establishes eligibility under the terms of this chapter and remits the initial license fee set by the board, not to exceed $100. Any person who holds a license pursuant to this section may use the words "physical therapist assistant," or the letters "P.T.A.," in connection with her or his name to denote licensure hereunder.

History.—s. 14, ch. 67-537; s. 10, ch. 73-354; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 14, 24, ch. 83-86; ss. 12, 17, 18, ch. 86-31; s. 9, ch. 89-124; s. 4, ch. 91-429; s. 467, ch. 97-103.

486.1065 Physical therapist assistant; issuance of temporary permit.—

(1) The board shall issue a temporary physical therapist assistant permit to an applicant who meets the following requirements:

(a) Completes an application for a temporary permit on a form approved by the department.

(b) Is a graduate of an approved United States physical therapy assistant educational program and meets all the eligibility requirements for licensure under ch. 456, s. 486.102(1)-(3)(a), and related rules, except passage of a national examination approved by the board is not required.

(c) Submits an application for licensure under s. 486.103.

(d) Demonstrates proof of possessing malpractice insurance.

(e) Submits documentation, under rules adopted by the board, verifying that the applicant will practice under the direct supervision of a licensed physical therapist as provided in subsection (3).

(2) A temporary permit is not renewable and is valid until a license is granted by the board. A temporary permit is void if the permittee does not pass a national examination approved by the board within 6 months after the date of graduation from a physical therapy assistant training program.

(3) An applicant for a temporary permit may not work as a physical therapist assistant until a temporary permit is issued by the board. A physical therapist assistant who is practicing under a temporary permit must do so under the direct supervision of a licensed physical therapist. A supervising physical therapist shall supervise only one permittee at any given time. The supervising physical therapist must be licensed for a minimum of 6 months before the supervision period begins and must cosign all patient records produced by the physical therapist assistant who is practicing under a temporary permit.

History.—s. 2, ch. 2012-69.

486.107 Physical therapist assistant; issuance of license without examination to person licensed in another jurisdiction; fee.—

(1) The board may cause a license to be issued through the department without examination to any applicant who presents evidence to the board, under oath, of licensure in another state, the District of Columbia, or a territory, if the standards for registering as a physical therapist assistant or licensing of a physical therapist assistant, as the case may be, in such other state are determined by the board to be as high as those of this state, as established by rules adopted pursuant to this chapter. Any person who holds a license pursuant to this section may use the words "physical therapist assistant," or the letters "P.T.A.," in connection with her or his name to denote licensure hereunder.

(2) At the time of making application for licensing without examination pursuant to the terms of this section, the applicant shall pay to the department a fee not to exceed $175 as fixed by the board, no part of which will be returned.

History.—s. 15, ch. 67-537; s. 11, ch. 73-354; s. 4, ch. 78-278; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 15, 24, ch. 83-86; ss. 13, 17, 18, ch. 86-31; s. 10, ch. 89-124; s. 4, ch. 91-429; s. 468, ch. 97-103; s. 161, ch. 99-397.

486.108 Physical therapist assistant; renewal of license; inactive status; reactivation of license; fees.—

(1) The department shall renew a license upon receipt of the renewal application and the fee set by the board not to exceed $150.

(2) The department shall adopt rules establishing a procedure for the biennial renewal of licenses.

(3) A license that has become inactive may be reactivated upon application to the department and completion of the requirements for reactivation under this section. The board shall prescribe by rule continuing education requirements as a condition of reactivating a license. The continuing education requirements for reactivating a license may not exceed 10 classroom hours for each year the license was inactive.

(4)(a) The board shall prescribe by rule an application fee for inactive status, a renewal fee for inactive status, a delinquency fee, and a fee for the reactivation of a license. None of these fees may exceed the biennial renewal fee established by the board for an active license.

(b) The department may not reactivate a license unless the inactive or delinquent licensee has paid any applicable biennial renewal or delinquency fee, or both, and a reactivation fee.

(c) The department may not reactivate a license unless the inactive licensee has met the continuing education requirements of subsection (3) or has fulfilled one of the following requirements for reactivation of a license:

1. Provides evidence satisfactory to the board that she or he has actively engaged in the practice of physical therapy in good standing in another state for the 4 years immediately preceding the filing of an application for reinstatement; or

2. Makes application for and passes the examination as provided by s. 486.104 and pays the fee therefor as provided in s. 486.103.

History.—s. 13, ch. 67-537; s. 9, ch. 73-354; s. 4, ch. 78-278; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 16, 24, ch. 83-86; ss. 14, 17, 18, ch. 86-31; s. 34, ch. 88-205; s. 4, ch. 91-429; s. 254, ch. 94-119; s. 469, ch. 97-103.

Note.—Former s. 486.105.

486.109 Continuing education.—

(1) The board shall require licensees to periodically demonstrate their professional competence as a condition of renewal of a license by completing 24 hours of continuing education biennially.

(2) The board shall approve only those courses sponsored by a college or university which provides a curriculum for training physical therapists or physical therapist assistants which is accredited by, or has status with an accrediting agency approved by, the United States Department of Education or courses sponsored or approved by the Florida Physical Therapy Association or the American Physical Therapy Association.

(3) The board may make exceptions from the requirements of this section in emergency or hardship cases as provided by rule.

(4) Each licensee shall be responsible for maintaining sufficient records in a format as determined by rule which shall be subject to a random audit by the department to assure compliance with this section.

(5) The board may adopt rules within the requirements of this section that are necessary for its implementation.

History.—ss. 2, 3, ch. 91-277; s. 4, ch. 91-429.

486.115 Disposition of fees.—All moneys collected by the department under this chapter shall be deposited and expended pursuant to the provisions of s. 456.025.

History.—s. 24, ch. 61-514; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 17, 24, ch. 83-86; ss. 17, 18, ch. 86-31; s. 4, ch. 91-429; s. 144, ch. 98-166; s. 203, ch. 2000-160.

Note.—Former s. 486.072.

486.123 Sexual misconduct in the practice of physical therapy.—The physical therapist-patient relationship is founded on mutual trust. Sexual misconduct in the practice of physical therapy means violation of the physical therapist-patient relationship through which the physical therapist uses that relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of practice or the scope of generally accepted examination or treatment of the patient. Sexual misconduct in the practice of physical therapy is prohibited.

History.—s. 184, ch. 97-264.

486.125 Refusal, revocation, or suspension of license; administrative fines and other disciplinary measures.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(a) Being unable to practice physical therapy with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition.

1. In enforcing this paragraph, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice physical therapy due to the reasons stated in this paragraph, the department shall have the authority to compel a physical therapist or physical therapist assistant to submit to a mental or physical examination by a physician designated by the department. If the licensee refuses to comply with such order, the department's order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or serves as a physical therapy practitioner. The licensee against whom the petition is filed shall not be named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011.

2. A physical therapist or physical therapist assistant whose license is suspended or revoked pursuant to this subsection shall, at reasonable intervals, be given an opportunity to demonstrate that she or he can resume the competent practice of physical therapy with reasonable skill and safety to patients.

3. Neither the record of proceeding nor the orders entered by the board in any proceeding under this subsection may be used against a physical therapist or physical therapist assistant in any other proceeding.

(b) Having committed fraud in the practice of physical therapy or deceit in obtaining a license as a physical therapist or as a physical therapist assistant.

(c) Being convicted or found guilty regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of physical therapy or to the ability to practice physical therapy. The entry of any plea of nolo contendere shall be considered a conviction for purpose of this chapter.

(d) Having treated or undertaken to treat human ailments by means other than by physical therapy, as defined in this chapter.

(e) Failing to maintain acceptable standards of physical therapy practice as set forth by the board in rules adopted pursuant to this chapter.

(f) Engaging directly or indirectly in the dividing, transferring, assigning, rebating, or refunding of fees received for professional services, or having been found to profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity, with any person referring a patient or with any relative or business associate of the referring person. Nothing in this chapter shall be construed to prohibit the members of any regularly and properly organized business entity which is comprised of physical therapists and which is recognized under the laws of this state from making any division of their total fees among themselves as they determine necessary.

(g) Having a license revoked or suspended; having had other disciplinary action taken against her or him; or having had her or his application for a license refused, revoked, or suspended by the licensing authority of another state, territory, or country.

(h) Violating a lawful order of the board or department previously entered in a disciplinary hearing.

(i) Making or filing a report or record which the licensee knows to be false. Such reports or records shall include only those which are signed in the capacity of a physical therapist.

(j) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensee knows or has reason to know that she or he is not competent to perform, including, but not limited to, specific spinal manipulation.

(k) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.

(2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).

(3) The board shall not reinstate the license of a physical therapist or physical therapist assistant or cause a license to be issued to a person it has deemed unqualified until such time as it is satisfied that she or he has complied with all the terms and conditions set forth in the final order and that such person is capable of safely engaging in the practice of physical therapy.

History.—s. 9, ch. 57-67; s. 8, ch. 67-537; ss. 36, 44, ch. 78-95; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 18, 24, ch. 83-86; s. 2, ch. 83-93; ss. 84, 119, ch. 83-329; ss. 15, 17, 18, ch. 86-31; s. 11, ch. 89-124; s. 61, ch. 89-374; s. 4, ch. 91-429; s. 2, ch. 92-70; s. 470, ch. 97-103; s. 185, ch. 97-264; s. 51, ch. 2001-277; s. 26, ch. 2005-240; s. 100, ch. 2008-6.

Note.—Former s. 486.091.

486.135 False representation of licensure, or willful misrepresentation or fraudulent representation to obtain license, unlawful.—

(1)(a) It is unlawful for any person who is not licensed under this chapter as a physical therapist, or whose license has been suspended or revoked, to use in connection with her or his name or place of business the words "physical therapist," "physiotherapist," "physical therapy," "physiotherapy," "registered physical therapist," or "licensed physical therapist"; or the letters "P.T.," "Ph.T.," "R.P.T.," or "L.P.T."; or any other words, letters, abbreviations, or insignia indicating or implying that she or he is a physical therapist or to represent herself or himself as a physical therapist in any other way, orally, in writing, in print, or by sign, directly or by implication, unless physical therapy services are provided or supplied by a physical therapist licensed in accordance with this chapter.

(b) It is unlawful for any person who is not licensed under this chapter as a physical therapist assistant, or whose license has been suspended or revoked, to use in connection with her or his name the words "physical therapist assistant," "licensed physical therapist assistant," "registered physical therapist assistant," or "physical therapy technician"; or the letters "P.T.A.," "L.P.T.A.," "R.P.T.A.," or "P.T.T."; or any other words, letters, abbreviations, or insignia indicating or implying that she or he is a physical therapist assistant or to represent herself or himself as a physical therapist assistant in any other way, orally, in writing, in print, or by sign, directly or by implication.

(2) It is unlawful for any person to obtain or attempt to obtain a license under this chapter by any willful misrepresentation or any fraudulent representation.

History.—s. 10, ch. 57-67; s. 9, ch. 67-537; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 19, 24, ch. 83-86; ss. 17, 18, ch. 86-31; s. 4, ch. 91-429; s. 471, ch. 97-103.

Note.—Former s. 486.101.

486.151 Prohibited acts; penalty.—

(1) It is unlawful for any person to:

(a) Practice physical therapy or attempt to practice physical therapy without an active license.

(b) Use or attempt to use a license to practice physical therapy which is suspended or revoked.

(c) Obtain or attempt to obtain a license to practice physical therapy by fraudulent misrepresentation.

(d) Use the name or title "Physical Therapist" or "Physical Therapist Assistant" or any other name or title which would lead the public to believe that the person using the name or title is licensed to practice physical therapy, unless such person holds a valid license.

(e) Make any willfully false oath or affirmation whenever an oath or affirmation is required by this chapter.

(f) Knowingly conceal information relating to violations of this chapter.

(2) Any person who violates any of the provisions of this section is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

History.—s. 15, ch. 57-67; s. 438, ch. 71-136; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 20, 24, ch. 83-86; ss. 16, 17, 18, ch. 86-31; s. 31, ch. 91-220; s. 4, ch. 91-429.

486.153 Injunctive relief.—The department or any person may, in the name of the state, apply for injunctive relief in any court of competent jurisdiction to enjoin any person from committing any act in violation of this chapter. Such proceedings shall be in addition to, and not in lieu of, any other penalty or remedy under this chapter.

History.—ss. 20, 24, ch. 83-86; ss. 17, 18, ch. 86-31; s. 4, ch. 91-429.

486.161 Exemptions.—

(1) No provision of this chapter shall be construed to prohibit any person licensed in this state from using any physical agent as a part of, or incidental to, the lawful practice of her or his profession under the statutes applicable to the profession of chiropractic physician, podiatric physician, doctor of medicine, massage therapist, nurse, osteopathic physician or surgeon, occupational therapist, or naturopath.

(2) No provision of this chapter shall be construed to prohibit:

(a) Any student who is enrolled in a school or course of physical therapy approved by the board from performing such acts of physical therapy as are incidental to her or his course of study; or

(b) Any physical therapist from another state from performing physical therapy incidental to a course of study when taking or giving a postgraduate course or other course of study in this state, provided such physical therapist is licensed in another jurisdiction or holds an appointment on the faculty of a school approved for training physical therapists or physical therapist assistants.

(3) No provision of this chapter prohibits a licensed physical therapist from delegating, to a person qualified by training, experience, or education, specific patient care activities, as defined and limited by board rule, to assist the licensed physical therapist in performing duties in compliance with the standards of the practice of physical therapy. Specific patient care activities, as defined and limited by board rule, must be performed under the direct supervision of the licensed physical therapist or physical therapist assistant in the immediate area, if the person is not a licensed physical therapist assistant.

History.—s. 16, ch. 57-67; s. 2, ch. 65-170; s. 5, ch. 78-278; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 21, 24, ch. 83-86; ss. 17, 18, ch. 86-31; s. 64, ch. 89-374; s. 4, ch. 91-429; s. 326, ch. 94-119; s. 472, ch. 97-103; ss. 219, 288, ch. 98-166.

486.171 Current valid licenses effective.—

(1) Any person holding a license to practice physical therapy issued by the board or department, which license is valid when this act takes effect, shall be deemed to be licensed as a physical therapist under this chapter.

(2) Any person employed by or assisting the physical therapist as an aide shall be considered eligible to continue to perform her or his duties, provided she or he was so employed prior to the 1973 amendments to this chapter. She or he shall not be eligible to be licensed as a physical therapist assistant or to call herself or himself an assistant until she or he meets the requirements of this chapter.

History.—s. 17, ch. 57-67; s. 16, ch. 67-537; s. 12, ch. 73-354; s. 2, ch. 79-116; ss. 2, 3, ch. 81-318; ss. 22, 24, ch. 83-86; ss. 17, 18, ch. 86-31; s. 4, ch. 91-429; s. 473, ch. 97-103.

486.172 Application of s. 456.021.—The provisions of s. 456.021 shall also be applicable to the provisions of this chapter.

History.—s. 7, ch. 78-278; s. 2, ch. 79-116; s. 366, ch. 81-259; ss. 2, 3, ch. 81-318; s. 24, ch. 83-86; ss. 17, 18, ch. 86-31; s. 4, ch. 91-429; s. 145, ch. 98-166; s. 204, ch. 2000-160.

PART B

Rule 64B17, F.A.C.

Physical Therapy Practice Rules

Please note: This is a transcription of the Florida Administrative Code; however, it is not the official Code. All attempts have been made to verify the complete accuracy of the test. If you are concerned about the accuracy, please consult the Florida Administrative Code which can be found in any law library.

CHAPTER 64B17-1 PURPOSE, ORGANIZATION, RULEMAKING PROCEDURES

64B17-1.001 Organization. (Repealed)
64B17-1.002 Meetings.
64B17-1.003 Attendance at Board Meetings.
64B17-1.004 Probable Cause Panel.

64B17-1.002 Meetings.

For purposes of board member compensation under subsection (4) of Section 456.011, Florida Statutes, "other business involving the board" is defined to include:

(1) Board meetings;

(2) Meetings of committees or workshops of the Board;

(3) Meetings of a Board member with Department staff or contractors of the Department at the Board or Department's request. Any participation or meeting of members noticed or unnoticed shall be on file at the Board office.

Specific Authority 456.011(4), 486.025 FS. Law Implemented 456.011, 486.025 FS. History–New 1-11-90, Formerly 21MM-1.002, 61F11-1.2 , Amended 8-16-95, Formerly 59Y-1.002.

64B17-1.003 Attendance at Board Meetings.

(1) Board members shall attend all regularly scheduled Board meetings unless prevented from doing so by reason of court order, subpoena, business with a court which has the sole prerogative of setting the date of such business, death of a family member, illness of the Board member, or hospitalization of the member's immediate family or otherwise by the Chair for good cause shown.

(2) No Board member may be absent from three consecutive regularly scheduled Board meetings unless the absence is excused for one of the reasons stated in subsection (1) of this rule. An absence for any reason other than the reasons stated in section (1) constitute an unexcused absence for the purpose of declaring a vacancy on the Board. An otherwise excused absence is not excused if the Board member fails to notify the Board office of the impending absence prior to the regularly-scheduled Board meeting at which the absence will occur or unless the failure to notify the Board office is the result of circumstances surrounding the reason for the absence which the Board itself excuses after the absence has occurred.

(3) "Family" consists of immediate family, nieces, nephews, cousins, and in-laws.

(4) "Immediate family" consists of spouse, child, parents, parents-in-law, siblings, grandchildren, and grandparents.

Specific Authority 456.011, 486.025 FS. Law Implemented 456.011 FS. History–New 10-25-93, Formerly 61F11-1.007, 59Y-1.007.

64B17-1.004 Probable Cause Panel.

(1) The determination as to whether probable cause exists regarding a violation of the provisions of Chapter 486 and 456, F.S., and/or the rules promulgated by the Board shall be made by majority vote of a probable cause panel of the Board.

(2) The Board Chair shall appoint at least two people to the probable cause panel and shall designate the panel Chair. The appointed people shall be either current Board members or at least one current Board member and one or more former members of the Board. The panel must include a former or present consumer member if one is available, is willing to serve, and is appointed by the Board Chair. Otherwise, the panel shall be composed of former or present Board members who are licensed physical therapists. The determination as to whether probable cause exists that a violation has occurred shall be made by a majority vote of the probable cause panel of the Board.

(3) The Board Chair may designate an alternate panel with the same membership criteria to share the workload. With regard to either panel, the Board Chair may make temporary appointments, as needed, to conduct the business of the panel in the absence or unavailability of a regularly appointed panel member.

(4) If a Board member has reviewed a case as a member of the probable cause panel, that member shall be on the panel for reconsideration of that case if reconsideration is requested by the prosecutor and that panel member is able and available.

Specific Authority 456.073(4) FS. Law Implemented 456.073(4) FS. History–New 6-11-02.

64B17-1.005 Public Comment.

The Board of Physical Therapy Practice invites and encourages all members of the public to provide comment on matters or propositions before the Board or a committee of the Board. The opportunity to provide comment shall be subject to the following:

(1) Members of the public will be given an opportunity to provide comment on subject matters before the Board after an agenda item is introduced at a properly noticed board meeting.

(2) Members of the public shall be limited to three (3) minutes to provide comment. This time shall not include time spent by the presenter responding to questions posed by Board members, staff or board counsel. The chair of the Board may extend the time to provide comment if time permits.

(3) A member of the public shall notify board staff in writing of his or her interest to be heard on a proposition or matter before the Board. The notification shall identify the person or entity, indicate support, opposition, or neutrality, and identify who will speak on behalf of a group or faction of persons consisting of five (5) or more persons.

Rulemaking Authority 286.0114 FS. Law Implemented 286.0114 FS. History–New 3-30-14.

CHAPTER 64B17-2 FEES

64B17-2.001 Fees for Application, Re-Application and Initial Licensure.
64B17-2.002 Initial Licensure Fee for Physical Therapists and Physical Therapy Assistants. (Repealed)
64B17-2.003 Application Fees for Physical Therapist Assistant. (Repealed)
64B17-2.004 Initial Licensure Fee for Physical Therapist Assistants. (Repealed)
64B17-2.005 Biennial Renewal and Inactive Status; Delinquency; Reactivation; and Change of Status Fees.
64B17-2.006 Duplicate License or Wall Certificate Fees.
64B17-2.007 Certification of Public Records.
64B17-2.008 Fee to Enforce Prohibition Against Unlicensed Activity. (Repealed)

64B17-2.001 Fees for Application, Re-Application and Initial Licensure.

(1) Each applicant for licensure shall pay an application fee in the form of a check or money order payable to the Department of Health. The application fee is nonrefundable and may not be used for more than one year from the original submission of the application. After one year from the date of the original submission of an application and application fee, a new application and new fee shall be required from any applicant who desires to be considered for licensure.

(2) The application fee for licensure by endorsement is $100.

(3) The application fee for licensure by taking the national examination is $100.

(4) When the Board certifies the applicant to sit for the examination, it is the applicant's responsibility to complete the examination process with the national vendor. In compliance with the Americans with Disabilities Act, any applicant requesting special accommodations shall comply with the Department of Health's Rule 64B-1.005, F.A.C.

(5) The initial licensure fee is $75.

(6) The unlicensed activity fee is $5.00. This fee is in addition to the initial licensure fee.

(7) If an applicant fails to pass the national examination and/or the laws and rules examination, the applicant is responsible to meet the same requirements as prescribed in subsections (2) through (4) of this rule where applicable.

Rulemaking Authority 486.025, 486.041, 486.081(2) FS. Law Implemented 456.013(1), (2), 456.065(3), 486.041, 486.061, 486.081, 486.103, 486.106, 486.107 FS. History–New 12-13-83, Amended 5-29-85, Formerly 21M-7.25, Amended 6-20-89, Formerly 21M-7.025, 21MM-2.001, 61F11-2.001, 59Y-2.001, Amended 2-1-99, 4-18-04, 6-1-09, 12-24-13.

64B17-2.005 Biennial Renewal and Inactive Status; Delinquency; Reactivation; and Change of Status Fees.

(1) The biennial renewal fee for an active license is $75.

(2) The biennial renewal fee for an inactive license is $50. Inactive status automatically revokes the privilege to practice in Florida.

(3) The retired status fee for a retired status license is $50. Retired license status automatically revokes the privilege to practice in Florida.

(4) A license which is not renewed at the end of the biennium as prescribed by the Department shall automatically revert to delinquent status. Delinquent status automatically revokes the privilege to practice in Florida. The delinquency fee is $55.

(5) The unlicensed activity fee is $5.00. This fee is in addition to the active or inactive licensure renewal fee.

(6) The fee for reactivation is $50.

(7) The change of status fee is $40.

(8) Failure by a delinquent licensee to become active or inactive before the expiration of the current licensure cycle renders the license null without further action by the board or the Department. Any subsequent licensure shall be as a result of applying for and meeting all requirements at the time of application.

Rulemaking Authority 486.025, 486.085 FS. Law Implemented 456.036(4), (6), 486.085, 486.108(1) FS. History–New 8-6-84,

Formerly 21M-8.10, Amended 9-22-87, 6-20-89, Formerly 21M-8.010, Amended 10-17-90, Formerly 21MM-2.005, 61F11-2.005, 59Y-2.005, Amended 12-6-01, 4-18-04, 1-18-06, 6-1-09.

64B17-2.006 Duplicate License Fee.

If a licensee wishes to request that the Board provide a duplicate license, the Board will issue the duplicate if the request is in writing and accompanied by a payment of $25.

Specific Authority 456.025(2), (7), 486.025 FS. Law Implemented 456.025(2), (7) FS. History–New 10-14-91, Amended 1-1-92, Formerly 21MM-2.006, 61F11-2.006, 59Y-2.006, Amended 5-8-00, 4-9-06.

64B17-2.007 Certification of Public Records.

Any person desiring certification of any Board documents from the custodian of records as official public records shall submit that request along with a certification fee of $25. Normal duplicating fees shall also apply.

Specific Authority 456.025(8), 486.025 FS. Law Implemented 456.025(2), (7), FS. History–New 10-14-91, Amended 1-1-92, Formerly 21MM-2.007, 61F11-2.007, 59Y-2.007.

CHAPTER 64B17-3 LICENSURE OF PHYSICAL THERAPISTS

64B17-3.001 Licensure as a Physical Therapist by Examination.
64B17-3.002 Licensure Examination Subjects and Passing Score; Additional Requirements After Third Failure; Florida Jurisprudence Examination.
64B17-3.003 Licensure by Endorsement.
64B17-3.004 Temporary Permit to Practice Physical Therapy. (Repealed)
64B17-3.005 Current Applications Required. (Repealed)
64B17-3.006 Examination Security and Sanctions for Subversions.

64B17-3.001 Licensure as a Physical Therapist by Examination.

Every physical therapist who applies for licensure by examination shall file DOH Form #DH-MQA 1142 Application for Licensure, revised 08/14, which is hereby incorporated by reference and is available through http://www.flrules.org/Gateway/reference.asp?No=Ref-04794 or www.floridasphysicaltherapy.gov/resources, and demonstrate to the Board that the applicant:

(1) Is eighteen years old.

(2) Possesses good moral character.

(3) Education.

(a) Has received a degree in physical therapy from an institution that has been approved for the training of physical therapists by the Commission on Accreditation for Physical Therapy Education (CAPTE), at the time of graduation; or

(b) Has received a diploma from a program in physical therapy in a foreign country and:

1. Has received a determination that the credentials are equivalent to education required for licensure as a physical therapist in the United States. Educational credentials equivalent to those required for the education and preparation of physical therapists in this country shall be determined by the Foreign Credentialing Commission on Physical Therapy (FCCPT) or any other Board approved credentialing agency that meets at least the following criteria:

a. Has a comprehensive, standardized orientation and training program for all reviewers who must be experienced and knowledgeable in the area of physical therapy education.

b. Has an audit and quality assurance or review committee that regularly meets to monitor the evaluation process and to provide random audits of the credentials reviews.

c. Uses the Federation of State Boards of Physical Therapy (FSBPT) coursework evaluation tool, that reflects the educational criteria in place at the time of graduation.

d. Employs full time staff support including an international expert in General Education credential equivalency and analysis.

e. Has an updated, current, and comprehensive resource document library available for reference.

f. Uses two independent physical therapists to perform the professional education component of the credentials reviews.

g. Uses original documentation from the institution with institutional seals and signatures and does not permit notarized copies of transcripts or course descriptions for credentials reviews.

2. A report from the credentialing agency, in which the educational expert or physical therapist evaluator is not affiliated with the institutions or individuals under review, interpreting the foreign credentials in terms of educational equivalency in

the United States. At a minimum, the report shall contain the following information:

a. A clear and definitive statement as to whether the education is equivalent to a CAPTE-accredited physical therapy educational program.

b. Whether the institution is accredited by any governmental agency and, if so, which agency.

c. A list of courses in general education and professional education with the United States post-secondary equivalent course indicated.

d. All opinions contained in the report shall be substantiated by reference to the source materials which form the basis for the opinion.

Rulemaking Authority 486.025, 486.031(3) FS. Law Implemented 456.013, 456.017, 456.0635, 456.38, 486.031, 486.041, 486.051, 486.061, 486.0715, 486.104 FS. History–New 8-6-84, Amended 6-2-85, Formerly 21M-7.20, Amended 5-18-86, Formerly 21M-7.020, 21MM-3.001, Amended 3-1-94, Formerly 61F11-3.001, Amended 12-22-94, 4-10-96, Formerly 59Y-3.001, Amended 12-30-98, 1-23-03, 4-9-06, 9-19-06, 3-13-07, 5-11-08, 5-21-09, 8-10-09, 7-5-10, 12-17-12, 12-15-14.

64B17-3.002 Licensure Examination Subjects and Passing Score; Additional Requirements After Third Failure; Laws and Rules Examination.

(1) The licensure examination shall be the National Physical Therapy Examination (NPTE) for Physical Therapists developed by the Federation of State Boards of Physical Therapy. An applicant for licensure by examination must have obtained a passing score on the NPTE examination within the five (5) years immediately prior to the filing of the application.

(2) Applicants must obtain a passing score on the National Physical Therapy Examination for Physical Therapists developed by the Federation of State Boards of Physical Therapy.

(3) An applicant must reapply, using DOH Form #DH-MQA 1143, Re-Exam Application, Revised 08/09, incorporated by reference, which is available through www.doh.state.fl.us/mqa, in order to retake the examination. If an applicant wishes to take the examination for the fourth time, the applicant must submit to the Board for approval satisfactory evidence of having successfully completed the following since the last taking of the examination: successful completion of a course of study or internship designed to prepare the applicant for the physical therapy examination. An applicant who has completed these additional requirements may take the examination on two more occasions.

(4) All applicants for licensure including those licensed by endorsement under Rule 64B17-3.003, F.A.C., are required to take and pass the Laws and Rules Examination developed by the Federation of State Boards of Physical Therapy. Passing scores on the Laws and Rules Examination are no longer valid if more than five years have passed since the Applicant took the examination.

(a) The Laws and Rules Examination has 40 scored questions and the content and approximate weights are:

1. Legislative Intent and Definitions 25%;
2. Board Powers and Duties 5%;
3. Licensure and Examination 7.5%;
4. Patient Care 35%;
5. Disciplinary Action and Unlawful Practice 15%; and
6. Consumer Advocacy 12.5%. In order to achieve a passing score on the examination, an applicant must obtain a score equal to or greater than the scaled score based upon a passing score study conducted by the Federation of State Boards of Physical Therapy.

(b) Applicants must reapply to retake the Laws and Rules Examination, using DOH Form #DH-MQA 1143, Re-Exam Application, Revised 08/09, which is available through www.doh.state.fl.us/mqa.

Rulemaking Authority 456.017, 486.025, 486.051 FS. Law Implemented 456.017, 486.051 FS. History–New 8-6-84, Formerly 21M-7.22, Amended 3-16-88, 6-20-89, Formerly 21M-7.022, Amended 6-6-90, 6-3-92, 3-24-93, Formerly 21MM-3.002, 61F11-3.002, Amended 12-22-94, Formerly 59Y-3.002, Amended 2-14-02, 4-23-02, 12-5-04, 4-9-06, 1-7-07, 6-27-07, 5-21-09, 8-10-09, 6-29-10.

64B17-3.003 Licensure by Endorsement.

(1) An applicant filing DOH Form #DH-MQA 1142 Application for Licensure, revised 08/14, which is hereby incorporated by reference and is available through http://www.flrules.org/Gateway/reference.asp?No=Ref-04795 or www.floridasphysicaltherapy.gov/resources, and demonstrating that he or she meets the requirements of Rule 64B17-3.001, F.A.C., may be licensed to practice physical therapy by endorsement by presenting evidence satisfactory to the Board that the applicant has active licensure in another jurisdiction and has passed an examination before a similar, lawful, authorized examining board in physical therapy in such other jurisdiction if their standards for licensure are as high as those maintained in Florida. The standard for determining whether the standards of another jurisdiction are as high as the standards in Florida shall

be whether the written examination taken for licensure in such other jurisdiction by applicants meeting Florida's minimum educational qualifications was through the national physical therapy examination provider certified by the Department.

(2) An applicant who has been educated in a foreign country may demonstrate minimum educational qualifications by providing the following:

(a) A certified copy of the credential evaluation used by the physical therapy licensing board of another state. The evaluation must be on the appropriate coursework tool (CWT) adopted by the Federation of State Boards of Physical Therapy (FSBPT) and reflect the education criteria in place at the time of graduation, and;

(b) Proof of 1000 clinical practice hours each year in the United States for five (5) out of the last ten (10) years;

1. Full-time teaching of physical therapy education may count toward 250 of the 1000 required practice hours per year.

2. Proof of clinical practice hours in the United States shall consist of submission of a written statement evidencing the number of clinical hours the applicant practiced in each of the five (5) years.

(3) An applicant who has failed to pass the National Physical Therapy Examination for Physical Therapists by or on the fifth attempt, regardless of the jurisdiction through which the examination was taken, is precluded from licensure.

Rulemaking Authority 486.025, 486.081 FS. Law Implemented 456.013, 456.0635, 456.38, 486.061, 486.0715, 486.081, 486.104, 487.031 FS. History–New 8-6-84, Formerly 21M-7.26, Amended 5-18-86, Formerly 21M-7.026, 21MM-3.004, 61F11-3.004, 59Y-3.004, Amended 4-21-02, 11-11-02, 11-1-04, 4-9-06, 5-21-09, 8-10-09, 6-9-10, 12-17-12, 5-8-13, 5-12-14, 12-15-14.

64B17-3.006 Examination Security and Sanctions for Subversions.

(1) The Board incorporates Department Rule 64B-1.004, F.A.C., relating to the security of examinations.

(2) An applicant, licensee, or examinee who is found by the Board, prior to, during, or after the administration of an examination, to have engaged or to have attempted to engage in conduct that subverts or undermines the integrity of the examination process shall be subject to penalties up to and including disqualification from taking the examination and from licensure as a physical therapist, and up to receiving a failing grade on the examination if applicable pursuant to Rule 64B17-7.001, F.A.C.

Specific Authority 486.023(4), 486.025 FS. Law Implemented 456.017(1)(d) FS. History–New 6-12-03, Amended 8-9-04.

CHAPTER 64B17-4 LICENSURE OF PHYSICAL THERAPISTS ASSISTANTS

64B17-4.001 Licensure as a Physical Therapist Assistant by Examination.
64B17-4.002 Licensure Examination Subjects and Passing Score; Additional Requirements After Third Failure; Florida Jurisprudence Examination.
64B17-4.003 Licensure by Endorsement.
64B17-4.004 Temporary Permit to Practice as a Physical Therapist Assistant. (Repealed)
64B17-4.005 Current Applications Required. (Repealed)
64B17-4.006 Examination Security and Sanctions for Subversions.

64B17-4.001 Licensure as a Physical Therapist Assistant by Examination.

Every physical therapist assistant who applies for licensure by examination shall file DOH Form #DH-MQA 1142 Application for Licensure, revised 08/14, which is hereby incorporated by reference, and is available through http://www.flrules.org/Gateway/reference.asp?No=Ref-04796 or www.floridasphysicaltherapy.gov/resources, and demonstrate to the Board that the applicant:

(1) Is eighteen years old.

(2) Possesses a good moral character.

(3) Education,

(a) Has received a degree as a physical therapist assistant from an institution accredited by an appropriate accrediting agency as authorized by Section 486.102, F.S., at the time of graduation, or

(b) Has graduated from a school giving a course for physical therapist assistants in a foreign country; and

1. Has received a determination that the credentials are equivalent to education required for licensure as a physical therapist assistant in the United States. Educational credentials equivalency shall be determined by the Foreign Credentialing Committee on Physical Therapy (FCCPT) or any other Board approved credentialing agency that meets at least the following criteria:

a. Has a comprehensive, standardized orientation and training program for all reviewers who must be experienced and knowledgeable in the area of physical therapist assistant education.

b. Has an audit and quality assurance or review committee that regularly meets to monitor the evaluation process and to provide random audits of the credentials reviews.

c. Uses the Federation of State Boards of Physical Therapy (FSBPT) coursework evaluation tool, that reflects the educational criteria in place at the time of graduation.

d. Employs full time staff support including an international expert in fundamental studies, applied science, and technical education credential equivalency and analysis.

e. Has an updated, current, and comprehensive resource document library available for reference.

f. Uses two independent physical therapists or physical therapist assistants to perform the professional education component of the credentials reviews.

g. Uses original documentation from the institution with institutional seals and signatures and does not permit notarized copies of transcripts or course descriptions for credentials reviews.

2. The report from the board approved credentialing agency, in which the educational expert, physical therapist, or physical therapist assistant evaluator is not affiliated with the institutions or individuals under review, interpreting the foreign credentials in terms of educational equivalency in the United States, shall, at a minimum, contain the following information:

a. A clear and definitive statement as to whether the education is equivalent to a CAPTE-accredited physical therapist assistant educational program.

b. Whether the institution is accredited by any governmental agency, and if so, which agency.

c. A list of courses in fundamental studies, applied science, and technical education.

d. All opinions contained in the report shall be substantiated by reference to the source materials which form the basis for the opinion.

Rulemaking Authority 486.025, 486.102 FS. Law Implemented 456.013, 456.017, 486.102(3), 486.104, 486.106, 486.107 FS. History–New 8-6-84, Amended 6-2-85, Formerly 21M-10.20, Amended 5-18-86, Formerly 21M-10.020, 21MM-4.001, Amended 3-1-94, Formerly 61F11-4.001, Amended 12-22-94, 4-10-96, Formerly 59Y-4.001, Amended 1-23-03, 4-9-06, 9-19-06, 5-21-09, 9-22-09, 9-28-09, 6-9-10, 12-17-12, 1-26-15.

64B17-4.002 Licensure Examination Subjects and Passing Score; Additional Requirements After Third Failure; Florida Jurisprudence Examination.

(1) The licensure examination shall be the National Physical Therapy Examination (NPTE) for Physical Therapist Assistants developed by the Federation of State Boards of Physical Therapy. An applicant for licensure by examination must have obtained a passing score on the NPTE examination within the five (5) years immediately prior to the filing of the application.

(2) In order to achieve a passing score on the examination, an applicant must obtain a score equal to or greater than the scaled score recommended by the Federation of State Boards of Physical Therapy.

(3) An applicant must reapply, using DOH Form #DH-MQA 1143, Re-Exam Application, Revised 02/09, which is available through www.doh.state.fl.us/mqa, in order to retake the examination. If an applicant wishes to take the examination for the fourth time, the applicant must submit to the Board for approval satisfactory evidence of having successfully completed the following since the last taking of the examination: successful completion of a course of study or internship designed to prepare the applicant for the physical therapy assistant examination. An applicant who has completed these additional requirements may take the examination on two more occasions.

(4) All applicants for licensure including those licensed by endorsement under Rule 64B17-4.003, F.A.C., are required to take and pass the Florida Jurisprudence Examination developed by the Federation of State Boards of Physical Therapy.

(a) The Florida Jurisprudence Examination has 40 scored questions and the content and approximate weights are:

1. Legislative Intent and Definitions 25%;

2. Board Powers and Duties 5%;

3. Licensure and Examination 7.5%;

4. Patient Care 35%;

5. Disciplinary Action and Unlawful Practice 15%; and

6. Consumer Advocacy 12.5%. In order to achieve a passing score on the examination, an applicant must obtain a score equal to or greater than the scaled score based upon a passing score study conducted by the Federation of State Boards of Physical Therapy.

(b) Applicants must reapply to retake the Florida Jurisprudence Examination, using DOH Form #DH-MQA 1143, Re-Exam Application, Revised 02/09, which is available through www.doh.state.fl.us/mqa.

Rulemaking Authority 456.017(1)(b), 486.025, 486.104 FS. Law Implemented 456.017, 486.104 FS. History–New 8-6-84, Formerly 21M-10.22, Amended 4-12-87, 3-16-88, 6-20-89, Formerly 21M-10.022, Amended 6-3-92, 3-24-93, Formerly

21MM-4.002, 61F11-4.002, Amended 12-22-94, Formerly 59Y-4.002, Amended 2-14-02, 4-23-02, 12-5-04, 4-9-06, 6-27-07, 5-21-09, 8-10-09.

64B17-4.003 Licensure by Endorsement.

(1) An applicant, filing DOH Form #DH-MQA 1142 Application for Licensure, revised 08/14, which is hereby incorporated by reference, and is available through http://www.flrules.org/Gateway/reference.asp?No=Ref-04797 or www.floridasphysicaltherapy.gov/resources, and demonstrating that he or she is licensed in another state may be licensed to practice as a physical therapist assistant by endorsement by presenting evidence of active licensure in another jurisdiction, under oath, and evidence satisfactory to the Board that the applicant from such other jurisdiction has been licensed under standards for licensure as high as those maintained in Florida. The standard for determining whether those requirements are as high as those in Florida shall be whether the applicant was required to meet educational standards equivalent to those set forth in subsection 64B17-4.001(3), F.A.C., and whether the written examination taken for licensure in such other jurisdiction was through the designated national physical therapist assistants examination provider certified by the Department. An applicant who has failed to pass the National Physical Therapy Examination for Physical Therapist Assistants by or on the fifth attempt, regardless of the jurisdiction through which the examination was taken, is precluded from licensure.

(2) An applicant who has been educated in a foreign country may demonstrate minimum qualifications by providing the following:

(a) A certified copy of the credential evaluation used by the physical therapist assistant licensing board of another state. The evaluation must be on the appropriate coursework tool (CWT) adopted by the Federation of State Boards of Physical Therapy (FSBPT) and reflect the education criteria in place at the time of graduation; and Proof of 1000 clinical practice hours each year in the United States for five (5) out of the last ten (10) years.

(b) Full-time teaching of physical therapist assistant education may count toward 250 of the 1000 required practice hours per year.

(3) An applicant who has failed to pass the National Physical Therapy Examination for Physical Therapist Assistants by or on the fifth attempt, regardless of the jurisdiction through which the examination was taken, is precluded from licensure.

Rulemaking Authority 486.025, 486.107(1) FS. Law Implemented 456.013, 456.0635, 456.38, 486.104, *486.106,* 486.1065, *486.107 FS. History–New 8-6-84, Formerly 21M-10.26, Amended 5-18-86, Formerly 21M-10.026, 21MM-4.004, 61F11-4.004, 59Y-4.004, Amended 7-11-02, 11-11-02, 12-5-04, 4-9-06, 5-21-09, 9-28-09, 9-23-10, 12-17-12, 5-8-13,1-26-15.*

64B17-4.006 Examination Security and Sanctions for Subversions.

(1) The Board incorporates Department Rule 64B-1.004, F.A.C., relating to the security of examinations.

(2) An applicant, licensee, or examinee who is found by the Board, prior to, during, or after the administration of an examination, to have engaged or to have attempted to engage in conduct that subverts or undermines the integrity of the examination process shall be subject to penalties up to and including disqualification from taking the examination and from licensure as a physical therapist assistant, and up to receiving a failing grade on the examination, if applicable, pursuant to Rule 64B17-7.001, F.A.C.

Specific Authority 486.023(4), 486.025 FS. Law Implemented 456.017(1)(d) FS. History–New 6-17-03, Amended 8-9-04.

CHAPTER 64B17-5 INACTIVE STATUS AND REACTIVATION

64B17-5.001 Requirements for Reactivation of an Inactive License.
64B17-5.002 Exemption of Spouses of Members of Armed Forces from Licensure Renewal Provisions.

64B17-5.001 Requirements for Reactivation of an Inactive or Retired License.

Depending upon the time of reactivation, an inactive or retired license shall be reactivated upon demonstration that the licensee has paid the reactivation fee, the biennial renewal fee for an active license or the difference between the inactive or retired status renewal fee and the active status renewal fee, and if applicable, a change of status and/or delinquency fee, provided that the licensee has:

(1) Documented completion of 10 hours of continuing education of formal approved study pertinent to practice for each year the license was inactive. No more than 6 hours of continuing education may be home study per year of inactive status.

(2) Documented completion of the required medical errors prevention courses as prescribed in Rule 64B17-8.002, F.A.C., for each biennium after the effective date of the statutory requirement while the license was inactive.

(3) Documented completion of 2 hours of continuing education specifically related to Physical Therapy laws and rules within one year prior to reactivation.

(4) Documented proof of completion of 24 hours of approved continuing education as provided in Rule 64B17-9.001,

F.A.C., including medical errors prevention for the preceding biennium during which the licensee held an active license.

Specific Authority 486.025, 486.085(2), (4)(a), 486.108(2), 456.036 FS. Law Implemented 486.085, 486.108, 456.036 FS. History–New 8-6-84, Formerly 21M-8.11, Amended 9-22-87, 12-30-87, 6-20-89, Formerly 21M-8.011, Amended 3-24-93, Formerly 21MM-5.001, 61F11-5.001, Amended 12-22-94, 4-4-95, 8-16-95, 7-1-97, Formerly 59Y-5.001, Amended 8-9-04, 7-19-06, 1-8-08, 8-18-08.

64B17-5.002 Exemption of Spouses of Members of Armed Forces from Licensure Renewal Provisions.
A licensee who is the spouse of a member of the Armed Forces of the United States shall be exempt from all licensure renewal provisions for any period of time which the licensee is absent from the State of Florida due to the spouse's duties with the Armed Forces. The licensee must document the absence and the spouse's military status to the Board. The licensee is required to notify the Board of a change in status within six months of the licensee's return to the State of Florida or the spouse's discharge from active duty. If the change of status occurs within the second half of the biennium, the licensee is exempt from the continuing education requirement for that biennium.

Specific Authority 456.024(2), 486.025 FS. Law Implemented 456.024(2) FS. History–New 5-18-00, Amended 4-18-04.

CHAPTER 64B17-6 MINIMUM STANDARDS OF PRACTICE

64B17-6.001 Minimum Standards of Physical Therapy Practice.
64B17-6.002 General Supervision of Physical Therapist Assistants; Eligibility; Requirements.
64B17-6.003 Minimum Qualifications to Perform Electromyography.
64B17-6.004 Address of Licensee.
64B17-6.0042 Medical Records of Deceased Physical Therapists or Physical Therapist Assistants.
64B17-6.0044 Medical Records of Physical Therapists or Physical Therapist Assistants Relocating or Terminating Practice.
64B17-6.005 Costs of Duplicating Medical Records.
64B17-6.006 Administration of Topical Medications.
64B17-6.007 Delegation to Unlicensed Personnel by the Physical Therapist.

64B17-6.001 Minimum Standards of Physical Therapy Practice.

(1) Definitions – For purposes of this rule only, the words and phrases listed below are defined in the following manner:

(a) Acute Care – The stage of illness or injury characterized by actual or reasonable potential for a rapid change in medical status that would affect the physical therapy plan of care.

(b) Consultation – The offering of information aimed at the resolution of perceived problem.

(c) Delegation – The authorization and empowerment by a physical therapist of the physical therapist assistant or unlicensed personnel, as outlined in Rule 64B17-6.007, F.A.C., to carry out actions subject to licensure under Chapter 486, Florida Statutes.

(d) Assessment – Observational, verbal, or manual determinations of the function of the musculoskeletal or neuromuscular system relative to physical therapy, including, but not limited to, range of motion of a joint, motor power, postural attitudes, biomechanical function, locomotion, or functional abilities, for the purpose of making recommendations for treatment.

(e) Direct Supervision – Supervision of subordinate personnel performing actions subject to licensure pursuant to Chapter 486, Florida Statutes, while the licensed supervisor is immediately physically available. On-site Supervision means direct supervision.

(f) General supervision – Supervision of a physical therapist assistant shall not require on-site supervision by the physical therapist. The physical therapist shall be accessible at all times by two way communication, which enables the physical therapist to respond to an inquiry when made and to be readily available for consultation during the delivery of care, and shall be within the same geographic location as the assistant.

(g) Program Plan – The establishment of objectives (goals) and specific remediation techniques.

(h) Standards – Conditions and performances which are essential for quality physical therapy service and patient care.

(i) Unlicensed personnel – Any individual, working or volunteering in a physical therapy setting, not holding a current license as a physical therapist or physical therapist assistant.

(2) Physical Therapy Personnel Responsibilities to Patients' Rights and Dignity.

(a) Physical therapy is a profession involving skilled practice of patient care. The delegation of tasks and direction of actions to subordinates is a serious responsibility for the physical therapist. The primary concern of the physical therapist is always the safety, well being, and best interest of the patient.

(b) Physical therapists and physical therapist assistants shall recognize and carry out services consistent with legal rights and personal dignity of the patient. It is the responsibility of the licensee to communicate effectively to the patient the treatment evaluation process and techniques to be used in any procedures before beginning treatment and anytime during the

course of the treatment process.

(c) Physical therapists and physical therapist assistants shall safeguard the confidentiality of information and require written consent from the patient or legally authorized representative prior to releasing information to a third party not involved in the actual care.

(d) Physical therapists and physical therapist assistants shall avoid acts which blatantly disregard a patient's modesty and shall neither suggest nor engage in sexual activities with patients under their care.

(e) Physical therapists and physical therapist assistants shall not use or participate in the use of any form of communication containing false, fraudulent, misleading, deceptive, unfair or sensational statement or claim, nor use bribery in any form, nor use false advertising, nor misrepresentation of services or self, nor engage in other unprofessional conduct, including, but not limited to,

1. Inaccurately recorded, falsified, or altered patient records;
2. Falsely representing or misrepresenting facts on an application for employment;
3. Impersonating or acting as a proxy for an applicant in any examination for certification or registration;
4. Impersonating another certified or registered practitioner or permitting another to use his or her license for the purpose of practicing physical therapy or receiving compensation;
5. Providing false or incorrect information regarding the status of licensure.

(f) Physical therapists and physical therapist assistants shall not exploit the patient or client for the financial gain of the licensee or a third party.

(g) Physical therapists and physical therapist assistants must practice physical therapy with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physical therapy practitioner as being acceptable under similar conditions and circumstances.

(3) Physical Therapist Responsibilities.

(a) The physical therapist shall be professionally responsible for providing a referring practitioner, or a practitioner of record, with any information which will assist in the determination of an accurate medical diagnosis.

(b) The physical therapist shall not implement any plan of care, that, in the physical therapist's judgment, is contraindicated. If the plan of care was requested by a referring practitioner, the physical therapist shall immediately notify the referring practitioner that he is not going to follow the request and the reasons for such refusal.

(c) The physical therapist shall not delegate any function or task which requires the skill, knowledge, and judgment of the physical therapist.

(d) The physical therapist shall assume the responsibility for assessing the patient, identifying the level of acuity of illness, planning the patient's treatment program, and implementing and directing the program.

(e) The physical therapist shall hold primary responsibility for physical therapy care rendered under his direction and shall be available for consultation at all times.

(f) The physical therapist's professional responsibilities include, but are not limited to:

1. Interpretation of the practitioner's referral.
2. Provision of the initial physical therapy assessment of the patient.
3. Identification of and documentation of precautions, special problems, contraindications.
4. Development of a treatment plan including the long and short term goals.
5. Implementation of or directing implementation of the treatment plan.
6. Delegation of appropriate tasks.
7. Direction and supervision of supportive staff in a manner appropriate for the patient's individual needs.
8. Reassessment of the patient in reference to goals and, when necessary, modification of the treatment plan.
9. Collaboration with members of the health care team when appropriate.

(g) Physical therapists, when participating in student and/or trainee programs shall assure that the programs are approved or pending approval by the appropriate accrediting agency recognized by the Council on Postsecondary Accreditation (formerly the National Commission on Accreditation and the Federation of Regional Accrediting Commissions of Higher Education) or the United States Department of Education and provide on-site supervision when students are performing patient care activities.

(h) Physical therapists shall keep written medical records justifying the course of treatment of the patient, including, but not limited to, initial physical therapy assessment, plan of treatment, treatment notes, progress notes, examination results, test results, and discharge summary.

(4) The Physical Therapist Assistant Responsibilities.

(a) The physical therapist assistant shall not initiate or change treatment without the prior assessment and approval of the physical therapist.

(b) During the delivery of physical therapy care to a patient who is an inpatient in a hospital, or who is in the acute phase of injury or illness, the physical therapist assistant shall not provide services to patient, unless the physical therapist is readily and physically available to provide consultation.

(c) The physical therapist assistant shall not carry out treatment procedures detrimental to the patient or for which the assistant is not qualified.

(d) The physical therapist assistant shall report all untoward patient responses or change in medical status to the physical therapist.

(e) The physical therapist assistant shall refer inquiries regarding patient prognosis to the physical therapist.

(f) The physical therapist assistant shall discontinue immediately any treatment procedures which in the assistant's judgment appear to be harmful to the patient and shall report them to the physical therapist.

(5) Physical Therapist – Physical Therapist Assistant Responsibilities and Supervisory Relationships.

(a) Regardless of the setting, physical therapists and physical therapist assistants shall abide by all Federal and State Laws and regulations related to the particular site of practice.

(b) During an acute phase of injury or illness, or while the patient is an inpatient in a hospital, the physical therapist shall be readily and physically available for consultation to the physical therapist assistant.

(c) Delivery of Care:

1. During the delivery of physical therapy care by the physical therapist assistant to patients who are not inpatients in a hospital, or who are not in the acute phase of injury or illness, the physical therapist shall be accessible at all times by telecommunication and shall be within the same geographic location as the assistant.

2. The physical therapist should be readily available to the physical therapist assistant with emphasis placed on directing the assistant through frequent reporting, both verbal and written and frequent observations of the care rendered to the patient.

(d) The physical therapist shall not delegate portions of the skilled physical therapy functions or tasks to any lesser trained health personnel than the physical therapist assistant.

(6) The school setting. The physical therapist shall keep abreast of special knowledge and skills implicit in school settings and shall practice in accordance with the previous stated standards.

(7) Pre-1973 Physical Therapy "Aide." No person licensed pursuant to Chapter 486, Florida Statutes, shall delegate any acts that are the subject of licensure pursuant to Chapter 486, Florida Statutes, except to a unless the person who is licensed pursuant to that chapter, or unless the person was performing, prior to the 1973 amendments to that chapter, "duties" which are now acts subject to licensure. Furthermore, any unlicensed person currently being delegated and performing acts which are subject to licensure, by reason of having performed them prior to 1973, shall comply with Rule 64B17-6.001, F.A.C., except that, in all practice settings, such person shall perform such acts only under the direct supervision of the physical therapist.

(8) Unlicensed Supportive Personnel may be utilized to help in the treatment being provided by a licensed physical therapist or licensed physical therapist assistant. Such personnel shall perform such acts only under the direct supervision of a physical therapist or physical therapist assistant.

Rulemaking Authority 486.025 FS. Law Implemented 483.021(6), (9), (10), (11), 486.123, 486.125(1)(b), (d), (e), (f), (i), (j), 486.135, 486.151(1)(d), 486.161(3), 486.171 FS. History–New 8-6-84, Formerly 21M-9.30, Amended 9-22-87, Formerly 21M-9.030, Amended 9-5-90, 3-5-92, 3-24-93, Formerly 21MM-6.001, 61F11-6.001, Amended 8-16-95, Formerly 59Y-6.001, Amended 1-8-98, 1-11-99, 4-18-04, 6-1-09.

64B17-6.002 General Supervision of Physical Therapist Assistants; Eligibility; Requirements.

A physical therapist assistant employed by a board certified orthopedic physician or physiatrist, or a chiropractic physician certified in physiotherapy, shall be under the general supervision of a physical therapist. A physical therapist assistant employed by any physician other than a board certified orthopedic physician or physiatrist or a chiropractic physician certified in physiotherapy shall be under the onsite supervision of a physical therapist. In order to insure adequate supervision of the physical therapist assistant by the supervising physical therapist where general supervision is permitted, there shall be an agreement between the board certified orthopedic physician or physiatrist or chiropractic physician and the supervising physical therapist, which includes at least the minimum standards of physical therapy practice contained in Rule 64B17-6.001, F.A.C. The physical therapist assistant shall report all untoward patient responses, inquiries regarding patient prognosis, or the discontinuation of any treatment procedure, to the physical therapist and the board certified orthopedic physician or physiatrist or chiropractic physician certified in physiotherapy.

Specific Authority 486.025 FS. Law Implemented 486.021(6), (9), 486.025 FS. History–New 9-22-87, Formerly 21M-9.035, 21MM-6.002, 61F11-6.002, 59Y-6.002.

64B17-6.003 Minimum Qualification to Perform Electromyography.

(1) Before a physical therapist may perform electromyography as an aid to the diagnosis of any human condition, he must be trained and competent in:

(a) Inserting and adjusting electrodes.

(b) Reading and identifying normal and abnormal signals on the grid.

(c) Interpreting the audible signals.

(2) In addition to the requirements of subsection (1) a physical therapist must receive no less than the following formal education within an accredited post-secondary educational institution:

(a) Human dissection.

(b) Human physiology.

(c) Neurology.

(d) Neuro-anatomy and neuro-physiology offered at a graduate level.

(e) Pathological conditions.

(3) In addition to having completed the formal study requirements of subsection (2) outlined above, the physical therapist must have completed 200 hours of testing human subjects under the direct supervision of a licensed physician or licensed physical therapist who has previously met these qualifications and should be able to present evidence of having performed 100 tests on neurologically involved patients, with findings corroborated by a licensed physician or licensed physical therapist who has previously met these qualifications.

Specific Authority 486.021(11) FS. Law Implemented 486.021(11) FS. History–New 8-6-84, Formerly 21M-9.25, 21M-9.025, 21MM-6.003, 61F11-6.003, 59Y-6.003.

64B17-6.004 Address of Licensee.

Each person holding a license issued pursuant to Chapter 486, Florida Statutes, must maintain on file with the Board of Physical Therapy Practice the current address at which any notice required by law may be served by the Board or its agent. Within sixty days of changing this address, whether or not within this state, the licensee shall notify the Board office in writing of the new address.

Specific Authority 486.025 FS. Law Implemented 456.035(1) FS. History–New 10-14-91, Formerly 21MM-6.004, 61F11-6.004, 59Y-6.004.

64B17-6.0042 Medical Records of Deceased Physical Therapists or Physical Therapist Assistants.

(1) Each physical therapist or physical therapist assistant engaged in practice, who maintains the responsibility for client/patient medical records, shall ensure that the executor, administrator, personal representative or survivor of such physical therapist or physical therapist assistant shall arrange to maintain those medical records in existence upon the death of the physical therapist or physical therapist assistant for a period of at least two (2) years from the date of the death of the physical therapist or physical therapist assistant.

(2) Within one (1) month from the date of death of the physical therapist or physical therapist assistant, the executor, administrator, personal representative or survivor shall cause to be published in the newspaper of greatest general circulation in the county where the physical therapist or physical therapist assistant practiced, a notice indicating to the clients/patients of the deceased physical therapist or physical therapist assistant that the licensee's medical records are available to the clients/patients or their duly constituted representative from a specific person at a certain location.

(3) At the conclusion of a 22-month period of time from the date of death of the physical therapist or physical therapist assistant or thereafter, the executor, administrator, personal representative or survivor shall cause to be published once during each week for four (4) consecutive weeks, in the newspaper of greatest general circulation in the county where the physical therapist or physical therapist assistant practiced, a notice indicating to the clients/patients of the deceased licensee that client/patient records will be disposed of or destroyed one (1) month or later from the last day of the fourth week of publication of notice.

(4) Any records shall be disposed of in a manner that would secure the permanent confidentiality of records.

Specific Authority 456.058 FS. Law Implemented 456.058, 486.021(6), (11) FS. History–New 5-13-99.

64B17-6.0044 Medical Records of Physical Therapists or Physical Therapist Assistants Relocating or Terminating Practice.

(1) The Board of Physical Therapy Practice and the Legislature recognize the need for maintenance and retention of medical records in order to protect and serve clients/patients. For that reason, the Legislature has directed the Board of Physical Therapy Practice to promulgate rules setting standards that will provide a minimum requirement for retention and disposition of client/ patient records of licensees relocating and terminating practice. However, the Board of Physical Therapy Practice is concerned that the promulgation of these rules may mislead the licensees. Subsection (2) of this rule sets forth standards which, if not met, will constitute a violation of Sections 456.058 and 486.125, Florida Statutes, and will subject the licensees to disciplinary proceedings. Licensees should retain medical records as long as needed not only to serve and protect clients/patients, but also to protect themselves against adverse actions. The times specified in subsection (2) below may well be less than the length of time necessary for protecting the licensees. Furthermore, the times stated may fall below the community standards for retention in specific communities and practice settings and for specific client/patient

needs. For these purposes, licensees may wish to seek advice from private legal counsel or their insurance carrier.

(2) Each physical therapist or physical therapist assistant engaged in practice, who maintains the responsibility for client/patient medical records, shall, when terminating or relocating the practice, notify each client/patient of such termination or relocation. Such notification shall consist of at least causing to be published, in the newspaper of greatest general circulation in each county in which the licensee practices or practiced, a notice which shall contain the date of termination or relocation and an address at which medical records may be obtained. Such notice shall be published no less than 4 times over a period of at least 4 weeks. In addition, the licensee shall place in a conspicuous location in or on the facade of the licensee's office, a sign, announcing the termination or relocation of the practice. The sign shall be placed at least thirty (30) days prior to the termination or relocation and shall remain until the date of termination or relocation. Both the notice and the sign shall advise the clients/patients of their opportunity to transfer or receive their medical records. Furthermore, each such licensee shall see that client/patient records are maintained and may be obtained by the client/patient for a minimum of 2 years after the termination or relocation of practice.

(3) Any records shall be disposed of in a manner that would secure the permanent confidentiality of records.

Specific Authority 456.058 FS. Law Implemented 456.058, 486.021(6), (11) FS. History–New 5-13-99.

64B17-6.005 Costs of Duplicating Medical Records.

(1) Any person licensed pursuant to Chapter 486, Florida Statutes, required to release copies of patient medical records may condition such release upon payment by the requesting party of the reasonable costs of reproducing the records.

(2) Reasonable costs of reproducing copies of written or typed documents or reports shall not be more than the following:

(a) For the first 25 pages, the cost shall be $1.00 per page.

(b) For each page in excess of 25 pages, the cost shall be $.25 per page.

(3) Reasonable costs of reproducing x-rays and such other kinds of records shall be the actual costs. "Actual costs" means the cost of the material and supplies used to duplicate the record and the labor and overhead costs associated with the duplication.

Specific Authority 456.057, 486.025 FS. Law Implemented 456.057, 456.058 FS. History–New 10-14-91, Formerly 21MM-6.005, 61F11-6.005, 59Y-6.005.

64B17-6.006 Administration of Topical Medications.

Pursuant to a physician's prescription for the patient, a physical therapist may retain custody of that patient's non-scheduled legend topical medications and administer those medications to that patient. All prescription medication used in physical therapy treatment shall be properly dispensed by a Florida licensed pharmacist and administered only to the patient for whom the prescription was authorized.

Specific Authority 486.025 FS. Law Implemented 486.021(11), 486.125(1)(e) FS. History–New 5-12-92, Formerly 21MM-6.006, 61F11-6.006, 59Y-6.006.

64B17-6.007 Delegation to Unlicensed Personnel by the Physical Therapist.

(1) Unlicensed personnel may be utilized to assist in the delivery of patient care treatment by the physical therapist, with direct supervision by the physical therapist or the physical therapist assistant.

(2) It is the sole responsibility of the physical therapist to consider the task delegated, select the appropriately trained personnel to perform the task, communicate the task or activity desired of the unlicensed personnel, verify the understanding by the unlicensed personnel chosen for the task or activity, and establish procedures for the monitoring of the tasks or activities delegated.

(3) The physical therapist shall retain ultimate responsibility for the patient's physical therapy treatment. Any delegation of treatment to supportive personnel shall be done with consideration of the education, training, and experience of the support personnel. It is the sole responsibility of the physical therapist to define and delineate the education, training, and experience required to perform duties within the physical therapy practice setting, in writing as a part of the practice policies and procedures.

(a) Education entails a technical or professional degree or certification in a specific practice area providing for background and experience.

(b) Qualification by training is the learning of tasks performed and delegated to individuals within the physical therapy practice.

1. The physical therapist shall define the procedures to be used to train unlicensed personnel to perform patient care related tasks or activities within the practice.

2. It is the responsibility of the physical therapist to insure that the necessary training occurred prior to the delegation of a patient care task or activity to unlicensed personnel.

(4) Competency is demonstrated ability to carry out specific functions with reasonable skill and safety. It is the responsibility of the physical therapist to assure competency in delegated skills relative to the tasks delegated.

(5) The physical therapist is responsible for the evaluation and reevaluation of the patient's condition as may be necessary throughout the course of treatment to assure for appropriate treatment and any necessary revision of treatment.

(6) The physical therapist shall not delegate:

(a) Those activities that require the special knowledge, judgment, and skills of the physical therapist, which include:

1. The initial evaluation or any subsequent reevaluation of the patient.
2. Interpretations of the initial evaluation or subsequent reevaluation.
3. Establishment or revision of the physical therapy goals.
4. Development or alteration of the plan of care.
5. Evaluation and interpretation of the progress of the patient in relationship to the plan of care.

(b) Those activities that require the special knowledge, judgment, and skills of the physical therapist assistant, which include:

1. Subsequent reassessments of the patient.
2. Assessment of the progress of the patient in relationship to the plan of care.

(c) Patient progress notes. The unlicensed personnel may document tasks and activities of patients during the patient treatment.

(7) Supervision of unlicensed personnel is the provision of guidance or oversight by qualified physical therapists or physical therapist assistants for the accomplishment of any delegated tasks. A physical therapist may only delegate tasks for which he is qualified or legally entitled to perform and a physical therapist or physical therapist assistant may only supervise those tasks or activities for which the licensee is qualified or legally entitled to perform.

(8) The number of unlicensed personnel participating in patient care tasks or activities, at any one given time shall be determined by the physical therapist dependent upon the individual practice setting, and the individual therapeutic needs of the patients supervised by the physical therapist or physical therapist assistant while assuring for quality care of the patients.

Specific Authority 486.025 FS. Law Implemented 486.161(3), 486.125(1)(b), (e), (i), 486.171(2) FS. History–New 8-16-95, Formerly 59Y-6.007.

CHAPTER 64B17-7 DISCIPLINARY GUIDELINES

64B17-7.001 Disciplinary Guidelines.
64B17-7.002 Citations.
64B17-7.0025 Time Limitation for Payment of Administrative Fine or Costs.
64B17-7.0027 Procedure for Compliance with Board Ordered Laws and Rules Exam.
64B17-7.003 Reinstatement of License.
64B17-7.004 Mediation.
64B17-7.005 Notice of Noncompliance.

64B17-7.001 Disciplinary Guidelines.

(1) When the Board finds that an applicant or licensee whom it regulates has violated the below-listed provisions, it shall issue a final order imposing appropriate penalties, for each count, as set forth in Section 456.072(2), F.S., within the ranges recommended in the following disciplinary guidelines. As part of a final order imposing appropriate penalties, the board shall consider requiring an applicant or licensee to attend board meetings, perform community service, take described continuing education courses, or take and pass the applicable jurisprudence examination. The identification of offenses are descriptive only; the full language of each statutory provision cited must be considered in order to determine the conduct included. For all persons subject to this rule, probation may include specific compliance conditions and conditions of probation may be required following any period of suspension of license. For applicants, all offenses listed herein are sufficient for refusal to certify an application for licensure. If the Board makes a finding of pecuniary benefit or self-gain related to the violation, then the Board shall require refund of fees billed and collected from the patient or a third party on behalf of the patient. In addition to any other discipline imposed, the Board shall assess the actual costs related to the investigation and prosecution of a case. In addition to or in lieu of any guideline penalties provided herein, if the violation is for fraud or making a false or fraudulent representation, the Board shall impose a fine of $10,000 per count or offense.

(a) Section 486.125(1)(a) or 456.072(1)(y), F.S.: Unable to practice with reasonable skill and safety – from a minimum fine of $1,000, three years of probation, and referral for a PRN evaluation, up to a maximum of suspension of license for one year, followed by up to five years of probation. After the first offense from a $2,000 fine, referral for a PRN evaluation, and five years of probation to a maximum fine of $10,000 and/or revocation;

(b) Section 486.125(1)(b) or 456.072(1)(h), F.S.: Obtain license by bribery or deceit – from a minimum fine of $500 and/or up to two years of probation to a maximum of revocation. For a second offense, from a minimum fine of $5,000 and three years of probation to revocation. After the second offense, revocation;

Fraud in the practice or obtaining license by fraudulent misrepresentations – from six months probation and a fine of $10,000 to a maximum of revocation and a fine of $10,000. For a second offense, a fine of $10,000 and revocation;

Obtain license by Department or Board error – from a minimum letter of concern and/or a fine of $500, up to a maximum of

suspension of license for one year, followed by two years of probation, and a fine of $5,000. For a second offense, from a minimum fine of $5,000 to revocation of license, and after the second offense, revocation of license;

(c) Section 486.125(1)(c) or 456.072(1)(c), F.S.: Guilt of a crime that relates to the practice or the ability to practice – misdemeanor: from a minimum fine of $1,500 and six months probation, up to a fine of $5,000 and a year's suspension with conditions. After the first misdemeanor, from a minimum one year of probation, up to a maximum fine of $10,000 and/or revocation; felony: from a minimum fine of $5,000 and two years probation, up to a fine of $10,000 and/or revocation. After the first felony, revocation;

(d) Section 486.125(1)(d), F.S.: Treatment of ailments by means other than physical therapy – from a minimum fine of $1,000 and one year of probation to a maximum fine of $5,000 and one year suspension followed by probation. After the first offense, from a minimum fine of $2,000 and one year of probation to a maximum fine of $8,000 and/or revocation.

(e) Section 486.125(1)(e) or 456.072(1)(b), F.S.: Failure to maintain acceptable standards of practice as set forth in rules – from a minimum fine of $1,000 and a letter of concern, up to a maximum fine of $6,000 and/or two years of suspension followed by two years of probation. For a second offense, from a minimum fine of $2,000 and six months of probation up to a maximum fine of $10,000 and/or revocation. After the second offense, up to a fine of $10,000 and/or revocation;

(f) Section 486.125(1)(f) or 456.072(1)(x), F.S.: Engage in unlawful fee splitting or solicitation – from a minimum fine of $1,000 and/or one year probation, up to a maximum fine of $8,000 and/or revocation. After the first offense, from a minimum fine of $5,000 and/or six months suspension up to a maximum of $10,000 and/or revocation;

(g) Section 486.125(1)(g) or 456.072(1)(f), F.S.: License acted against in another jurisdiction – action consistent with the disciplinary guidelines for the offense that would have been imposed had the violation occurred in the State of Florida. Same penalty for a second or subsequent offense;

(h) Section 486.125(1)(h) or 456.072(1)(q), F.S.: Violation of an Order or subpoena – from a minimum fine of $1,000 and a letter of concern, up to a maximum fine of $10,000 and/or revocation. After the first offense, from a minimum fine of $5,000 and/ or two years of probation up to a maximum fine of $10,000 and/or revocation of license;

(i) Section 486.125(1)(i) or 456.072(1)(l), F.S.: Negligent filing of false report – from a minimum fine of $1,000, up to a maximum of two years of probation and a fine of $5,000. For a second offense, a minimum fine of $2,500 and a reprimand to a maximum fine of $10,000 and/or two years suspension followed by two years of probation. After the second offense, up to a maximum fine of $10,000 and/or revocation;

Willful filing of false report, impeding, or inducing another to file false report – from a minimum fine of $5,000 and/or suspension of license for six months, followed by six months of probation, up to a maximum of revocation of license. After the first offense, up to a maximum fine of $10,000 and/or revocation;

(j) Section 486.125(1)(j) or 456.072(1)(o), F.S.: Practice or offer to practice beyond the scope permitted or competent to perform – from a minimum fine of $2,500 and/or one year of probation, up to a maximum suspension of license for two years followed by two years of probation and a fine of $10,000. After the first offense, up to a maximum fine of $10,000 and/or revocation;

(k) Section 486.125(1)(k) or 456.072(1)(cc), F.S.: Violation of this chapter, Chapter 456, F.S., or any related rules – from a minimum fine of $1,000 and/or a letter of concern up to a maximum fine of $5,000 and/or suspension of license for two years followed by two years of probation. For a second offense, from a minimum fine of $5,000 and/or two years of probation up to a maximum fine of $10,000 and/or revocation of license. After the second offense, from a minimum fine of $7,500 and/or six months of suspension followed by probation up to a maximum fine of $10,000 and/or revocation;

(l) Section 456.072(1)(a), F.S.: Misleading, deceptive, or fraudulent representations – from a minimum of six months of probation and a fine of up to $10,000 to a maximum fine of $10,000 and/or revocation. After the first violation, a fine of up to $10,000 per count or offense and a minimum of three years of probation up to a maximum of revocation;

(m) Section 456.072(1)(d), F.S.: Improper use of laser device – from a minimum fine of $2,000 and/or one year of probation up to a maximum fine of $10,000 and three years of suspension followed by at least two years of probation. After the first offense, up to a maximum fine of $10,000 and/or revocation;

(n) Section 456.072(1)(e), F.S.: Failure to comply with HIV/AIDS course requirements – from a minimum fine of $1,000 and a letter of concern up to a maximum fine of $3,000 and/or one year of suspension followed by two years of probation. For a second offense, from a minimum fine of $2,500 and six months of probation up to a maximum fine of $7,500 and/or revocation. After the second offense, up to a fine of $10,000 and/or revocation;

(o) Section 456.072(1)(g), F.S.: Civil liability found for filing a false report against another licensee – from a minimum fine of $1,000 and a reprimand up to a maximum fine of $3,000 and/or three years of probation. After the first offense, from a minimum fine of $2,500 and one year of probation up to a maximum fine of $10,000 and/or revocation;

(p) Section 456.072(1)(i), F.S.: Failure to report health care violator – from a minimum letter of concern and a fine of $500, up to a maximum fine of $2,500 and/or one year of probation. After the first offense, a minimum of six months of

probation and a fine of $2,000 to a maximum fine of $10,000 and/or revocation.

(q) Section 456.072(1)(j), F.S.: Aiding unlicensed practice – from a $2,000 fine and/or one year of suspension to a maximum fine of $5,000 and/or revocation of license. After the first offense, from a fine of $7,500 up to a maximum fine of $10,000 and/or revocation;

(r) Section 456.072(1)(k), F.S.: Failure to perform statutory or legal obligation – from a minimum fine of $1,000 and a letter of concern, up to a maximum fine of $7,500 and/or one year of suspension followed by two years of probation. For a second offense, from a minimum fine of $2,500 and six months of probation up to a maximum fine of $10,000 and/or revocation. After the second offense, up to a fine of $10,000 and/or revocation;

(s) Section 456.072(1)(m), F.S.: Misrepresentations/trick or scheme – from six months of probation, up to a maximum of suspension of license for one year, followed by two years of probation and a $10,000 fine per count or offense. After the first offense, from a minimum of two years of probation up to a maximum of revocation and a $10,000 fine per count or offense;

(t) Section 456.072(1)(n), F.S.: Exploit patient for financial gain – from a minimum of restitution to the patient or patient's family, a $1,000 fine, and six months of probation, up to a maximum fine of $10,000 and/or revocation of license. After the first offense, restitution, and from a minimum of two years of probation and a fine of $2,500 up to a maximum fine of $10,000 and/or revocation;

(u) Section 456.072(1)(p), F.S.: Improper delegation – from a minimum fine of $1,000 and/or six months of probation, up to a maximum fine of $5,000 and suspension of license for three years, followed by up to three years of probation. After the first offense, from a minimum fine of $5,000 and/or suspension of license for one year followed by two years probation up to a maximum fine of $10,000 and/or revocation;

(v) Section 456.072(1)(r), F.S.: Improper interference with investigation, inspection, or discipline – from a minimum fine of $1,000 and/or one year of probation up to a maximum fine of $10,000 and/or revocation. After the first offense, a minimum fine of $2,500 and three months suspension followed by two years probation up to a maximum fine of $10,000 and/or revocation;

(w) Section 456.072(1)(u), F.S.: Sexual misconduct – from a minimum 6 months probation and/or a PRN referral for evaluation, up to a maximum fine of $10,000 and/or revocation. After the first offense, a minimum of probation for three years and a referral to PRN for evaluation, up to a maximum fine of $10,000 and/or revocation.

(x) Section 456.072(1)(w), F.S.: Failure to comply with 30-day notification of convictions and nolo pleas – from a minimum fine of $1,000 and/or a letter of concern, up to a maximum fine of $3,000 and/or one month suspension of license followed by two years of probation. After the first offense, from a minimum fine of $3,000 and two years of probation up to a maximum fine of $10,000 and/or revocation;

(y) Section 456.072(1)(z): Positive results on drug screening – from a minimum fine of $500 and/or two years of probation and referral for a PRN evaluation, up to a maximum of suspension of license for one year, followed by up to five years of probation, and a fine of up to $10,000. After the first offense, from a $1,500 fine, and/or referral for a PRN evaluation and two years of probation up to a maximum fine of $10,000 and/or revocation;

(z) Section 456.072(1)(aa), F.S.: Wrong patient, site, or unnecessary treatment – from a minimum fine of $1,000 and/or a reprimand, up to a maximum fine of $10,000 and/or three months suspension of license followed by three years probation. After the first offense, from a minimum fine of $3,000 and/or a year of probation up to a maximum fine of $10,000 and/or revocation;

(aa) Section 456.072(1)(gg), F.S.: Being terminated from or failing to successfully complete an impaired practitioners treatment program – from a minimum of suspension to revocation, pending appearance before the board and demonstrated compliance with the impaired practitioners consultant.

(bb) Sections 456.036(1) and 486.125(1)(k), F.S. or Section 456.072(1)(dd), F.S.: Practicing on a delinquent license, inactive status license and retired status license – from a minimum fine of $1,000 and/or a letter of concern up to a maximum fine of $5,000, and/or suspension of license for two years followed by two years of probation. For a second offense, from a minimum fine of $5,000 and/or two years of probation up to a maximum fine of $10,000 and/or revocation of license. After the second offense, from a minimum fine of $7,500 and/or six months of suspension followed by probation up to a maximum fine of $10,000 and/or revocation.

(cc) Section 456.072(1)(t), F.S.: Failing to identify through written notice or orally to a patient the type of license under which the practitioner is practicing – from a minimum letter of concern and a fine of $1,000, up to a maximum fine of $5,000 and/or one year of probation. After the first offense, a minimum of two years of probation and a fine of $5,000 to a maximum fine of $10,000 and/or revocation.

(dd) Section 456.072(1)(ii), F.S.: Being convicted of, or entering a plea of guilty or nolo contendere to a crime under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program from a minumum of a reprimand, six months probation and a fine of $5,000 to a maximum

of revocation and a fine of $10,000. For a second offense, a fine of $10,000 and revocation;

(ee) Section 456.072(1)(jj), F.S.: Failing to return an overpayment from the Medicaid program from a minimum of a reprimand, a fine of $1,000 and/or suspension until the Medicaid program is reimbursed in full to a maximum of revocation and a fine of $10,000. For a second offense, a fine of $10,000 and revocation;

(ff) Section 456.072(1)(kk), F.S.: Being terminated from the state Medicaid program pursuant to Section 409.913, F.S., if not terminated for cause, from a minimum of a reprimand, a fine of $1,000 and/or six months probation to revocation and a $10,000 fine. If terminated for cause or if it is the second offense, a $10,000 fine and revocation.

(gg) Section 456.072(1)(ll), F.S., Being convicted of, or entering a plea of guilty or nolo contendere to a crime related to health care fraud. If the crime is a felony under Chapters 409 and 817, F.S., 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396 the penalty shall be a minimum fine of $1,000 and revocation. Otherwise the penalty range is from a from a minumum of a reprimand, six months probation and a fine of $5,000 to a maximum of revocation and a fine of $10,000. For a second offense, a fine of $10,000 and revocation.

(2) In determining what action is appropriate, the Board firstly shall consider what sanctions are necessary to protect the public or to compensate the patient. Secondly, the Board shall consider mitigating or aggravating circumstances in applying a penalty that is outside of the range provided for in the disciplinary guidelines including:

(a) The danger to the public;

(b) The number of distinct charges;

(c) The actual damage, physical or otherwise, to the patient(s);

(d) The length of time since the date of the last violation(s);

(e) The length of time that the licensee has held a license in any jurisdiction;

(f) The deterrent effect of the penalty imposed;

(g) Rehabilitation efforts of the licensee including remorse, restitution, and corrective action(s);

(h) The effect of the penalty on the licensee's livelihood;

(i) Efforts of the licensee to report or stop violations or the failure of the licensee to correct or stop violations;

(j) The willfulness and/or negligence of the licensee pertaining to any violation;

(k) Any other mitigating or aggravating circumstances.

Rulemaking Authority 456.036, 456.072, 456.079, 486.025 FS. Law Implemented 456.072, 456.073, 456.079, 486.125 FS. History–New 2-10-87, Formerly 21M-9.023, Amended 8-2-90, 10-14-91, 12-6-92, 3-24-93, Formerly 21MM-7.002, 61F11-7.002, 59Y-7.002, Amended 1-8-98, 8-3-00, 1-2-03, 4-9-06, 2-5-07, 4-5-07, 6-27-07, 6-30-10..

64B17-7.002 Citations.

(1) "Citation" means an instrument which meets the requirements set forth in Section 456.077, F.S., and which is served upon a licensee for the purpose of assessing a penalty in an amount established by this rule. All citations will include a requirement that the subject correct the violation, if remediable, within a specified period of time not to exceed 60 days, and impose whatever obligations will remedy the offense. If the violation is not corrected, or is disputed, the Department shall follow the procedure set forth in Section 456.073, F.S.

(2) The Department may issue a citation to the subject within six months after the filing of the complaint which is the basis for the citation.

(3) The Board designates the following as citation violations:

(a) Advertising for discounted services (Section 456.062, F.S.) – A fine of $250.

(b) Failure to turn over patient records (Section 456.057, F.S.) – A fine of $100.

(c) Obtaining a license by issuing a bad check (Section 456.072(1)(h), F.S.) – A fine of $100.

(d) Failure to report in writing to the Board after criminal conviction of licensee (Section 456.072(1)(w), F.S.) – A fine of $250.

(e) Failure of the licensee to satisfy continuing education requirements established by the Board (Rule 64B17-9.001, F.A.C.):

1. Fines:

a. Failure to complete less than 9 hours, a fine of $300.

b. Failure to complete between 9 and 16 hours, a fine of $600.

c. Failure to complete between 17 and 24 hours, a fine of $1,000.

2. Licensee must provide proof of completion of the deficient hours within 60 days of the date the citation was filed.

(f) Failure to notify the Board office in writing of a change of address (Rule 64B17-6.004, F.A.C.) – A fine of $250.

(g) Failure to comply with a continuing education audit request (Section 486.109(4) and 486.125(1)(k), F.S.) – A fine of $250, and licensee must provide proof of compliance with continuing education requirements within 60 days of the date the

citation was filed.

(h) Failure to pay required fees and/or fines in a timely manner (Rule 64B17-7.0025, F.A.C.) – A fine of $150.

(4) In addition to the penalties established in this rule, the Department shall recover the costs of investigation in accordance with its rules. The penalty specified in the citation shall be the sum of the penalty established by this rule plus the Department's cost of investigation.

(5) If the subject does not dispute any matter contained in the citation, within thirty days after service, the citation shall become a final order of the Board.

Rulemaking Authority 456.077, 486.025 FS. Law Implemented 456.077 FS. History–New 1-19-92, Formerly 21MM-7.003, Amended 10-28-93, Formerly 61F11-7.003, 59Y-7.003, Amended 1-6-99, 1-6-02, 4-18-04, 7-13-05, 11-16-08, 7-7-10.

64B17-7.0025 Time Limitation for Payment of Administrative Fine or Costs.

In cases where the Board of Physical Therapy Practice imposes an administrative fine and/or costs, the fine and/or costs shall be paid within thirty (30) days from the date the final order of the Board is filed with the Clerk of the Department unless a different time frame is set forth in the final order.

Specific Authority 456.072(4), 486.025 FS. Law Implemented 456.072(4), 486.025, 486.125(2)(d) FS. History–New 10-12-98.

64B17-7.0027 Procedure for Compliance with Board Ordered Laws and Rules Exam.

Licensees ordered to take and pass the examination as a result of a disciplinary proceeding or reinstatement, must file DOH Form #DH-MQA 1144, PT Florida Laws and Rules Examination Application, Revised 02/09, which is available through www.doh.state.fl.us/mqa.

Rulemaking Authority 456.036, 456.072, 456.079, 486.025 FS. Law Implemented 456.072, 456.073, 456.079, 486.125 FS. History–New 5-21-09, Amended 8-10-09.

64B17-7.003 Reinstatement of License.

(1) When disciplinary action is taken against a licensee which results in the licensee being unable to use the license for a period of time for reasons including, but not limited to, suspension or other restriction, the licensee may petition for reinstatement as follows:

(a) When the suspension or restriction is for a definite period of time and is not based upon the physical therapist or assistant's ability to safely engage in the practice of physical therapy pursuant to Section 486.125(3), F.S., the license shall be automatically reinstated upon expiration of the period of suspension if full compliance with the final order has been shown;

(b) When the suspension or other restriction is for a definite period of time and is based upon the physical therapist or assistant's ability to safely engage in the practice of physical therapy, the licensee shall demonstrate to the Board at the expiration of the period of suspension, or immediately prior thereto, compliance with the terms and conditions of the final order and, where applicable, the ability to safely engage in the practice of physical therapy in order to obtain reinstatement. The Board shall consider reinstatement at either the Board meeting immediately preceding expiration or at any Board meeting subsequent thereto. If the licensee is able to demonstrate compliance with the terms of the final order and, where applicable, the ability to safely engage in the practice of physical therapy, the Board shall reinstate the license.

(c) When the suspension, or other restriction is for a definite period of time or for an indefinite period of time, the licensee may petition the Board to consider reinstatement of a license acted against for an indefinite period of time or early reinstatement of a license acted against for a definite period of time. When such a petition is filed, it must include all documentation of the Petitioner's compliance with the final order, petitioner's plan for the return to practice, and any other information which the petitioner would want the Board to consider if it grants the petition for consideration. If the plan for return to practice includes a period of supervised practice, the documentation should include the name of the proposed supervising practitioner and a written statement from the proposed supervising practitioner of his or her willingness to serve in that capacity. No oral testimony or personal appearance will be permitted at the time the Board hears a petition to consider reinstatement or early reinstatement. Upon granting by the Board of the petition to consider such reinstatement or early reinstatement, the licensee shall, at a subsequent meeting, have an opportunity to demonstrate his or her ability to safely engage in the practice of physical therapy and compliance with the terms of the final order. The Board shall reinstate the license upon a proper demonstration of competency and of compliance with the final order by the licensee.

(2) In order to demonstrate the ability to safely engage in the practice of physical therapy, a licensee shall show compliance with all terms of the final order and may, in addition, present evidence of additional matters, including, but not limited to:

(a) Completion of continuing education courses or remedial courses approved by the Board, of which the Board will require ten (10) hours per year or portion thereof for which the licensee was suspended or restricted;

(b) Submission of reports of mental or physical examination by appropriate professionals;

(c) Completion of treatment within a program designed to alleviate alcohol, chemical, or drug dependencies, including necessary aftercare measures or a plan for continuation of such treatment, as appropriate;

(d) Other factors, not enumerated, which would demonstrate the physical therapist or assistant's ability to safely engage in the practice of physical therapy.

Specific Authority 486.025 FS. Law Implemented 486.125 FS. History–New 8-2-90, Formerly 21MM-7.004, 61F11-7.004, Amended 4-10-96, Formerly 59Y-7.004.

64B17-7.004 Mediation.

The Board finds that mediation is an acceptable resolution of the following violations that are economic in nature or can be remedied by the licensee, where the licensee has a differing view from the complainant as to the nature or extent of the violation:

(1) Failure to respond timely to a continuing education audit as required by Section 486.109(4), F.S.

(2) Failure to notify the Department of a change of address as required by Rule 64B17-6.004, F.A.C.

(3) Issuance of a bad check to the Department under Section 486.125(1)(k), F.S.

Specific Authority 456.078, 486.025 FS. Law Implemented 456.078 FS. History–New 12-22-94, Formerly 59Y-7.005, Amended 4-28-04.

64B17-7.005 Notice of Noncompliance.

In accordance with Sections 456.073 and 120.695, F.S., the Board shall issue a notice of noncompliance as a first response to a minor violation of a rule. Failure of a licensee to take action to correct the violation within 15 days shall result in either the issuance of a citation when appropriate or the initiation of regular disciplinary proceedings. The minor violations which shall result in a notice of noncompliance are:

(1) Failure to notify of a change of address within 60 days as required by Rule 64B17-6.004, F.A.C.

(2) Non-intentional issuance of a bad check to the Department under Section 486.125(1)(k), F.S.

Specific Authority 120.695, 456.073(3), 486.025 FS. Law Implemented 120.695, 456.073(3) FS. History–New 4-18-04.

CHAPTER 64B17-8 INSTRUCTION ON HIV/AIDS AND PREVENTION OF MEDICAL ERRORS.

64B17-8.001 Requirement for Instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.
64B17-8.002 Requirements for Prevention of Medical Errors Education.

64B17-8.001 Requirement for Instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome.

(1) Each licensee must complete at least one clock hour of HIV/AIDS education through a Board approved course no later than upon the licensee's first biennial renewal of licensure. The Board shall accept coursework from schools of physical therapy, provided such coursework was completed no more than five (5) years preceding initial licensure date.

(2) To receive Board approval courses on HIV/AIDS shall be at least one hour and include the following subject areas:

(a) Modes of transmission;

(b) Infection control procedures;

(c) Clinical management;

(d) Prevention;

(e) Florida law on AIDS and the impact on testing, confidentiality, and treatment. A home study course shall be permitted to fulfill this aspect of the HIV/AIDS education.

(3) Courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health pursuant to Section 456.033, F.S., are approved by this Board.

Rulemaking Authority 456.033, 486.025 FS. Law Implemented 456.033 FS. History–New 6-3-90, Amended 9-30-91, 6-3-92, Formerly 21MM-8.001, 61F11-8.001, Amended 4-20-97, Formerly 59Y-8.001, Amended 4-5-07, 1-8-08, 12-24-13.

64B17-8.002 Requirements for Prevention of Medical Errors Education.

(1) To receive Board approval for biennial renewal, courses on medical error prevention shall be two contact hours and include a study of root-cause analysis, error reduction and prevention, and patient safety, which shall encompass:

(a) Medical documentation and communication;

(b) Contraindications and indications for physical therapy management; and

(c) Pharmacological components of physical therapy and patient management.

(2) Applicants for initial licensure must have completed at least two contact hours of medical error education. The Board shall accept coursework from accredited schools of physical therapy provided such coursework was completed after January

1, 2002.

(3) If the course is being offered by a facility licensed pursuant to Chapter 395, F.S., the Board may apply up to one hour of the two-hour course if specifically related to error reduction and prevention methods used in that facility.

(4) The course may be used as part of the home study continuing education hours.

(5) Medical errors education courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health pursuant to Section 456.003, F.S., are approved by this Board.

Specific Authority 456.013(7) FS. Law Implemented 456.013(7) FS. History–New 10-8-02, Amended 8-18-08.

64B17-9.001 Continuing Education.

(1) Every person licensed pursuant to Chapter 486, F.S., shall be required to complete twenty-four contact hours of continuing education courses approved by the Board in the twenty-four months preceding each biennial renewal period as established by the Department. With the exception of the required courses in the prevention of medical errors and HIV/AIDS, applicants who become licensed in the second half of the biennium are exempt from this continuing education requirement for their first renewal.

(2) A contact hour shall consist of fifty clock minutes. One half contact hour shall consist of twenty-five clock minutes. One continuing educational unit (CEU) shall be considered equivalent to ten (10) contact hours.

(3) Acceptable subject areas for physical therapy continuing education include professional ethics, clinical education, clinical practice, clinical research, clinical management, clinical science, Florida law relating to physical therapy, basic sciences, risk management, and HIV/AIDS. No more than five contact hours of courses in risk management shall be accepted within a biennium. Up to three contact hours in HIV/AIDS education pursuant to Rule Chapter 64B17-8, F.A.C., may be included in the 24 contact hours. Up to three contact hours in prevention of medical errors education pursuant to Rule Chapter 64B17-8, F.A.C., may be included in the 24 contact hours.

(4) The Board will accept up to twelve contact hours for home study during a biennium.

(5) Course instructors providing continuing education to licensees under this chapter shall receive up to six contact hours credit per biennium. This shall be awarded on a contact hour for each contact hour presented. However, instructors teaching their normal course of instruction shall not be granted contact hours toward their continuing education.

(6) Clinical Instructors shall receive 1 contact hour for every 160 hours of clinical internship limited to a maximum of 6 contact hours per instructor per bienium. Clinical instructors must be credentialed by the American Physical Therapy Association (APTA) to receive clinical continuing education credits.

(7) The Board approves for continuing education credit:

(a) Courses sponsored by a program in physical therapy at a college or university which provides a curriculum for training physical therapists or physical therapist assistants, when approved by the physical therapy or physical therapy assistants program, which is accredited by, or has status with an accrediting agency approved by the United States Department of Education. One credit hour is the equivalent of one contact hour.

(b) Courses sponsored or approved by the American Physical Therapy Association.

(c) Courses sponsored or approved by the Florida Physical Therapy Association, so long as they meet the criteria set forth in subsection 64B17-9.001(3), F.A.C.

(d) Attendance at Florida Board meetings where disciplinary cases are being heard if the licensee is not on the agenda or appearing for another purpose. The number of risk management contact hours for such attendance is based on the definition of contact hour as set forth in subsection (2).

(e) Former Board members who serve on the Board's Probable Cause Panel shall receive five contact hours of continuing education risk management credit per biennium for their service on the Panel.

(f) Licensees who file DOH form #DH-MQA 1144, "Application Materials For The Florida Laws and Rules, (Revised 08/13)", incorporated by reference, which is available through www.doh.state.fl.us/mqa or at http://www.flrules.org/Gateway/reference.asp?No=Ref-03444, and take and pass the Florida laws and rules examination shall receive two (2) hours of continuing education per biennium. The continuing education credit shall be awarded only for the biennium in which the examination was taken and passed. Continuing education credit shall not be awarded to licensees that take and pass the examination as a result of a disciplinary proceeding or as a board ordered condition of initial licensure, re-activation or reinstatement.

(8) The Board shall make exceptions for licensees from the continuing education requirements including waiver of all or a portion of these requirements or the granting of an extension of time in which to complete these requirements upon a finding of good cause by majority vote of the Board at a public meeting following receipt of a written request for exception based upon emergency or hardship. Emergency or hardship cases are those: (1) involving long term personal illness or illness involving a

close relative or person for whom the licensee has care-giving responsibilities; (2) where the licensee can demonstrate that the required course(s) are not reasonably available; and (3) other demonstrated economic, technological or legal hardships that substantially relate to the ability to perform or complete the continuing education requirements.

(9) The licensee must retain such receipts, vouchers, certificates, or other papers as may be necessary to document completion of the appropriate continuing education offerings listed on the renewal form for a period of not less than four years from the date the offering was taken.

Rulemaking Authority 456.013(6), 486.025, 486.109(5) FS. Law Implemented 456.013(6), 486.109 FS. History–New 4-6-92, Formerly 21MM-9.001, Amended 3-7-94, Formerly 61F11-9.001, Amended 12-5-95, Formerly 59Y-9.001, Amended 2-14-02, 4-21-02, 1-2-03, 6-28-04, 4-9-06, 5-28-06, 2-17-08, 5-21-09, 8-10-09, 6-30-10, 9-23-10, 12-24-13, 11-23-14.

PART C

Chapter 456, F.S.

Health Professions & Occupations:

CHAPTER 456

HEALTH PROFESSIONS AND OCCUPATIONS: GENERAL PROVISIONS

456.001 Definitions.
456.002 Applicability.
456.003 Legislative intent; requirements.
456.004 Department; powers and duties.
456.005 Long-range policy planning.
456.006 Contacting boards through department.
456.007 Board members.
456.008 Accountability and liability of board members.
456.009 Legal and investigative services.
456.011 Boards; organization; meetings; compensation and travel expenses.
456.012 Board rules; final agency action; challenges.
456.013 Department; general licensing provisions.
456.0135 General background screening provisions.
456.014 Public inspection of information required from applicants; exceptions; examination hearing.
456.015 Limited licenses.
456.016 Use of professional testing services.
456.017 Examinations.
456.018 Penalty for theft or reproduction of an examination.
456.019 Restriction on requirement of citizenship.
456.021 Qualification of immigrants for examination to practice a licensed profession or occupation.
456.022 Foreign-trained professionals; special examination and license provisions.
456.023 Exemption for certain out-of-state or foreign professionals; limited practice permitted.
456.024 Members of Armed Forces in good standing with administrative boards or the department; spouses; licensure.
456.025 Fees; receipts; disposition.
456.026 Annual report concerning finances, administrative complaints, disciplinary actions, and recommendations.
456.027 Education; accreditation.
456.028 Consultation with postsecondary education boards prior to adoption of changes to training requirements.
456.029 Education; substituting demonstration of competency for clock-hour requirements.
456.031 Requirement for instruction on domestic violence.
456.032 Hepatitis B or HIV carriers.
456.033 Requirement for instruction for certain licensees on HIV and AIDS.
456.035 Address of record.
456.036 Licenses; active and inactive status; delinquency.
456.037 Business establishments; requirements for active status licenses; delinquency; discipline; applicability.
456.038 Renewal and cancellation notices.
456.039 Designated health care professionals; information required for licensure.
456.0391 Advanced registered nurse practitioners; information required for certification.
456.0392 Prescription labeling.
456.041 Practitioner profile; creation.
456.042 Practitioner profiles; update.
456.043 Practitioner profiles; data storage.
456.044 Practitioner profiles; rules; workshops.
456.045 Practitioner profiles; maintenance of superseded information.
456.046 Practitioner profiles; confidentiality.
456.048 Financial responsibility requirements for certain health care practitioners.
456.049 Health care practitioners; reports on professional liability claims and actions.
456.051 Reports of professional liability actions; bankruptcies; Department of Health's responsibility to provide.
456.052 Disclosure of financial interest by production.
456.053 Financial arrangements between referring health care providers and providers of health care services.

456.054 Kickbacks prohibited.
456.055 Chiropractic and podiatric health care; denial of payment; limitation.
456.056 Treatment of Medicare beneficiaries; refusal, emergencies, consulting physicians.
456.057 Ownership and control of patient records; report or copies of records to be furnished; disclosure of information.
456.0575 Duty to notify patients.
456.058 Disposition of records of deceased practitioners or practitioners relocating or terminating practice.
456.059 Communications confidential; exceptions.
456.061 Practitioner disclosure of confidential information; immunity from civil or criminal liability.
456.062 Advertisement by a health care practitioner of free or discounted services; required statement.
456.063 Sexual misconduct; disqualification for license, certificate, or registration.
456.0635 Health care fraud; disqualification for license, certificate, or registration.
456.065 Unlicensed practice of a health care profession; intent; cease and desist notice; penalties; enforcement; citations; fees; allocation and disposition of moneys collected.
456.066 Prosecution of criminal violations.
456.067 Penalty for giving false information.
456.068 Toll-free telephone number for reporting of complaints.
456.069 Authority to inspect.
456.071 Power to administer oaths, take depositions, and issue subpoenas.
456.072 Grounds for discipline; penalties; enforcement.
456.0721 Practitioners in default on student loan or scholarship obligations; investigation; report.
456.073 Disciplinary proceedings.
456.074 Certain health care practitioners; immediate suspension of license.
456.075 Criminal proceedings against licensees; appearances by department representatives.
456.076 Treatment programs for impaired practitioners.
456.077 Authority to issue citations.
456.078 Mediation.
456.079 Disciplinary guidelines.
456.081 Publication of information.
456.082 Disclosure of confidential information.
456.36 Health care professionals; exemption from disqualification from employment or contracting.
456.38 Practitioner registry for disasters and emergencies.
456.41 Complementary or alternative health care treatments.
456.42 Written prescriptions for medicinal drugs.
456.43 Electronic prescribing for medicinal drugs.
456.44 Controlled substance prescribing.
456.50 Repeated medical malpractice.

456.001 Definitions.—As used in this chapter, the term:
(1) "Board" means any board or commission, or other statutorily created entity to the extent such entity is authorized to exercise regulatory or rulemaking functions, within the department, except that, for ss. 456.003-456.018, 456.022, 456.023, 456.025-456.033, and 456.039-456.082, "board" means only a board, or other statutorily created entity to the extent such entity is authorized to exercise regulatory or rulemaking functions, within the Division of Medical Quality Assurance.
(2) "Consumer member" means a person appointed to serve on a specific board or who has served on a specific board, who is not, and never has been, a member or practitioner of the profession, or of any closely related profession, regulated by such board.
(3) "Department" means the Department of Health.
(4) "Health care practitioner" means any person licensed under chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 462; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part II, part III, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part III or part IV of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491.
(5) "License" means any permit, registration, certificate, or license, including a provisional license, issued by the department.
(6) "Licensee" means any person or entity issued a permit, registration, certificate, or license, including a provisional license, by the department.

(7) “Profession” means any activity, occupation, profession, or vocation regulated by the department in the Division of Medical Quality Assurance.

History.—s. 33, ch. 97-261; s. 72, ch. 99-397; s. 36, ch. 2000-160; s. 2, ch. 2002-199; s. 116, ch. 2014-17.
Note.—Former s. 455.501.

456.002 Applicability.—This chapter applies only to the regulation by the department of professions.
History.—s. 34, ch. 97-261; s. 37, ch. 2000-160.
Note.—Former s. 455.504.

456.003 Legislative intent; requirements.—
(1) It is the intent of the Legislature that persons desiring to engage in any lawful profession regulated by the department shall be entitled to do so as a matter of right if otherwise qualified.
(2) The Legislature further believes that such professions shall be regulated only for the preservation of the health, safety, and welfare of the public under the police powers of the state. Such professions shall be regulated when:
(a) Their unregulated practice can harm or endanger the health, safety, and welfare of the public, and when the potential for such harm is recognizable and clearly outweighs any anticompetitive impact which may result from regulation.
(b) The public is not effectively protected by other means, including, but not limited to, other state statutes, local ordinances, or federal legislation.
(c) Less restrictive means of regulation are not available.
(3) It is further legislative intent that the use of the term “profession” with respect to those activities licensed and regulated by the department shall not be deemed to mean that such activities are not occupations for other purposes in state or federal law.

(4)(a) Neither the department nor any board may create unreasonably restrictive and extraordinary standards that deter qualified persons from entering the various professions. Neither the department nor any board may take any action that tends to create or maintain an economic condition that unreasonably restricts competition, except as specifically provided by law.
(b) Neither the department nor any board may create a regulation that has an unreasonable effect on job creation or job retention in the state or that places unreasonable restrictions on the ability of individuals who seek to practice or who are practicing a profession or occupation to find employment.
(c) The Legislature shall evaluate proposals to increase the regulation of regulated professions or occupations to determine the effect of increased regulation on job creation or retention and employment opportunities.
(5) Policies adopted by the department shall ensure that all expenditures are made in the most cost-effective manner to maximize competition, minimize licensure costs, and maximize public access to meetings conducted for the purpose of professional regulation. The long-range planning function of the department shall be implemented to facilitate effective operations and to eliminate inefficiencies.
(6) Unless expressly and specifically granted in statute, the duties conferred on the boards do not include the enlargement, modification, or contravention of the lawful scope of practice of the profession regulated by the boards. This subsection shall not prohibit the boards, or the department when there is no board, from taking disciplinary action or issuing a declaratory statement.

History.—s. 38, ch. 97-261; s. 135, ch. 99-251; s. 38, ch. 2000-160; s. 57, ch. 2001-277.
Note.—Former s. 455.517.

456.004 Department; powers and duties.—The department, for the professions under its jurisdiction, shall:
(1) Adopt rules establishing a procedure for the biennial renewal of licenses; however, the department may issue up to a 4-year license to selected licensees notwithstanding any other provisions of law to the contrary. The rules shall specify the expiration dates of licenses and the process for tracking compliance with continuing education requirements, financial responsibility requirements, and any other conditions of renewal set forth in statute or rule. Fees for such renewal shall not exceed the fee caps for individual professions on an annualized basis as authorized by law.

(2) Appoint the executive director of each board, subject to the approval of the board.

(3) Submit an annual budget to the Legislature at a time and in the manner provided by law.
(4) Develop a training program for persons newly appointed to membership on any board. The program shall familiarize such persons with the substantive and procedural laws and rules and fiscal information relating to the regulation of the appropriate profession and with the structure of the department.
(5) Adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter.
(6) Establish by rules procedures by which the department shall use the expert or technical advice of the appropriate board for the purposes of investigation, inspection, evaluation of applications, other duties of the department, or any other areas the department may deem appropriate.
(7) Require all proceedings of any board or panel thereof and all formal or informal proceedings conducted by the department, an administrative law judge, or a hearing officer with respect to licensing or discipline to be electronically recorded in a manner sufficient to assure the accurate transcription of all matters so recorded.
(8) Select only those investigators, or consultants who undertake investigations, who meet criteria established with the advice of the respective boards.
(9) Work cooperatively with the Department of Revenue to establish an automated method for periodically disclosing information relating to current licensees to the Department of Revenue, the state's Title IV-D agency. The purpose of this subsection is to promote the public policy of this state relating to child support as established in s. 409.2551. The department shall, when directed by the court or the Department of Revenue pursuant to s. 409.2598, suspend or deny the license of any licensee found not to be in compliance with a support order, a subpoena, an order to show cause, or a written agreement with the Department of Revenue. The department shall issue or reinstate the license without additional charge to the licensee when notified by the court or the Department of Revenue that the licensee has complied with the terms of the support order. The department is not liable for any license denial or suspension resulting from the discharge of its duties under this subsection.
(10) Set an examination fee that includes all costs to develop, purchase, validate, administer, and defend the examination and is an amount certain to cover all administrative costs plus the actual per-applicant cost of the examination.
(11) Work cooperatively with the Agency for Health Care Administration and the judicial system to recover Medicaid overpayments by the Medicaid program. The department shall investigate and prosecute health care practitioners who have not remitted amounts owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement.

History.—s. 39, ch. 97-261; s. 118, ch. 98-200; s. 74, ch. 99-397; s. 39, ch. 2000-160; s. 52, ch. 2001-158; s. 5, ch. 2001-277; s. 6, ch. 2008-92; s. 21, ch. 2009-223.
Note.—Former s. 455.521.

456.005 Long-range policy planning.—To facilitate efficient and cost-effective regulation, the department and the board, if appropriate, shall develop and implement a long-range policy planning and monitoring process that includes recommendations specific to each profession. The process shall include estimates of revenues, expenditures, cash balances, and performance statistics for each profession. The period covered may not be less than 5 years. The department, with input from the boards and licensees, shall develop and adopt the long-range plan. The department shall monitor compliance with the plan and, with input from the boards and licensees, shall annually update the plans. The department shall provide concise management reports to the boards quarterly. As part of the review process, the department shall evaluate:
(1) Whether the department, including the boards and the various functions performed by the department, is operating efficiently and effectively and if there is a need for a board or council to assist in cost-effective regulation.
(2) How and why the various professions are regulated.
(3) Whether there is a need to continue regulation, and to what degree.
(4) Whether or not consumer protection is adequate, and how it can be improved.
(5) Whether there is consistency between the various practice acts.
(6) Whether unlicensed activity is adequately enforced.
The plans shall include conclusions and recommendations on these and other issues as appropriate.

History.—s. 40, ch. 97-261; s. 40, ch. 2000-160; s. 61, ch. 2008-6; s. 148, ch. 2010-102.
Note.—Former s. 455.524.

456.006 Contacting boards through department.—Each board under the jurisdiction of the department may be

contacted through the headquarters of the department in the City of Tallahassee.

History.—s. 41, ch. 97-261; s. 40, ch. 2000-160.
Note.—Former s. 455.527.

456.007 Board members.—Notwithstanding any provision of law to the contrary, any person who otherwise meets the requirements of law for board membership and who is connected in any way with any medical college, dental college, or community college may be appointed to any board so long as that connection does not result in a relationship wherein such college represents the person's principal source of income. However, this section shall not apply to the physicians required by s. 458.307(2) to be on the faculty of a medical school in this state or on the full-time staff of a teaching hospital in this state.

History.—s. 2, ch. 84-161; s. 1, ch. 84-271; s. 3, ch. 88-392; s. 42, ch. 97-261; s. 17, ch. 97-264; s. 40, ch. 2000-160.
Note.—Former s. 455.206; s. 455.531.

456.008 Accountability and liability of board members.—
(1) Each board member shall be accountable to the Governor for the proper performance of duties as a member of the board. The Governor shall investigate any legally sufficient complaint or unfavorable written report received by the Governor or by the department or a board concerning the actions of the board or its individual members. The Governor may suspend from office any board member for malfeasance, misfeasance, neglect of duty, drunkenness, incompetence, permanent inability to perform his or her official duties, or commission of a felony.
(2) Each board member and each former board member serving on a probable cause panel shall be exempt from civil liability for any act or omission when acting in the member's official capacity, and the department shall defend any such member in any action against any board or member of a board arising from any such act or omission. In addition, the department may defend the member's company or business in any action against the company or business if the department determines that the actions from which the suit arises are actions taken by the member in the member's official capacity and were not beyond the member's statutory authority. In providing such defense, the department may employ or utilize the legal services of the Department of Legal Affairs or outside counsel retained pursuant to s. 287.059. Fees and costs of providing legal services provided under this subsection shall be paid from a trust fund used by the department to implement this chapter, subject to the provisions of s. 456.025.

History.—s. 45, ch. 97-261; s. 21, ch. 99-7; s. 153, ch. 99-251; s. 41, ch. 2000-160.
Note.—Former s. 455.541.

456.009 Legal and investigative services.—
(1) The department shall provide board counsel for boards within the department by contracting with the Department of Legal Affairs, by retaining private counsel pursuant to s. 287.059, or by providing department staff counsel. The primary responsibility of board counsel shall be to represent the interests of the citizens of the state. A board shall provide for the periodic review and evaluation of the services provided by its board counsel. Fees and costs of such counsel shall be paid from a trust fund used by the department to implement this chapter, subject to the provisions of s. 456.025. All contracts for independent counsel shall provide for periodic review and evaluation by the board and the department of services provided.
(2) The department may employ or use the legal services of outside counsel and the investigative services of outside personnel. However, no attorney employed or utilized by the department shall prosecute a matter and provide legal services to the board with respect to the same matter.
(3) Any person retained by the department under contract to review materials, make site visits, or provide expert testimony regarding any complaint or application filed with the department relating to a profession under the jurisdiction of the department shall be considered an agent of the department in determining the state insurance coverage and sovereign immunity protection applicability of ss. 284.31 and 768.28.

History.—s. 60, ch. 97-261; s. 154, ch. 99-251; s. 42, ch. 2000-160.
Note.—Former s. 455.594.

456.011 Boards; organization; meetings; compensation and travel expenses.—
(1) Each board within the department shall comply with the provisions of this chapter.

(2) The board shall annually elect from among its number a chairperson and vice chairperson.
(3) The board shall meet at least once annually and may meet as often as is necessary. Meetings shall be conducted through teleconferencing or other technological means, unless disciplinary hearings involving standard of care, sexual misconduct, fraud, impairment, or felony convictions; licensure denial hearings; or controversial rule hearings are being conducted; or unless otherwise approved in advance of the meeting by the director of the Division of Medical Quality Assurance. The chairperson or a quorum of the board shall have the authority to call meetings, except as provided above relating to in-person meetings. A quorum shall be necessary for the conduct of official business by the board or any committee thereof. Unless otherwise provided by law, 51 percent or more of the appointed members of the board or any committee, when applicable, shall constitute a quorum. The membership of committees of the board, except as otherwise authorized pursuant to this chapter or the applicable practice act, shall be composed of currently appointed members of the board. The vote of a majority of the members of the quorum shall be necessary for any official action by the board or committee. Three consecutive unexcused absences or absences constituting 50 percent or more of the board's meetings within any 12-month period shall cause the board membership of the member in question to become void, and the position shall be considered vacant. The board, or the department when there is no board, shall, by rule, define unexcused absences.
(4) Unless otherwise provided by law, a board member or former board member serving on a probable cause panel shall be compensated $50 for each day in attendance at an official meeting of the board and for each day of participation in any other business involving the board. Each board shall adopt rules defining the phrase "other business involving the board," but the phrase may not routinely be defined to include telephone conference calls that last less than 4 hours. A board member also shall be entitled to reimbursement for expenses pursuant to s. 112.061. Travel out of state shall require the prior approval of the State Surgeon General.
(5) When two or more boards have differences between them, the boards may elect to, or the State Surgeon General may request that the boards, establish a special committee to settle those differences. The special committee shall consist of three members designated by each board, who may be members of the designating board or other experts designated by the board, and of one additional person designated and agreed to by the members of the special committee. In the event the special committee cannot agree on the additional designee, upon request of the special committee, the State Surgeon General may select the designee. The committee shall recommend rules necessary to resolve the differences. If a rule adopted pursuant to this provision is challenged, the participating boards shall share the costs associated with defending the rule or rules. The department shall provide legal representation for any special committee established pursuant to this section.

History.—s. 43, ch. 97-261; s. 43, ch. 2000-160; s. 10, ch. 2001-277; s. 62, ch. 2008-6.
Note.—Former s. 455.534.

456.012 Board rules; final agency action; challenges.—
(1) The State Surgeon General shall have standing to challenge any rule or proposed rule of a board under its jurisdiction pursuant to s. 120.56. In addition to challenges for any invalid exercise of delegated legislative authority, the administrative law judge, upon such a challenge by the State Surgeon General, may declare all or part of a rule or proposed rule invalid if it:
(a) Does not protect the public from any significant and discernible harm or damages;
(b) Unreasonably restricts competition or the availability of professional services in the state or in a significant part of the state; or
(c) Unnecessarily increases the cost of professional services without a corresponding or equivalent public benefit.
However, there shall not be created a presumption of the existence of any of the conditions cited in this subsection in the event that the rule or proposed rule is challenged.
(2) In addition, either the State Surgeon General or the board shall be a substantially interested party for purposes of s. 120.54(7). The board may, as an adversely affected party, initiate and maintain an action pursuant to s. 120.68 challenging the final agency action.
(3) No board created within the department shall have standing to challenge a rule or proposed rule of another board. However, if there is a dispute between boards concerning a rule or proposed rule, the boards may avail themselves of the provisions of s. 456.011(5).

History.—s. 46, ch. 97-261; s. 44, ch. 2000-160; s. 63, ch. 2008-6.
Note.—Former s. 455.544.

456.013 Department; general licensing provisions.—

(1)(a) Any person desiring to be licensed in a profession within the jurisdiction of the department shall apply to the department in writing to take the licensure examination. The application shall be made on a form prepared and furnished by the department. The application form must be available on the World Wide Web and the department may accept electronically submitted applications beginning July 1, 2001. The application shall require the social security number of the applicant, except as provided in paragraph (b). The form shall be supplemented as needed to reflect any material change in any circumstance or condition stated in the application which takes place between the initial filing of the application and the final grant or denial of the license and which might affect the decision of the department. If an application is submitted electronically, the department may require supplemental materials, including an original signature of the applicant and verification of credentials, to be submitted in a nonelectronic format. An incomplete application shall expire 1 year after initial filing. In order to further the economic development goals of the state, and notwithstanding any law to the contrary, the department may enter into an agreement with the county tax collector for the purpose of appointing the county tax collector as the department's agent to accept applications for licenses and applications for renewals of licenses. The agreement must specify the time within which the tax collector must forward any applications and accompanying application fees to the department.

(b) If an applicant has not been issued a social security number by the Federal Government at the time of application because the applicant is not a citizen or resident of this country, the department may process the application using a unique personal identification number. If such an applicant is otherwise eligible for licensure, the board, or the department when there is no board, may issue a temporary license to the applicant, which shall expire 30 days after issuance unless a social security number is obtained and submitted in writing to the department. Upon receipt of the applicant's social security number, the department shall issue a new license, which shall expire at the end of the current biennium.

(2) Before the issuance of any license, the department shall charge an initial license fee as determined by the applicable board or, if there is no board, by rule of the department. Upon receipt of the appropriate license fee, the department shall issue a license to any person certified by the appropriate board, or its designee, as having met the licensure requirements imposed by law or rule. The license shall consist of a wallet-size identification card and a wall card measuring 61/2inches by 5 inches. The licensee shall surrender to the department the wallet-size identification card and the wall card if the licensee's license is issued in error or is revoked.

(3)(a) The board, or the department when there is no board, may refuse to issue an initial license to any applicant who is under investigation or prosecution in any jurisdiction for an action that would constitute a violation of this chapter or the professional practice acts administered by the department and the boards, until such time as the investigation or prosecution is complete, and the time period in which the licensure application must be granted or denied shall be tolled until 15 days after the receipt of the final results of the investigation or prosecution.

(b) If an applicant has been convicted of a felony related to the practice or ability to practice any health care profession, the board, or the department when there is no board, may require the applicant to prove that his or her civil rights have been restored.

(c) In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

(4) When any administrative law judge conducts a hearing pursuant to the provisions of chapter 120 with respect to the issuance of a license by the department, the administrative law judge shall submit his or her recommended order to the appropriate board, which shall thereupon issue a final order. The applicant for licensure may appeal the final order of the board in accordance with the provisions of chapter 120.

(5) A privilege against civil liability is hereby granted to any witness for any information furnished by the witness in any proceeding pursuant to this section, unless the witness acted in bad faith or with malice in providing such information.

(6) As a condition of renewal of a license, the Board of Medicine, the Board of Osteopathic Medicine, the Board of Chiropractic Medicine, and the Board of Podiatric Medicine shall each require licensees which they respectively regulate to periodically demonstrate their professional competency by completing at least 40 hours of continuing education every 2 years. The boards may require by rule that up to 1 hour of the required 40 or more hours be in the area of risk management or cost containment. This provision shall not be construed to limit the number of hours that a licensee may obtain in risk management or cost containment to be credited toward satisfying the 40 or more required hours. This provision shall not be construed to require the boards to impose any requirement on licensees

except for the completion of at least 40 hours of continuing education every 2 years. Each of such boards shall determine whether any specific continuing education requirements not otherwise mandated by law shall be mandated and shall approve criteria for, and the content of, any continuing education mandated by such board. Notwithstanding any other provision of law, the board, or the department when there is no board, may approve by rule alternative methods of obtaining continuing education credits in risk management. The alternative methods may include attending a board meeting at which another licensee is disciplined, serving as a volunteer expert witness for the department in a disciplinary case, or serving as a member of a probable cause panel following the expiration of a board member's term. Other boards within the Division of Medical Quality Assurance, or the department if there is no board, may adopt rules granting continuing education hours in risk management for attending a board meeting at which another licensee is disciplined, for serving as a volunteer expert witness for the department in a disciplinary case, or for serving as a member of a probable cause panel following the expiration of a board member's term.

(7) The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. In addition, the course approved by the Board of Medicine and the Board of Osteopathic Medicine shall include information relating to the five most misdiagnosed conditions during the previous biennium, as determined by the board. If the course is being offered by a facility licensed pursuant to chapter 395 for its employees, the board may approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility.

(8) The respective boards within the jurisdiction of the department, or the department when there is no board, may adopt rules to provide for the use of approved videocassette courses, not to exceed 5 hours per subject, to fulfill the continuing education requirements of the professions they regulate. Such rules shall provide for prior approval of the board, or the department when there is no board, of the criteria for and content of such courses and shall provide for a videocassette course validation form to be signed by the vendor and the licensee and submitted to the department, along with the license renewal application, for continuing education credit.

(9) Any board that currently requires continuing education for renewal of a license, or the department if there is no board, shall adopt rules to establish the criteria for continuing education courses. The rules may provide that up to a maximum of 25 percent of the required continuing education hours can be fulfilled by the performance of pro bono services to the indigent or to underserved populations or in areas of critical need within the state where the licensee practices. The board, or the department if there is no board, must require that any pro bono services be approved in advance in order to receive credit for continuing education under this subsection. The standard for determining indigency shall be that recognized by the Federal Poverty Income Guidelines produced by the United States Department of Health and Human Services. The rules may provide for approval by the board, or the department if there is no board, that a part of the continuing education hours can be fulfilled by performing research in critical need areas or for training leading to advanced professional certification. The board, or the department if there is no board, may make rules to define underserved and critical need areas. The department shall adopt rules for administering continuing education requirements adopted by the boards or the department if there is no board.

(10) Notwithstanding any law to the contrary, an elected official who is licensed under a practice act administered by the Division of Medical Quality Assurance may hold employment for compensation with any public agency concurrent with such public service. Such dual service must be disclosed according to any disclosure required by applicable law.

(11) In any instance in which a licensee or applicant to the department is required to be in compliance with a particular provision by, on, or before a certain date, and if that date occurs on a Saturday, Sunday, or a legal holiday, then the licensee or applicant is deemed to be in compliance with the specific date requirement if the required action occurs on the first succeeding day which is not a Saturday, Sunday, or legal holiday.

(12) Pursuant to the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, each party is required to provide his or her social security number in accordance with this section. Disclosure of social security numbers obtained through this requirement shall be limited to the purpose of administration of the Title IV-D program for child support enforcement.

(13) The department shall waive the initial licensing fee, the initial application fee, and the initial unlicensed activity fee for a military veteran or his or her spouse at the time of discharge, if he or she applies to the department for an initial license within 60 months after the veteran is honorably discharged from any branch of the United States Armed Forces. The applicant must apply for the fee waiver using a form prescribed by the department and must submit supporting documentation as required by the department.

History.—s. 44, ch. 92-33; s. 1, ch. 93-27; s. 23, ch. 93-129; s. 27, ch. 95-144; s. 2, ch. 96-309; s. 209, ch. 96-410; s. 1079, ch. 97-103; s. 64, ch. 97-170; s. 51, ch. 97-261; s. 54, ch. 97-278; ss. 7, 237, 262, ch. 98-166; s. 145, ch. 99-251; s. 76, ch. 99-397; s. 45, ch. 2000-160; s. 20, ch. 2000-318; ss. 11, 68, ch. 2001-277; s. 11, ch. 2003-416; s. 1, ch. 2005-62; s. 1, ch. 2013-123; s. 27, ch. 2014-1.
Note.—Former s. 455.2141; s. 455.564.

456.0135 General background screening provisions.—
(1) An application for initial licensure received on or after January 1, 2013, under chapter 458, chapter 459, chapter 460, chapter 461, chapter 464, s. 465.022, or chapter 480 shall include fingerprints pursuant to procedures established by the department through a vendor approved by the Department of Law Enforcement and fees imposed for the initial screening and retention of fingerprints. Fingerprints must be submitted electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for national processing. Each board, or the department if there is no board, shall screen the results to determine if an applicant meets licensure requirements. For any subsequent renewal of the applicant's license that requires a national criminal history check, the department shall request the Department of Law Enforcement to forward the retained fingerprints of the applicant to the Federal Bureau of Investigation unless the fingerprints are enrolled in the national retained print arrest notification program.
(2) All fingerprints submitted to the Department of Law Enforcement as required under subsection (1) shall be retained by the Department of Law Enforcement as provided under s. 943.05(2)(g) and (h) and (3) and enrolled in the national retained print arrest notification program at the Federal Bureau of Investigation when the Department of Law Enforcement begins participation in the program. The department shall notify the Department of Law Enforcement regarding any person whose fingerprints have been retained but who is no longer licensed.
(3) The costs of fingerprint processing, including the cost for retaining fingerprints, shall be borne by the applicant subject to the background screening.
(4) All fingerprints received under this section shall be entered into the Care Provider Background Screening Clearinghouse as provided in s. 435.12.

History.—s. 13, ch. 2012-73; s. 1, ch. 2014-139.

456.014 Public inspection of information required from applicants; exceptions; examination hearing.—
(1) All information required by the department of any applicant shall be a public record and shall be open to public inspection pursuant to s. 119.07, except financial information, medical information, school transcripts, examination questions, answers, papers, grades, and grading keys, which are confidential and exempt from s. 119.07(1) and shall not be discussed with or made accessible to anyone except the program director of an approved program or accredited program as provided in s. 464.019(6), members of the board, the department, and staff thereof, who have a bona fide need to know such information. Any information supplied to the department by any other agency which is exempt from the provisions of chapter 119 or is confidential shall remain exempt or confidential pursuant to applicable law while in the custody of the department or the agency.
(2) The department shall establish by rule the procedure by which an applicant, and the applicant's attorney, may review examination questions and answers. Examination questions and answers are not subject to discovery but may be introduced into evidence and considered only in camera in any administrative proceeding under chapter 120. If an administrative hearing is held, the department shall provide challenged examination questions and answers to the administrative law judge. The examination questions and answers provided at the hearing are confidential and exempt from s. 119.07(1), unless invalidated by the administrative law judge.
(3) Unless an applicant notifies the department at least 5 days prior to an examination hearing of the applicant's inability to attend, or unless an applicant can demonstrate an extreme emergency for failing to attend, the department may require an applicant who fails to attend to pay reasonable attorney's fees, costs, and court costs of the department for the examination hearing.
History.—s. 76, ch. 97-261; s. 46, ch. 2000-160; s. 1, ch. 2010-37; s. 5, ch. 2014-92.
Note.—Former s. 455.647.

456.015 Limited licenses.—
(1) It is the intent of the Legislature that, absent a threat to the health, safety, and welfare of the public, the use of retired professionals in good standing to serve the indigent, underserved, or critical need populations of this state should be encouraged. To that end, the board, or the department when there is no board, may adopt rules to permit practice by retired professionals as limited licensees under this section.

(2) Any person desiring to obtain a limited license, when permitted by rule, shall submit to the board, or the department when there is no board, an application and fee, not to exceed $300, and an affidavit stating that the applicant has been licensed to practice in any jurisdiction in the United States for at least 10 years in the profession for which the applicant seeks a limited license. The affidavit shall also state that the applicant has retired or intends to retire from the practice of that profession and intends to practice only pursuant to the restrictions of the limited license granted pursuant to this section. If the applicant for a limited license submits a notarized statement from the employer stating that the applicant will not receive monetary compensation for any service involving the practice of her or his profession, the application and all licensure fees shall be waived.
(3) The board, or the department when there is no board, may deny limited licensure to an applicant who has committed, or is under investigation or prosecution for, any act which would constitute the basis for discipline pursuant to the provisions of this chapter or the applicable practice act.
(4) The recipient of a limited license may practice only in the employ of public agencies or institutions or nonprofit agencies or institutions which meet the requirements of s. 501(c)(3) of the Internal Revenue Code, and which provide professional liability coverage for acts or omissions of the limited licensee. A limited licensee may provide services only to the indigent, underserved, or critical need populations within the state. The standard for determining indigency shall be that recognized by the Federal Poverty Income Guidelines produced by the United States Department of Health and Human Services. The board, or the department when there is no board, may adopt rules to define underserved and critical need areas and to ensure implementation of this section.
(5) A board, or the department when there is no board, may provide by rule for supervision of limited licensees to protect the health, safety, and welfare of the public.
(6) Each applicant granted a limited license is subject to all the provisions of this chapter and the respective practice act under which the limited license is issued which are not in conflict with this section.
(7) This section does not apply to chapter 458 or chapter 459.

History.—s. 50, ch. 97-261; s. 22, ch. 99-7; s. 47, ch. 2000-160.
Note.—Former s. 455.561.

456.016 Use of professional testing services.—Notwithstanding any other provision of law to the contrary, the department may use a professional testing service to prepare, administer, grade, and evaluate any computerized examination, when that service is available and approved by the board, or the department if there is no board.

History.—s. 53, ch. 97-261; s. 48, ch. 2000-160.
Note.—Former s. 455.571.

456.017 Examinations.—
(1)(a) The department shall provide, contract, or approve services for the development, preparation, administration, scoring, score reporting, and evaluation of all examinations, in consultation with the appropriate board. The department shall certify that examinations developed and approved by the department adequately and reliably measure an applicant's ability to practice the profession regulated by the department. After an examination developed or approved by the department has been administered, the board, or the department when there is no board, may reject any question which does not reliably measure the general areas of competency specified in the rules of the board. The department may contract for the preparation, administration, scoring, score reporting, and evaluation of examinations, when such services are available and approved by the board.
(b) For each examination developed by the department or contracted vendor, to the extent not otherwise specified by statute, the board, or the department when there is no board, shall by rule specify the general areas of competency to be covered by each examination, the relative weight to be assigned in grading each area tested, and the score necessary to achieve a passing grade. The department shall assess fees to cover the actual cost for any purchase, development, validation, administration, and defense of required examinations. This subsection does not apply to national examinations approved and administered pursuant to paragraph (c). If a practical examination is deemed to be necessary, the rules shall specify the criteria by which examiners are to be selected, the grading criteria to be used by the examiner, the relative weight to be assigned in grading each criterion, and the score necessary to achieve a passing grade. When a mandatory standardization exercise for a practical examination is required by law, the board, or the department when there is no board, may conduct such exercise. Therefore, board members, or employees of the department when there is no board, may serve as examiners at a practical examination with the consent of the board or department, as appropriate.

(c) The board, or the department when there is no board, shall approve by rule the use of one or more national examinations that the department has certified as meeting requirements of national examinations and generally accepted testing standards pursuant to department rules.
1. Providers of examinations seeking certification shall pay the actual costs incurred by the department in making a determination regarding the certification. The name and number of a candidate may be provided to a national contractor for the limited purpose of preparing the grade tape and information to be returned to the board or department; or, to the extent otherwise specified by rule, the candidate may apply directly to the vendor of the national examination and supply test score information to the department. The department may delegate to the board the duty to provide and administer the examination. Any national examination approved by a board, or the department when there is no board, prior to October 1, 1997, is deemed certified under this paragraph.
2. Neither the board nor the department may administer a state-developed written examination if a national examination has been certified by the department. The examination may be administered electronically if adequate security measures are used, as determined by rule of the department.
3. The board, or the department when there is no board, may administer a state-developed practical or clinical examination, as required by the applicable practice act, if all costs of development, purchase, validation, administration, review, and defense are paid by the examination candidate prior to the administration of the examination. If a national practical or clinical examination is available and certified by the department pursuant to this section, the board, or the department when there is no board, may administer the national examination.
4. It is the intent of the Legislature to reduce the costs associated with state examinations and to encourage the use of national examinations whenever possible.
(d) Each board, or the department when there is no board, shall adopt rules regarding the security and monitoring of examinations. The department shall implement those rules adopted by the respective boards. In order to maintain the security of examinations, the department may employ the procedures set forth in s. 456.065 to seek fines and injunctive relief against an examinee who violates the provisions of s. 456.018 or the rules adopted pursuant to this paragraph. The department, or any agent thereof, may, for the purposes of investigation, confiscate any written, photographic, or recording material or device in the possession of the examinee at the examination site which the department deems necessary to enforce such provisions or rules. The scores of candidates who have taken state-developed examinations shall be provided to the candidates electronically using a candidate identification number, and the department shall post the aggregate scores on the department's website without identifying the names of the candidates.
(e) If the professional board with jurisdiction over an examination concurs, the department may, for a fee, share with any other state's licensing authority or a national testing entity an examination or examination item bank developed by or for the department unless prohibited by a contract entered into by the department for development or purchase of the examination. The department, with the concurrence of the appropriate board, shall establish guidelines that ensure security of a shared exam and shall require that any other state's licensing authority comply with those guidelines. Those guidelines shall be approved by the appropriate professional board. All fees paid by the user shall be applied to the department's examination and development program for professions regulated by this chapter.
(f) The department may adopt rules necessary to administer this subsection.
(2) For each examination developed by the department or a contracted vendor, the board, or the department when there is no board, shall adopt rules providing for reexamination of any applicants who failed an examination developed by the department or a contracted vendor. If both a written and a practical examination are given, an applicant shall be required to retake only the portion of the examination on which the applicant failed to achieve a passing grade, if the applicant successfully passes that portion within a reasonable time, as determined by rule of the board, or the department when there is no board, of passing the other portion. Except for national examinations approved and administered pursuant to this section, the department shall provide procedures for applicants who fail an examination developed by the department or a contracted vendor to review their examination questions, answers, papers, grades, and grading key for the questions the candidate answered incorrectly or, if not feasible, the parts of the examination failed. Applicants shall bear the actual cost for the department to provide examination review pursuant to this subsection. An applicant may waive in writing the confidentiality of the applicant's examination grades. Notwithstanding any other provisions, only candidates who fail an examination with a score that is less than 10 percent below the minimum score required to pass the examination shall be entitled to challenge the validity of the examination at hearing.
(3) For each examination developed or administered by the department or a contracted vendor, an accurate record of each applicant's examination questions, answers, papers, grades, and grading key shall be kept for a period of not

less than 2 years immediately following the examination, and such record shall thereafter be maintained or destroyed as provided in chapters 119 and 257. This subsection does not apply to national examinations approved and administered pursuant to this section.
(4) Meetings of any member of the department or of any board within the department held for the exclusive purpose of creating or reviewing licensure examination questions or proposed examination questions are exempt from the provisions of s. 286.011 and s. 24(b), Art. I of the State Constitution. Any public records, such as tape recordings, minutes, or notes, generated during or as a result of such meetings are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution. However, these exemptions shall not affect the right of any person to review an examination as provided in subsection (2).
(5) For examinations developed by the department or a contracted vendor, each board, or the department when there is no board, may provide licensure examinations in an applicant's native language. Notwithstanding any other provision of law, applicants for examination or reexamination pursuant to this subsection shall bear the full cost for the department's development, preparation, validation, administration, grading, and evaluation of any examination in a language other than English prior to the examination being administered. Requests for translated examinations must be on file in the board office at least 6 months prior to the scheduled examination. When determining whether it is in the public interest to allow the examination to be translated into a language other than English, the board shall consider the percentage of the population who speak the applicant's native language. Applicants must apply for translation to the applicable board at least 6 months prior to the scheduled examination.
(6) In addition to meeting any other requirements for licensure by examination or by endorsement, and notwithstanding the provisions in paragraph (1)(c), an applicant may be required by a board, or the department when there is no board, to certify competency in state laws and rules relating to the applicable practice act. Beginning October 1, 2001, all laws and rules examinations shall be administered electronically unless the laws and rules examination is administered concurrently with another written examination for that profession or unless the electronic administration would be substantially more expensive.
(7) The department may post examination scores electronically on the Internet in lieu of mailing the scores to each applicant. The electronic posting of the examination scores meets the requirements of chapter 120 if the department also posts along with the examination scores a notification of the rights set forth in chapter 120. The date of receipt for purposes of chapter 120 is the date the examination scores are posted electronically. The department shall also notify the applicant when scores are posted electronically of the availability of postexamination review, if applicable.

History.—s. 46, ch. 92-33; s. 23, ch. 93-129; s. 1, ch. 95-367; s. 304, ch. 96-406; s. 1081, ch. 97-103; s. 54, ch. 97-261; s. 238, ch. 98-166; s. 79, ch. 99-397; s. 49, ch. 2000-160; s. 46, ch. 2000-318; s. 12, ch. 2001-277; s. 2, ch. 2005-62.
Note.—Former s. 455.2173; s. 455.574.

456.018 Penalty for theft or reproduction of an examination.—In addition to, or in lieu of, any other discipline imposed pursuant to s. 456.072, the theft of an examination in whole or in part or the act of reproducing or copying any examination administered by the department, whether such examination is reproduced or copied in part or in whole and by any means, constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

History.—s. 55, ch. 97-261; s. 50, ch. 2000-160; s. 27, ch. 2000-318.
Note.—Former s. 455.577.

456.019 Restriction on requirement of citizenship.—A person is not disqualified from practicing an occupation or profession regulated by the state solely because she or he is not a United States citizen.

History.—s. 36, ch. 97-261; s. 20, ch. 99-7; s. 51, ch. 2000-160.
Note.—Former s. 455.511.

456.021 Qualification of immigrants for examination to practice a licensed profession or occupation.—
(1) It is the declared purpose of this section to encourage the use of foreign-speaking Florida residents duly qualified to become actively qualified in their professions so that all people of this state may receive better services.
(2) Any person who has successfully completed, or is currently enrolled in, an approved course of study created pursuant to chapters 74-105 and 75-177, Laws of Florida, shall be deemed qualified for examination and

reexaminations for a professional or occupational license which shall be administered in the English language unless 15 or more such applicants request that the reexamination be administered in their native language. In the event that such reexamination is administered in a foreign language, the full cost to the board of preparing and administering it shall be borne by the applicants.
(3) Each board within the department shall adopt and implement programs designed to qualify for examination all persons who were resident nationals of the Republic of Cuba and who, on July 1, 1977, were residents of this state.

History.—s. 37, ch. 97-261; s. 51, ch. 2000-160.
Note.—Former s. 455.514.

456.022 Foreign-trained professionals; special examination and license provisions.—
(1) When not otherwise provided by law, within its jurisdiction, the department shall by rule provide procedures under which exiled professionals may be examined within each practice act. A person shall be eligible for such examination if the person:
(a) Immigrated to the United States after leaving the person's home country because of political reasons, provided such country is located in the Western Hemisphere and lacks diplomatic relations with the United States;
(b) Applies to the department and submits a fee;
(c) Was a Florida resident immediately preceding the person's application;
(d) Demonstrates to the department, through submission of documentation verified by the applicant's respective professional association in exile, that the applicant was graduated with an appropriate professional or occupational degree from a college or university; however, the department may not require receipt of any documentation from the Republic of Cuba as a condition of eligibility under this section;
(e) Lawfully practiced the profession for at least 3 years;
(f) Prior to 1980, successfully completed an approved course of study pursuant to chapters 74-105 and 75-177, Laws of Florida; and
(g) Presents a certificate demonstrating the successful completion of a continuing education program which offers a course of study that will prepare the applicant for the examination offered under subsection (2). The department shall develop rules for the approval of such programs for its boards.
(2) Upon request of a person who meets the requirements of subsection (1) and submits an examination fee, the department, for its boards, shall provide a written practical examination which tests the person's current ability to practice the profession competently in accordance with the actual practice of the profession. Evidence of meeting the requirements of subsection (1) shall be treated by the department as evidence of the applicant's preparation in the academic and preprofessional fundamentals necessary for successful professional practice, and the applicant shall not be examined by the department on such fundamentals.
(3) The fees charged for the examinations offered under subsection (2) shall be established by the department, for its boards, by rule and shall be sufficient to develop or to contract for the development of the examination and its administration, grading, and grade reviews.
(4) The department shall examine any applicant who meets the requirements of subsections (1) and (2). Upon passing the examination and the issuance of the license, a licensee is subject to the administrative requirements of this chapter and the respective practice act under which the license is issued. Each applicant so licensed is subject to all provisions of this chapter and the respective practice act under which the license was issued.
(5) Upon a request by an applicant otherwise qualified under this section, the examinations offered under subsection (2) may be given in the applicant's native language, provided that any translation costs are borne by the applicant.
(6) The department, for its boards, shall not issue an initial license to, or renew a license of, any applicant or licensee who is under investigation or prosecution in any jurisdiction for an action which would constitute a violation of this chapter or the professional practice acts administered by the department and the boards until such time as the investigation or prosecution is complete, at which time the provisions of the professional practice acts shall apply.

History.—s. 56, ch. 97-261; s. 52, ch. 2000-160.
Note.—Former s. 455.581.

456.023 Exemption for certain out-of-state or foreign professionals; limited practice permitted.—
(1) A professional of any other state or of any territory or other jurisdiction of the United States or of any other nation or foreign jurisdiction is exempt from the requirements of licensure under this chapter and the applicable

professional practice act under the agency with regulatory jurisdiction over the profession if that profession is regulated in this state under the agency with regulatory jurisdiction over the profession and if that person:
(a) Holds, if so required in the jurisdiction in which that person practices, an active license to practice that profession.
(b) Engages in the active practice of that profession outside the state.
(c) Is employed or designated in that professional capacity by a sports entity visiting the state for a specific sporting event.
(2) A professional's practice under this section is limited to the members, coaches, and staff of the team for which that professional is employed or designated and to any animals used if the sporting event for which that professional is employed or designated involves animals. A professional practicing under authority of this section shall not have practice privileges in any licensed health care facility or veterinary facility without the approval of that facility.

History.—s. 57, ch. 97-261; s. 53, ch. 2000-160.
Note.—Former s. 455.584.

456.024 Members of Armed Forces in good standing with administrative boards or the department; spouses; licensure.—
(1) Any member of the Armed Forces of the United States now or hereafter on active duty who, at the time of becoming such a member, was in good standing with any administrative board of the state, or the department when there is no board, and was entitled to practice or engage in his or her profession or vocation in the state shall be kept in good standing by such administrative board, or the department when there is no board, without registering, paying dues or fees, or performing any other act on his or her part to be performed, as long as he or she is a member of the Armed Forces of the United States on active duty and for a period of 6 months after discharge from active duty as a member of the Armed Forces of the United States, provided he or she is not engaged in his or her licensed profession or vocation in the private sector for profit.
(2) The boards listed in s. 20.43, or the department when there is no board, shall adopt rules exempting the spouses of members of the Armed Forces of the United States from licensure renewal provisions, but only in cases of absence from the state because of their spouses' duties with the Armed Forces.
(3) A person who serves or has served as a health care practitioner in the United States Armed Forces, United States Reserve Forces, or the National Guard or a person who serves or has served on active duty with the United States Armed Forces as a health care practitioner in the United States Public Health Service is eligible for licensure in this state. The department shall develop an application form, and each board, or the department if there is no board, shall waive the application fee, licensure fee, and unlicensed activity fee for such applicants. For purposes of this subsection, "health care practitioner" means a health care practitioner as defined in s. 456.001 and a person licensed under part III of chapter 401 or part IV of chapter 468.
(a) The board, or department if there is no board, shall issue a license to practice in this state to a person who:
1. Submits a complete application.
2. Receives an honorable discharge within 6 months before, or will receive an honorable discharge within 6 months after, the date of submission of the application.
3. Holds an active, unencumbered license issued by another state, the District of Columbia, or a possession or territory of the United States and who has not had disciplinary action taken against him or her in the 5 years preceding the date of submission of the application.
4. Attests that he or she is not, at the time of submission, the subject of a disciplinary proceeding in a jurisdiction in which he or she holds a license or by the United States Department of Defense for reasons related to the practice of the profession for which he or she is applying.
5. Actively practiced the profession for which he or she is applying for the 3 years preceding the date of submission of the application.
6. Submits a set of fingerprints for a background screening pursuant to s. 456.0135, if required for the profession for which he or she is applying.
The department shall verify information submitted by the applicant under this subsection using the National Practitioner Data Bank.
(b) Each applicant who meets the requirements of this subsection shall be licensed with all rights and responsibilities as defined by law. The applicable board, or department if there is no board, may deny an application if the applicant has been convicted of or pled guilty or nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession regulated by this state.

(c) An applicant for initial licensure under this subsection must submit the information required by ss. 456.039(1) and 456.0391(1) no later than 1 year after the license is issued.
(4)(a) The board, or the department if there is no board, may issue a temporary professional license to the spouse of an active duty member of the Armed Forces of the United States who submits to the department:
1. A completed application upon a form prepared and furnished by the department in accordance with the board's rules;
2. The required application fee;
3. Proof that the applicant is married to a member of the Armed Forces of the United States who is on active duty;
4. Proof that the applicant holds a valid license for the profession issued by another state, the District of Columbia, or a possession or territory of the United States, and is not the subject of any disciplinary proceeding in any jurisdiction in which the applicant holds a license to practice a profession regulated by this chapter;
5. Proof that the applicant's spouse is assigned to a duty station in this state pursuant to the member's official active duty military orders; and
6. Proof that the applicant would otherwise be entitled to full licensure under the appropriate practice act, and is eligible to take the respective licensure examination as required in Florida.
(b) The applicant must also submit to the Department of Law Enforcement a complete set of fingerprints. The Department of Law Enforcement shall conduct a statewide criminal history check and forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check.
(c) Each board, or the department if there is no board, shall review the results of the state and federal criminal history checks according to the level 2 screening standards in s. 435.04 when granting an exemption and when granting or denying the temporary license.
(d) The applicant shall pay the cost of fingerprint processing. If the fingerprints are submitted through an authorized agency or vendor, the agency or vendor shall collect the required processing fees and remit the fees to the Department of Law Enforcement.
(e) The department shall set an application fee, which may not exceed the cost of issuing the license.
(f) A temporary license expires 12 months after the date of issuance and is not renewable.
(g) An applicant for a temporary license under this subsection is subject to the requirements under s. 456.013(3)(a) and (c).
(h) An applicant shall be deemed ineligible for a temporary license pursuant to this section if the applicant:
1. Has been convicted of or pled nolo contendere to, regardless of adjudication, any felony or misdemeanor related to the practice of a health care profession;
2. Has had a health care provider license revoked or suspended from another of the United States, the District of Columbia, or a United States territory;
3. Has been reported to the National Practitioner Data Bank, unless the applicant has successfully appealed to have his or her name removed from the data bank; or
4. Has previously failed the Florida examination required to receive a license to practice the profession for which the applicant is seeking a license.
(i) The board, or department if there is no board, may revoke a temporary license upon finding that the individual violated the profession's governing practice act.
(j) An applicant who is issued a temporary professional license to practice as a dentist pursuant to this section must practice under the indirect supervision, as defined in s. 466.003, of a dentist licensed pursuant to chapter 466.

History.—s. 35, ch. 97-261; s. 19, ch. 99-7; s. 73, ch. 99-397; s. 54, ch. 2000-160; s. 1, ch. 2011-95; s. 28, ch. 2014-1.
Note.—Former s. 455.507.

456.025 Fees; receipts; disposition.—
(1) It is the intent of the Legislature that all costs of regulating health care professions and practitioners shall be borne solely by licensees and licensure applicants. It is also the intent of the Legislature that fees should be reasonable and not serve as a barrier to licensure. Moreover, it is the intent of the Legislature that the department operate as efficiently as possible and regularly report to the Legislature additional methods to streamline operational costs. Therefore, the boards in consultation with the department, or the department if there is no board, shall, by rule, set renewal fees which:
(a) Shall be based on revenue projections prepared using generally accepted accounting procedures;
(b) Shall be adequate to cover all expenses relating to that board identified in the department's long-range policy plan, as required by s. 456.005;

(c) Shall be reasonable, fair, and not serve as a barrier to licensure;
(d) Shall be based on potential earnings from working under the scope of the license;
(e) Shall be similar to fees imposed on similar licensure types;
(f) Shall not be more than 10 percent greater than the actual cost to regulate that profession for the previous biennium; and
(g) Shall be subject to challenge pursuant to chapter 120.
(2) The chairpersons of the boards and councils listed in s. 20.43(3)(g) shall meet annually at division headquarters to review the long-range policy plan required by s. 456.005 and current and proposed fee schedules. The chairpersons shall make recommendations for any necessary statutory changes relating to fees and fee caps. Such recommendations shall be compiled by the Department of Health and be included in the annual report to the Legislature required by s. 456.026 as well as be included in the long-range policy plan required by s. 456.005.
(3) Each board within the jurisdiction of the department, or the department when there is no board, shall determine by rule the amount of license fees for the profession it regulates, based upon long-range estimates prepared by the department of the revenue required to implement laws relating to the regulation of professions by the department and the board. Each board, or the department if there is no board, shall ensure that license fees are adequate to cover all anticipated costs and to maintain a reasonable cash balance, as determined by rule of the agency, with advice of the applicable board. If sufficient action is not taken by a board within 1 year after notification by the department that license fees are projected to be inadequate, the department shall set license fees on behalf of the applicable board to cover anticipated costs and to maintain the required cash balance. The department shall include recommended fee cap increases in its annual report to the Legislature. Further, it is the legislative intent that no regulated profession operate with a negative cash balance. The department may provide by rule for advancing sufficient funds to any profession operating with a negative cash balance. The advancement may be for a period not to exceed 2 consecutive years, and the regulated profession must pay interest. Interest shall be calculated at the current rate earned on investments of a trust fund used by the department to implement this chapter. Interest earned shall be allocated to the various funds in accordance with the allocation of investment earnings during the period of the advance.
(4) Each board, or the department if there is no board, may charge a fee not to exceed $25, as determined by rule, for the issuance of a wall certificate pursuant to s. 456.013(2) requested by a licensee who was licensed prior to July 1, 1998, or for the issuance of a duplicate wall certificate requested by any licensee.
(5) Each board, or the department if there is no board, may, by rule, assess and collect a one-time fee from each active status licensee and each inactive status licensee in an amount necessary to eliminate a cash deficit or, if there is not a cash deficit, in an amount sufficient to maintain the financial integrity of the professions as required in this section. Not more than one such assessment may be made in any 4-year period without specific legislative authorization.
(6) If the cash balance of the trust fund at the end of any fiscal year exceeds the total appropriation provided for the regulation of the health care professions in the prior fiscal year, the boards, in consultation with the department, may lower the license renewal fees.
(7) Each board, or the department if there is no board, shall establish, by rule, a fee not to exceed $250 for anyone seeking approval to provide continuing education courses or programs and shall establish by rule a biennial renewal fee not to exceed $250 for the renewal of providership of such courses. The fees collected from continuing education providers shall be used for the purposes of reviewing course provider applications, monitoring the integrity of the courses provided, covering legal expenses incurred as a result of not granting or renewing a providership, and developing and maintaining an electronic continuing education tracking system. The department shall implement an electronic continuing education tracking system for each new biennial renewal cycle for which electronic renewals are implemented after the effective date of this act and shall integrate such system into the licensure and renewal system. All approved continuing education providers shall provide information on course attendance to the department necessary to implement the electronic tracking system. The department shall, by rule, specify the form and procedures by which the information is to be submitted.
(8) All moneys collected by the department from fees or fines or from costs awarded to the agency by a court shall be paid into a trust fund used by the department to implement this chapter. The Legislature shall appropriate funds from this trust fund sufficient to carry out this chapter and the provisions of law with respect to professions regulated by the Division of Medical Quality Assurance within the department and the boards. The department may contract with public and private entities to receive and deposit revenue pursuant to this section. The department shall maintain separate accounts in the trust fund used by the department to implement this chapter for every profession within the department. To the maximum extent possible, the department shall directly charge all expenses to the

account of each regulated profession. For the purpose of this subsection, direct charge expenses include, but are not limited to, costs for investigations, examinations, and legal services. For expenses that cannot be charged directly, the department shall provide for the proportionate allocation among the accounts of expenses incurred by the department in the performance of its duties with respect to each regulated profession. The regulation by the department of professions, as defined in this chapter, shall be financed solely from revenue collected by it from fees and other charges and deposited in the Medical Quality Assurance Trust Fund, and all such revenue is hereby appropriated to the department. However, it is legislative intent that each profession shall operate within its anticipated fees. The department may not expend funds from the account of a profession to pay for the expenses incurred on behalf of another profession, except that the Board of Nursing must pay for any costs incurred in the regulation of certified nursing assistants. The department shall maintain adequate records to support its allocation of agency expenses. The department shall provide any board with reasonable access to these records upon request. On or before October 1 of each year, the department shall provide each board an annual report of revenue and direct and allocated expenses related to the operation of that profession. The board shall use these reports and the department's adopted long-range plan to determine the amount of license fees. A condensed version of this information, with the department's recommendations, shall be included in the annual report to the Legislature prepared under s. 456.026.
(9) The department shall provide a management report of revenues and expenditures, performance measures, and recommendations to each board at least once a quarter.
(10) If a duplicate license is required or requested by the licensee, the board or, if there is no board, the department may charge a fee as determined by rule not to exceed $25 before issuance of the duplicate license.
(11) The department or the appropriate board shall charge a fee not to exceed $25 for the certification of a public record. The fee shall be determined by rule of the department. The department or the appropriate board shall assess a fee for duplicating a public record as provided in s. 119.07(4).

History.—s. 49, ch. 92-33; s. 23, ch. 93-129; s. 58, ch. 97-261; s. 80, ch. 99-397; s. 55, ch. 2000-160; ss. 32, 164, ch. 2000-318; s. 73, ch. 2001-62; s. 6, ch. 2001-277; s. 12, ch. 2003-416; s. 45, ch. 2004-335; s. 149, ch. 2010-102.
Note.—Former s. 455.220; s. 455.587.

456.026 Annual report concerning finances, administrative complaints, disciplinary actions, and recommendations.—The department is directed to prepare and submit a report to the President of the Senate and the Speaker of the House of Representatives by November 1 of each year. In addition to finances and any other information the Legislature may require, the report shall include statistics and relevant information, profession by profession, detailing:
(1) The revenues, expenditures, and cash balances for the prior year, and a review of the adequacy of existing fees.
(2) The number of complaints received and investigated.
(3) The number of findings of probable cause made.
(4) The number of findings of no probable cause made.
(5) The number of administrative complaints filed.
(6) The disposition of all administrative complaints.
(7) A description of disciplinary actions taken.
(8) A description of any effort by the department to reduce or otherwise close any investigation or disciplinary proceeding not before the Division of Administrative Hearings under chapter 120 or otherwise not completed within 1 year after the initial filing of a complaint under this chapter.
(9) The status of the development and implementation of rules providing for disciplinary guidelines pursuant to s. 456.079.
(10) Such recommendations for administrative and statutory changes necessary to facilitate efficient and cost-effective operation of the department and the various boards.

History.—s. 75, ch. 97-261; s. 56, ch. 2000-160; s. 4, ch. 2002-254.
Note.—Former s. 455.644.

456.027 Education; accreditation.—Notwithstanding any other provision of law, educational programs and institutions which are required by statute to be accredited, but which were accredited by an agency that has since ceased to perform an accrediting function, shall be recognized until such programs and institutions are accredited by a qualified successor to the original accrediting agency, an accrediting agency recognized by the United States Department of Education, or an accrediting agency recognized by the board, or the department when there is no board.

History.—s. 48, ch. 97-261; s. 57, ch. 2000-160.
Note.—Former s. 455.551.

456.028 Consultation with postsecondary education boards prior to adoption of changes to training requirements.—Any state agency or board that has jurisdiction over the regulation of a profession or occupation shall consult with the Commission for Independent Education, the Board of Governors of the State University System, and the State Board of Education prior to adopting any changes to training requirements relating to entry into the profession or occupation. This consultation must allow the educational board to provide advice regarding the impact of the proposed changes in terms of the length of time necessary to complete the training program and the fiscal impact of the changes. The educational board must be consulted only when an institution offering the training program falls under its jurisdiction.

History.—s. 49, ch. 97-261; s. 35, ch. 98-421; s. 57, ch. 2000-160; s. 72, ch. 2004-5; s. 14, ch. 2004-41; s. 54, ch. 2007-217.
Note.—Former s. 455.554.

456.029 Education; substituting demonstration of competency for clock-hour requirements.—Any board, or the department when there is no board, that requires student completion of a specific number of clock hours of classroom instruction for initial licensure purposes shall establish the minimal competencies that such students must demonstrate in order to be licensed. The demonstration of such competencies may be substituted for specific classroom clock-hour requirements established in statute or rule which are related to instructional programs for licensure purposes. Student demonstration of the established minimum competencies shall be certified by the educational institution. The provisions of this section shall not apply to boards for which federal licensure standards are more restrictive or stringent than the standards prescribed in statute.

History.—s. 47, ch. 97-261; s. 57, ch. 2000-160.
Note.—Former s. 455.547.

456.031 Requirement for instruction on domestic violence.—
(1)(a) The appropriate board shall require each person licensed or certified under chapter 458, chapter 459, part I of chapter 464, chapter 466, chapter 467, chapter 490, or chapter 491 to complete a 2-hour continuing education course, approved by the board, on domestic violence, as defined in s. 741.28, as part of every third biennial relicensure or recertification. The course shall consist of information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services.
(b) Each such licensee or certificate holder shall submit confirmation of having completed such course, on a form provided by the board, when submitting fees for every third biennial renewal.
(c) The board may approve additional equivalent courses that may be used to satisfy the requirements of paragraph (a). Each licensing board that requires a licensee to complete an educational course pursuant to this subsection may include the hour required for completion of the course in the total hours of continuing education required by law for such profession unless the continuing education requirements for such profession consist of fewer than 30 hours biennially.
(d) Any person holding two or more licenses subject to the provisions of this subsection shall be permitted to show proof of having taken one board-approved course on domestic violence, for purposes of relicensure or recertification for additional licenses.
(e) Failure to comply with the requirements of this subsection shall constitute grounds for disciplinary action under each respective practice act and under s. 456.072(1)(k). In addition to discipline by the board, the licensee shall be required to complete such course.
(2) Each board may adopt rules to carry out the provisions of this section.

History.—s. 4, ch. 95-187; s. 61, ch. 97-261; s. 58, ch. 2000-160; s. 6, ch. 2000-295; s. 112, ch. 2000-318; s. 1, ch. 2001-176; s. 1, ch. 2001-250; s. 105, ch. 2001-277; s. 1, ch. 2006-251.
Note.—Former s. 455.222; s. 455.597.

456.032 Hepatitis B or HIV carriers.—
(1) The department and each appropriate board within the Division of Medical Quality Assurance shall have the authority to establish procedures to handle, counsel, and provide other services to health care professionals within their respective boards who are infected with hepatitis B or the human immunodeficiency virus.
(2) Any person licensed by the department and any other person employed by a health care facility who contracts a blood-borne infection shall have a rebuttable presumption that the illness was contracted in the course and scope of his or her employment, provided that the person, as soon as practicable, reports to the person's supervisor or the facility's risk manager any significant exposure, as that term is defined in s. 381.004(1)(c), to blood or body fluids. The employer may test the blood or body fluid to determine if it is infected with the same disease contracted by the employee. The employer may rebut the presumption by the preponderance of the evidence. Except as expressly provided in this subsection, there shall be no presumption that a blood-borne infection is a job-related injury or illness.

History.—s. 75, ch. 91-297; s. 76, ch. 94-218; s. 62, ch. 97-261; s. 81, ch. 99-397; s. 59, ch. 2000-160; s. 121, ch. 2012-184.
Note.—Former s. 455.2224; s. 455.601.

456.033 Requirement for instruction for certain licensees on HIV and AIDS.—The following requirements apply to each person licensed or certified under chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; part I of chapter 464; chapter 465; chapter 466; part II, part III, part V, or part X of chapter 468; or chapter 486:
(1) Each person shall be required by the appropriate board to complete no later than upon first renewal a continuing educational course, approved by the board, on human immunodeficiency virus and acquired immune deficiency syndrome as part of biennial relicensure or recertification. The course shall consist of education on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on current Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, treatment of patients, and any protocols and procedures applicable to human immunodeficiency virus counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to ss. 381.004 and 384.25.
(2) Each person shall submit confirmation of having completed the course required under subsection (1), on a form as provided by the board, when submitting fees for first renewal.
(3) The board shall have the authority to approve additional equivalent courses that may be used to satisfy the requirements in subsection (1). Each licensing board that requires a licensee to complete an educational course pursuant to this section may count the hours required for completion of the course included in the total continuing educational requirements as required by law.
(4) Any person holding two or more licenses subject to the provisions of this section shall be permitted to show proof of having taken one board-approved course on human immunodeficiency virus and acquired immune deficiency syndrome, for purposes of relicensure or recertification for additional licenses.
(5) Failure to comply with the above requirements shall constitute grounds for disciplinary action under each respective licensing chapter and s. 456.072(1)(e). In addition to discipline by the board, the licensee shall be required to complete the course.

History.—s. 63, ch. 97-261; s. 4, ch. 98-171; s. 9, ch. 99-331; s. 82, ch. 99-397; s. 60, ch. 2000-160; s. 113, ch. 2000-318; s. 2, ch. 2001-176; s. 2, ch. 2001-250; s. 106, ch. 2001-277; s. 2, ch. 2006-251.
Note.—Former s. 455.604.

456.035 Address of record.—
(1) Each licensee of the department is solely responsible for notifying the department in writing of the licensee's current mailing address and place of practice, as defined by rule of the board or the department if there is no board. Electronic notification shall be allowed by the department; however, it shall be the responsibility of the licensee to ensure that the electronic notification was received by the department. A licensee's failure to notify the department of a change of address constitutes a violation of this section, and the licensee may be disciplined by the board or the department if there is no board.
(2) Notwithstanding any other law, service by regular mail to a licensee's last known address of record with the department constitutes adequate and sufficient notice to the licensee for any official communication to the licensee

by the board or the department except when other service is required under s. 456.076.

History.—s. 97, ch. 97-261; s. 39, ch. 98-166; s. 62, ch. 2000-160; s. 13, ch. 2001-277.
Note.—Former s. 455.717.

456.036 Licenses; active and inactive status; delinquency.—
(1) A licensee may practice a profession only if the licensee has an active status license. A licensee who practices a profession with an inactive status license, a retired status license, or a delinquent license is in violation of this section and s. 456.072, and the board, or the department if there is no board, may impose discipline on the licensee.
(2) Each board, or the department if there is no board, shall permit a licensee to choose, at the time of licensure renewal, an active, inactive, or retired status.
(3) Each board, or the department if there is no board, shall by rule impose a fee for renewal of an active or inactive status license. The renewal fee for an inactive status license may not exceed the fee for an active status license.
(4) Notwithstanding any other provision of law to the contrary, a licensee may change licensure status at any time.
(a) Active status licensees choosing inactive status at the time of license renewal must pay the inactive status renewal fee, and, if applicable, the delinquency fee and the fee to change licensure status. Active status licensees choosing inactive status at any other time than at the time of license renewal must pay the fee to change licensure status.
(b) An active status licensee or an inactive status licensee who chooses retired status at the time of license renewal must pay the retired status fee, which may not exceed $50 as established by rule of the board or the department if there is no board. An active status licensee or inactive status licensee who chooses retired status at any time other than at the time of license renewal must pay the retired status fee plus a change-of-status fee.
(c) An inactive status licensee may change to active status at any time, if the licensee meets all requirements for active status. Inactive status licensees choosing active status at the time of license renewal must pay the active status renewal fee, any applicable reactivation fees as set by the board, or the department if there is no board, and, if applicable, the delinquency fee and the fee to change licensure status. Inactive status licensees choosing active status at any other time than at the time of license renewal must pay the difference between the inactive status renewal fee and the active status renewal fee, if any exists, any applicable reactivation fees as set by the board, or the department if there is no board, and the fee to change licensure status.
(5) A licensee must apply with a complete application, as defined by rule of the board, or the department if there is no board, to renew an active or inactive status license before the license expires. If a licensee fails to renew before the license expires, the license becomes delinquent in the license cycle following expiration.
(6) A delinquent licensee must affirmatively apply with a complete application, as defined by rule of the board, or the department if there is no board, for active or inactive status during the licensure cycle in which a licensee becomes delinquent. Failure by a delinquent licensee to become active or inactive before the expiration of the current licensure cycle renders the license null without any further action by the board or the department. Any subsequent licensure shall be as a result of applying for and meeting all requirements imposed on an applicant for new licensure.
(7) Each board, or the department if there is no board, shall by rule impose an additional delinquency fee, not to exceed the biennial renewal fee for an active status license, on a delinquent licensee when such licensee applies for active or inactive status.
(8) Each board, or the department if there is no board, shall by rule impose an additional fee, not to exceed the biennial renewal fee for an active status license, for processing a licensee's request to change licensure status at any time other than at the beginning of a licensure cycle.
(9) Each board, or the department if there is no board, may by rule impose reasonable conditions, excluding full reexamination but including part of a national examination or a special purpose examination to assess current competency, necessary to ensure that a licensee who has been on inactive status for more than two consecutive biennial licensure cycles and who applies for active status can practice with the care and skill sufficient to protect the health, safety, and welfare of the public. Reactivation requirements may differ depending on the length of time licensees are inactive. The costs to meet reactivation requirements shall be borne by licensees requesting reactivation.
(10) Each board, or the department if there is no board, may by rule impose reasonable conditions, including full reexamination to assess current competency, in order to ensure that a licensee who has been on retired status for more than 5 years, or a licensee from another state who has not been in active practice within the past 5 years, and who applies for active status is able to practice with the care and skill sufficient to protect the health, safety, and

welfare of the public. Requirements for reactivation of a license may differ depending on the length of time a licensee has been retired.
(11) Before reactivation, an inactive status licensee or a delinquent licensee who was inactive prior to becoming delinquent must meet the same continuing education requirements, if any, imposed on an active status licensee for all biennial licensure periods in which the licensee was inactive or delinquent.
(12) Before the license of a retired status licensee is reactivated, the licensee must meet the same requirements for continuing education, if any, and pay any renewal fees imposed on an active status licensee for all biennial licensure periods during which the licensee was on retired status.
(13) The status or a change in status of a licensee does not alter in any way the right of the board, or of the department if there is no board, to impose discipline or to enforce discipline previously imposed on a licensee for acts or omissions committed by the licensee while holding a license, whether active, inactive, retired, or delinquent.
(14) A person who has been denied renewal of licensure, certification, or registration under s. 456.0635(3) may regain licensure, certification, or registration only by meeting the qualifications and completing the application process for initial licensure as defined by the board, or the department if there is no board. However, a person who was denied renewal of licensure, certification, or registration under s. 24, chapter 2009-223, Laws of Florida, between July 1, 2009, and June 30, 2012, is not required to retake and pass examinations applicable for initial licensure, certification, or registration.
(15) This section does not apply to a business establishment registered, permitted, or licensed by the department to do business.
(16) The board, or the department when there is no board, may adopt rules pursuant to ss. 120.536(1) and 120.54 as necessary to implement this section.

History.—s. 95, ch. 97-261; s. 63, ch. 2000-160; s. 31, ch. 2000-318; s. 3, ch. 2005-62; s. 2, ch. 2012-64.
Note.—Former s. 455.711.

456.037 Business establishments; requirements for active status licenses; delinquency; discipline; applicability.—
(1) A business establishment regulated by the Division of Medical Quality Assurance pursuant to this chapter may provide regulated services only if the business establishment has an active status license. A business establishment that provides regulated services without an active status license is in violation of this section and s. 456.072, and the board, or the department if there is no board, may impose discipline on the business establishment.
(2) A business establishment must apply with a complete application, as defined by rule of the board, or the department if there is no board, to renew an active status license before the license expires. If a business establishment fails to renew before the license expires, the license becomes delinquent, except as otherwise provided in statute, in the license cycle following expiration.
(3) A delinquent business establishment must apply with a complete application, as defined by rule of the board, or the department if there is no board, for active status within 6 months after becoming delinquent. Failure of a delinquent business establishment to renew the license within the 6 months after the expiration date of the license renders the license null without any further action by the board or the department. Any subsequent licensure shall be as a result of applying for and meeting all requirements imposed on a business establishment for new licensure.
(4) The status or a change in status of a business establishment license does not alter in any way the right of the board, or of the department if there is no board, to impose discipline or to enforce discipline previously imposed on a business establishment for acts or omissions committed by the business establishment while holding a license, whether active or null.
(5) This section applies to any business establishment registered, permitted, or licensed by the department to do business. Business establishments include, but are not limited to, dental laboratories, electrology facilities, massage establishments, pharmacies, and pain-management clinics required to be registered under s. 458.3265 or s. 459.0137.

History.—s. 89, ch. 99-397; s. 64, ch. 2000-160; s. 27, ch. 2000-318; s. 102, ch. 2000-349; s. 1, ch. 2010-211.
Note.—Former s. 455.712.

456.038 Renewal and cancellation notices.—
(1) At least 90 days before the end of a licensure cycle, the department shall:
(a) Forward a licensure renewal notification to an active or inactive status licensee at the licensee's last known address of record with the department.
(b) Forward a notice of pending cancellation of licensure to a delinquent licensee at the licensee's last known address of record with the department.

(2) Each licensure renewal notification and each notice of pending cancellation of licensure must state conspicuously that a licensee who remains on inactive status for more than two consecutive biennial licensure cycles and who wishes to reactivate the license may be required to demonstrate the competency to resume active practice by sitting for a special purpose examination or by completing other reactivation requirements, as defined by rule of the board or the department if there is no board.

History.—s. 96, ch. 97-261; s. 65, ch. 2000-160; s. 33, ch. 2000-318.
Note.—Former s. 455.714.

456.039 Designated health care professionals; information required for licensure.—
(1) Each person who applies for initial licensure as a physician under chapter 458, chapter 459, chapter 460, or chapter 461, except a person applying for registration pursuant to ss. 458.345 and 459.021, must, at the time of application, and each physician who applies for license renewal under chapter 458, chapter 459, chapter 460, or chapter 461, except a person registered pursuant to ss. 458.345 and 459.021, must, in conjunction with the renewal of such license and under procedures adopted by the Department of Health, and in addition to any other information that may be required from the applicant, furnish the following information to the Department of Health:
(a)1. The name of each medical school that the applicant has attended, with the dates of attendance and the date of graduation, and a description of all graduate medical education completed by the applicant, excluding any coursework taken to satisfy medical licensure continuing education requirements.
2. The name of each hospital at which the applicant has privileges.
3. The address at which the applicant will primarily conduct his or her practice.
4. Any certification that the applicant has received from a specialty board that is recognized by the board to which the applicant is applying.
5. The year that the applicant began practicing medicine.
6. Any appointment to the faculty of a medical school which the applicant currently holds and an indication as to whether the applicant has had the responsibility for graduate medical education within the most recent 10 years.
7. A description of any criminal offense of which the applicant has been found guilty, regardless of whether adjudication of guilt was withheld, or to which the applicant has pled guilty or nolo contendere. A criminal offense committed in another jurisdiction which would have been a felony or misdemeanor if committed in this state must be reported. If the applicant indicates that a criminal offense is under appeal and submits a copy of the notice for appeal of that criminal offense, the department must state that the criminal offense is under appeal if the criminal offense is reported in the applicant's profile. If the applicant indicates to the department that a criminal offense is under appeal, the applicant must, upon disposition of the appeal, submit to the department a copy of the final written order of disposition.
8. A description of any final disciplinary action taken within the previous 10 years against the applicant by the agency regulating the profession that the applicant is or has been licensed to practice, whether in this state or in any other jurisdiction, by a specialty board that is recognized by the American Board of Medical Specialties, the American Osteopathic Association, or a similar national organization, or by a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home. Disciplinary action includes resignation from or nonrenewal of medical staff membership or the restriction of privileges at a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home taken in lieu of or in settlement of a pending disciplinary case related to competence or character. If the applicant indicates that the disciplinary action is under appeal and submits a copy of the document initiating an appeal of the disciplinary action, the department must state that the disciplinary action is under appeal if the disciplinary action is reported in the applicant's profile.
9. Relevant professional qualifications as defined by the applicable board.
(b) In addition to the information required under paragraph (a), each applicant who seeks licensure under chapter 458, chapter 459, or chapter 461, and who has practiced previously in this state or in another jurisdiction or a foreign country must provide the information required of licensees under those chapters pursuant to s. 456.049. An applicant for licensure under chapter 460 who has practiced previously in this state or in another jurisdiction or a foreign country must provide the same information as is required of licensees under chapter 458, pursuant to s. 456.049.
(2) Before the issuance of the licensure renewal notice required by s. 456.038, the Department of Health shall send a notice to each person licensed under chapter 458, chapter 459, chapter 460, or chapter 461, at the licensee's last known address of record with the department, regarding the requirements for information to be submitted by those practitioners pursuant to this section in conjunction with the renewal of such license and under procedures adopted

by the department.
(3) Each person who has submitted information pursuant to subsection (1) must update that information in writing by notifying the Department of Health within 45 days after the occurrence of an event or the attainment of a status that is required to be reported by subsection (1). Failure to comply with the requirements of this subsection to update and submit information constitutes a ground for disciplinary action under each respective licensing chapter and s. 456.072(1)(k). For failure to comply with the requirements of this subsection to update and submit information, the department or board, as appropriate, may:
(a) Refuse to issue a license to any person applying for initial licensure who fails to submit and update the required information.
(b) Issue a citation to any licensee who fails to submit and update the required information and may fine the licensee up to $50 for each day that the licensee is not in compliance with this subsection. The citation must clearly state that the licensee may choose, in lieu of accepting the citation, to follow the procedure under s. 456.073. If the licensee disputes the matter in the citation, the procedures set forth in s. 456.073 must be followed. However, if the licensee does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the licensee's last known address.
(4)(a) An applicant for initial licensure must submit a set of fingerprints to the Department of Health in accordance with s. 458.311, s. 458.3115, s. 458.3124, s. 458.313, s. 459.0055, s. 460.406, or s. 461.006.
(b) An applicant for renewed licensure must submit a set of fingerprints for the initial renewal of his or her license after January 1, 2000, to the agency regulating that profession in accordance with procedures established under s. 458.319, s. 459.008, s. 460.407, or s. 461.007.
(c) The Department of Health shall submit the fingerprints provided by an applicant for initial licensure to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check of the applicant. The department shall submit the fingerprints provided by an applicant for a renewed license to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check for the initial renewal of the applicant's license after January 1, 2000; for any subsequent renewal of the applicant's license, the department shall submit the required information for a statewide criminal history check of the applicant.
(5) Each person who is required to submit information pursuant to this section may submit additional information. Such information may include, but is not limited to:
(a) Information regarding publications in peer-reviewed medical literature within the previous 10 years.
(b) Information regarding professional or community service activities or awards.
(c) Languages, other than English, used by the applicant to communicate with patients and identification of any translating service that may be available at the place where the applicant primarily conducts his or her practice.
(d) An indication of whether the person participates in the Medicaid program.

History.—s. 127, ch. 97-237; s. 3, ch. 97-273; ss. 8, 34, ch. 98-166; s. 60, ch. 99-397; s. 66, ch. 2000-160; s. 21, ch. 2000-318; s. 74, ch. 2001-62; s. 13, ch. 2003-416; s. 57, ch. 2010-114.
Note.—Former s. 455.565.

456.0391 Advanced registered nurse practitioners; information required for certification.—
(1)(a) Each person who applies for initial certification under s. 464.012 must, at the time of application, and each person certified under s. 464.012 who applies for certification renewal must, in conjunction with the renewal of such certification and under procedures adopted by the Department of Health, and in addition to any other information that may be required from the applicant, furnish the following information to the Department of Health:
1. The name of each school or training program that the applicant has attended, with the months and years of attendance and the month and year of graduation, and a description of all graduate professional education completed by the applicant, excluding any coursework taken to satisfy continuing education requirements.
2. The name of each location at which the applicant practices.
3. The address at which the applicant will primarily conduct his or her practice.
4. Any certification or designation that the applicant has received from a specialty or certification board that is recognized or approved by the regulatory board or department to which the applicant is applying.
5. The year that the applicant received initial certification and began practicing the profession in any jurisdiction and the year that the applicant received initial certification in this state.

6. Any appointment which the applicant currently holds to the faculty of a school related to the profession and an indication as to whether the applicant has had the responsibility for graduate education within the most recent 10 years.
7. A description of any criminal offense of which the applicant has been found guilty, regardless of whether adjudication of guilt was withheld, or to which the applicant has pled guilty or nolo contendere. A criminal offense committed in another jurisdiction which would have been a felony or misdemeanor if committed in this state must be reported. If the applicant indicates that a criminal offense is under appeal and submits a copy of the notice for appeal of that criminal offense, the department must state that the criminal offense is under appeal if the criminal offense is reported in the applicant's profile. If the applicant indicates to the department that a criminal offense is under appeal, the applicant must, within 15 days after the disposition of the appeal, submit to the department a copy of the final written order of disposition.
8. A description of any final disciplinary action taken within the previous 10 years against the applicant by a licensing or regulatory body in any jurisdiction, by a specialty board that is recognized by the board or department, or by a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home. Disciplinary action includes resignation from or nonrenewal of staff membership or the restriction of privileges at a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home taken in lieu of or in settlement of a pending disciplinary case related to competence or character. If the applicant indicates that the disciplinary action is under appeal and submits a copy of the document initiating an appeal of the disciplinary action, the department must state that the disciplinary action is under appeal if the disciplinary action is reported in the applicant's profile.
(b) In addition to the information required under paragraph (a), each applicant for initial certification or certification renewal must provide the information required of licensees pursuant to s. 456.049.
(2) The Department of Health shall send a notice to each person certified under s. 464.012 at the certificateholder's last known address of record regarding the requirements for information to be submitted by advanced registered nurse practitioners pursuant to this section in conjunction with the renewal of such certificate.
(3) Each person certified under s. 464.012 who has submitted information pursuant to subsection (1) must update that information in writing by notifying the Department of Health within 45 days after the occurrence of an event or the attainment of a status that is required to be reported by subsection (1). Failure to comply with the requirements of this subsection to update and submit information constitutes a ground for disciplinary action under chapter 464 and s. 456.072(1)(k). For failure to comply with the requirements of this subsection to update and submit information, the department or board, as appropriate, may:
(a) Refuse to issue a certificate to any person applying for initial certification who fails to submit and update the required information.
(b) Issue a citation to any certificateholder who fails to submit and update the required information and may fine the certificateholder up to $50 for each day that the certificateholder is not in compliance with this subsection. The citation must clearly state that the certificateholder may choose, in lieu of accepting the citation, to follow the procedure under s. 456.073. If the certificateholder disputes the matter in the citation, the procedures set forth in s. 456.073 must be followed. However, if the certificateholder does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the certificateholder's last known address.
(4)(a) An applicant for initial certification under s. 464.012 must submit a set of fingerprints to the Department of Health on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for a national criminal history check of the applicant.
(b) An applicant for renewed certification who has not previously submitted a set of fingerprints to the Department of Health for purposes of certification must submit a set of fingerprints to the department as a condition of the initial renewal of his or her certificate after the effective date of this section. The applicant must submit the fingerprints on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for a national criminal history check. For subsequent renewals, the applicant for renewed certification must only submit information necessary to conduct a statewide criminal history check, along with payment in an amount equal to the costs incurred by the Department of Health for a statewide criminal history check.
(c)1. The Department of Health shall submit the fingerprints provided by an applicant for initial certification to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history

check of the applicant.
2. The department shall submit the fingerprints provided by an applicant for the initial renewal of certification to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check for the initial renewal of the applicant's certificate after the effective date of this section.
3. For any subsequent renewal of the applicant's certificate, the department shall submit the required information for a statewide criminal history check of the applicant to the Florida Department of Law Enforcement.
(d) Any applicant for initial certification or renewal of certification as an advanced registered nurse practitioner who submits to the Department of Health a set of fingerprints and information required for the criminal history check required under this section shall not be required to provide a subsequent set of fingerprints or other duplicate information required for a criminal history check to the Agency for Health Care Administration, the Department of Juvenile Justice, or the Department of Children and Families for employment or licensure with such agency or department, if the applicant has undergone a criminal history check as a condition of initial certification or renewal of certification as an advanced registered nurse practitioner with the Department of Health, notwithstanding any other provision of law to the contrary. In lieu of such duplicate submission, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Children and Families shall obtain criminal history information for employment or licensure of persons certified under s. 464.012 by such agency or department from the Department of Health's health care practitioner credentialing system.
(5) Each person who is required to submit information pursuant to this section may submit additional information to the Department of Health. Such information may include, but is not limited to:
(a) Information regarding publications in peer-reviewed professional literature within the previous 10 years.
(b) Information regarding professional or community service activities or awards.
(c) Languages, other than English, used by the applicant to communicate with patients or clients and identification of any translating service that may be available at the place where the applicant primarily conducts his or her practice.
(d) An indication of whether the person participates in the Medicaid program.

History.—s. 152, ch. 2000-318; s. 268, ch. 2014-19.

456.0392 Prescription labeling.—
(1) A prescription written by a practitioner who is authorized under the laws of this state to write prescriptions for drugs that are not listed as controlled substances in chapter 893 but who is not eligible for a federal Drug Enforcement Administration number shall include that practitioner's name and professional license number. The pharmacist or dispensing practitioner must include the practitioner's name on the container of the drug that is dispensed. A pharmacist shall be permitted, upon verification by the prescriber, to document any information required by this section.
(2) A prescription for a drug that is not listed as a controlled substance in chapter 893 which is written by an advanced registered nurse practitioner certified under s. 464.012 is presumed, subject to rebuttal, to be valid and within the parameters of the prescriptive authority delegated by a practitioner licensed under chapter 458, chapter 459, or chapter 466.
(3) A prescription for a drug that is not listed as a controlled substance in chapter 893 which is written by a physician assistant licensed under chapter 458 or chapter 459 is presumed, subject to rebuttal, to be valid and within the parameters of the prescriptive authority delegated by the physician assistant's supervising physician.
History.—s. 1, ch. 2004-8.

456.041 Practitioner profile; creation.—
(1)(a) The Department of Health shall compile the information submitted pursuant to s. 456.039 into a practitioner profile of the applicant submitting the information, except that the Department of Health shall develop a format to compile uniformly any information submitted under s. 456.039(4)(b). Beginning July 1, 2001, the Department of Health may compile the information submitted pursuant to s. 456.0391 into a practitioner profile of the applicant submitting the information. The protocol submitted pursuant to s. 464.012(3) must be included in the practitioner profile of the advanced registered nurse practitioner.
(b) Beginning July 1, 2005, the department shall verify the information submitted by the applicant under s. 456.039 concerning disciplinary history and medical malpractice claims at the time of initial licensure and license renewal using the National Practitioner Data Bank. The physician profiles shall reflect the disciplinary action and medical malpractice claims as reported by the National Practitioner Data Bank, and shall include information

relating to liability and disciplinary actions obtained as a result of a search of the National Practitioner Data Bank.
(c) Within 30 calendar days after receiving an update of information required for the practitioner's profile, the department shall update the practitioner's profile in accordance with the requirements of subsection (8).
(2) On the profile published under subsection (1), the department shall indicate if the information provided under s. 456.039(1)(a)7. or s. 456.0391(1)(a)7. is or is not corroborated by a criminal history check conducted according to this subsection. The department, or the board having regulatory authority over the practitioner acting on behalf of the department, shall investigate any information received by the department or the board.
(3) The Department of Health shall include in each practitioner's practitioner profile that criminal information that directly relates to the practitioner's ability to competently practice his or her profession. The department must include in each practitioner's practitioner profile the following statement: "The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public." The department shall provide in each practitioner profile, for every final disciplinary action taken against the practitioner, an easy-to-read narrative description that explains the administrative complaint filed against the practitioner and the final disciplinary action imposed on the practitioner. The department shall include a hyperlink to each final order listed in its website report of dispositions of recent disciplinary actions taken against practitioners.
(4) The Department of Health shall include, with respect to a practitioner licensed under chapter 458 or chapter 459, a statement of how the practitioner has elected to comply with the financial responsibility requirements of s. 458.320 or s. 459.0085. The department shall include, with respect to practitioners subject to s. 456.048, a statement of how the practitioner has elected to comply with the financial responsibility requirements of that section. The department shall include, with respect to practitioners licensed under chapter 461, information relating to liability actions which has been reported under s. 456.049 or s. 627.912 within the previous 10 years for any paid claim that exceeds $5,000. The department shall include, with respect to practitioners licensed under chapter 458 or chapter 459, information relating to liability actions which has been reported under ss. 456.049 and 627.912 within the previous 10 years for any paid claim that exceeds $100,000. Such claims information shall be reported in the context of comparing an individual practitioner's claims to the experience of other practitioners within the same specialty, or profession if the practitioner is not a specialist. The department must provide a hyperlink in such practitioner's profile to all such comparison reports. If information relating to a liability action is included in a practitioner's practitioner profile, the profile must also include the following statement: "Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the practitioner. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred."
(5) The Department of Health shall include the date of a hospital or ambulatory surgical center disciplinary action taken by a licensed hospital or an ambulatory surgical center, in accordance with the requirements of s. 395.0193, in the practitioner profile. The department shall state whether the action related to professional competence and whether it related to the delivery of services to a patient.
(6) The Department of Health shall provide in each practitioner profile for every physician or advanced registered nurse practitioner terminated for cause from participating in the Medicaid program, pursuant to s. 409.913, or sanctioned by the Medicaid program a statement that the practitioner has been terminated from participating in the Florida Medicaid program or sanctioned by the Medicaid program.
(7) The Department of Health may include in the practitioner's practitioner profile any other information that is a public record of any governmental entity and that relates to a practitioner's ability to competently practice his or her profession.
(8) Upon the completion of a practitioner profile under this section, the Department of Health shall furnish the practitioner who is the subject of the profile a copy of it for review and verification. The practitioner has a period of 30 days in which to review and verify the contents of the profile and to correct any factual inaccuracies in it. The Department of Health shall make the profile available to the public at the end of the 30-day period regardless of whether the practitioner has provided verification of the profile content. A practitioner shall be subject to a fine of up to $100 per day for failure to verify the profile contents and to correct any factual errors in his or her profile within the 30-day period. The department shall make the profiles available to the public through the World Wide Web and other commonly used means of distribution. The department must include the following statement, in boldface type, in each profile that has not been reviewed by the practitioner to which it applies: "The practitioner has not verified the information contained in this profile."
(9) The Department of Health must provide in each profile an easy-to-read explanation of any disciplinary action taken and the reason the sanction or sanctions were imposed.
(10) The Department of Health may provide one link in each profile to a practitioner's professional website if the practitioner requests that such a link be included in his or her profile.

(11) Making a practitioner profile available to the public under this section does not constitute agency action for which a hearing under s. 120.57 may be sought.

History.—s. 128, ch. 97-237; s. 4, ch. 97-273; s. 35, ch. 98-166; s. 77, ch. 99-397; s. 111, ch. 2000-153; s. 67, ch. 2000-160; ss. 22, 153, ch. 2000-318; s. 14, ch. 2003-416; s. 7, ch. 2005-62; s. 1, ch. 2005-266; s. 3, ch. 2006-251; s. 22, ch. 2009-223; s. 103, ch. 2010-5.
Note.—Former s. 455.5651.

456.042 Practitioner profiles; update.—A practitioner must submit updates of required information within 15 days after the final activity that renders such information a fact. The Department of Health shall update each practitioner's practitioner profile periodically. An updated profile is subject to the same requirements as an original profile.
History.—s. 129, ch. 97-237; s. 5, ch. 97-273; s. 68, ch. 2000-160; s. 15, ch. 2003-416.
Note.—Former s. 455.5652.

456.043 Practitioner profiles; data storage.—Effective upon this act becoming a law, the Department of Health must develop or contract for a computer system to accommodate the new data collection and storage requirements under this act pending the development and operation of a computer system by the Department of Health for handling the collection, input, revision, and update of data submitted by physicians as a part of their initial licensure or renewal to be compiled into individual practitioner profiles. The Department of Health must incorporate any data required by this act into the computer system used in conjunction with the regulation of health care professions under its jurisdiction. The Department of Health is authorized to contract with and negotiate any interagency agreement necessary to develop and implement the practitioner profiles. The Department of Health shall have access to any information or record maintained by the Agency for Health Care Administration, including any information or record that is otherwise confidential and exempt from the provisions of chapter 119 and s. 24(a), Art. I of the State Constitution, so that the Department of Health may corroborate any information that practitioners are required to report under s. 456.039 or s. 456.0391.

History.—s. 130, ch. 97-237; s. 6, ch. 97-273; s. 112, ch. 2000-153; s. 69, ch. 2000-160; ss. 23, 154, ch. 2000-318.
Note.—Former s. 455.5653.

456.044 Practitioner profiles; rules; workshops.—Effective upon this act becoming a law, the Department of Health shall adopt rules for the form of a practitioner profile that the agency is required to prepare. The Department of Health, pursuant to chapter 120, must hold public workshops for purposes of rule development to implement this section. An agency to which information is to be submitted under this act may adopt by rule a form for the submission of the information required under s. 456.039 or s. 456.0391.

History.—s. 131, ch. 97-237; s. 7, ch. 97-273; s. 113, ch. 2000-153; s. 70, ch. 2000-160; ss. 24, 155, ch. 2000-318.
Note.—Former s. 455.5654.

456.045 Practitioner profiles; maintenance of superseded information.—Information in superseded practitioner profiles must be maintained by the Department of Health, in accordance with general law and the rules of the Department of State.

History.—s. 132, ch. 97-237; s. 8, ch. 97-273; s. 71, ch. 2000-160.
Note.—Former s. 455.5655.

456.046 Practitioner profiles; confidentiality.—Any patient name or other information that identifies a patient which is in a record obtained by the Department of Health or its agent for the purpose of compiling a practitioner profile pursuant to s. 456.041 is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution. Other data received by the department or its agent as a result of its duty to compile and promulgate practitioner profiles are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution until the profile into which the data are incorporated or with respect to which the data are submitted is made public pursuant to the requirements of s. 456.041. Any information or record that the Department of Health obtains from the Agency for Health Care Administration or any other governmental entity for the purpose

of compiling a practitioner profile or substantiating other information or records submitted for that purpose which is otherwise exempt from public disclosure shall remain exempt as otherwise provided by law.

History.—s. 1, ch. 97-175; s. 71, ch. 2000-160; s. 1, ch. 2002-198.
Note.—Former s. 455.5656.

456.048 Financial responsibility requirements for certain health care practitioners.—
(1) As a prerequisite for licensure or license renewal, the Board of Acupuncture, the Board of Chiropractic Medicine, the Board of Podiatric Medicine, and the Board of Dentistry shall, by rule, require that all health care practitioners licensed under the respective board, and the Board of Medicine and the Board of Osteopathic Medicine shall, by rule, require that all anesthesiologist assistants licensed pursuant to s. 458.3475 or s. 459.023, and the Board of Nursing shall, by rule, require that advanced registered nurse practitioners certified under s. 464.012, and the department shall, by rule, require that midwives maintain medical malpractice insurance or provide proof of financial responsibility in an amount and in a manner determined by the board or department to be sufficient to cover claims arising out of the rendering of or failure to render professional care and services in this state.
(2) The board or department may grant exemptions upon application by practitioners meeting any of the following criteria:
(a) Any person licensed under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, chapter 466, or chapter 467 who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(16) or who is a volunteer under s. 110.501(1).
(b) Any person whose license or certification has become inactive under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, part I of chapter 464, chapter 466, or chapter 467 and who is not practicing in this state. Any person applying for reactivation of a license must show either that such licensee maintained tail insurance coverage which provided liability coverage for incidents that occurred on or after October 1, 1993, or the initial date of licensure in this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such licensee must submit an affidavit stating that such licensee has no unsatisfied medical malpractice judgments or settlements at the time of application for reactivation.
(c) Any person holding a limited license pursuant to s. 456.015, and practicing under the scope of such limited license.
(d) Any person licensed or certified under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, chapter 466, or chapter 467 who practices only in conjunction with his or her teaching duties at an accredited school or in its main teaching hospitals. Such person may engage in the practice of medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the school.
(e) Any person holding an active license or certification under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, chapter 466, or chapter 467 who is not practicing in this state. If such person initiates or resumes practice in this state, he or she must notify the department of such activity.
(f) Any person who can demonstrate to the board or department that he or she has no malpractice exposure in the state.
(3) Notwithstanding the provisions of this section, the financial responsibility requirements of ss. 458.320 and 459.0085 shall continue to apply to practitioners licensed under those chapters, except for anesthesiologist assistants licensed pursuant to s. 458.3475 or s. 459.023 who must meet the requirements of this section.

History.—s. 1, ch. 93-41; s. 193, ch. 97-103; s. 90, ch. 97-261; s. 266, ch. 98-166; s. 88, ch. 99-397; s. 73, ch. 2000-160; s. 116, ch. 2000-318; s. 73, ch. 2004-5; s. 1, ch. 2004-303.
Note.—Former s. 455.2456; s. 455.694.

456.049 Health care practitioners; reports on professional liability claims and actions.—Any practitioner of medicine licensed pursuant to the provisions of chapter 458, practitioner of osteopathic medicine licensed pursuant to the provisions of chapter 459, podiatric physician licensed pursuant to the provisions of chapter 461, or dentist licensed pursuant to the provisions of chapter 466 shall report to the Office of Insurance Regulation any claim or action for damages for personal injury alleged to have been caused by error, omission, or negligence in the performance of such licensee's professional services or based on a claimed performance of professional services without consent pursuant to s. 627.912.

History.—s. 13, ch. 88-1; s. 7, ch. 91-140; s. 309, ch. 96-406; s. 91, ch. 97-261; s. 193, ch. 98-166; s. 74, ch. 2000-160; s. 16, ch. 2003-416.
Note.—Former s. 455.247; s. 455.697.

456.051 Reports of professional liability actions; bankruptcies; Department of Health's responsibility to provide.—
(1) The report of a claim or action for damages for personal injury which is required to be provided to the Department of Health under s. 456.049 or s. 627.912 is public information except for the name of the claimant or injured person, which remains confidential as provided in s. 627.912(2)(e). The Department of Health shall, upon request, make such report available to any person. The department shall make such report available as a part of the practitioner's profile within 30 calendar days after receipt.
(2) Any information in the possession of the Department of Health which relates to a bankruptcy proceeding by a practitioner of medicine licensed under chapter 458, a practitioner of osteopathic medicine licensed under chapter 459, a podiatric physician licensed under chapter 461, or a dentist licensed under chapter 466 is public information. The Department of Health shall, upon request, make such information available to any person. The department shall make such report available as a part of the practitioner's profile within 30 calendar days after receipt.

History.—s. 146, ch. 97-237; s. 22, ch. 97-273; ss. 38, 194, ch. 98-166; s. 75, ch. 2000-160; s. 17, ch. 2003-416; s. 74, ch. 2004-5.
Note.—Former s. 455.698.

456.052 Disclosure of financial interest by production.—
(1) A health care provider shall not refer a patient to an entity in which such provider is an investor unless, prior to the referral, the provider furnishes the patient with a written disclosure form, informing the patient of:
(a) The existence of the investment interest.
(b) The name and address of each applicable entity in which the referring health care provider is an investor.
(c) The patient's right to obtain the items or services for which the patient has been referred at the location or from the provider or supplier of the patient's choice, including the entity in which the referring provider is an investor.
(d) The names and addresses of at least two alternative sources of such items or services available to the patient.
(2) The physician or health care provider shall post a copy of the disclosure forms in a conspicuous public place in his or her office.
(3) A violation of this section shall constitute a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. In addition to any other penalties or remedies provided, a violation of this section shall be grounds for disciplinary action by the respective board.

History.—s. 1, ch. 86-31; s. 84, ch. 91-224; s. 13, ch. 92-178; s. 92, ch. 97-261; s. 76, ch. 2000-160.
Note.—Former s. 455.25; s. 455.701.

456.053 Financial arrangements between referring health care providers and providers of health care services.—
(1) SHORT TITLE.—This section may be cited as the "Patient Self-Referral Act of 1992."
(2) LEGISLATIVE INTENT.—It is recognized by the Legislature that the referral of a patient by a health care provider to a provider of health care services in which the referring health care provider has an investment interest represents a potential conflict of interest. The Legislature finds these referral practices may limit or eliminate competitive alternatives in the health care services market, may result in overutilization of health care services, may increase costs to the health care system, and may adversely affect the quality of health care. The Legislature also recognizes, however, that it may be appropriate for providers to own entities providing health care services, and to refer patients to such entities, as long as certain safeguards are present in the arrangement. It is the intent of the Legislature to provide guidance to health care providers regarding prohibited patient referrals between health care providers and entities providing health care services and to protect the people of Florida from unnecessary and costly health care expenditures.
(3) DEFINITIONS.—For the purpose of this section, the word, phrase, or term:
(a) "Board" means any of the following boards relating to the respective professions: the Board of Medicine as created in s. 458.307; the Board of Osteopathic Medicine as created in s. 459.004; the Board of Chiropractic Medicine as created in s. 460.404; the Board of Podiatric Medicine as created in s. 461.004; the Board of Optometry as created in s. 463.003; the Board of Pharmacy as created in s. 465.004; and the Board of Dentistry as created in s. 466.004.

(b) "Comprehensive rehabilitation services" means services that are provided by health care professionals licensed under part I or part III of chapter 468 or chapter 486 to provide speech, occupational, or physical therapy services on an outpatient or ambulatory basis.
(c) "Designated health services" means, for purposes of this section, clinical laboratory services, physical therapy services, comprehensive rehabilitative services, diagnostic-imaging services, and radiation therapy services.
(d) "Diagnostic imaging services" means magnetic resonance imaging, nuclear medicine, angiography, arteriography, computed tomography, positron emission tomography, digital vascular imaging, bronchography, lymphangiography, splenography, ultrasound, EEG, EKG, nerve conduction studies, and evoked potentials.
(e) "Direct supervision" means supervision by a physician who is present in the office suite and immediately available to provide assistance and direction throughout the time services are being performed.
(f) "Entity" means any individual, partnership, firm, corporation, or other business entity.
(g) "Fair market value" means value in arms length transactions, consistent with the general market value, and, with respect to rentals or leases, the value of rental property for general commercial purposes, not taking into account its intended use, and, in the case of a lease of space, not adjusted to reflect the additional value the prospective lessee or lessor would attribute to the proximity or convenience to the lessor where the lessor is a potential source of patient referrals to the lessee.
(h) "Group practice" means a group of two or more health care providers legally organized as a partnership, professional corporation, or similar association:
1. In which each health care provider who is a member of the group provides substantially the full range of services which the health care provider routinely provides, including medical care, consultation, diagnosis, or treatment, through the joint use of shared office space, facilities, equipment, and personnel;
2. For which substantially all of the services of the health care providers who are members of the group are provided through the group and are billed in the name of the group and amounts so received are treated as receipts of the group; and
3. In which the overhead expenses of and the income from the practice are distributed in accordance with methods previously determined by members of the group.
(i) "Health care provider" means any physician licensed under chapter 458, chapter 459, chapter 460, or chapter 461, or any health care provider licensed under chapter 463 or chapter 466.
(j) "Immediate family member" means a health care provider's spouse, child, child's spouse, grandchild, grandchild's spouse, parent, parent-in-law, or sibling.
(k) "Investment interest" means an equity or debt security issued by an entity, including, without limitation, shares of stock in a corporation, units or other interests in a partnership, bonds, debentures, notes, or other equity interests or debt instruments. The following investment interests shall be excepted from this definition:
1. An investment interest in an entity that is the sole provider of designated health services in a rural area;
2. An investment interest in notes, bonds, debentures, or other debt instruments issued by an entity which provides designated health services, as an integral part of a plan by such entity to acquire such investor's equity investment interest in the entity, provided that the interest rate is consistent with fair market value, and that the maturity date of the notes, bonds, debentures, or other debt instruments issued by the entity to the investor is not later than October 1, 1996.
3. An investment interest in real property resulting in a landlord-tenant relationship between the health care provider and the entity in which the equity interest is held, unless the rent is determined, in whole or in part, by the business volume or profitability of the tenant or exceeds fair market value; or
4. An investment interest in an entity which owns or leases and operates a hospital licensed under chapter 395 or a nursing home facility licensed under chapter 400.
(l) "Investor" means a person or entity owning a legal or beneficial ownership or investment interest, directly or indirectly, including, without limitation, through an immediate family member, trust, or another entity related to the investor within the meaning of 42 C.F.R. s. 413.17, in an entity.
(m) "Outside referral for diagnostic imaging services" means a referral of a patient to a group practice or sole provider for diagnostic imaging services by a physician who is not a member of the group practice or of the sole provider's practice and who does not have an investment interest in the group practice or sole provider's practice, for which the group practice or sole provider billed for both the technical and the professional fee for the patient, and the patient did not become a patient of the group practice or sole provider's practice.
(n) "Patient of a group practice" or "patient of a sole provider" means a patient who receives a physical examination, evaluation, diagnosis, and development of a treatment plan if medically necessary by a physician who is a member of the group practice or the sole provider's practice.

(o) "Referral" means any referral of a patient by a health care provider for health care services, including, without limitation:
1. The forwarding of a patient by a health care provider to another health care provider or to an entity which provides or supplies designated health services or any other health care item or service; or
2. The request or establishment of a plan of care by a health care provider, which includes the provision of designated health services or other health care item or service.
3. The following orders, recommendations, or plans of care shall not constitute a referral by a health care provider:
a. By a radiologist for diagnostic-imaging services.
b. By a physician specializing in the provision of radiation therapy services for such services.
c. By a medical oncologist for drugs and solutions to be prepared and administered intravenously to such oncologist's patient, as well as for the supplies and equipment used in connection therewith to treat such patient for cancer and the complications thereof.
d. By a cardiologist for cardiac catheterization services.
e. By a pathologist for diagnostic clinical laboratory tests and pathological examination services, if furnished by or under the supervision of such pathologist pursuant to a consultation requested by another physician.
f. By a health care provider who is the sole provider or member of a group practice for designated health services or other health care items or services that are prescribed or provided solely for such referring health care provider's or group practice's own patients, and that are provided or performed by or under the direct supervision of such referring health care provider or group practice; provided, however, that effective July 1, 1999, a physician licensed pursuant to chapter 458, chapter 459, chapter 460, or chapter 461 may refer a patient to a sole provider or group practice for diagnostic imaging services, excluding radiation therapy services, for which the sole provider or group practice billed both the technical and the professional fee for or on behalf of the patient, if the referring physician has no investment interest in the practice. The diagnostic imaging service referred to a group practice or sole provider must be a diagnostic imaging service normally provided within the scope of practice to the patients of the group practice or sole provider. The group practice or sole provider may accept no more than 15 percent of their patients receiving diagnostic imaging services from outside referrals, excluding radiation therapy services.
g. By a health care provider for services provided by an ambulatory surgical center licensed under chapter 395.
h. By a urologist for lithotripsy services.
i. By a dentist for dental services performed by an employee of or health care provider who is an independent contractor with the dentist or group practice of which the dentist is a member.
j. By a physician for infusion therapy services to a patient of that physician or a member of that physician's group practice.
k. By a nephrologist for renal dialysis services and supplies, except laboratory services.
l. By a health care provider whose principal professional practice consists of treating patients in their private residences for services to be rendered in such private residences, except for services rendered by a home health agency licensed under chapter 400. For purposes of this sub-subparagraph, the term "private residences" includes patients' private homes, independent living centers, and assisted living facilities, but does not include skilled nursing facilities.
m. By a health care provider for sleep-related testing.
(p) "Present in the office suite" means that the physician is actually physically present; provided, however, that the health care provider is considered physically present during brief unexpected absences as well as during routine absences of a short duration if the absences occur during time periods in which the health care provider is otherwise scheduled and ordinarily expected to be present and the absences do not conflict with any other requirement in the Medicare program for a particular level of health care provider supervision.
(q) "Rural area" means a county with a population density of no greater than 100 persons per square mile, as defined by the United States Census.
(r) "Sole provider" means one health care provider licensed under chapter 458, chapter 459, chapter 460, or chapter 461, who maintains a separate medical office and a medical practice separate from any other health care provider and who bills for his or her services separately from the services provided by any other health care provider. A sole provider shall not share overhead expenses or professional income with any other person or group practice.
(4) REQUIREMENTS FOR ACCEPTING OUTSIDE REFERRALS FOR DIAGNOSTIC IMAGING.—
(a) A group practice or sole provider accepting outside referrals for diagnostic imaging services is required to comply with the following conditions:
1. Diagnostic imaging services must be provided exclusively by a group practice physician or by a full-time or

part-time employee of the group practice or of the sole provider's practice.
2. All equity in the group practice or sole provider's practice accepting outside referrals for diagnostic imaging must be held by the physicians comprising the group practice or the sole provider's practice, each of whom must provide at least 75 percent of his or her professional services to the group. Alternatively, the group must be incorporated under chapter 617 and must be exempt under the provisions of s. 501(c)(3) of the Internal Revenue Code and be part of a foundation in existence prior to January 1, 1999, that is created for the purpose of patient care, medical education, and research.
3. A group practice or sole provider may not enter into, extend or renew any contract with a practice management company that provides any financial incentives, directly or indirectly, based on an increase in outside referrals for diagnostic imaging services from any group or sole provider managed by the same practice management company.
4. The group practice or sole provider accepting outside referrals for diagnostic imaging services must bill for both the professional and technical component of the service on behalf of the patient, and no portion of the payment, or any type of consideration, either directly or indirectly, may be shared with the referring physician.
5. Group practices or sole providers that have a Medicaid provider agreement with the Agency for Health Care Administration must furnish diagnostic imaging services to their Medicaid patients and may not refer a Medicaid recipient to a hospital for outpatient diagnostic imaging services unless the physician furnishes the hospital with documentation demonstrating the medical necessity for such a referral. If necessary, the Agency for Health Care Administration may apply for a federal waiver to implement this subparagraph.
6. All group practices and sole providers accepting outside referrals for diagnostic imaging shall report annually to the Agency for Health Care Administration providing the number of outside referrals accepted for diagnostic imaging services and the total number of all patients receiving diagnostic imaging services.
(b) If a group practice or sole provider accepts an outside referral for diagnostic imaging services in violation of this subsection or if a group practice or sole provider accepts outside referrals for diagnostic imaging services in excess of the percentage limitation established in subparagraph (a)2., the group practice or the sole provider shall be subject to the penalties in subsection (5).
(c) Each managing physician member of a group practice and each sole provider who accepts outside referrals for diagnostic imaging services shall submit an annual attestation signed under oath to the Agency for Health Care Administration which shall include the annual report required under subparagraph (a)6. and which shall further confirm that each group practice or sole provider is in compliance with the percentage limitations for accepting outside referrals and the requirements for accepting outside referrals listed in paragraph (a). The agency may verify the report submitted by group practices and sole providers.
(5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as provided in this section:
(a) A health care provider may not refer a patient for the provision of designated health services to an entity in which the health care provider is an investor or has an investment interest.
(b) A health care provider may not refer a patient for the provision of any other health care item or service to an entity in which the health care provider is an investor unless:
1. The provider's investment interest is in registered securities purchased on a national exchange or over-the-counter market and issued by a publicly held corporation:
a. Whose shares are traded on a national exchange or on the over-the-counter market; and
b. Whose total assets at the end of the corporation's most recent fiscal quarter exceeded $50 million; or
2. With respect to an entity other than a publicly held corporation described in subparagraph 1., and a referring provider's investment interest in such entity, each of the following requirements are met:
a. No more than 50 percent of the value of the investment interests are held by investors who are in a position to make referrals to the entity.
b. The terms under which an investment interest is offered to an investor who is in a position to make referrals to the entity are no different from the terms offered to investors who are not in a position to make such referrals.
c. The terms under which an investment interest is offered to an investor who is in a position to make referrals to the entity are not related to the previous or expected volume of referrals from that investor to the entity.
d. There is no requirement that an investor make referrals or be in a position to make referrals to the entity as a condition for becoming or remaining an investor.
3. With respect to either such entity or publicly held corporation:
a. The entity or corporation does not loan funds to or guarantee a loan for an investor who is in a position to make referrals to the entity or corporation if the investor uses any part of such loan to obtain the investment interest.
b. The amount distributed to an investor representing a return on the investment interest is directly proportional to the amount of the capital investment, including the fair market value of any preoperational services rendered, invested in the entity or corporation by that investor.

4. Each board and, in the case of hospitals, the Agency for Health Care Administration, shall encourage the use by licensees of the declaratory statement procedure to determine the applicability of this section or any rule adopted pursuant to this section as it applies solely to the licensee. Boards shall submit to the Agency for Health Care Administration the name of any entity in which a provider investment interest has been approved pursuant to this section.
(c) No claim for payment may be presented by an entity to any individual, third-party payor, or other entity for a service furnished pursuant to a referral prohibited under this section.
(d) If an entity collects any amount that was billed in violation of this section, the entity shall refund such amount on a timely basis to the payor or individual, whichever is applicable.
(e) Any person that presents or causes to be presented a bill or a claim for service that such person knows or should know is for a service for which payment may not be made under paragraph (c), or for which a refund has not been made under paragraph (d), shall be subject to a civil penalty of not more than $15,000 for each such service to be imposed and collected by the appropriate board.
(f) Any health care provider or other entity that enters into an arrangement or scheme, such as a cross-referral arrangement, which the physician or entity knows or should know has a principal purpose of assuring referrals by the physician to a particular entity which, if the physician directly made referrals to such entity, would be in violation of this section, shall be subject to a civil penalty of not more than $100,000 for each such circumvention arrangement or scheme to be imposed and collected by the appropriate board.
(g) A violation of this section by a health care provider shall constitute grounds for disciplinary action to be taken by the applicable board pursuant to s. 458.331(2), s. 459.015(2), s. 460.413(2), s. 461.013(2), s. 463.016(2), or s. 466.028(2). Any hospital licensed under chapter 395 found in violation of this section shall be subject to s. 395.0185(2).
(h) Any hospital licensed under chapter 395 that discriminates against or otherwise penalizes a health care provider for compliance with this act.
(i) The provision of paragraph (a) shall not apply to referrals to the offices of radiation therapy centers managed by an entity or subsidiary or general partner thereof, which performed radiation therapy services at those same offices prior to April 1, 1991, and shall not apply also to referrals for radiation therapy to be performed at no more than one additional office of any entity qualifying for the foregoing exception which, prior to February 1, 1992, had a binding purchase contract on and a nonrefundable deposit paid for a linear accelerator to be used at the additional office. The physical site of the radiation treatment centers affected by this provision may be relocated as a result of the following factors: acts of God; fire; strike; accident; war; eminent domain actions by any governmental body; or refusal by the lessor to renew a lease. A relocation for the foregoing reasons is limited to relocation of an existing facility to a replacement location within the county of the existing facility upon written notification to the Office of Licensure and Certification.
(j) A health care provider who meets the requirements of paragraphs (b) and (i) must disclose his or her investment interest to his or her patients as provided in s. 456.052.

History.—s. 7, ch. 92-178; s. 89, ch. 94-218; s. 60, ch. 95-144; s. 35, ch. 95-146; s. 8, ch. 96-296; s. 1083, ch. 97-103; s. 78, ch. 97-261; s. 70, ch. 97-264; s. 263, ch. 98-166; s. 62, ch. 98-171; s. 1, ch. 99-356; s. 10, ch. 2000-159; s. 77, ch. 2000-160; s. 14, ch. 2002-389; s. 23, ch. 2009-223; s. 72, ch. 2013-18.
Note.—Former s. 455.236; s. 455.654.

456.054 Kickbacks prohibited.—
(1) As used in this section, the term “kickback” means a remuneration or payment, by or on behalf of a provider of health care services or items, to any person as an incentive or inducement to refer patients for past or future services or items, when the payment is not tax deductible as an ordinary and necessary expense.
(2) It is unlawful for any health care provider or any provider of health care services to offer, pay, solicit, or receive a kickback, directly or indirectly, overtly or covertly, in cash or in kind, for referring or soliciting patients.
(3) Violations of this section shall be considered patient brokering and shall be punishable as provided in s. 817.505.

History.—s. 8, ch. 92-178; s. 2, ch. 96-152; s. 79, ch. 97-261; s. 8, ch. 99-204; s. 78, ch. 2000-160; s. 6, ch. 2006-305.
Note.—Former s. 455.237; s. 455.657.

456.055 Chiropractic and podiatric health care; denial of payment; limitation.—A chiropractic physician licensed under chapter 460 or a podiatric physician licensed under chapter 461 shall not be denied payment for treatment rendered solely on the basis that the chiropractic physician or podiatric physician is not a member of a particular preferred provider organization or exclusive provider organization which is composed only of physicians licensed under the same chapter.

History.—s. 43, ch. 85-167; s. 87, ch. 97-261; ss. 191, 264, ch. 98-166; s. 78, ch. 2000-160.
Note.—Former s. 455.244; s. 455.684.

456.056 Treatment of Medicare beneficiaries; refusal, emergencies, consulting physicians.—
(1) Effective as of January 1, 1993, as used in this section, the term:
(a) "Physician" means a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a chiropractic physician licensed under chapter 460, a podiatric physician licensed under chapter 461, or an optometrist licensed under chapter 463.
(b) "Beneficiary" means a beneficiary of health insurance under Title XVIII of the federal Social Security Act.
(c) "Consulting physician" means any physician to whom a primary physician refers a Medicare beneficiary for treatment.
(2) A physician may refuse to treat a beneficiary. However, nothing contained in this section shall be construed to limit a physician's obligation under state or federal law to treat a patient for an emergency medical condition, regardless of the patient's ability to pay.
(3) If treatment is provided to a beneficiary for an emergency medical condition as defined in s. 395.002(8)(a), the physician must accept Medicare assignment provided that the requirement to accept Medicare assignment for an emergency medical condition shall not apply to treatment rendered after the patient is stabilized, or the treatment is unrelated to the original emergency medical condition. For the purpose of this subsection "stabilized" is defined to mean with respect to an emergency medical condition, that no material deterioration of the condition is likely within reasonable medical probability.
(4) If treatment provided to a beneficiary is not for such emergency medical condition, and the primary physician accepts assignment, all consulting physicians must accept assignment unless the patient agrees in writing, before receiving the treatment, that the physician need not accept assignment.
(5) Any attempt by a primary physician or a consulting physician to collect from a Medicare beneficiary any amount of charges for medical services in excess of those authorized under this section, other than the unmet deductible and the 20 percent of charges that Medicare does not pay, shall be deemed null, void, and of no merit.

History.—s. 1, ch. 92-118; s. 160, ch. 92-149; s. 89, ch. 97-261; ss. 192, 265, ch. 98-166; s. 78, ch. 2000-160; s. 117, ch. 2014-17.
Note.—Former s. 455.2455; s. 455.691.

456.057 Ownership and control of patient records; report or copies of records to be furnished; disclosure of information.—
(1) As used in this section, the term "records owner" means any health care practitioner who generates a medical record after making a physical or mental examination of, or administering treatment or dispensing legend drugs to, any person; any health care practitioner to whom records are transferred by a previous records owner; or any health care practitioner's employer, including, but not limited to, group practices and staff-model health maintenance organizations, provided the employment contract or agreement between the employer and the health care practitioner designates the employer as the records owner.
(2) As used in this section, the terms "records owner," "health care practitioner," and "health care practitioner's employer" do not include any of the following persons or entities; furthermore, the following persons or entities are not authorized to acquire or own medical records, but are authorized under the confidentiality and disclosure requirements of this section to maintain those documents required by the part or chapter under which they are licensed or regulated:
(a) Certified nursing assistants regulated under part II of chapter 464.
(b) Pharmacists and pharmacies licensed under chapter 465.
(c) Dental hygienists licensed under s. 466.023.
(d) Nursing home administrators licensed under part II of chapter 468.
(e) Respiratory therapists regulated under part V of chapter 468.

(f) Athletic trainers licensed under part XIII of chapter 468.
(g) Electrologists licensed under chapter 478.
(h) Clinical laboratory personnel licensed under part III of chapter 483.
(i) Medical physicists licensed under part IV of chapter 483.
(j) Opticians and optical establishments licensed or permitted under part I of chapter 484.
(k) Persons or entities practicing under s. 627.736(7).
(3) As used in this section, the term "records custodian" means any person or entity that:
(a) Maintains documents that are authorized in subsection (2); or
(b) Obtains medical records from a records owner.
(4) Any health care practitioner's employer who is a records owner and any records custodian shall maintain records or documents as provided under the confidentiality and disclosure requirements of this section.
(5) This section does not apply to facilities licensed under chapter 395.
(6) Any health care practitioner licensed by the department or a board within the department who makes a physical or mental examination of, or administers treatment or dispenses legend drugs to, any person shall, upon request of such person or the person's legal representative, furnish, in a timely manner, without delays for legal review, copies of all reports and records relating to such examination or treatment, including X rays and insurance information. However, when a patient's psychiatric, chapter 490 psychological, or chapter 491 psychotherapeutic records are requested by the patient or the patient's legal representative, the health care practitioner may provide a report of examination and treatment in lieu of copies of records. Upon a patient's written request, complete copies of the patient's psychiatric records shall be provided directly to a subsequent treating psychiatrist. The furnishing of such report or copies shall not be conditioned upon payment of a fee for services rendered.
(7)(a) Except as otherwise provided in this section and in s. 440.13(4)(c), such records may not be furnished to, and the medical condition of a patient may not be discussed with, any person other than the patient, the patient's legal representative, or other health care practitioners and providers involved in the patient's care or treatment, except upon written authorization from the patient. However, such records may be furnished without written authorization under the following circumstances:
1. To any person, firm, or corporation that has procured or furnished such care or treatment with the patient's consent.
2. When compulsory physical examination is made pursuant to Rule 1.360, Florida Rules of Civil Procedure, in which case copies of the medical records shall be furnished to both the defendant and the plaintiff.
3. In any civil or criminal action, unless otherwise prohibited by law, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice to the patient or the patient's legal representative by the party seeking such records.
4. For statistical and scientific research, provided the information is abstracted in such a way as to protect the identity of the patient or provided written permission is received from the patient or the patient's legal representative.
5. To a regional poison control center for purposes of treating a poison episode under evaluation, case management of poison cases, or compliance with data collection and reporting requirements of s. 395.1027 and the professional organization that certifies poison control centers in accordance with federal law.
(b) Absent a specific written release or authorization permitting utilization of patient information for solicitation or marketing the sale of goods or services, any use of that information for those purposes is prohibited.
(c) Information disclosed to a health care practitioner by a patient in the course of the care and treatment of such patient is confidential and may be disclosed only to other health care practitioners and providers involved in the care or treatment of the patient, if allowed by written authorization from the patient, or if compelled by subpoena at a deposition, evidentiary hearing, or trial for which proper notice has been given.
(d) Notwithstanding paragraphs (a)-(c), information disclosed by a patient to a health care practitioner or provider or records created by the practitioner or provider during the course of care or treatment of the patient may be disclosed:
1. In a medical negligence action or administrative proceeding if the health care practitioner or provider is or reasonably expects to be named as a defendant;
2. Pursuant to s. 766.106(6)(b)5.;
3. As provided for in the authorization for release of protected health information filed by the patient pursuant to s. 766.1065; or
4. To the health care practitioner's or provider's attorney during a consultation if the health care practitioner or provider reasonably expects to be deposed, to be called as a witness, or to receive formal or informal discovery requests in a medical negligence action, presuit investigation of medical negligence, or administrative proceeding.

a. If the medical liability insurer of a health care practitioner or provider described in this subparagraph represents a defendant or prospective defendant in a medical negligence action:
(I) The insurer for the health care practitioner or provider may not contact the health care practitioner or provider to recommend that the health care practitioner or provider seek legal counsel relating to a particular matter.
(II) The insurer may not select an attorney for the practitioner or the provider. However, the insurer may recommend attorneys who do not represent a defendant or prospective defendant in the matter if the practitioner or provider contacts an insurer relating to the practitioner's or provider's potential involvement in the matter.
(III) The attorney selected by the practitioner or the provider may not, directly or indirectly, disclose to the insurer any information relating to the representation of the practitioner or the provider other than the categories of work performed or the amount of time applicable to each category for billing or reimbursement purposes. The attorney selected by the practitioner or the provider may represent the insurer or other insureds of the insurer in an unrelated matter.
b. The limitations in this subparagraph do not apply if the attorney reasonably expects the practitioner or provider to be named as a defendant and the practitioner or provider agrees with the attorney's assessment, if the practitioner or provider receives a presuit notice pursuant to chapter 766, or if the practitioner or provider is named as a defendant.
(8)(a)1. The department may obtain patient records pursuant to a subpoena without written authorization from the patient if the department and the probable cause panel of the appropriate board, if any, find reasonable cause to believe that a health care practitioner has excessively or inappropriately prescribed any controlled substance specified in chapter 893 in violation of this chapter or any professional practice act or that a health care practitioner has practiced his or her profession below that level of care, skill, and treatment required as defined by this chapter or any professional practice act and also find that appropriate, reasonable attempts were made to obtain a patient release. Notwithstanding the foregoing, the department need not attempt to obtain a patient release when investigating an offense involving the inappropriate prescribing, overprescribing, or diversion of controlled substances and the offense involves a pain-management clinic. The department may obtain patient records without patient authorization or subpoena from any pain-management clinic required to be licensed if the department has probable cause to believe that a violation of any provision of s. 458.3265 or s. 459.0137 is occurring or has occurred and reasonably believes that obtaining such authorization is not feasible due to the volume of the dispensing and prescribing activity involving controlled substances and that obtaining patient authorization or the issuance of a subpoena would jeopardize the investigation.
2. The department may obtain patient records and insurance information pursuant to a subpoena without written authorization from the patient if the department and the probable cause panel of the appropriate board, if any, find reasonable cause to believe that a health care practitioner has provided inadequate medical care based on termination of insurance and also find that appropriate, reasonable attempts were made to obtain a patient release.
3. The department may obtain patient records, billing records, insurance information, provider contracts, and all attachments thereto pursuant to a subpoena without written authorization from the patient if the department and probable cause panel of the appropriate board, if any, find reasonable cause to believe that a health care practitioner has submitted a claim, statement, or bill using a billing code that would result in payment greater in amount than would be paid using a billing code that accurately describes the services performed, requested payment for services that were not performed by that health care practitioner, used information derived from a written report of an automobile accident generated pursuant to chapter 316 to solicit or obtain patients personally or through an agent regardless of whether the information is derived directly from the report or a summary of that report or from another person, solicited patients fraudulently, received a kickback as defined in s. 456.054, violated the patient brokering provisions of s. 817.505, or presented or caused to be presented a false or fraudulent insurance claim within the meaning of s. 817.234(1)(a), and also find that, within the meaning of s. 817.234(1)(a), patient authorization cannot be obtained because the patient cannot be located or is deceased, incapacitated, or suspected of being a participant in the fraud or scheme, and if the subpoena is issued for specific and relevant records.
4. Notwithstanding subparagraphs 1.-3., when the department investigates a professional liability claim or undertakes action pursuant to s. 456.049 or s. 627.912, the department may obtain patient records pursuant to a subpoena without written authorization from the patient if the patient refuses to cooperate or if the department attempts to obtain a patient release and the failure to obtain the patient records would be detrimental to the investigation.
(b) Patient records, billing records, insurance information, provider contracts, and all attachments thereto obtained by the department pursuant to this subsection shall be used solely for the purpose of the department and the appropriate regulatory board in disciplinary proceedings. This section does not limit the assertion of the psychotherapist-patient privilege under s. 90.503 in regard to records of treatment for mental or nervous disorders by

a medical practitioner licensed pursuant to chapter 458 or chapter 459 who has primarily diagnosed and treated mental and nervous disorders for a period of not less than 3 years, inclusive of psychiatric residency. However, the health care practitioner shall release records of treatment for medical conditions even if the health care practitioner has also treated the patient for mental or nervous disorders. If the department has found reasonable cause under this section and the psychotherapist-patient privilege is asserted, the department may petition the circuit court for an in camera review of the records by expert medical practitioners appointed by the court to determine if the records or any part thereof are protected under the psychotherapist-patient privilege.

(9)(a) All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

(b) Notwithstanding paragraph (a), all patient records obtained by the department and any other documents maintained by the department which relate to a current or former Medicaid recipient shall be provided to the Medicaid Fraud Control Unit in the Department of Legal Affairs, upon request.

(10) All records owners shall develop and implement policies, standards, and procedures to protect the confidentiality and security of the medical record. Employees of records owners shall be trained in these policies, standards, and procedures.

(11) Records owners are responsible for maintaining a record of all disclosures of information contained in the medical record to a third party, including the purpose of the disclosure request. The record of disclosure may be maintained in the medical record. The third party to whom information is disclosed is prohibited from further disclosing any information in the medical record without the expressed written consent of the patient or the patient's legal representative.

(12) Notwithstanding the provisions of s. 456.058, records owners shall place an advertisement in the local newspaper or notify patients, in writing, when they are terminating practice, retiring, or relocating, and no longer available to patients, and offer patients the opportunity to obtain a copy of their medical record.

(13) Notwithstanding the provisions of s. 456.058, records owners shall notify the appropriate board office when they are terminating practice, retiring, or relocating, and no longer available to patients, specifying who the new records owner is and where medical records can be found.

(14) Whenever a records owner has turned records over to a new records owner, the new records owner shall be responsible for providing a copy of the complete medical record, upon written request, of the patient or the patient's legal representative.

(15) Licensees in violation of the provisions of this section shall be disciplined by the appropriate licensing authority.

(16) The Attorney General is authorized to enforce the provisions of this section for records owners not otherwise licensed by the state, through injunctive relief and fines not to exceed $5,000 per violation.

(17) A health care practitioner or records owner furnishing copies of reports or records or making the reports or records available for digital scanning pursuant to this section shall charge no more than the actual cost of copying, including reasonable staff time, or the amount specified in administrative rule by the appropriate board, or the department when there is no board.

(18) Nothing in this section shall be construed to limit health care practitioner consultations, as necessary.

(19) A records owner shall release to a health care practitioner who, as an employee of the records owner, previously provided treatment to a patient, those records that the health care practitioner actually created or generated when the health care practitioner treated the patient. Records released pursuant to this subsection shall be released only upon written request of the health care practitioner and shall be limited to the notes, plans of care, and orders and summaries that were actually generated by the health care practitioner requesting the record.

(20) The board, or department when there is no board, may temporarily or permanently appoint a person or entity as a custodian of medical records in the event of the death of a practitioner, the mental or physical incapacitation of the practitioner, or the abandonment of medical records by a practitioner. The custodian appointed shall comply with all provisions of this section, including the release of patient records.

History.—s. 1, ch. 79-302; s. 1, ch. 82-22; s. 1, ch. 83-108; s. 81, ch. 83-218; ss. 14, 119, ch. 83-329; s. 2, ch. 84-15; s. 41, ch. 85-175; s. 4, ch. 87-333; s. 9, ch. 88-1; s. 2, ch. 88-208; s. 14, ch. 88-219; s. 6, ch. 88-277; s. 10, ch. 88-392; s. 2, ch. 89-85; s. 14, ch. 89-124; s. 28, ch. 89-289; s. 1, ch. 90-263; s. 11, ch. 91-137; s. 6, ch. 91-140; s. 12, ch. 91-176; s. 4, ch. 91-269; s. 62, ch. 92-33; s. 32, ch. 92-149; s. 23, ch. 93-129; s. 315, ch. 94-119; ss. 90, 91, ch. 94-218; s. 308, ch. 96-406; s. 1084, ch. 97-103; s. 82, ch. 97-261; s. 6, ch. 98-166; s. 12, ch. 99-349; s. 86, ch. 99-397;

s. 79, ch. 2000-160; s. 9, ch. 2000-163; s. 114, ch. 2000-318; s. 9, ch. 2001-222; ss. 69, 140, ch. 2001-277; s. 18, ch. 2003-416; s. 4, ch. 2005-256; s. 1, ch. 2006-271; s. 2, ch. 2010-211; s. 1, ch. 2013-108.
Note.—Former s. 455.241; s. 455.667.

456.0575 Duty to notify patients.—Every licensed health care practitioner shall inform each patient, or an individual identified pursuant to s. 765.401(1), in person about adverse incidents that result in serious harm to the patient. Notification of outcomes of care that result in harm to the patient under this section shall not constitute an acknowledgment of admission of liability, nor can such notifications be introduced as evidence.

History.—s. 8, ch. 2003-416.

456.058 Disposition of records of deceased practitioners or practitioners relocating or terminating practice.—Each board created under the provisions of chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 463, part I of chapter 464, chapter 465, chapter 466, part I of chapter 484, chapter 486, chapter 490, or chapter 491, and the department under the provisions of chapter 462, shall provide by rule for the disposition, under that chapter, of the medical records or records of a psychological nature of practitioners which are in existence at the time the practitioner dies, terminates practice, or relocates and is no longer available to patients and which records pertain to the practitioner's patients. The rules shall provide that the records be retained for at least 2 years after the practitioner's death, termination of practice, or relocation. In the case of the death of the practitioner, the rules shall provide for the disposition of such records by the estate of the practitioner.

History.—s. 85, ch. 97-261; s. 80, ch. 2000-160; s. 115, ch. 2000-318.
Note.—Former s. 455.677.

456.059 Communications confidential; exceptions.—Communications between a patient and a psychiatrist, as defined in s. 394.455, shall be held confidential and shall not be disclosed except upon the request of the patient or the patient's legal representative. Provision of psychiatric records and reports shall be governed by s. 456.057. Notwithstanding any other provision of this section or s. 90.503, where:
(1) A patient is engaged in a treatment relationship with a psychiatrist;
(2) Such patient has made an actual threat to physically harm an identifiable victim or victims; and
(3) The treating psychiatrist makes a clinical judgment that the patient has the apparent capability to commit such an act and that it is more likely than not that in the near future the patient will carry out that threat,
the psychiatrist may disclose patient communications to the extent necessary to warn any potential victim or to communicate the threat to a law enforcement agency. No civil or criminal action shall be instituted, and there shall be no liability on account of disclosure of otherwise confidential communications by a psychiatrist in disclosing a threat pursuant to this section.

History.—s. 10, ch. 88-1; s. 33, ch. 92-149; s. 43, ch. 96-169; s. 83, ch. 97-261; s. 81, ch. 2000-160.
Note.—Former s. 455.2415; s. 455.671.

456.061 Practitioner disclosure of confidential information; immunity from civil or criminal liability.—
(1) A practitioner regulated through the Division of Medical Quality Assurance of the department shall not be civilly or criminally liable for the disclosure of otherwise confidential information to a sexual partner or a needle-sharing partner under the following circumstances:
(a) If a patient of the practitioner who has tested positive for human immunodeficiency virus discloses to the practitioner the identity of a sexual partner or a needle-sharing partner;
(b) The practitioner recommends the patient notify the sexual partner or the needle-sharing partner of the positive test and refrain from engaging in sexual or drug activity in a manner likely to transmit the virus and the patient refuses, and the practitioner informs the patient of his or her intent to inform the sexual partner or needle-sharing partner; and
(c) If pursuant to a perceived civil duty or the ethical guidelines of the profession, the practitioner reasonably and in good faith advises the sexual partner or the needle-sharing partner of the patient of the positive test and facts concerning the transmission of the virus.
However, any notification of a sexual partner or a needle-sharing partner pursuant to this section shall be done in accordance with protocols developed pursuant to rule of the Department of Health.

(2) Notwithstanding the foregoing, a practitioner regulated through the Division of Medical Quality Assurance of the department shall not be civilly or criminally liable for failure to disclose information relating to a positive test result for human immunodeficiency virus of a patient to a sexual partner or a needle-sharing partner.

History.—s. 43, ch. 88-380; s. 12, ch. 89-350; s. 191, ch. 97-103; s. 84, ch. 97-261; s. 220, ch. 99-8; s. 82, ch. 2000-160.
Note.—Former s. 455.2416; s. 455.674.

456.062 Advertisement by a health care practitioner of free or discounted services; required statement.—In any advertisement for a free, discounted fee, or reduced fee service, examination, or treatment by a health care practitioner licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter 465, chapter 466, chapter 467, chapter 478, chapter 483, part I of chapter 484, chapter 486, chapter 490, or chapter 491, the following statement shall appear in capital letters clearly distinguishable from the rest of the text: THE PATIENT AND ANY OTHER PERSON RESPONSIBLE FOR PAYMENT HAS A RIGHT TO REFUSE TO PAY, CANCEL PAYMENT, OR BE REIMBURSED FOR PAYMENT FOR ANY OTHER SERVICE, EXAMINATION, OR TREATMENT THAT IS PERFORMED AS A RESULT OF AND WITHIN 72 HOURS OF RESPONDING TO THE ADVERTISEMENT FOR THE FREE, DISCOUNTED FEE, OR REDUCED FEE SERVICE, EXAMINATION, OR TREATMENT. However, the required statement shall not be necessary as an accompaniment to an advertisement of a licensed health care practitioner defined by this section if the advertisement appears in a classified directory the primary purpose of which is to provide products and services at free, reduced, or discounted prices to consumers and in which the statement prominently appears in at least one place.

History.—s. 81, ch. 97-261; s. 85, ch. 99-397; s. 82, ch. 2000-160; s. 1, ch. 2006-215.
Note.—Former s. 455.664.

456.063 Sexual misconduct; disqualification for license, certificate, or registration.—
(1) Sexual misconduct in the practice of a health care profession means violation of the professional relationship through which the health care practitioner uses such relationship to engage or attempt to engage the patient or client, or an immediate family member, guardian, or representative of the patient or client in, or to induce or attempt to induce such person to engage in, verbal or physical sexual activity outside the scope of the professional practice of such health care profession. Sexual misconduct in the practice of a health care profession is prohibited.
(2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant has:
(a) Had any license, certificate, or registration to practice any profession or occupation revoked or surrendered based on a violation of sexual misconduct in the practice of that profession under the laws of any other state or any territory or possession of the United States and has not had that license, certificate, or registration reinstated by the licensing authority of the jurisdiction that revoked the license, certificate, or registration; or
(b) Committed any act in any other state or any territory or possession of the United States which if committed in this state would constitute sexual misconduct.
For purposes of this subsection, a licensing authority's acceptance of a candidate's relinquishment of a license which is offered in response to or in anticipation of the filing of administrative charges against the candidate's license constitutes the surrender of the license.
(3) Licensed health care practitioners shall report allegations of sexual misconduct to the department, regardless of the practice setting in which the alleged sexual misconduct occurred.

History.—s. 1, ch. 95-183; s. 52, ch. 97-261; s. 78, ch. 99-397; s. 82, ch. 2000-160; s. 25, ch. 2000-318; s. 70, ch. 2001-277.
Note.—Former s. 455.2142; s. 455.567.

456.0635 Health care fraud; disqualification for license, certificate, or registration.—
(1) Health care fraud in the practice of a health care profession is prohibited.
(2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:
(a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony

under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration unless the sentence and any subsequent period of probation for such conviction or plea ended:
1. For felonies of the first or second degree, more than 15 years before the date of application.
2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).
3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application;
(b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application;
(c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;
(d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application; or
(e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.
This subsection does not apply to candidates or applicants for initial licensure or certification who were enrolled in an educational or training program on or before July 1, 2009, which was recognized by a board or, if there is no board, recognized by the department, and who applied for licensure after July 1, 2012.
(3) The department shall refuse to renew a license, certificate, or registration of any applicant if the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant:
(a) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under chapter 409, chapter 817, or chapter 893, or a similar felony offense committed in another state or jurisdiction, unless the applicant is currently enrolled in a drug court program that allows the withdrawal of the plea for that felony upon successful completion of that program. Any such conviction or plea excludes the applicant from licensure renewal unless the sentence and any subsequent period of probation for such conviction or plea ended:
1. For felonies of the first or second degree, more than 15 years before the date of application.
2. For felonies of the third degree, more than 10 years before the date of application, except for felonies of the third degree under s. 893.13(6)(a).
3. For felonies of the third degree under s. 893.13(6)(a), more than 5 years before the date of application.
(b) Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396 since July 1, 2009, unless the sentence and any subsequent period of probation for such conviction or plea ended more than 15 years before the date of the application.
(c) Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, unless the applicant has been in good standing with the Florida Medicaid program for the most recent 5 years.
(d) Has been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program, unless the applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application.
(e) Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.
(4) Licensed health care practitioners shall report allegations of health care fraud to the department, regardless of the practice setting in which the alleged health care fraud occurred.
(5) The acceptance by a licensing authority of a licensee's relinquishment of a license which is offered in response to or anticipation of the filing of administrative charges alleging health care fraud or similar charges constitutes the permanent revocation of the license.

History.—s. 24, ch. 2009-223; s. 1, ch. 2012-64.

456.065 Unlicensed practice of a health care profession; intent; cease and desist notice; penalties; enforcement; citations; fees; allocation and disposition of moneys collected.—
(1) It is the intent of the Legislature that vigorous enforcement of licensure regulation for all health care professions is a state priority in order to protect Florida residents and visitors from the potentially serious and dangerous consequences of receiving medical and health care services from unlicensed persons whose professional

education and training and other relevant qualifications have not been approved through the issuance of a license by the appropriate regulatory board or the department when there is no board. The unlicensed practice of a health care profession or the performance or delivery of medical or health care services to patients in this state without a valid, active license to practice that profession, regardless of the means of the performance or delivery of such services, is strictly prohibited.

(2) The penalties for unlicensed practice of a health care profession shall include the following:

(a) When the department has probable cause to believe that any person not licensed by the department, or the appropriate regulatory board within the department, has violated any provision of this chapter or any statute that relates to the practice of a profession regulated by the department, or any rule adopted pursuant thereto, the department may issue and deliver to such person a notice to cease and desist from such violation. In addition, the department may issue and deliver a notice to cease and desist to any person who aids and abets the unlicensed practice of a profession by employing such unlicensed person. The issuance of a notice to cease and desist shall not constitute agency action for which a hearing under ss. 120.569 and 120.57 may be sought. For the purpose of enforcing a cease and desist order, the department may file a proceeding in the name of the state seeking issuance of an injunction or a writ of mandamus against any person who violates any provisions of such order.

(b) In addition to the remedies under paragraph (a), the department may impose by citation an administrative penalty not to exceed $5,000 per incident. The citation shall be issued to the subject and shall contain the subject's name and any other information the department determines to be necessary to identify the subject, a brief factual statement, the sections of the law allegedly violated, and the penalty imposed. If the subject does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation shall become a final order of the department. The department may adopt rules to implement this section. The penalty shall be a fine of not less than $500 nor more than $5,000 as established by rule of the department. Each day that the unlicensed practice continues after issuance of a notice to cease and desist constitutes a separate violation. The department shall be entitled to recover the costs of investigation and prosecution in addition to the fine levied pursuant to the citation. Service of a citation may be made by personal service or by mail to the subject at the subject's last known address or place of practice. If the department is required to seek enforcement of the cease and desist or agency order, it shall be entitled to collect its attorney's fees and costs.

(c) In addition to or in lieu of any other administrative remedy, the department may seek the imposition of a civil penalty through the circuit court for any violation for which the department may issue a notice to cease and desist. The civil penalty shall be no less than $500 and no more than $5,000 for each offense. The court may also award to the prevailing party court costs and reasonable attorney fees and, in the event the department prevails, may also award reasonable costs of investigation and prosecution.

(d) In addition to the administrative and civil remedies under paragraphs (b) and (c) and in addition to the criminal violations and penalties listed in the individual health care practice acts:

1. It is a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, to practice, attempt to practice, or offer to practice a health care profession without an active, valid Florida license to practice that profession. Practicing without an active, valid license also includes practicing on a suspended, revoked, or void license, but does not include practicing, attempting to practice, or offering to practice with an inactive or delinquent license for a period of up to 12 months which is addressed in subparagraph 3. Applying for employment for a position that requires a license without notifying the employer that the person does not currently possess a valid, active license to practice that profession shall be deemed to be an attempt or offer to practice that health care profession without a license. Holding oneself out, regardless of the means of communication, as able to practice a health care profession or as able to provide services that require a health care license shall be deemed to be an attempt or offer to practice such profession without a license. The minimum penalty for violating this subparagraph shall be a fine of $1,000 and a minimum mandatory period of incarceration of 1 year.

2. It is a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, to practice a health care profession without an active, valid Florida license to practice that profession when such practice results in serious bodily injury. For purposes of this section, "serious bodily injury" means death; brain or spinal damage; disfigurement; fracture or dislocation of bones or joints; limitation of neurological, physical, or sensory function; or any condition that required subsequent surgical repair. The minimum penalty for violating this subparagraph shall be a fine of $1,000 and a minimum mandatory period of incarceration of 1 year.

3. It is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, to practice, attempt to practice, or offer to practice a health care profession with an inactive or delinquent license for any period of time up to 12 months. However, practicing, attempting to practice, or offering to practice a health care profession when that person's license has been inactive or delinquent for a period of time of 12 months or more shall be a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. The minimum penalty for violating this

subparagraph shall be a term of imprisonment of 30 days and a fine of $500.
(3) Because all enforcement costs should be covered by professions regulated by the department, the department shall impose, upon initial licensure and each licensure renewal, a special fee of $5 per licensee to fund efforts to combat unlicensed activity. Such fee shall be in addition to all other fees collected from each licensee. The department shall make direct charges to the Medical Quality Assurance Trust Fund by profession. The department shall seek board advice regarding enforcement methods and strategies. The department shall directly credit the Medical Quality Assurance Trust Fund, by profession, with the revenues received from the department's efforts to enforce licensure provisions. The department shall include all financial and statistical data resulting from unlicensed activity enforcement as a separate category in the quarterly management report provided for in s. 456.025. For an unlicensed activity account, a balance which remains at the end of a renewal cycle may, with concurrence of the applicable board and the department, be transferred to the operating fund account of that profession. The department shall also use these funds to inform and educate consumers generally on the importance of using licensed health care practitioners.
(4) The provisions of this section apply only to health care professional practice acts administered by the department.
(5) Nothing herein shall be construed to limit or restrict the sale, use, or recommendation of the use of a dietary supplement, as defined by the Food, Drug, and Cosmetic Act, 21 U.S.C. s. 321, so long as the person selling, using, or recommending the dietary supplement does so in compliance with federal and state law.

History.—s. 73, ch. 97-261; s. 84, ch. 2000-160; s. 35, ch. 2000-318; s. 54, ch. 2001-277.
Note.—Former s. 455.637.

456.066 Prosecution of criminal violations.—The department or the appropriate board shall report any criminal violation of any statute relating to the practice of a profession regulated by the department or appropriate board to the proper prosecuting authority for prompt prosecution.

History.—s. 72, ch. 97-261; s. 85, ch. 2000-160.
Note.—Former s. 455.634.

456.067 Penalty for giving false information.—In addition to, or in lieu of, any other discipline imposed pursuant to s. 456.072, the act of knowingly giving false information in the course of applying for or obtaining a license from the department, or any board thereunder, with intent to mislead a public servant in the performance of his or her official duties, or the act of attempting to obtain or obtaining a license from the department, or any board thereunder, to practice a profession by knowingly misleading statements or knowing misrepresentations constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

History.—s. 71, ch. 97-261; s. 24, ch. 99-7; s. 86, ch. 2000-160; s. 27, ch. 2000-318.
Note.—Former s. 455.631.

456.068 Toll-free telephone number for reporting of complaints.—The Agency for Health Care Administration shall establish a toll-free telephone number for public reporting of complaints relating to medical treatment or services provided by health care professionals.

History.—s. 148, ch. 97-237; s. 24, ch. 97-273; s. 87, ch. 2000-160.
Note.—Former s. 455.699.

456.069 Authority to inspect.—In addition to the authority specified in s. 465.017, duly authorized agents and employees of the department shall have the power to inspect in a lawful manner at all reasonable hours:
(1) Any pharmacy; or
(2) Any establishment at which the services of a licensee authorized to prescribe controlled substances specified in chapter 893 are offered,
for the purpose of determining if any of the provisions of this chapter or any practice act of a profession or any rule adopted thereunder is being violated; or for the purpose of securing such other evidence as may be needed for prosecution.
History.—s. 86, ch. 97-261; s. 88, ch. 2000-160.
Note.—Former s. 455.681.

456.071 Power to administer oaths, take depositions, and issue subpoenas.—For the purpose of any investigation or proceeding conducted by the department, the department shall have the power to administer oaths, take depositions, make inspections when authorized by statute, issue subpoenas which shall be supported by affidavit, serve subpoenas and other process, and compel the attendance of witnesses and the production of books, papers, documents, and other evidence. The department shall exercise this power on its own initiative or whenever requested by a board or the probable cause panel of any board. Challenges to, and enforcement of, the subpoenas and orders shall be handled as provided in s. 120.569.

History.—s. 65, ch. 97-261; s. 89, ch. 2000-160.
Note.—Former s. 455.611.

456.072 Grounds for discipline; penalties; enforcement.—
(1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
(a) Making misleading, deceptive, or fraudulent representations in or related to the practice of the licensee's profession.
(b) Intentionally violating any rule adopted by the board or the department, as appropriate.
(c) Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession.
(d) Using a Class III or a Class IV laser device or product, as defined by federal regulations, without having complied with the rules adopted under s. 501.122(2) governing the registration of the devices.
(e) Failing to comply with the educational course requirements for human immunodeficiency virus and acquired immune deficiency syndrome.
(f) Having a license or the authority to practice any regulated profession revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.
(g) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee.
(h) Attempting to obtain, obtaining, or renewing a license to practice a profession by bribery, by fraudulent misrepresentation, or through an error of the department or the board.
(i) Except as provided in s. 465.016, failing to report to the department any person who the licensee knows is in violation of this chapter, the chapter regulating the alleged violator, or the rules of the department or the board.
(j) Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to this chapter, the chapter regulating the profession, or the rules of the department or the board.
(k) Failing to perform any statutory or legal obligation placed upon a licensee. For purposes of this section, failing to repay a student loan issued or guaranteed by the state or the Federal Government in accordance with the terms of the loan or failing to comply with service scholarship obligations shall be considered a failure to perform a statutory or legal obligation, and the minimum disciplinary action imposed shall be a suspension of the license until new payment terms are agreed upon or the scholarship obligation is resumed, followed by probation for the duration of the student loan or remaining scholarship obligation period, and a fine equal to 10 percent of the defaulted loan amount. Fines collected shall be deposited into the Medical Quality Assurance Trust Fund.
(l) Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing another person to do so. Such reports or records shall include only those that are signed in the capacity of a licensee.
(m) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession.
(n) Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party.
(o) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform.
(p) Delegating or contracting for the performance of professional responsibilities by a person when the licensee delegating or contracting for performance of the responsibilities knows, or has reason to know, the person is not qualified by training, experience, and authorization when required to perform them.

(q) Violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department.
(r) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding.
(s) Failing to comply with the educational course requirements for domestic violence.
(t) Failing to identify through written notice, which may include the wearing of a name tag, or orally to a patient the type of license under which the practitioner is practicing. Any advertisement for health care services naming the practitioner must identify the type of license the practitioner holds. This paragraph does not apply to a practitioner while the practitioner is providing services in a facility licensed under chapter 394, chapter 395, chapter 400, or chapter 429. Each board, or the department where there is no board, is authorized by rule to determine how its practitioners may comply with this disclosure requirement.
(u) Failing to comply with the requirements of ss. 381.026 and 381.0261 to provide patients with information about their patient rights and how to file a patient complaint.
(v) Engaging or attempting to engage in sexual misconduct as defined and prohibited in s. 456.063(1).
(w) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.
(x) Failing to report to the board, or the department if there is no board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction. Convictions, findings, adjudications, and pleas entered into prior to the enactment of this paragraph must be reported in writing to the board, or department if there is no board, on or before October 1, 1999.
(y) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents under s. 316.066, or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in the accidents.
(z) Being unable to practice with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department. If the licensee refuses to comply with the order, the department's order directing the examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. The department shall be entitled to the summary procedure provided in s. 51.011. A licensee or certificateholder affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that he or she can resume the competent practice of his or her profession with reasonable skill and safety to patients.
(aa) Testing positive for any drug, as defined in s. 112.0455, on any confirmed preemployment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using the drug.
(bb) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition. For the purposes of this paragraph, performing or attempting to perform health care services includes the preparation of the patient.
(cc) Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other diagnostic procedures. For the purposes of this paragraph, it shall be legally presumed that retention of a foreign body is not in the best interest of the patient and is not within the standard of care of the profession, regardless of the intent of the professional.
(dd) Violating any provision of this chapter, the applicable practice act, or any rules adopted pursuant thereto.
(ee) With respect to making a personal injury protection claim as required by s. 627.736, intentionally submitting a claim, statement, or bill that has been "upcoded" as defined in s. 627.732.
(ff) With respect to making a personal injury protection claim as required by s. 627.736, intentionally submitting a claim, statement, or bill for payment of services that were not rendered.

(gg) Engaging in a pattern of practice when prescribing medicinal drugs or controlled substances which

demonstrates a lack of reasonable skill or safety to patients, a violation of any provision of this chapter, a violation of the applicable practice act, or a violation of any rules adopted under this chapter or the applicable practice act of the prescribing practitioner. Notwithstanding s. 456.073(13), the department may initiate an investigation and establish such a pattern from billing records, data, or any other information obtained by the department.
(hh) Being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant as described in s. 456.076, for failure to comply, without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program.
(ii) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program.
(jj) Failing to remit the sum owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement.
(kk) Being terminated from the state Medicaid program pursuant to s. 409.913, any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored.
(ll) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud.
(mm) Failure to comply with controlled substance prescribing requirements of s. 456.44.
(nn) Violating any of the provisions of s. 790.338.
(2) When the board, or the department when there is no board, finds any person guilty of the grounds set forth in subsection (1) or of any grounds set forth in the applicable practice act, including conduct constituting a substantial violation of subsection (1) or a violation of the applicable practice act which occurred prior to obtaining a license, it may enter an order imposing one or more of the following penalties:
(a) Refusal to certify, or to certify with restrictions, an application for a license.
(b) Suspension or permanent revocation of a license.
(c) Restriction of practice or license, including, but not limited to, restricting the licensee from practicing in certain settings, restricting the licensee to work only under designated conditions or in certain settings, restricting the licensee from performing or providing designated clinical and administrative services, restricting the licensee from practicing more than a designated number of hours, or any other restriction found to be necessary for the protection of the public health, safety, and welfare.
(d) Imposition of an administrative fine not to exceed $10,000 for each count or separate offense. If the violation is for fraud or making a false or fraudulent representation, the board, or the department if there is no board, must impose a fine of $10,000 per count or offense.
(e) Issuance of a reprimand or letter of concern.
(f) Placement of the licensee on probation for a period of time and subject to such conditions as the board, or the department when there is no board, may specify. Those conditions may include, but are not limited to, requiring the licensee to undergo treatment, attend continuing education courses, submit to be reexamined, work under the supervision of another licensee, or satisfy any terms which are reasonably tailored to the violations found.
(g) Corrective action.
(h) Imposition of an administrative fine in accordance with s. 381.0261 for violations regarding patient rights.
(i) Refund of fees billed and collected from the patient or a third party on behalf of the patient.
(j) Requirement that the practitioner undergo remedial education.
In determining what action is appropriate, the board, or department when there is no board, must first consider what sanctions are necessary to protect the public or to compensate the patient. Only after those sanctions have been imposed may the disciplining authority consider and include in the order requirements designed to rehabilitate the practitioner. All costs associated with compliance with orders issued under this subsection are the obligation of the practitioner.
(3)(a) Notwithstanding subsection (2), if the ground for disciplinary action is the first-time failure of the licensee to satisfy continuing education requirements established by the board, or by the department if there is no board, the board or department, as applicable, shall issue a citation in accordance with s. 456.077 and assess a fine, as determined by the board or department by rule. In addition, for each hour of continuing education not completed or completed late, the board or department, as applicable, may require the licensee to take 1 additional hour of continuing education for each hour not completed or completed late.
(b) Notwithstanding subsection (2), if the ground for disciplinary action is the first-time violation of a practice act for unprofessional conduct, as used in ss. 464.018(1)(h), 467.203(1)(f), 468.365(1)(f), and 478.52(1)(f), and no

actual harm to the patient occurred, the board or department, as applicable, shall issue a citation in accordance with s. 456.077 and assess a penalty as determined by rule of the board or department.
(4) In addition to any other discipline imposed through final order, or citation, entered on or after July 1, 2001, under this section or discipline imposed through final order, or citation, entered on or after July 1, 2001, for a violation of any practice act, the board, or the department when there is no board, shall assess costs related to the investigation and prosecution of the case. The costs related to the investigation and prosecution include, but are not limited to, salaries and benefits of personnel, costs related to the time spent by the attorney and other personnel working on the case, and any other expenses incurred by the department for the case. The board, or the department when there is no board, shall determine the amount of costs to be assessed after its consideration of an affidavit of itemized costs and any written objections thereto. In any case where the board or the department imposes a fine or assessment and the fine or assessment is not paid within a reasonable time, the reasonable time to be prescribed in the rules of the board, or the department when there is no board, or in the order assessing the fines or costs, the department or the Department of Legal Affairs may contract for the collection of, or bring a civil action to recover, the fine or assessment.
(5) In addition to, or in lieu of, any other remedy or criminal prosecution, the department may file a proceeding in the name of the state seeking issuance of an injunction or a writ of mandamus against any person who violates any of the provisions of this chapter, or any provision of law with respect to professions regulated by the department, or any board therein, or the rules adopted pursuant thereto.
(6) If the board, or the department when there is no board, determines that revocation of a license is the appropriate penalty, the revocation shall be permanent. However, the board may establish by rule requirements for reapplication by applicants whose licenses have been permanently revoked. The requirements may include, but are not limited to, satisfying current requirements for an initial license.
(7) Notwithstanding subsection (2), upon a finding that a physician has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s. 466.028(1)(p) or (x), the physician shall be suspended for a period of not less than 6 months and pay a fine of not less than $10,000 per count. Repeated violations shall result in increased penalties.
(8) The purpose of this section is to facilitate uniform discipline for those actions made punishable under this section and, to this end, a reference to this section constitutes a general reference under the doctrine of incorporation by reference.

History.—s. 69, ch. 97-261; s. 84, ch. 99-397; s. 90, ch. 2000-160; s. 26, ch. 2000-318; s. 71, ch. 2001-277; s. 2, ch. 2002-254; s. 6, ch. 2003-411; s. 19, ch. 2003-416; s. 10, ch. 2004-344; s. 1, ch. 2005-240; s. 2, ch. 2006-207; s. 111, ch. 2007-5; s. 64, ch. 2008-6; s. 25, ch. 2009-223; s. 3, ch. 2011-112; s. 1, ch. 2011-141.
Note.—Former s. 455.624.

456.0721 Practitioners in default on student loan or scholarship obligations; investigation; report.—The Department of Health shall obtain from the United States Department of Health and Human Services information necessary to investigate and prosecute health care practitioners for failing to repay a student loan or comply with scholarship service obligations pursuant to s. 456.072(1)(k). The department shall obtain from the United States Department of Health and Human Services a list of default health care practitioners each month, along with the information necessary to investigate a complaint in accordance with s. 456.073. The department may obtain evidence to support the investigation and prosecution from any financial institution or educational institution involved in providing the loan or education to the practitioner. The department shall report to the Legislature as part of the annual report required by s. 456.026, the number of practitioners in default, along with the results of the department's investigations and prosecutions, and the amount of fines collected from practitioners prosecuted for violating s. 456.072(1)(k).

History.—s. 3, ch. 2002-254.

456.073 Disciplinary proceedings.—Disciplinary proceedings for each board shall be within the jurisdiction of the department.
(1) The department, for the boards under its jurisdiction, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. A complaint filed by a state prisoner against a health care practitioner employed by or otherwise providing health care services within a facility of the Department of Corrections is not legally sufficient unless there is a showing that the prisoner complainant has

exhausted all available administrative remedies within the state correctional system before filing the complaint. However, if the Department of Health determines after a preliminary inquiry of a state prisoner's complaint that the practitioner may present a serious threat to the health and safety of any individual who is not a state prisoner, the Department of Health may determine legal sufficiency and proceed with discipline. The Department of Health shall be notified within 15 days after the Department of Corrections disciplines or allows a health care practitioner to resign for an offense related to the practice of his or her profession. A complaint is legally sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the department, or of any rule adopted by the department or a regulatory board in the department has occurred. In order to determine legal sufficiency, the department may require supporting information or documentation. The department may investigate, and the department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion. The department may investigate an anonymous complaint if the complaint is in writing and is legally sufficient, if the alleged violation of law or rules is substantial, and if the department has reason to believe, after preliminary inquiry, that the violations alleged in the complaint are true. The department may investigate a complaint made by a confidential informant if the complaint is legally sufficient, if the alleged violation of law or rule is substantial, and if the department has reason to believe, after preliminary inquiry, that the allegations of the complainant are true. The department may initiate an investigation if it has reasonable cause to believe that a licensee or a group of licensees has violated a Florida statute, a rule of the department, or a rule of a board. Notwithstanding subsection (13), the department may investigate information filed pursuant to s. 456.041(4) relating to liability actions with respect to practitioners licensed under chapter 458 or chapter 459 which have been reported under s. 456.049 or s. 627.912 within the previous 6 years for any paid claim that exceeds $50,000. Except as provided in ss. 458.331(9), 459.015(9), 460.413(5), and 461.013(6), when an investigation of any subject is undertaken, the department shall promptly furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation. The subject may submit a written response to the information contained in such complaint or document within 20 days after service to the subject of the complaint or document. The subject's written response shall be considered by the probable cause panel. The right to respond does not prohibit the issuance of a summary emergency order if necessary to protect the public. However, if the State Surgeon General, or the State Surgeon General's designee, and the chair of the respective board or the chair of its probable cause panel agree in writing that such notification would be detrimental to the investigation, the department may withhold notification. The department may conduct an investigation without notification to any subject if the act under investigation is a criminal offense.

(2) The department shall allocate sufficient and adequately trained staff to expeditiously and thoroughly determine legal sufficiency and investigate all legally sufficient complaints. For purposes of this section, it is the intent of the Legislature that the term "expeditiously" means that the department complete the report of its initial investigative findings and recommendations concerning the existence of probable cause within 6 months after its receipt of the complaint. The failure of the department, for disciplinary cases under its jurisdiction, to comply with the time limits of this section while investigating a complaint against a licensee constitutes harmless error in any subsequent disciplinary action unless a court finds that either the fairness of the proceeding or the correctness of the action may have been impaired by a material error in procedure or a failure to follow prescribed procedure. When its investigation is complete and legally sufficient, the department shall prepare and submit to the probable cause panel of the appropriate regulatory board the investigative report of the department. The report shall contain the investigative findings and the recommendations of the department concerning the existence of probable cause. The department shall not recommend a letter of guidance in lieu of finding probable cause if the subject has already been issued a letter of guidance for a related offense. At any time after legal sufficiency is found, the department may dismiss any case, or any part thereof, if the department determines that there is insufficient evidence to support the prosecution of allegations contained therein. The department shall provide a detailed report to the appropriate probable cause panel prior to dismissal of any case or part thereof, and to the subject of the complaint after dismissal of any case or part thereof, under this section. For cases dismissed prior to a finding of probable cause, such report is confidential and exempt from s. 119.07(1). The probable cause panel shall have access, upon request, to the investigative files pertaining to a case prior to dismissal of such case. If the department dismisses a case, the probable cause panel may retain independent legal counsel, employ investigators, and continue the investigation and prosecution of the case as it deems necessary.

(3) As an alternative to the provisions of subsections (1) and (2), when a complaint is received, the department may provide a licensee with a notice of noncompliance for an initial offense of a minor violation. Each board, or the department if there is no board, shall establish by rule those minor violations under this provision which do not endanger the public health, safety, and welfare and which do not demonstrate a serious inability to practice the

profession. Failure of a licensee to take action in correcting the violation within 15 days after notice may result in the institution of regular disciplinary proceedings.

(4) The determination as to whether probable cause exists shall be made by majority vote of a probable cause panel of the board, or by the department, as appropriate. Each regulatory board shall provide by rule that the determination of probable cause shall be made by a panel of its members or by the department. Each board may provide by rule for multiple probable cause panels composed of at least two members. Each board may provide by rule that one or more members of the panel or panels may be a former board member. The length of term or repetition of service of any such former board member on a probable cause panel may vary according to the direction of the board when authorized by board rule. Any probable cause panel must include one of the board's former or present consumer members, if one is available, is willing to serve, and is authorized to do so by the board chair. Any probable cause panel must include a present board member. Any probable cause panel must include a former or present professional board member. However, any former professional board member serving on the probable cause panel must hold an active valid license for that profession. All proceedings of the panel are exempt from s. 286.011 until 10 days after probable cause has been found to exist by the panel or until the subject of the investigation waives his or her privilege of confidentiality. The probable cause panel may make a reasonable request, and upon such request the department shall provide such additional investigative information as is necessary to the determination of probable cause. A request for additional investigative information shall be made within 15 days from the date of receipt by the probable cause panel of the investigative report of the department or the agency. The probable cause panel or the department, as may be appropriate, shall make its determination of probable cause within 30 days after receipt by it of the final investigative report of the department. The State Surgeon General may grant extensions of the 15-day and the 30-day time limits. In lieu of a finding of probable cause, the probable cause panel, or the department if there is no board, may issue a letter of guidance to the subject. If, within the 30-day time limit, as may be extended, the probable cause panel does not make a determination regarding the existence of probable cause or does not issue a letter of guidance in lieu of a finding of probable cause, the department must make a determination regarding the existence of probable cause within 10 days after the expiration of the time limit. If the probable cause panel finds that probable cause exists, it shall direct the department to file a formal complaint against the licensee. The department shall follow the directions of the probable cause panel regarding the filing of a formal complaint. If directed to do so, the department shall file a formal complaint against the subject of the investigation and prosecute that complaint pursuant to chapter 120. However, the department may decide not to prosecute the complaint if it finds that probable cause has been improvidently found by the panel. In such cases, the department shall refer the matter to the board. The board may then file a formal complaint and prosecute the complaint pursuant to chapter 120. The department shall also refer to the board any investigation or disciplinary proceeding not before the Division of Administrative Hearings pursuant to chapter 120 or otherwise completed by the department within 1 year after the filing of a complaint. The department, for disciplinary cases under its jurisdiction, must establish a uniform reporting system to quarterly refer to each board the status of any investigation or disciplinary proceeding that is not before the Division of Administrative Hearings or otherwise completed by the department within 1 year after the filing of the complaint. Annually, the department, in consultation with the applicable probable cause panel, must establish a plan to expedite or otherwise close any investigation or disciplinary proceeding that is not before the Division of Administrative Hearings or otherwise completed by the department within 1 year after the filing of the complaint. A probable cause panel or a board may retain independent legal counsel, employ investigators, and continue the investigation as it deems necessary; all costs thereof shall be paid from a trust fund used by the department to implement this chapter. All proceedings of the probable cause panel are exempt from s. 120.525.

(5) A formal hearing before an administrative law judge from the Division of Administrative Hearings shall be held pursuant to chapter 120 if there are any disputed issues of material fact. The determination of whether or not a licensee has violated the laws and rules regulating the profession, including a determination of the reasonable standard of care, is a conclusion of law to be determined by the board, or department when there is no board, and is not a finding of fact to be determined by an administrative law judge. The administrative law judge shall issue a recommended order pursuant to chapter 120. Notwithstanding s. 120.569(2), the department shall notify the division within 45 days after receipt of a petition or request for a formal hearing.

(6) The appropriate board, with those members of the panel, if any, who reviewed the investigation pursuant to subsection (4) being excused, or the department when there is no board, shall determine and issue the final order in each disciplinary case. Such order shall constitute final agency action. Any consent order or agreed-upon settlement shall be subject to the approval of the department.

(7) The department shall have standing to seek judicial review of any final order of the board, pursuant to s. 120.68.

(8) Any proceeding for the purpose of summary suspension of a license, or for the restriction of the license, of a licensee pursuant to s. 120.60(6) shall be conducted by the State Surgeon General or his or her designee, as appropriate, who shall issue the final summary order.
(9)(a) The department shall periodically notify the person who filed the complaint, as well as the patient or the patient's legal representative, of the status of the investigation, indicating whether probable cause has been found and the status of any civil action or administrative proceeding or appeal.
(b) In any disciplinary case for which probable cause has been found, the department shall provide to the person who filed the complaint a copy of the administrative complaint and:
1. A written explanation of how an administrative complaint is resolved by the disciplinary process.
2. A written explanation of how and when the person may participate in the disciplinary process.
3. A written notice of any hearing before the Division of Administrative Hearings or the regulatory board at which final agency action may be taken.
(c) In any disciplinary case for which probable cause is not found, the department shall so inform the person who filed the complaint and notify that person that he or she may, within 60 days, provide any additional information to the department which may be relevant to the decision. To facilitate the provision of additional information, the person who filed the complaint may receive, upon request, a copy of the department's expert report that supported the recommendation for closure, if such a report was relied upon by the department. In no way does this require the department to procure an expert opinion or report if none was used. Additionally, the identity of the expert shall remain confidential. In any administrative proceeding under s. 120.57, the person who filed the disciplinary complaint shall have the right to present oral or written communication relating to the alleged disciplinary violations or to the appropriate penalty.
(10) The complaint and all information obtained pursuant to the investigation by the department are confidential and exempt from s. 119.07(1) until 10 days after probable cause has been found to exist by the probable cause panel or by the department, or until the regulated professional or subject of the investigation waives his or her privilege of confidentiality, whichever occurs first. Upon completion of the investigation and a recommendation by the department to find probable cause, and pursuant to a written request by the subject or the subject's attorney, the department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. Notwithstanding s. 456.057, the subject may inspect or receive a copy of any expert witness report or patient record connected with the investigation if the subject agrees in writing to maintain the confidentiality of any information received under this subsection until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to s. 456.057. The subject may file a written response to the information contained in the investigative file. Such response must be filed within 20 days of mailing by the department, unless an extension of time has been granted by the department. This subsection does not prohibit the department from providing such information to any law enforcement agency or to any other regulatory agency.
(11) A privilege against civil liability is hereby granted to any complainant or any witness with regard to information furnished with respect to any investigation or proceeding pursuant to this section, unless the complainant or witness acted in bad faith or with malice in providing such information.
(12)(a) No person who reports in any capacity, whether or not required by law, information to the department with regard to the incompetence, impairment, or unprofessional conduct of any health care provider licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter 465, or chapter 466 shall be held liable in any civil action for reporting against such health care provider if such person acts without intentional fraud or malice.
(b) No facility licensed under chapter 395, health maintenance organization certificated under part I of chapter 641, physician licensed under chapter 458, or osteopathic physician licensed under chapter 459 shall discharge, threaten to discharge, intimidate, or coerce any employee or staff member by reason of such employee's or staff member's report to the department about a physician licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 who may be guilty of incompetence, impairment, or unprofessional conduct so long as such report is given without intentional fraud or malice.
(c) In any civil suit brought outside the protections of paragraphs (a) and (b) in which intentional fraud or malice is alleged, the person alleging intentional fraud or malice shall be liable for all court costs and for the other party's reasonable attorney's fees if intentional fraud or malice is not proved.
(13) Notwithstanding any provision of law to the contrary, an administrative complaint against a licensee shall be filed within 6 years after the time of the incident or occurrence giving rise to the complaint against the licensee. If such incident or occurrence involved criminal actions, diversion of controlled substances, sexual misconduct, or

impairment by the licensee, this subsection does not apply to bar initiation of an investigation or filing of an administrative complaint beyond the 6-year timeframe. In those cases covered by this subsection in which it can be shown that fraud, concealment, or intentional misrepresentation of fact prevented the discovery of the violation of law, the period of limitations is extended forward, but in no event to exceed 12 years after the time of the incident or occurrence.

History.—s. 68, ch. 97-261; s. 23, ch. 99-7; s. 114, ch. 2000-153; s. 91, ch. 2000-160; ss. 14, 72, ch. 2001-277; s. 5, ch. 2002-254; s. 1, ch. 2003-27; s. 20, ch. 2003-416; s. 65, ch. 2008-6.
Note.—Former s. 455.621.

456.074 Certain health care practitioners; immediate suspension of license.—
(1) The department shall issue an emergency order suspending the license of any person licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter 465, chapter 466, or chapter 484 who pleads guilty to, is convicted or found guilty of, or who enters a plea of nolo contendere to, regardless of adjudication, to:
(a) A felony under chapter 409, chapter 817, or chapter 893 or under 21 U.S.C. ss. 801-970 or under 42 U.S.C. ss. 1395-1396; or
(b) A misdemeanor or felony under 18 U.S.C. s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518 or 42 U.S.C. ss. 1320a-7b, relating to the Medicaid program.
(2) If the board has previously found any physician or osteopathic physician in violation of the provisions of s. 458.331(1)(t) or s. 459.015(1)(x), in regard to her or his treatment of three or more patients, and the probable cause panel of the board finds probable cause of an additional violation of that section, then the State Surgeon General shall review the matter to determine if an emergency suspension or restriction order is warranted. Nothing in this section shall be construed so as to limit the authority of the State Surgeon General to issue an emergency order.
(3) The department may issue an emergency order suspending or restricting the license of any health care practitioner as defined in s. 456.001(4) who tests positive for any drug on any government or private sector preemployment or employer-ordered confirmed drug test, as defined in s. 112.0455, when the practitioner does not have a lawful prescription and legitimate medical reason for using such drug. The practitioner shall be given 48 hours from the time of notification to the practitioner of the confirmed test result to produce a lawful prescription for the drug before an emergency order is issued.
(4) Upon receipt of information that a Florida-licensed health care practitioner has defaulted on a student loan issued or guaranteed by the state or the Federal Government, the department shall notify the licensee by certified mail that he or she shall be subject to immediate suspension of license unless, within 45 days after the date of mailing, the licensee provides proof that new payment terms have been agreed upon by all parties to the loan. The department shall issue an emergency order suspending the license of any licensee who, after 45 days following the date of mailing from the department, has failed to provide such proof. Production of such proof shall not prohibit the department from proceeding with disciplinary action against the licensee pursuant to s. 456.073.
(5) The department shall issue an emergency order suspending the license of a massage therapist or establishment as defined in chapter 480 upon receipt of information that the massage therapist, a person with an ownership interest in the establishment, or, for a corporation that has more than $250,000 of business assets in this state, the owner, officer, or individual directly involved in the management of the establishment has been convicted or found guilty of, or has entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony offense under any of the following provisions of state law or a similar provision in another jurisdiction:
(a) Section 787.01, relating to kidnapping.
(b) Section 787.02, relating to false imprisonment.
(c) Section 787.025, relating to luring or enticing a child.
(d) Section 787.06, relating to human trafficking.
(e) Section 787.07, relating to human smuggling.
(f) Section 794.011, relating to sexual battery.
(g) Section 794.08, relating to female genital mutilation.
(h) 1Section 796.03, relating to procuring a person under the age of 18 for prostitution.
(i) 1Section 796.035, relating to the selling or buying of minors into prostitution.
(j) Section 796.04, relating to forcing, compelling, or coercing another to become a prostitute.
(k) Section 796.05, relating to deriving support from the proceeds of prostitution.
(l) Section 796.07(4)(c), relating to a felony of the third degree for a third or subsequent violation of s. 796.07, relating to prohibiting prostitution and related acts.

(m) Section 800.04, relating to lewd or lascivious offenses committed upon or in the presence of persons less than 16 years of age.
(n) Section 825.1025(2)(b), relating to lewd or lascivious offenses committed upon or in the presence of an elderly or disabled person.
(o) Section 827.071, relating to sexual performance by a child.
(p) Section 847.0133, relating to the protection of minors.
(q) Section 847.0135, relating to computer pornography.
(r) Section 847.0138, relating to the transmission of material harmful to minors to a minor by electronic device or equipment.
(s) Section 847.0145, relating to the selling or buying of minors.

History.—s. 88, ch. 97-261; s. 25, ch. 99-7; s. 87, ch. 99-397; s. 92, ch. 2000-160; s. 73, ch. 2001-277; s. 1, ch. 2002-254; s. 66, ch. 2008-6; s. 26, ch. 2009-223; s. 2, ch. 2014-139.
Note.—Repealed by s. 10, ch. 2014-160.
Note.—Former s. 455.687.

456.075 Criminal proceedings against licensees; appearances by department representatives.—In any criminal proceeding against a person licensed by the department to practice a health care profession in this state, a representative of the department may voluntarily appear and furnish pertinent information, make recommendations regarding specific conditions of probation, or provide any other assistance necessary to promote justice or protect the public. The court may order a representative of the department to appear in any criminal proceeding if the crime charged is substantially related to the qualifications, functions, or duties of a health care professional licensed by the department.

History.—s. 1, ch. 2002-81.

456.076 Treatment programs for impaired practitioners.—
(1) For professions that do not have impaired practitioner programs provided for in their practice acts, the department shall, by rule, designate approved impaired practitioner programs under this section. The department may adopt rules setting forth appropriate criteria for approval of treatment providers. The rules may specify the manner in which the consultant, retained as set forth in subsection (2), works with the department in intervention, requirements for evaluating and treating a professional, requirements for continued care of impaired professionals by approved treatment providers, continued monitoring by the consultant of the care provided by approved treatment providers regarding the professionals under their care, and requirements related to the consultant's expulsion of professionals from the program.
(2)(a) The department shall retain one or more impaired practitioner consultants who are each licensees under the jurisdiction of the Division of Medical Quality Assurance within the department and who must be:
1. A practitioner or recovered practitioner licensed under chapter 458, chapter 459, or part I of chapter 464; or
2. An entity that employs:
a. A medical director who must be a practitioner or recovered practitioner licensed under chapter 458 or chapter 459; or
b. An executive director who must be a registered nurse or a recovered registered nurse licensed under part I of chapter 464.
(b) An entity retained as an impaired practitioner consultant under this section which employs a medical director or an executive director is not required to be licensed as a substance abuse provider or mental health treatment provider under chapter 394, chapter 395, or chapter 397 for purposes of providing services under this program.
(c)1. The consultant shall assist the probable cause panel and the department in carrying out the responsibilities of this section. This includes working with department investigators to determine whether a practitioner is, in fact, impaired.
2. The consultant may contract with a school or program to provide services to a student enrolled for the purpose of preparing for licensure as a health care practitioner as defined in this chapter or as a veterinarian under chapter 474 if the student is allegedly impaired as a result of the misuse or abuse of alcohol or drugs, or both, or due to a mental or physical condition. The department is not responsible for paying for the care provided by approved treatment providers or a consultant.

(d) A medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or another school providing for the education of students enrolled in preparation for licensure as a health care practitioner as defined in this chapter or a veterinarian under chapter 474 which is governed by accreditation standards requiring notice and the provision of due process procedures to students, is not liable in any civil action for referring a student to the consultant retained by the department or for disciplinary actions that adversely affect the status of a student when the disciplinary actions are instituted in reasonable reliance on the recommendations, reports, or conclusions provided by such consultant, if the school, in referring the student or taking disciplinary action, adheres to the due process procedures adopted by the applicable accreditation entities and if the school committed no intentional fraud in carrying out the provisions of this section.

(3) Each board and profession within the Division of Medical Quality Assurance may delegate to its chair or other designee its authority to determine, before certifying or declining to certify an application for licensure to the department, that an applicant for licensure under its jurisdiction may be impaired as a result of the misuse or abuse of alcohol or drugs, or both, or due to a mental or physical condition that could affect the applicant's ability to practice with skill and safety. Upon such determination, the chair or other designee may refer the applicant to the consultant for an evaluation before the board certifies or declines to certify his or her application to the department. If the applicant agrees to be evaluated by the consultant, the department's deadline for approving or denying the application pursuant to s. 120.60(1) is tolled until the evaluation is completed and the result of the evaluation and recommendation by the consultant is communicated to the board by the consultant. If the applicant declines to be evaluated by the consultant, the board shall certify or decline to certify the applicant's application to the department notwithstanding the lack of an evaluation and recommendation by the consultant.

(4)(a) Whenever the department receives a written or oral legally sufficient complaint alleging that a licensee under the jurisdiction of the Division of Medical Quality Assurance within the department is impaired as a result of the misuse or abuse of alcohol or drugs, or both, or due to a mental or physical condition which could affect the licensee's ability to practice with skill and safety, and no complaint against the licensee other than impairment exists, the reporting of such information shall not constitute grounds for discipline pursuant to s. 456.072 or the corresponding grounds for discipline within the applicable practice act if the probable cause panel of the appropriate board, or the department when there is no board, finds:

1. The licensee has acknowledged the impairment problem.
2. The licensee has voluntarily enrolled in an appropriate, approved treatment program.
3. The licensee has voluntarily withdrawn from practice or limited the scope of practice as required by the consultant, in each case, until such time as the panel, or the department when there is no board, is satisfied the licensee has successfully completed an approved treatment program.
4. The licensee has executed releases for medical records, authorizing the release of all records of evaluations, diagnoses, and treatment of the licensee, including records of treatment for emotional or mental conditions, to the consultant. The consultant shall make no copies or reports of records that do not regard the issue of the licensee's impairment and his or her participation in a treatment program.

(b) If, however, the department has not received a legally sufficient complaint and the licensee agrees to withdraw from practice until such time as the consultant determines the licensee has satisfactorily completed an approved treatment program or evaluation, the probable cause panel, or the department when there is no board, shall not become involved in the licensee's case.

(c) Inquiries related to impairment treatment programs designed to provide information to the licensee and others and which do not indicate that the licensee presents a danger to the public shall not constitute a complaint within the meaning of s. 456.073 and shall be exempt from the provisions of this subsection.

(d) Whenever the department receives a legally sufficient complaint alleging that a licensee is impaired as described in paragraph (a) and no complaint against the licensee other than impairment exists, the department shall forward all information in its possession regarding the impaired licensee to the consultant. For the purposes of this section, a suspension from hospital staff privileges due to the impairment does not constitute a complaint.

(e) The probable cause panel, or the department when there is no board, shall work directly with the consultant, and all information concerning a practitioner obtained from the consultant by the panel, or the department when there is no board, shall remain confidential and exempt from the provisions of s. 119.07(1), subject to the provisions of subsections (6) and (7).

(f) A finding of probable cause shall not be made as long as the panel, or the department when there is no board, is satisfied, based upon information it receives from the consultant and the department, that the licensee is progressing satisfactorily in an approved impaired practitioner program and no other complaint against the licensee exists.

(5) In any disciplinary action for a violation other than impairment in which a licensee establishes the violation for

which the licensee is being prosecuted was due to or connected with impairment and further establishes the licensee is satisfactorily progressing through or has successfully completed an approved treatment program pursuant to this section, such information may be considered by the board, or the department when there is no board, as a mitigating factor in determining the appropriate penalty. This subsection does not limit mitigating factors the board may consider.

(6)(a) An approved treatment provider shall, upon request, disclose to the consultant all information in its possession regarding the issue of a licensee's impairment and participation in the treatment program. All information obtained by the consultant and department pursuant to this section is confidential and exempt from the provisions of s. 119.07(1), subject to the provisions of this subsection and subsection (7). Failure to provide such information to the consultant is grounds for withdrawal of approval of such program or provider.

(b) If in the opinion of the consultant, after consultation with the treatment provider, an impaired licensee has not progressed satisfactorily in a treatment program, all information regarding the issue of a licensee's impairment and participation in a treatment program in the consultant's possession shall be disclosed to the department. Such disclosure shall constitute a complaint pursuant to the general provisions of s. 456.073. Whenever the consultant concludes that impairment affects a licensee's practice and constitutes an immediate, serious danger to the public health, safety, or welfare, that conclusion shall be communicated to the State Surgeon General.

(7) A consultant, licensee, or approved treatment provider who makes a disclosure pursuant to this section is not subject to civil liability for such disclosure or its consequences. The provisions of s. 766.101 apply to any officer, employee, or agent of the department or the board and to any officer, employee, or agent of any entity with which the department has contracted pursuant to this section.

(8)(a) A consultant retained pursuant to subsection (2), a consultant's officers and employees, and those acting at the direction of the consultant for the limited purpose of an emergency intervention on behalf of a licensee or student as described in subsection (2) when the consultant is unable to perform such intervention shall be considered agents of the department for purposes of s. 768.28 while acting within the scope of the consultant's duties under the contract with the department if the contract complies with the requirements of this section. The contract must require that:

1. The consultant indemnify the state for any liabilities incurred up to the limits set out in chapter 768.
2. The consultant establish a quality assurance program to monitor services delivered under the contract.
3. The consultant's quality assurance program, treatment, and monitoring records be evaluated quarterly.
4. The consultant's quality assurance program be subject to review and approval by the department.
5. The consultant operate under policies and procedures approved by the department.
6. The consultant provide to the department for approval a policy and procedure manual that comports with all statutes, rules, and contract provisions approved by the department.
7. The department be entitled to review the records relating to the consultant's performance under the contract for the purpose of management audits, financial audits, or program evaluation.
8. All performance measures and standards be subject to verification and approval by the department.
9. The department be entitled to terminate the contract with the consultant for noncompliance with the contract.

(b) In accordance with s. 284.385, the Department of Financial Services shall defend any claim, suit, action, or proceeding, including a claim, suit, action, or proceeding for injunctive, affirmative, or declaratory relief, against the consultant, the consultant's officers or employees, or those acting at the direction of the consultant for the limited purpose of an emergency intervention on behalf of a licensee or student as described in subsection (2) when the consultant is unable to perform such intervention, which claim, suit, action, or proceeding is brought as a result of an act or omission by any of the consultant's officers and employees and those acting under the direction of the consultant for the limited purpose of an emergency intervention on behalf of the licensee or student when the consultant is unable to perform such intervention, if the act or omission arises out of and is in the scope of the consultant's duties under its contract with the department.

(c) If the consultant retained pursuant to subsection (2) is retained by any other state agency, and if the contract between such state agency and the consultant complies with the requirements of this section, the consultant, the consultant's officers and employees, and those acting under the direction of the consultant for the limited purpose of an emergency intervention on behalf of a licensee or student as described in subsection (2) when the consultant is unable to perform such intervention shall be considered agents of the state for the purposes of this section while acting within the scope of and pursuant to guidelines established in the contract between such state agency and the consultant.

(9) An impaired practitioner consultant is the official custodian of records relating to the referral of an impaired licensee or applicant to that consultant and any other interaction between the licensee or applicant and the consultant. The consultant may disclose to the impaired licensee or applicant or his or her designee any information

that is disclosed to or obtained by the consultant or that is confidential under paragraph (6)(a), but only to the extent that it is necessary to do so to carry out the consultant's duties under this section. The department, and any other entity that enters into a contract with the consultant to receive the services of the consultant, has direct administrative control over the consultant to the extent necessary to receive disclosures from the consultant as allowed by federal law. If a disciplinary proceeding is pending, an impaired licensee may obtain such information from the department under s. 456.073.

History.—s. 38, ch. 92-149; s. 1, ch. 95-139; s. 310, ch. 96-406; s. 1085, ch. 97-103; s. 3, ch. 97-209; s. 94, ch. 97-261; s. 2, ch. 98-130; s. 94, ch. 2000-160; ss. 29, 117, ch. 2000-318; s. 67, ch. 2008-6; s. 1, ch. 2008-63; s. 2, ch. 2013-130; s. 1, ch. 2013-166.
Note.—Former s. 455.261; s. 455.707.

456.077 Authority to issue citations.—
(1) Notwithstanding s. 456.073, the board, or the department if there is no board, shall adopt rules to permit the issuance of citations. The citation shall be issued to the subject and shall contain the subject's name and address, the subject's license number if applicable, a brief factual statement, the sections of the law allegedly violated, and the penalty imposed. The citation must clearly state that the subject may choose, in lieu of accepting the citation, to follow the procedure under s. 456.073. If the subject disputes the matter in the citation, the procedures set forth in s. 456.073 must be followed. However, if the subject does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a public final order and does not constitute discipline for a first offense, but does constitute discipline for a second or subsequent offense. The penalty shall be a fine or other conditions as established by rule.
(2) The board, or the department if there is no board, shall adopt rules designating violations for which a citation may be issued. Such rules shall designate as citation violations those violations for which there is no substantial threat to the public health, safety, and welfare or no violation of standard of care involving injury to a patient. Violations for which a citation may be issued shall include violations of continuing education requirements; failure to timely pay required fees and fines; failure to comply with the requirements of ss. 381.026 and 381.0261 regarding the dissemination of information regarding patient rights; failure to comply with advertising requirements; failure to timely update practitioner profile and credentialing files; failure to display signs, licenses, and permits; failure to have required reference books available; and all other violations that do not pose a direct and serious threat to the health and safety of the patient or involve a violation of standard of care that has resulted in injury to a patient.
(3) The department shall be entitled to recover the costs of investigation, in addition to any penalty provided according to board or department rule, as part of the penalty levied pursuant to the citation.
(4) A citation must be issued within 6 months after the filing of the complaint that is the basis for the citation.
(5) Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the subject's last known address.
(6) A board has 6 months in which to enact rules designating violations and penalties appropriate for citation offenses. Failure to enact such rules gives the department exclusive authority to adopt rules as required for implementing this section. A board has continuous authority to amend its rules adopted pursuant to this section.

History.—s. 67, ch. 97-261; s. 95, ch. 2000-160; s. 74, ch. 2001-277; s. 21, ch. 2003-416.
Note.—Former s. 455.617.

456.078 Mediation.—
(1) Notwithstanding the provisions of s. 456.073, the board, or the department when there is no board, shall adopt rules to designate which violations of the applicable professional practice act are appropriate for mediation. The board, or the department when there is no board, shall designate as mediation offenses those complaints where harm caused by the licensee:
(a) Is economic in nature except any act or omission involving intentional misconduct;
(b) Can be remedied by the licensee;
(c) Is not a standard of care violation involving any type of injury to a patient; or
(d) Does not result in an adverse incident.
(2) For the purposes of this section, an "adverse incident" means an event that results in:
(a) The death of a patient;
(b) Brain or spinal damage to a patient;

(c) The performance of a surgical procedure on the wrong patient;
(d) The performance of a wrong-site surgical procedure;
(e) The performance of a surgical procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition;
(f) The surgical repair of damage to a patient resulting from a planned surgical procedure, which damage is not a recognized specific risk as disclosed to the patient and documented through the informed-consent process;
(g) The performance of a procedure to remove unplanned foreign objects remaining from a surgical procedure; or
(h) The performance of any other surgical procedure that breached the standard of care.
(3) After the department determines a complaint is legally sufficient and the alleged violations are defined as mediation offenses, the department or any agent of the department may conduct informal mediation to resolve the complaint. If the complainant and the subject of the complaint agree to a resolution of a complaint within 14 days after contact by the mediator, the mediator shall notify the department of the terms of the resolution. The department or board shall take no further action unless the complainant and the subject each fail to record with the department an acknowledgment of satisfaction of the terms of mediation within 60 days of the mediator's notification to the department. A successful mediation shall not constitute discipline. In the event the complainant and subject fail to reach settlement terms or to record the required acknowledgment, the department shall process the complaint according to the provisions of s. 456.073.
(4) Conduct or statements made during mediation are inadmissible in any proceeding pursuant to s. 456.073. Further, any information relating to the mediation of a case shall be subject to the confidentiality provisions of s. 456.073.
(5) No licensee shall go through the mediation process more than three times without approval of the department. The department may consider the subject and dates of the earlier complaints in rendering its decision. Such decision shall not be considered a final agency action for purposes of chapter 120.
(6) Any board created on or after January 1, 1995, shall have 6 months to adopt rules designating which violations are appropriate for mediation, after which time the department shall have exclusive authority to adopt rules pursuant to this section. A board shall have continuing authority to amend its rules adopted pursuant to this section.

History.—s. 66, ch. 97-261; s. 96, ch. 2000-160; s. 22, ch. 2003-416.
Note.—Former s. 455.614.

456.079 Disciplinary guidelines.—
(1) Each board, or the department if there is no board, shall adopt by rule and periodically review the disciplinary guidelines applicable to each ground for disciplinary action which may be imposed by the board, or the department if there is no board, pursuant to this chapter, the respective practice acts, and any rule of the board or department.
(2) The disciplinary guidelines shall specify a meaningful range of designated penalties based upon the severity and repetition of specific offenses, it being the legislative intent that minor violations be distinguished from those which endanger the public health, safety, or welfare; that such guidelines provide reasonable and meaningful notice to the public of likely penalties which may be imposed for proscribed conduct; and that such penalties be consistently applied by the board.
(3) A specific finding in the final order of mitigating or aggravating circumstances shall allow the board to impose a penalty other than that provided for in such guidelines. If applicable, the board, or the department if there is no board, shall adopt by rule disciplinary guidelines to designate possible mitigating and aggravating circumstances and the variation and range of penalties permitted for such circumstances.
(4) The department must review such disciplinary guidelines for compliance with the legislative intent as set forth herein to determine whether the guidelines establish a meaningful range of penalties and may also challenge such rules pursuant to s. 120.56.
(5) The administrative law judge, in recommending penalties in any recommended order, must follow the penalty guidelines established by the board or department and must state in writing the mitigating or aggravating circumstances upon which the recommended penalty is based.

History.—s. 70, ch. 97-261; s. 97, ch. 2000-160; s. 16, ch. 2001-277.
Note.—Former s. 455.627.

456.081 Publication of information.—The department and the boards shall have the authority to advise licensees periodically, through the publication of a newsletter on the department's website, about information that the department or the board determines is of interest to the industry. The department and the boards shall maintain a

website which contains copies of the newsletter; information relating to adverse incident reports without identifying the patient, practitioner, or facility in which the adverse incident occurred until 10 days after probable cause is found, at which time the name of the practitioner and facility shall become public as part of the investigative file; information about error prevention and safety strategies; and information concerning best practices. Unless otherwise prohibited by law, the department and the boards shall publish on the website a summary of final orders entered after July 1, 2001, resulting in disciplinary action, and any other information the department or the board determines is of interest to the public. In order to provide useful and timely information at minimal cost, the department and boards may consult with, and include information provided by, professional associations and national organizations.

History.—s. 44, ch. 97-261; s. 98, ch. 2000-160; ss. 15, 75, ch. 2001-277.
Note.—Former s. 455.537.

456.082 Disclosure of confidential information.—
(1) No officer, employee, or person under contract with the department, or any board therein, or any subject of an investigation shall convey knowledge or information to any person who is not lawfully entitled to such knowledge or information about any public meeting or public record, which at the time such knowledge or information is conveyed is exempt from the provisions of s. 119.01, s. 119.07(1), or s. 286.011.
(2) Any person who willfully violates any provision of this section is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, and may be subject to discipline pursuant to s. 456.072, and, if applicable, shall be removed from office, employment, or the contractual relationship.
(3) Any person injured as a result of a willful violation of this section shall have a civil cause of action for treble damages, reasonable attorney fees, and costs.

History.—s. 77, ch. 97-261; s. 37, ch. 98-166; s. 7, ch. 99-356; s. 188, ch. 99-397; s. 99, ch. 2000-160; s. 27, ch. 2000-318.
Note.—Former s. 455.651.

456.36 Health care professionals; exemption from disqualification from employment or contracting.—Any other provision of law to the contrary notwithstanding, only the appropriate regulatory board, or the department when there is no board, may grant an exemption from disqualification from employment or contracting as provided in s. 435.07 to a person under the licensing jurisdiction of that board or the department, as applicable.
History.—s. 34, ch. 2000-318.

456.38 Practitioner registry for disasters and emergencies.—The Department of Health may include on its forms for the licensure or certification of health care practitioners, as defined in s. 456.001, who could assist the department in the event of a disaster a question asking if the practitioner would be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster. The names of practitioners who answer affirmatively shall be maintained by the department as a health care practitioner registry for disasters and emergencies.
History.—s. 20, ch. 2000-140.

456.41 Complementary or alternative health care treatments.—
(1) LEGISLATIVE INTENT.—It is the intent of the Legislature that citizens be able to make informed choices for any type of health care they deem to be an effective option for treating human disease, pain, injury, deformity, or other physical or mental condition. It is the intent of the Legislature that citizens be able to choose from all health care options, including the prevailing or conventional treatment methods as well as other treatments designed to complement or substitute for the prevailing or conventional treatment methods. It is the intent of the Legislature that health care practitioners be able to offer complementary or alternative health care treatments with the same requirements, provisions, and liabilities as those associated with the prevailing or conventional treatment methods.
(2) DEFINITIONS.—As used in this section, the term:
(a) "Complementary or alternative health care treatment" means any treatment that is designed to provide patients with an effective option to the prevailing or conventional treatment methods associated with the services provided by a health care practitioner. Such a treatment may be provided in addition to or in place of other treatment options.
(b) "Health care practitioner" means any health care practitioner as defined in s. 456.001(4).

(3) COMMUNICATION OF TREATMENT ALTERNATIVES.—A health care practitioner who offers to provide a patient with a complementary or alternative health care treatment must inform the patient of the nature of the treatment and must explain the benefits and risks associated with the treatment to the extent necessary for the patient to make an informed and prudent decision regarding such treatment option. In compliance with this subsection:
(a) The health care practitioner must inform the patient of the practitioner's education, experience, and credentials in relation to the complementary or alternative health care treatment option.
(b) The health care practitioner may, in his or her discretion, communicate the information orally or in written form directly to the patient or to the patient's legal representative.
(c) The health care practitioner may, in his or her discretion and without restriction, recommend any mode of treatment that is, in his or her judgment, in the best interests of the patient, including complementary or alternative health care treatments, in accordance with the provisions of his or her license.
(4) RECORDS.—Every health care practitioner providing a patient with a complementary or alternative health care treatment must indicate in the patient's care record the method by which the requirements of subsection (3) were met.
(5) EFFECT.—This section does not modify or change the scope of practice of any licensees of the department, nor does it alter in any way the provisions of the individual practice acts for those licensees, which require licensees to practice within their respective standards of care and which prohibit fraud and exploitation of patients.

History.—s. 1, ch. 2001-116.

456.42 Written prescriptions for medicinal drugs.—
(1) A written prescription for a medicinal drug issued by a health care practitioner licensed by law to prescribe such drug must be legibly printed or typed so as to be capable of being understood by the pharmacist filling the prescription; must contain the name of the prescribing practitioner, the name and strength of the drug prescribed, the quantity of the drug prescribed, and the directions for use of the drug; must be dated; and must be signed by the prescribing practitioner on the day when issued. However, a prescription that is electronically generated and transmitted must contain the name of the prescribing practitioner, the name and strength of the drug prescribed, the quantity of the drug prescribed in numerical format, and the directions for use of the drug and must be dated and signed by the prescribing practitioner only on the day issued, which signature may be in an electronic format as defined in s. 668.003(4).
(2) A written prescription for a controlled substance listed in chapter 893 must have the quantity of the drug prescribed in both textual and numerical formats, must be dated in numerical, month/day/year format, or with the abbreviated month written out, or the month written out in whole, and must be either written on a standardized counterfeit-proof prescription pad produced by a vendor approved by the department or electronically prescribed as that term is used in s. 408.0611. As a condition of being an approved vendor, a prescription pad vendor must submit a monthly report to the department that, at a minimum, documents the number of prescription pads sold and identifies the purchasers. The department may, by rule, require the reporting of additional information.

History.—s. 1, ch. 2003-41; s. 2, ch. 2006-271; s. 2, ch. 2009-202; s. 2, ch. 2011-141; s. 4, ch. 2014-113.

456.43 Electronic prescribing for medicinal drugs.—
(1) Electronic prescribing shall not interfere with a patient's freedom to choose a pharmacy.

(2) Electronic prescribing software shall not use any means or permit any other person to use any means, including, but not limited to, advertising, instant messaging, and pop-up ads, to influence or attempt to influence, through economic incentives or otherwise, the prescribing decision of a prescribing practitioner at the point of care. Such means shall not be triggered or in specific response to the input, selection, or act of a prescribing practitioner or his or her agent in prescribing a certain pharmaceutical or directing a patient to a certain pharmacy.
(a) The term "prescribing decision" means a prescribing practitioner's decision to prescribe a certain pharmaceutical.
(b) The term "point of care" means the time that a prescribing practitioner or his or her agent is in the act of prescribing a certain pharmaceutical.
(3) Electronic prescribing software may show information regarding a payor's formulary as long as nothing is designed to preclude or make more difficult the act of a prescribing practitioner or patient selecting any particular pharmacy or pharmaceutical.

History.—s. 3, ch. 2006-271.

456.44 Controlled substance prescribing.—
(1) DEFINITIONS.—
(a) "Addiction medicine specialist" means a board-certified psychiatrist with a subspecialty certification in addiction medicine or who is eligible for such subspecialty certification in addiction medicine, an addiction medicine physician certified or eligible for certification by the American Society of Addiction Medicine, or an osteopathic physician who holds a certificate of added qualification in Addiction Medicine through the American Osteopathic Association.
(b) "Adverse incident" means any incident set forth in s. 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).
(c) "Board-certified pain management physician" means a physician who possesses board certification in pain medicine by the American Board of Pain Medicine, board certification by the American Board of Interventional Pain Physicians, or board certification or subcertification in pain management or pain medicine by a specialty board recognized by the American Association of Physician Specialists or the American Board of Medical Specialties or an osteopathic physician who holds a certificate in Pain Management by the American Osteopathic Association.
(d) "Board eligible" means successful completion of an anesthesia, physical medicine and rehabilitation, rheumatology, or neurology residency program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association for a period of 6 years from successful completion of such residency program.
(e) "Chronic nonmalignant pain" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.
(f) "Mental health addiction facility" means a facility licensed under chapter 394 or chapter 397.
(2) REGISTRATION.—Effective January 1, 2012, a physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466 who prescribes any controlled substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:
(a) Designate himself or herself as a controlled substance prescribing practitioner on the physician's practitioner profile.
(b) Comply with the requirements of this section and applicable board rules.
(3) STANDARDS OF PRACTICE.—The standards of practice in this section do not supersede the level of care, skill, and treatment recognized in general law related to health care licensure.
(a) A complete medical history and a physical examination must be conducted before beginning any treatment and must be documented in the medical record. The exact components of the physical examination shall be left to the judgment of the clinician who is expected to perform a physical examination proportionate to the diagnosis that justifies a treatment. The medical record must, at a minimum, document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, a review of previous medical records, previous diagnostic studies, and history of alcohol and substance abuse. The medical record shall also document the presence of one or more recognized medical indications for the use of a controlled substance. Each registrant must develop a written plan for assessing each patient's risk of aberrant drug-related behavior, which may include patient drug testing. Registrants must assess each patient's risk for aberrant drug-related behavior and monitor that risk on an ongoing basis in accordance with the plan.
(b) Each registrant must develop a written individualized treatment plan for each patient. The treatment plan shall state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and shall indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician shall adjust drug therapy to the individual medical needs of each patient. Other treatment modalities, including a rehabilitation program, shall be considered depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment. The interdisciplinary nature of the treatment plan shall be documented.
(c) The physician shall discuss the risks and benefits of the use of controlled substances, including the risks of abuse and addiction, as well as physical dependence and its consequences, with the patient, persons designated by the patient, or the patient's surrogate or guardian if the patient is incompetent. The physician shall use a written controlled substance agreement between the physician and the patient outlining the patient's responsibilities, including, but not limited to:
1. Number and frequency of controlled substance prescriptions and refills.
2. Patient compliance and reasons for which drug therapy may be discontinued, such as a violation of the agreement.

3. An agreement that controlled substances for the treatment of chronic nonmalignant pain shall be prescribed by a single treating physician unless otherwise authorized by the treating physician and documented in the medical record.

(d) The patient shall be seen by the physician at regular intervals, not to exceed 3 months, to assess the efficacy of treatment, ensure that controlled substance therapy remains indicated, evaluate the patient's progress toward treatment objectives, consider adverse drug effects, and review the etiology of the pain. Continuation or modification of therapy shall depend on the physician's evaluation of the patient's progress. If treatment goals are not being achieved, despite medication adjustments, the physician shall reevaluate the appropriateness of continued treatment. The physician shall monitor patient compliance in medication usage, related treatment plans, controlled substance agreements, and indications of substance abuse or diversion at a minimum of 3-month intervals.

(e) The physician shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder requires extra care, monitoring, and documentation and requires consultation with or referral to an addiction medicine specialist or psychiatrist.

(f) A physician registered under this section must maintain accurate, current, and complete records that are accessible and readily available for review and comply with the requirements of this section, the applicable practice act, and applicable board rules. The medical records must include, but are not limited to:

1. The complete medical history and a physical examination, including history of drug abuse or dependence.
2. Diagnostic, therapeutic, and laboratory results.
3. Evaluations and consultations.
4. Treatment objectives.
5. Discussion of risks and benefits.
6. Treatments.
7. Medications, including date, type, dosage, and quantity prescribed.
8. Instructions and agreements.
9. Periodic reviews.
10. Results of any drug testing.
11. A photocopy of the patient's government-issued photo identification.
12. If a written prescription for a controlled substance is given to the patient, a duplicate of the prescription.
13. The physician's full name presented in a legible manner.

(g) Patients with signs or symptoms of substance abuse shall be immediately referred to a board-certified pain management physician, an addiction medicine specialist, or a mental health addiction facility as it pertains to drug abuse or addiction unless the physician is board-certified or board-eligible in pain management. Throughout the period of time before receiving the consultant's report, a prescribing physician shall clearly and completely document medical justification for continued treatment with controlled substances and those steps taken to ensure medically appropriate use of controlled substances by the patient. Upon receipt of the consultant's written report, the prescribing physician shall incorporate the consultant's recommendations for continuing, modifying, or discontinuing controlled substance therapy. The resulting changes in treatment shall be specifically documented in the patient's medical record. Evidence or behavioral indications of diversion shall be followed by discontinuation of controlled substance therapy, and the patient shall be discharged, and all results of testing and actions taken by the physician shall be documented in the patient's medical record.

This subsection does not apply to a board-eligible or board-certified anesthesiologist, physiatrist, rheumatologist, or neurologist, or to a board-certified physician who has surgical privileges at a hospital or ambulatory surgery center and primarily provides surgical services. This subsection does not apply to a board-eligible or board-certified medical specialist who has also completed a fellowship in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or who is board eligible or board certified in pain medicine by the American Board of Pain Medicine or a board approved by the American Board of Medical Specialties or the American Osteopathic Association and performs interventional pain procedures of the type routinely billed using surgical codes. This subsection does not apply to a physician who prescribes medically necessary controlled substances for a patient during an inpatient stay in a hospital licensed under chapter 395.

History.—s. 3, ch. 2011-141; s. 31, ch. 2012-160.

456.50 Repeated medical malpractice.—

(1) For purposes of s. 26, Art. X of the State Constitution and ss. 458.331(1)(t), (4), and (5) and 459.015(1)(x), (4), and (5):
(a) "Board" means the Board of Medicine, in the case of a physician licensed pursuant to chapter 458, or the Board of Osteopathic Medicine, in the case of an osteopathic physician licensed pursuant to chapter 459.
(b) "Final administrative agency decision" means a final order of the licensing board following a hearing as provided in s. 120.57(1) or (2) or s. 120.574 finding that the licensee has violated s. 458.331(1)(t) or s. 459.015(1)(x).
(c) "Found to have committed" means the malpractice has been found in a final judgment of a court of law, final administrative agency decision, or decision of binding arbitration.
(d) "Incident" means the wrongful act or occurrence from which the medical malpractice arises, regardless of the number of claimants or findings. For purposes of this section:
1. A single act of medical malpractice, regardless of the number of claimants, shall count as only one incident.
2. Multiple findings of medical malpractice arising from the same wrongful act or series of wrongful acts associated with the treatment of the same patient shall count as only one incident.
(e) "Level of care, skill, and treatment recognized in general law related to health care licensure" means the standard of care specified in s. 766.102.
(f) "Medical doctor" means a physician licensed pursuant to chapter 458 or chapter 459.
(g) "Medical malpractice" means the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure. Only for the purpose of finding repeated medical malpractice pursuant to this section, any similar wrongful act, neglect, or default committed in another state or country which, if committed in this state, would have been considered medical malpractice as defined in this paragraph, shall be considered medical malpractice if the standard of care and burden of proof applied in the other state or country equaled or exceeded that used in this state.
(h) "Repeated medical malpractice" means three or more incidents of medical malpractice found to have been committed by a medical doctor. Only an incident occurring on or after November 2, 2004, shall be considered an incident for purposes of finding repeated medical malpractice under this section.
(2) For purposes of implementing s. 26, Art. X of the State Constitution, the board shall not license or continue to license a medical doctor found to have committed repeated medical malpractice, the finding of which was based upon clear and convincing evidence. In order to rely on an incident of medical malpractice to determine whether a license must be denied or revoked under this section, if the facts supporting the finding of the incident of medical malpractice were determined on a standard less stringent than clear and convincing evidence, the board shall review the record of the case and determine whether the finding would be supported under a standard of clear and convincing evidence. Section 456.073 applies. The board may verify on a biennial basis an out-of-state licensee's medical malpractice history using federal, state, or other databases. The board may require licensees and applicants for licensure to provide a copy of the record of the trial of any medical malpractice judgment, which may be required to be in an electronic format, involving an incident that occurred on or after November 2, 2004. For purposes of implementing s. 26, Art. X of the State Constitution, the 90-day requirement for granting or denying a complete allopathic or osteopathic licensure application in s. 120.60(1) is extended to 180 days.

History.—s. 2, ch. 2005-266.