

BOARD OF MEDICINE
APPLICATION MATERIALS FOR
INITIAL REGISTRATION & RENEWAL
OF
INTERN/RESIDENT/FELLOW &
HOUSE PHYSICIAN
PURSUANT TO
458.345, F.S.



DEPARTMENT OF HEALTH

JEB BUSH
GOVERNOR

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SECRETARY

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******NOTICE TO ALL APPLICANTS******

When returning your application to the Department, mail only the application form and any supplemental documentation forms as required.

RETAIN THE ENCLOSED LAWS AND RULES AND INSTRUCTIONS FOR YOUR RECORDS.

SECTION I:

APPLICATION INSTRUCTIONS

- **Read all instructions thoroughly before completing the application.**
- **Keep these instructions for your records.**

No person under this section may be employed or utilized as

- **a house physician**
- **an intern**
- **a resident physician**
- **an assistant resident physician, or**
- **fellow in fellowship training in a teaching hospital in this state as defined by s.408.07(44) or s.395.805(2), F.S.**

for more than 2 years without a valid, active license or renewal of registration under this section.

- **Registration shall automatically expire after 2 years without further action by the board or the department unless an application for renewal is approved by the Board.**

IMPORTANT NOTICE!!!

- Application forms and documents returned to the Board office, will be clocked in and processed in the order in which they are received.
- All registration applications and applicable fees must be submitted to the Board office at least 60 days prior to the date in which the physician is scheduled to begin training/employment.
- The physician is ultimately responsible for ensuring they obtain a registration number prior to commencing training.
- When the registration number is issued, a letter of notification will be mailed to the physicians mailing address listed on the application.

PITFALLS: The following items can cause serious delays in the registration process, therefore we strongly recommend the following:

1. That the applicant takes personal responsibility for preparing the application; read the applicable laws and rules and follows all instructions.
2. Refrain from beginning employment as a resident physician, assistant resident physician, intern, fellow, or house physician, until you have been issued a registration number.
3. Questions (#9-21) answered with a “yes”, require that the applicant provide the Board office with the requisite documentation and may also require an appearance before the Credentials Committee of the Board of Medicine for consideration of registration.
4. All registrations must be accompanied by the appropriate fee:
 - \$200.00 – Initial registration for resident physician, assistant resident physician, intern, or fellow in fellowship training in a teaching hospital in this state as defined in s.408.07(44) or s.395.805(2).
 - \$300.00 – Initial registration for House physician.
 - \$220.00 – House physician renewal registration fee.
 - No fee is required for renewal of resident physician, assistant resident physician, intern or fellow.

Send the **original application and fee**, payable to the Board of Medicine to the following address:

Department of Health
HMQAM
P.O. Box 6330
Tallahassee, FL 32399-6330

All other **additional documentation sent either by the applicant or any other source**, should be mailed to:

Department of Health
MQA/BOM
4052 Bald Cypress Way, Bin #C03
Tallahassee, FL 32399-3253

The validation (deposit) process may take 7 to 10 working days before the application is received in the Board office. If the appropriate fee(s) is not received with the registration application, the fee will be returned to the originating entity and the registration request will not be processed until the appropriate fee is received.

PLEASE NOTE: All sections of the application must be complete and accurate. The last page of the application must be signed and dated by the applicant.

MEDICAL DEGREE Registrants are required to furnish a copy of their original medical school diploma, and a translation if in a language other than English. Translations must meet the following Board of Medicine's criteria:

- They must be verbatim, meaning all information appearing on the document must appear on the translation.
- Pre-printed information, e.g. the Letterhead of the University, Title, Etc.
- Stamps, Seals, half Seals, if legible, if not, they must be indicated as seals, not legible.
- All signatures, if legible, if not, indicate not legible.
- All Text on the document.
- Translations prepared in foreign countries often have certifications located on the translation. If these certifications appear, they must be translated.

If the medical school diploma has not been issued, please submit an original letter addressed to the Florida Board of Medicine from your medical school listing your date of graduation.

PHOTOGRAPH The photograph must be attached in the space provided on the application. The photograph should be no smaller than 2" x 2". A full front shot of head and shoulders. The photograph must be current and taken within 60 days of registration.

"YES/NO" QUESTIONS: If questions 9-21 are answered "Yes", you must provide a statement explaining the basis for such answer in the space provided. If the application fails to provide sufficient space for the requested information, use an additional page or the reverse side of the application page on which the question is located. Always number the additional information to be provided with the corresponding number in the application.

Documentation to be provided, but not limited to:

- If ever held any professional/medical license in any State in the U.S., including Canada, Guam, Puerto Rico or U.S. Virgin Islands, provide licensure verification directly from the applicable Medical Board.
- Reports from any and all treating physicians/hospitals/institutions/agencies regarding any and all treatment on conduct assessment(s), mental or physical. Reports to include all DSM III-R/DSM IV, Axis I and II diagnoses and codes and Axis III condition.
- Applicants who have any history of those listed above, may be required to undergo current conduct assessment(s).
- Submit copies of any litigation or any other proceedings in any court of law or equity, any criminal court, any arbitration Board or before any governmental Board or Agency, to which you have been a party, either as a plaintiff, defendant, co-defendant, or otherwise.
- Conviction(s): misdemeanor and/or felony; submit copies of charges, indictment and judgement.

Upon receipt of the explanation(s) provided and supporting documentation, you will be notified of any evaluation and/or any additional documentation needed.

SECTION II:

APPLICATION FORM

- Please make sure the application is completely filled out. **OMISSIONS WILL CAUSE A DELAY IN THE APPLICATION PROCESS.**

- **Social Security number:**

Provide. Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.004(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317.

- **Medical School:**

Provide the name of school, address, city, state, country and the month/day/year of graduation. Submit a copy of your medical school diploma. (Diplomas in a language other than English must be translated).

If the medical school diploma has not been issued, please submit an original letter addressed to the Florida Board of Medicine from your medical school listing your date of graduation.

- **Postgraduate Training/Employment/Non-Employment:**

Must be listed on registration application. List in chronological order from the date of graduation from medical school to the present all employment and non-employment activities. All activities of 30 days or longer must be accounted for.

- **“Yes/No” Questions:**

Should any questions numbered 9 – 21, be answered “yes”, you must provide a statement on a separate sheet of paper explaining the basis for such answer, and include supporting documentation. Number any additional information provided with the corresponding number in the application.

REGISTRATIONS ARE VALID FOR TWO YEARS OR UNTIL RENEWED OR FULL LICENSE IS ACQUIRED.

**REGISTRATION APPLICATION FOR
INTERN/RESIDENT/FELLOW OR HOUSE PHYSICIAN**
(Client 1510)

PLACE PHOTO HERE

NOTE: FULL FRONT AND
SHOULDER PHOTO TAKEN
WITHIN 60 DAYS
PRECEDING DATE OF
APPLICATION

Registration Method (Check only one)

- I AM APPLYING FOR REGISTRATION TO PARTICIPATE IN A
TRAINING PROGRAM INTERN/RESIDENT/FELLOW/OTHER TRAINING RENEWAL
- I AM APPLYING FOR HOUSE PHYSICIAN REGISTRATION RENEWAL
NOT A TRAINING PROGRAM

INITIAL REGISTRATION FEE FOR INTERN/RESIDENT/FELLOW - \$200.00

INITIAL REGISTRATION FEE FOR HOUSE PHYSICIAN - \$300.00

HOUSE PHYSICIAN RENEWAL REGISTRATION FEE - \$220.00

Registration fees are non-refundable

APPLICATION SHOULD BE TYPED

1. Employment Date: _____ University/Hospital: _____
Program Specialty: _____ Director of Medical Education: _____
Program Address: _____ Clinical Sites: _____
Name/Telephone# of Administrator: _____

2. Social Security Number: _____

3. Name: _____
(First) (Middle) (Last)

4. Mailing Address: _____
(No & Street) (City) (State) (Zip)

5. Place of Birth _____ Date of Birth _____
(City/State/Country) (Month/Day/Year)

6. Telephone Number: _____
(Residence-area code/number) (Office-area code/number)

7. Medical Degree was obtained from: _____
(Medical School) (City, State & Country) (Month/Day/Year)

8. List in chronological order **from date of graduation from medical school to the present** all postgraduate training/employment/non-employment. If additional space is needed please attach to application:

EMPLOYMENT/ HOSPITAL	ADDRESS	EMPLOYMENT DATES		POSITION
		FROM	TO	

9. Are you or have you ever held **any** professional/medical license in any State in the U.S., including Canada, Guam, Puerto Rico or U.S. Virgin Islands? Yes___ No___

(If yes, list profession(s), state(s), license number(s) and date(s) of issuance)

10. Was attendance in Medical school for a period other than the normal curriculum? Yes___ No___

a. Did you take a leave of absence during medical school? Yes___ No___

b. Were you required to repeat any of your medical education? Yes___ No___

11. During your medical education and/or postgraduate training were you ever on probation, restrictions, suspension, or otherwise acted against? Yes___ No___

12. Have you ever been requested to leave, temporarily or permanently, a postgraduate program prior to completion of training? Yes___ No___

13. Have you ever had any application for professional license, registration or any application to practice medicine/surgery denied by any state, territory or country? Yes___ No___

14. In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program? Yes___ No___

15. In the last 5 years, have you been treated for or had a recurrence of a diagnosed mental disorder or impairment? Yes___ No___

16. In the last 5 years, have you been treated for or had a recurrence of a diagnosed with any physical impairment? Yes___ No___

17. In the last 5 years, have you been treated for or had a recurrence of a diagnosed addictive disorder? Yes___ No___

18. Have you ever been criminally or civilly charged with any intentional or negligent action related to the use or misuse of drugs, alcohol, or illegal chemical substances? Yes___ No___

19. Have you ever been convicted of, or entered a plea of guilty, nolo contendere or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question. Yes____ No____

20. Are you under investigation in any jurisdiction for an act that would constitute the basis for imposing a disciplinary action specified in s. 458.331(2)(b), F.S.? Yes____ No____

21. Have you ever had employment terminated for cause? Yes____ No____

ALL AFFIRMATIVE ANSWERS FOR QUESTIONS 9-21 MUST BE EXPLAINED IN DETAIL ON A SEPARATE SHEET. DOCUMENTATION SUBSTANTIATING THE EXPLANATION IS REQUIRED.

22. Physical Description: COLOR OF EYES: _____ WEIGHT _____
COLOR OF HAIR: _____ HEIGHT _____
OTHER MEANS OF IDENTIFICATION: _____

23. AFFIDAVIT OF APPLICATION

I, _____, affirm that I am the person referred to in the foregoing registration application and supporting documentation, and that the attached photograph is a true likeness of myself.

I hereby authorized all hospital(s), institution(s) or organization(s), my references, personal physicians, employers, (past and present), and all government agencies and instrumentality's (local, state, federal or foreign) to release to the Florida Board of Medicine any information which is material to my registration application pursuant to 458.345, F.S.

I have carefully read the questions in the foregoing registration application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this registration application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my registration as a physician in the State of Florida.

I understand my records are protected under the Federal and State Regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows.

(specification of date, event or condition upon which this consent expires)

(Signature of Applicant)

(Date)

SECTION III:

LAWS AND RULES

**Selected Sections of Chapter 458, Florida Statutes, and
Chapter 64B8, Florida Administrative Code**

- **Read the laws and rules thoroughly.**
- **Keep the laws and rules for your records. It is your responsibility to be knowledgeable of and in compliance with these laws and rules as they pertain to your professional practice.**

**DEPARTMENT OF HEALTH
FLORIDA BOARD OF MEDICINE**

**Registration of Intern/Resident/Fellow and House Physicians
Florida Statutes**

458.345 Registration of resident physicians, interns, and fellows; list of hospital employees; prescribing of medicinal drugs; penalty.--

(1) Any person desiring to practice as a resident physician, assistant resident physician, house physician, intern, or fellow in fellowship training which leads to subspecialty board certification in this state or any person desiring to practice as a resident physician, assistant resident physician, house physician, intern, or fellow in fellowship training in a teaching hospital in this state as defined in s.408.07(44) or s.395.805(2). Who does not hold a valid, active license issued under this chapter shall apply to the department to be registered and shall remit a fee not to exceed \$300 as set by the board. The department shall register any applicant the board certifies has met the following requirements:

(a) Is at least 21 years of age.

(b) Has not committed any act or offense within or without the state which would constitute the basis for refusal to certify an application for licensure pursuant to s. [458.331](#).

(c) Is a graduate of a medical school or college as specified in s. [458.311](#)(1)(f).

(2) The board shall not certify to the department for registration any applicant who is under investigation in any state or jurisdiction for an act which would constitute the basis for imposing a disciplinary penalty specified in s. [458.331](#)(2)(b) until such time as the investigation is completed, at which time the provisions of s. [458.331](#) shall apply.

(3) Every hospital employing or utilizing the services of a resident physician, assistant resident physician, house physician, intern, or fellow in fellowship training which leads to subspecialty board certification shall designate a person who shall, on dates designated by the board, in consultation with the department, furnish the department with a list of the hospital's employees and such other information as the board may direct. The chief executive officer of each such hospital shall provide the executive director of the board with the name, title, and address of the person responsible for furnishing such reports.

(4) Registration under this section shall automatically expire after 2 years without further action by the board or the department unless an application for renewal is approved by the board. No person registered under this section may be employed or utilized as a house physician or

act as a resident physician, an assistant resident physician, an intern, or a fellow in fellowship training which leads to a subspecialty board certification in a hospital of this state for more than 2 years without a valid, active license or renewal of registration under this section. Requirements for renewal of registration shall be established by rule of the board. An application fee not to exceed \$300 as set by the board shall accompany the application for renewal, except that resident physicians, assistant resident physicians, interns, and fellows in fellowship training which leads to subspecialty board certification shall be exempt from payment of any renewal fees.

(5) Notwithstanding any provision of this section or s. [120.52](#) to the contrary, any person who is registered under this section is subject to the provisions of s. [458.331](#).

(6) A person registered as a resident physician under this section may in the normal course of his or her employment prescribe medicinal drugs described in schedules set out in chapter 893 when:

(a) The person prescribes such medicinal drugs through use of a Drug Enforcement Administration number issued to the hospital by which the person is employed or at which the person's services are used;

(b) The person is identified by a discrete suffix to the identification number issued to the hospital; and

(c) The use of the institutional identification number and individual suffixes conforms to the requirements of the federal Drug Enforcement Administration.

(7) Any person willfully violating this section commits a misdemeanor of the first degree, punishable as provided in s. [775.082](#) or s. [775.083](#).

History.--ss. 1, 8, ch. 79-302; ss. 2, 3, ch. 81-318; ss. 25, 26, ch. 86-245; s. 28, ch. 88-1; s. 25, ch. 89-162; s. 12, ch. 89-374; s. 1, ch. 91-22; s. 4, ch. 91-429; s. 83, ch. 92-149; s. 25, ch. 97-264; s. 248, ch. 98-166.

458.331 Grounds for disciplinary action; action by the board and department.--

(1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:

(a) Attempting to obtain, obtaining, or renewing a license to practice medicine by bribery, by fraudulent misrepresentations, or through an error of the department or the board.

(b) Having a license or the authority to practice medicine revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions. The licensing authority's acceptance of a physician's relinquishment of a license, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of administrative charges against the physician's license, shall be construed as action against the physician's license.

- (c) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of medicine or to the ability to practice medicine.
- (d) False, deceptive, or misleading advertising.
- (e) Failing to report to the department any person who the licensee knows is in violation of this chapter or of the rules of the department or the board. A treatment provider approved pursuant to s. [455.707](#) shall provide the department or consultant with information in accordance with the requirements of s. [455.707](#)(3), (4), (5), and (6).
- (f) Aiding, assisting, procuring, or advising any unlicensed person to practice medicine contrary to this chapter or to a rule of the department or the board.
- (g) Failing to perform any statutory or legal obligation placed upon a licensed physician.
- (h) 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, willfully impeding or obstructing such filing or inducing another person to do so. Such reports or records shall include only those which are signed in the capacity as a licensed physician.
- (i) Paying or receiving any commission, bonus, kickback, or rebate, or engaging in any split-fee arrangement in any form whatsoever with a physician, organization, agency, or person, either directly or indirectly, for patients referred to providers of health care goods and services, including, but not limited to, hospitals, nursing homes, clinical laboratories, ambulatory surgical centers, or pharmacies. The provisions of this paragraph shall not be construed to prevent a physician from receiving a fee for professional consultation services.
- (j) Exercising influence within a patient-physician relationship for purposes of engaging a patient in sexual activity. A patient shall be presumed to be incapable of giving free, full, and informed consent to sexual activity with his or her physician.
- (k) Making deceptive, untrue, or fraudulent representations in or related to the practice of medicine or employing a trick or scheme in the practice of medicine.
- (l) Soliciting patients, either personally or through an agent, through the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct. A solicitation is any communication which directly or implicitly requests an immediate oral response from the recipient.
- (m) Failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering,

supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

(n) Exercising influence on the patient or client in such a manner as to exploit the patient or client for financial gain of the licensee or of a third party, which shall include, but not be limited to, the promoting or selling of services, goods, appliances, or drugs.

(o) Promoting or advertising on any prescription form of a community pharmacy unless the form shall also state "This prescription may be filled at any pharmacy of your choice."

(p) Performing professional services which have not been duly authorized by the patient or client, or his or her legal representative, except as provided in s. [743.064](#), s. [766.103](#), or s. [768.13](#).

(q) Prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including any controlled substance, other than in the course of the physician's professional practice. For the purposes of this paragraph, it shall be legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the physician's professional practice, without regard to his or her intent.

(r) Prescribing, dispensing, or administering any medicinal drug appearing on any schedule set forth in chapter 893 by the physician to himself or herself, except one prescribed, dispensed, or administered to the physician by another practitioner authorized to prescribe, dispense, or administer medicinal drugs.

(s) Being unable to practice medicine 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 secretary or the secretary's designee that probable cause exists to believe that the licensee is unable to practice medicine 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 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 does business. The licensee against whom the petition is filed may 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](#). 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 medicine with reasonable skill and safety to patients.

(t) Gross or repeated malpractice or the failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances. The board shall give great weight to the provisions of s. [766.102](#) when enforcing this paragraph. As used in this paragraph, "repeated malpractice" includes, but is not limited to, three or more claims for medical malpractice within the previous 5-year period resulting in indemnities being paid in excess of \$25,000 each to the claimant in a judgment or settlement and which incidents involved negligent conduct by the physician. As used in this paragraph, "gross malpractice" or "the failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances," shall not be construed so as to require more than one instance, event, or act. Nothing in this paragraph shall be construed to require that a physician be incompetent to practice medicine in order to be disciplined pursuant to this paragraph.

(u) Performing any procedure or prescribing any therapy which, by the prevailing standards of medical practice in the community, would constitute experimentation on a human subject, without first obtaining full, informed, and written consent.

(v) 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 he or she is not competent to perform. The board may establish by rule standards of practice and standards of care for particular practice settings, including, but not limited to, education and training, equipment and supplies, medications including anesthetics, assistance of and delegation to other personnel, transfer agreements, sterilization, records, performance of complex or multiple procedures, informed consent, and policy and procedure manuals.

(w) Delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, or licensure to perform them.

(x) Violating any provision of this chapter, a rule of the board or department, or a lawful order of the board or department previously entered in a disciplinary hearing or failing to comply with a lawfully issued subpoena of the department.

(y) Conspiring with another licensee or with any other person to commit an act, or committing an act, which would tend to coerce, intimidate, or preclude another licensee from lawfully advertising his or her services.

(z) Procuring, or aiding or abetting in the procuring of, an unlawful termination of pregnancy.

(aa) Presigning blank prescription forms.

(bb) Prescribing any medicinal drug appearing on Schedule II in chapter 893 by the physician for office use.

(cc) Prescribing, ordering, dispensing, administering, supplying, selling, or giving any drug which is a Schedule II amphetamine or a Schedule II sympathomimetic amine drug or any compound thereof, pursuant to chapter 893, to or for any person except for:

1. The treatment of narcolepsy; hyperkinesia; behavioral syndrome characterized by the developmentally inappropriate symptoms of moderate to severe distractibility, short attention span, hyperactivity, emotional lability, and impulsivity; or drug-induced brain dysfunction;

2. The differential diagnostic psychiatric evaluation of depression or the treatment of depression shown to be refractory to other therapeutic modalities; or

3. The clinical investigation of the effects of such drugs or compounds when an investigative protocol therefor is submitted to, reviewed, and approved by the board before such investigation is begun.

(dd) Failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, or advanced registered nurse practitioners acting under the supervision of the physician.

(ee) Prescribing, ordering, dispensing, administering, supplying, selling, or giving growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of muscle building or to enhance athletic performance. For the purposes of this subsection, the term "muscle building" does not include the treatment of injured muscle. A prescription written for the drug products listed above may be dispensed by the pharmacist with the presumption that the prescription is for legitimate medical use.

(ff) Prescribing, ordering, dispensing, administering, supplying, selling, or giving amygdalin (laetrile) to any person.

(gg) Misrepresenting or concealing a material fact at any time during any phase of a licensing or disciplinary process or procedure.

(hh) Improperly interfering with an investigation or with any disciplinary proceeding.

(ii) Failing to report to the department any licensee under this chapter or under chapter 459 who the physician or physician assistant knows has violated the grounds for disciplinary action set out in the law under

which that person is licensed and who provides health care services in a facility licensed under chapter 395, or a health maintenance organization certificated under part I of chapter 641, in which the physician or physician assistant also provides services.

(jj) Being found by any court in this state to have provided corroborating written medical expert opinion attached to any statutorily required notice of claim or intent or to any statutorily required response rejecting a claim, without reasonable investigation.

(kk) Failing to report to the board, in writing, within 30 days if action as defined in paragraph (b) has been taken against one's license to practice medicine in another state, territory, or country.

(ll) Advertising or holding oneself out as a board-certified specialist, if not qualified under s. [458.3312](#), in violation of this chapter.

(mm) 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.

(2) When the board finds any person guilty of any of the grounds set forth in subsection (1), including conduct that would constitute a substantial violation of subsection (1) which occurred prior to licensure, it may enter an order imposing one or more of the following penalties:

(a) Refusal to certify, or certification with restrictions, to the department an application for licensure, certification, or registration.

(b) Revocation or suspension of a license.

(c) Restriction of practice.

(d) Imposition of an administrative fine not to exceed \$10,000 for each count or separate offense.

(e) Issuance of a reprimand.

(f) Placement of the physician on probation for a period of time and subject to such conditions as the board may specify, including, but not limited to, requiring the physician to submit to treatment, to attend continuing education courses, to submit to reexamination, or to work under the supervision of another physician.

(g) Issuance of a letter of concern.

(h) Corrective action.

(i) Refund of fees billed to and collected from the patient.

(j) Imposition of an administrative fine in accordance with s. [381.0261](#) for violations regarding patient rights.

In determining what action is appropriate, the 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 physician. All costs

associated with compliance with orders issued under this subsection are the obligation of the physician.

(3) In any administrative action against a physician which does not involve revocation or suspension of license, the division shall have the burden, by the greater weight of the evidence, to establish the existence of grounds for disciplinary action. The division shall establish grounds for revocation or suspension of license by clear and convincing evidence.

(4) The board shall not reinstate the license of a physician, or cause a license to be issued to a person it deems or has deemed unqualified, until such time as it is satisfied that he or she 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 medicine.

(5) The board shall by rule establish guidelines for the disposition of disciplinary cases involving specific types of violations. Such guidelines may include minimum and maximum fines, periods of supervision or probation, or conditions of probation or reissuance of a license. "Gross malpractice," "repeated malpractice," and "failure to practice medicine with that level of care, skill, and treatment which is recognized as being acceptable under similar circumstances" under subsection (10) shall each be considered distinct types of violations requiring specific individual guidelines.

(6) Upon the department's receipt from an insurer or self-insurer of a report of a closed claim against a physician pursuant to s. [627.912](#) or from a health care practitioner of a report pursuant to s. [455.697](#), or upon the receipt from a claimant of a presuit notice against a physician pursuant to s. [766.106](#), the department shall review each report and determine whether it potentially involved conduct by a licensee that is subject to disciplinary action, in which case the provisions of s. [455.621](#) shall apply. However, if it is reported that a physician has had three or more claims with indemnities exceeding \$25,000 each within the previous 5-year period, the department shall investigate the occurrences upon which the claims were based and determine if action by the department against the physician is warranted.

(7) Upon the department's receipt from the Agency for Health Care Administration pursuant to s. [395.0197](#) of the name of a physician whose conduct may constitute grounds for disciplinary action by the department, the department shall investigate the occurrences upon which the report was based and determine if action by the department against the physician is warranted.

(8) If any physician regulated by the Division of Medical Quality Assurance is guilty of such unprofessional conduct, negligence, or mental or physical incapacity or impairment that the division determines that the physician is unable to practice with reasonable

skill and safety and presents a danger to patients, the division shall be authorized to maintain an action in circuit court enjoining such physician from providing medical services to the public until the physician demonstrates the ability to practice with reasonable skill and safety and without danger to patients.

(9) When an investigation of a physician is undertaken, the department shall promptly furnish to the physician or the physician's attorney a copy of the complaint or document which resulted in the initiation of the investigation. For purposes of this subsection, such documents include, but are not limited to: the pertinent portions of an annual report submitted to the department pursuant to s. [395.0197](#)(6); a report of an adverse incident which is provided to the department pursuant to s. [395.0197](#)(8); a report of peer review disciplinary action submitted to the department pursuant to s. [395.0193](#)(4) or s. [458.337](#), providing that the investigations, proceedings, and records relating to such peer review disciplinary action shall continue to retain their privileged status even as to the licensee who is the subject of the investigation, as provided by ss. [395.0193](#)(8) and [458.337](#)(3); a report of a closed claim submitted pursuant to s. [627.912](#); a presuit notice submitted pursuant to s. [766.106](#)(2); and a petition brought under the Florida Birth-Related Neurological Injury Compensation Plan, pursuant to s. [766.305](#)(2). The physician may submit a written response to the information contained in the complaint or document which resulted in the initiation of the investigation within 45 days after service to the physician of the complaint or document. The physician's written response shall be considered by the probable cause panel.

(10) A recommended order by an administrative law judge, or a final order of the board finding a violation under this section shall specify whether the licensee was found to have committed "gross malpractice," "repeated malpractice," or "failure to practice medicine with that level of care, skill, and treatment which is recognized as being acceptable under similar conditions and circumstances" or any combination thereof, and any publication by the board shall so specify.

History.--ss. 1, 8, ch. 79-302; s. 2, ch. 80-354; s. 297, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 2, 4, ch. 82-32; s. 15, ch. 83-329; s. 1, ch. 85-6; s. 4, ch. 85-175; ss. 18, 25, 26, ch. 86-245; s. 25, ch. 88-1; s. 18, ch. 89-275; s. 16, ch. 89-283; ss. 11, 72, ch. 89-374; s. 2, ch. 90-44; s. 4, ch. 90-60; s. 26, ch. 90-228; s. 60, ch. 91-220; s. 4, ch. 91-429; s. 39, ch. 92-149; s. 1, ch. 92-178; s. 83, ch. 92-289; s. 218, ch. 96-410; s. 1090, ch. 97-103; s. 106, ch. 97-261; s. 23, ch. 97-264; s. 37, ch. 98-89; s. 46, ch. 98-166; s. 222, ch. 99-8; s. 99, ch. 99-397.

**DEPARTMENT OF HEALTH
FLORIDA BOARD OF MEDICINE**

**Registration of Intern/Resident/Fellow and House Physicians
64B8, Florida Administrative Code**

CHAPTER 64B8-6

REGISTRATION OF UNLICENSED PHYSICIANS

64B8-6.001 Unlicensed Physician; Definition of.

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64B8-6.009 Registration Mandatory; Unlicensed Physician.

64B8-6.010 Prescribing by Registered Interns, Residents, and Fellows.

64B8-6.001 Unlicensed Physician; Definition of.

An unlicensed physician is a person holding a degree as a medical doctor or its equivalent, but not licensed by the Board of Medical Examiners. For the purpose of administering this rule chapter, such unlicensed physicians shall embrace and include interns, resident physicians, assistant resident physicians, fellows in fellowship training which leads to subspecialty board certification, and house physicians as these terms are hereinafter defined.

Specific Authority 458.309, 458.345 FS.

Law Implemented 458.345 FS.

History--New 3-31-80, Formerly 21M-23.01, Amended 1-31-90, Formerly 21M-23.001, 61F6-23.001, 59R-6.001.

64B8-6.0015 Fellows; Definition of.

The term "fellow," as used in Section 458.345, Florida Statutes, and this rule chapter, encompasses only persons in fellowship training which leads to subspecialty board certification by a specialty board of the American Board of Medical Specialties.

Specific Authority 458.309, 458.345 FS.

Law Implemented 458.345 FS, Section 12, Chapter 89-374, Laws of Florida.

History--New 1-31-90, Formerly 21M-23.0015, 61F6-23.0015, 59R-6.0015.

64B8-6.002 Intern; Definition of.

An intern is a physician with a medical degree or its equivalent who is continuing his training. This training ordinarily follows immediately upon the completion of the four year medical curriculum. The term "intern" also means a first year resident or post graduate year one graduate.

Specific Authority 458.309, 458.345 FS.

Law Implemented 458.345 FS.

History--New 3-31-80, Formerly 21M-23.02, 21M-23.002, 61F6-23.002, 59R-6.002.

64B8-6.003 Intern; Duties of.

An internship consists of the supervised care of patients in a hospital and in its out-patient department, with continued instruction in the science and art of medicine by the hospital staff. The physician-student is given the opportunity to put into practice the principles of preventive medicine, diagnosis, therapy, and patient management which he learned as a medical student. He is able to observe patients on an "around the clock" basis and can follow patients from admission to discharge and subsequently in the out-patient department. Under the supervision of the attending staff, he is given progressively increasing responsibility to the end that he acquires confidence in his own clinical judgment. For the training to be approved, the internship must be approved by the Council on Medical Education and Hospitals of the American Medical Association.

Specific Authority 458.309, 458.311(1)(c), 458.345 FS.

Law Implemented 458.311(1)(c), 458.345 FS.

History--New 3-31-80, Formerly 21M-23.03, 21M-23.003, 61F6-23.003, 59R-6.003.

64B8-6.004 Resident Physician and Assistant Resident Physician; Definition of.

A resident physician is one who has completed an internship and is engaged in a program of training designed to increase his knowledge of the clinical disciplines of medicine, surgery, or any of the other special fields which provide advanced training in preparation for the practice of a specialty. In the first year following the internship, the person is usually referred to as an assistant resident physician. In the second year, he is usually referred to as a resident physician.

Specific Authority 458.309, 458.345 FS.

Law Implemented 458.345 FS.

History--New 3-31-80, Formerly 21M-23.04, 21M-23.004, 61F6-23.004, 59R-6.004.

64B8-6.005 Resident Physician and Assistant Resident Physician; Duties of.

An assistant resident or resident physician participates in an organized graduate educational program in which he has daily contact with patients and assumes increasing responsibility for their care under the supervision of the attending staff of the hospital. The assumption of responsibility is a most important aspect of residency training. As each assistant resident or resident physician demonstrates increasing knowledge and ability, an increasing amount of reliance should be placed in his judgment in the diagnosis and in treatment of patients. He may also participate in the teaching of interns and medical students to an increasing extent. In surgery and surgical specialties, the assistant resident and resident physician should be given ample opportunity to perform major surgical procedures under direct supervision of qualified members of the professional staff of the hospital, particularly in the later stages of his training, in order that he may acquire surgical skill and judgment.

Specific Authority 458.309, 458.345 FS.

Law Implemented 458.345 FS.

History--New 3-31-80, Formerly 21M-23.05, Amended 1-31-90, Formerly 21M-23.005, 61F6-23.005, 59R-6.005.

64B8-6.006 House Physician; Definition of.

A house physician is a person who holds a degree as a medical doctor, or its equivalent, but who does not have and has never had a license to practice medicine in Florida and is employed and paid by a hospital.

Specific Authority 458.309, 458.345 FS.

Law Implemented 458.345 FS.

History--New 3-31-80, Amended 1-3-85, Formerly 21M-23.06, 21M-23.006, 61F6-23.006, Amended 11-15-94, Formerly 59R-6.006.

64B8-6.007 House Physician; Duties of.

The duties of a house physician are variable in different institutions but, in general, a house physician is to assist in conducting the professional work of the hospital by writing histories, doing and recording physical examinations, performing laboratory work, and such other functions as the medical staff feels are within the house physician's capabilities, such functions to be performed under the direct supervision of a physician who has an active Florida license to practice medicine. For purposes of this rule "direct supervision" means that the supervising physician must be physically present on the premises so that the supervising physician is immediately available when needed.

Specific Authority 458.309, 458.345 FS.

Law Implemented 458.345 FS.

History--New 3-31-80, Amended 1-3-85, Formerly 21M-23.07, 21M-23.007, 61F6-23.007, 59R-6.007.

64B8-6.008 Unlicensed Physicians; Duties of Hospital.

(1) Every hospital employing an unlicensed physician shall report this fact to the Department on January 1 and July 1 of each year on a form to be supplied by the Department.

(2) No hospital shall employ or utilize a house physician, resident physician, assistant resident physician, intern, or fellow in fellowship training leading to subspecialty board certification unless that person has a valid, active license or has registered or, when applicable, renewed registration as an unlicensed physician pursuant to Section 458.345, F.S.

(3) Each hospital making an adverse incident report as required by law shall identify any unlicensed physician involved in the adverse incident that is the basis of such report.

Specific Authority 458.309, 458.345 FS.

Law Implemented 458.345 FS.

History--New 3-31-80, Formerly 21M-23.08, Amended 1-31-90, 9-11-90, Formerly 21M-23.008, Amended 11-4-93, Formerly 61F6-23.008, 59R-6.008, Amended 4-6-99.

64B8-6.009 Registration Mandatory; Unlicensed Physician.

(1) Every unlicensed physician engaged or employed in the practice of medicine in a hospital in the State of Florida, where such practice is authorized by law, shall apply to be registered by the Department. The Department shall register any applicant the Board certifies as eligible.

(2) Registration automatically expires after 2 years without further action by the Board or the Department unless an application for renewal is approved by the Board. No person registered under Section 458.345, F.S., shall be employed or utilized as a house physician

or act as a resident physician, assistant resident physician, intern, or fellow in fellowship training which leads to a subspecialty board certification by a hospital for more than 2 years unless that person has a valid, active license or has renewed registration pursuant to Section 458.345, F.S.

Specific Authority 458.309, 458.345 FS.

Law Implemented 458.345 FS.

History--New 3-31-80, Formerly 21M-23.09, Amended 9-11-90, Formerly 21M-23.009, Amended 11-4-93, Formerly 61F6-23.009, 59R-6.009.

64B8-6.010 Prescribing by Registered Interns, Residents, and Fellows.

(1) Resident physicians, interns, or fellows employed by a hospital and engaged in an accredited training program complying with the provisions of Section 458.345, Florida Statutes, may in the normal course of their employment prescribe medicinal drugs described in schedules set out in Chapter 893, Florida Statutes.

(2) Each resident physician, intern, or fellow authorized by this rule to prescribe medicinal drugs shall utilize the Department issued registration number as his or her prescriber number. Any prescription written by such resident physician, intern, or fellow shall have the registration/prescriber number printed thereon.

Specific Authority 458.345, 458.309 FS.

Law Implemented 458.345, 458.303(1)(d) FS.

History--New 8-2-83, Amended 1-16-84, Formerly 21M-23.10, Amended 1-31-90, Formerly 21M-23.010, 61F6-23.010, 59R-6.010, Amended 4-6-99, 1/31/05.