MEDICAL BOARD STAFF REPORT

REPORT DATE:	July 6, 2012
ATTENTION:	Licensing Committee
SUBJECT:	Continuing Medical Education (CME)
REFERRED BY:	Curtis Worden, Chief of Licensing Medical Board of California 2012 Strategic Plan Objective 1.1
REASON:	Presentation on the CME structure, effectiveness, the current California requirements, and opportunities for improvement.

REQUESTED ACTION:

The 2012 Medical Board of California Strategic Plan Objective 1.1 requires that the annual CME audit statistics and an overview of the CME process, including the current requirements and information on how the process has changed over the years be provided to the Medical Board members.

BACKGROUND:

Under Article 10 of the Medical Practice Act commencing with Section 2190 of the Business and Professions Code, the Board has adopted and administers standards for the continuing education of Physician's and Surgeon's licensed in the State of California. The Board requires each licensed physician and surgeon to demonstrate satisfaction of the continuing education requirements at intervals of not less than four nor more than six years.

Each physician is required to complete not less than 50 hours of approved CME during each two-year period immediately preceding the expiration date of the license. One exception is permitted by Title 16, California Code of Regulations, Section 1337(d), which states that any physician who takes and passes a certifying or recertifying examination administered by a recognized specialty board shall be granted credit for four consecutive years of CME credit for re-licensure purposes.

Approved CME consists of courses or programs designated by the American Medical Association (AMA) or the California Medical Association as Category 1 credits related to one of the following: patient care, community health or public health, preventive medicine, quality assurance or improvement, risk management, health facility standards, the legal aspects of clinical medicine, bioethics, professional ethics, or improvement of the physician-patient relationship.

The following certification statement is required to be signed by physicians as part of the renewal process:

"I certify under penalty of perjury under the laws of California to the following statement: I certify that I do meet each of the Continuing Medical Education requirements listed on the back of this form or that I meet the conditions which would exempt me from all or part of the requirements or I hold a permanent CME Waiver."

As part of the renewal process, the following statements must be reviewed and marked as appropriate, either Yes or NO:

- I have completed and can document not less than 50 hours of approved CME for the two-year period immediately preceding the expiration date of my license.
- I have completed 12 hours of pain management and end-of-life care.
- I am exempted from the completion of 12 hours of pain management and end-of-life care continuing education requirement because I am a radiologist or pathologist.

The following statement is only required to be answered by general internists and family physicians who have 25% of their patient population aged 65 years or older:

- I have completed at least 20% of the required CME in geriatric medicine or the care of older patients.

If the certification statement is not signed, or any of the CME statements have not been answered at the time of renewal, a hold will be placed on the license and the renewal process will not be completed. Follow-up to all renewal deficiencies, is performed by the Cashiering Unit of the Board or by the Department of Consumer Affairs Cashiering Unit, by sending correspondence to the physician's address of record advising the physician of the deficiency and how to correct the deficiency.

Any physician who is unable to complete the minimum CME requirements due to health, military service, or undue hardship may request a CME waiver. Any physician who submits an application for a CME waiver that is denied by the Board staff will be allowed to renew his or her license one time; however, he or she will be required to make up the deficient hours over the next renewal period and document to the Board 100 CME hours by the end of that renewal period.

At the time of renewal, documentation of hours is not required; however, Title 16, California Code of Regulations, Section 1338 requires the Board to audit a random sample of physicians who have reported compliance with the continuing education requirement. If selected for the CME audit, documentation of completed hours must be provided to the Board. Any physician who is found to not have completed the required number of hours of approved continuing education will be required to make up any deficiency during the next biennial renewal period.

Any physician who fails to make up the deficient hours during the following renewal period shall be ineligible for renewal of his or her license to practice medicine until such time as the deficient hours are documented to the Board.

The CME audit is currently performed on a monthly basis and is designed to randomly audit approximately 10% of the total number of physicians and surgeons licensed in the State of California per year. If selected for the audit, proof of attendance at CME courses or programs is required to be submitted. If a physician fails the audit by either not responding or failing to meet the requirements as set forth by Section 2190 of the Business and Professions Code, the physician will be allowed to renew his or her license one time following the audit to permit him or her to make up any deficient CME hours. However, the Board will not renew the license a second time until all of the required hours have been documented to the Board.

Note: It is considered unprofessional conduct for a physician to misrepresent his or her compliance of meeting the CME requirements pursuant to Title 16, California Code of Regulations, Section 1338(c).

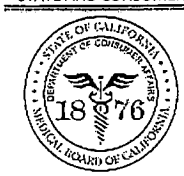
The following chart represents the number of Physician's and Surgeon's who have passed or failed the audit since January 01, 2011. Numbers are based on 100 Physician's and Surgeon's selected per month.

Continuing Medical Education Audit Statistics			
Month	Passed	Failed	Percent Failed
January-11	98	2	2%
February-11	86	14	14%
March-11	92	8	8%
April-11	92	8	8%
May-11	93	7	7%
June-11	88	12	12%
July-11	82	18	18%
August-11	83	17	17%
September-11	90	10	10%
October-11	88	12	12%
November-11	90	10	10%
December-11	80	20	20%
January-12	95	5	5%
February-12	88	12	12%
March-12	86	14	14%

Attachments:

1. Sample - Random Audit Letter
2. Sample - Pass Audit Letter
3. Sample – Failed Audit Letter
4. Business and Professions Code Sections – Regarding CME
5. California Code of Regulations Sections – Regarding CME

ATTACHMENT - 1



MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
2005 Evergreen Street, Suite 1200, Sacramento, CA 95815
Phone (916) 263-2382 · Fax (916) 263-8936 · www.mbc.ca.gov

2012 CONTINUING MEDICAL EDUCATION AUDIT

June 12, 2012

Dear Dr.:

This letter is to inform you that you have been randomly selected to participate in the Medical Board of California (Board) Continuing Medical Education (CME) audit. **Please provide documentation that you have completed 50 hours of CME from the period June 1, 2010 through May 31, 2012.** The Board is required by law to conduct an audit each year. The process for the audit is to select, at random, physicians who have certified compliance by signing the CME statement on their renewal notice.

Section 1336 of the California Code of Regulations (CCR) requires a licensee to complete not less than 50 hours of approved CME during each two-year period immediately preceding the expiration date of the license. Physicians selected for the audit are required to submit documents certifying their compliance with the CME requirement. Acceptable documents include letters or certificates of attendance that show: participant name, completion of CME course, name of provider, course name and date, and number of approved CME hours. If necessary, please contact your CME provider to obtain documents verifying your participation. Please send photocopies not originals.

The documentation being requested is mandatory by law. Failure to provide the requested information by your next renewal period will result in your ineligibility for renewal of your license until such time as the completion of the deficient hours of CME is documented to the Board.

On the reverse side of this letter, please check the section(s) which best describes your situation and **return it along with your documentation postmarked no later than August 11, 2012.** If you have any questions, please call me at 916-263-2645.

Sincerely,

Angie Mitchell
CME Coordinator
Angie.Mitchell@mbc.ca.gov

2012 CONTINUING MEDICAL EDUCATION AUDIT

Acceptable documents include letters or certificates of attendance that show: participant name, completion of CME course, name of provider, course name and date, and number of approved CME hours. If necessary, please contact your CME provider to obtain documents verifying your participation. Please send photocopies not originals.

_____ 1. I have completed 50 hours of Category 1 CME courses from the period June 1, 2010 through May 31, 2012 and attached documents certifying completion.

_____ 2. Within the last four years, I have successfully passed a medical specialty board examination or recertification examination and attached a copy of my certificate. One hundred hours of Category 1 CME credit is awarded for passing such an examination.

Name: _____

_____ 3. I am engaged in an approved postgraduate residency training program (internship, residency, or clinical fellowship). Attached is a letter from the hospital to verify my beginning and ending dates of training, six CME credits are awarded for each month a physician is engaged in an approved postgraduate training program.

_____ 4. I have not completed 50 hours of Category 1 CME from the period June 1, 2010 through May 31, 2012.

The documentation being requested is mandatory by law. Any physician misrepresenting compliance with the CME requirement may be cited for unprofessional conduct. Failure to provide the requested information by your next renewal period will result in your ineligibility for renewal of your license until such time as the completion of the deficient hours of CME is documented to the Board.

ATTACHMENT - 2

MEDICAL BOARD OF CALIFORNIA
Licensing Program

June 12, 2012

Dear Dr.:

This is to inform you that based on the documentation that you have provided to the Board, you have successfully met all the requirements set forth to pass the 2012 Continuing Medical Education (CME) Audit, which is preformed in accordance with California Code of Regulations Title 16 Sections 1336 and 1338(a).

Please keep a copy of this letter in your records for future reference.

If you should have any questions regarding this letter, I may be reached at the telephone number and address listed below.

Sincerely,

CME Coordinator

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815 (916) 263-2645 FAX: (916) 263-8936 www.mbc.ca.gov

ATTACHMENT - 3

MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
2005 Evergreen Street, Suite 1200, Sacramento, CA 95815
Phone (916) 263-2382 · Fax (916) 263-8936 · www.mbc.ca.gov

June 13, 2012

Dear Dr.:

This letter is to notify you that you have failed the 2011 Continuing Medical Education (CME) Audit. A letter dated was sent informing you that you were randomly selected for the 2011 CME Audit. You have not provided the required documentation necessary to substantiate compliance.

Section 1336 of the California Code of Regulations states physicians selected for the audit are required to submit documents certifying their compliance with the CME requirement. Acceptable documents include letters or certificates of attendance that show: participant name, completion of CME course, name of provider, course name and date, and number of approved CME hours. If necessary, please contact your CME provider to obtain documents verifying your participation. Please send photocopies not originals.

You have failed to provide the requested information and a hold has been placed on your license. You will not be able to renew your license until such time as the completion of the deficient hours of CME is documented to the Board.

Please provide 50-hours of CME to fulfill the CME Audit requirements.

If you have any questions call me at.

Sincerely,

CME Coordinator

ATTACHMENT - 4

2190. In order to ensure the continuing competence of licensed physicians and surgeons, the board shall adopt and administer standards for the continuing education of those licensees. The board may also set content standards for any educational activity concerning a chronic disease that includes appropriate information on prevention of the chronic disease, and on treatment of patients with the chronic disease, by the application of changes in nutrition and lifestyle behavior. The board shall require each licensed physician and surgeon to demonstrate satisfaction of the continuing education requirements at intervals of not less than four nor more than six years.

2190.1. (a) The continuing medical education standards of Section **2190** may be met by educational activities that meet the standards of the Division of Licensing and serve to maintain, develop, or increase the knowledge, skills, and professional performance that a physician and surgeon uses to provide care, or improve the quality of care provided for patients, including, but not limited to, educational activities that meet any of the following criteria:

(1) Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine.

(2) Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine.

(3) Concern bioethics or professional ethics.

(4) Are designed to improve the physician-patient relationship.

(b) (1) On and after July 1, 2006, all continuing medical education courses shall contain curriculum that includes cultural and linguistic competency in the practice of medicine.

(2) Notwithstanding the provisions of paragraph (1), a continuing medical education course dedicated solely to research or other issues that does not include a direct patient care component and a course offered by a continuing medical education provider that is not located in this state are not required to contain curriculum that includes cultural and linguistic competency in the practice of medicine.

(3) Associations that accredit continuing medical education courses shall develop standards before July 1, 2006, for compliance with the requirements of paragraph (1). The associations may develop these standards in conjunction with an advisory group that has expertise in cultural and linguistic competency issues.

(4) A physician and surgeon who completes a continuing education course meeting the standards developed pursuant to paragraph (3) satisfies the continuing education requirement for cultural and linguistic competency.

(c) In order to satisfy the requirements of subdivision (b), continuing medical education courses shall address at least one or a combination of the following:

(1) Cultural competency. For the purposes of this section, "cultural competency" means a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization

to care effectively for patients from diverse cultures, groups, and communities. At a minimum, cultural competency is recommended to include the following:

(A) Applying linguistic skills to communicate effectively with the target population.

(B) Utilizing cultural information to establish therapeutic relationships.

(C) Eliciting and incorporating pertinent cultural data in diagnosis and treatment.

(D) Understanding and applying cultural and ethnic data to the process of clinical care.

(2) Linguistic competency. For the purposes of this section, "linguistic competency" means the ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

(3) A review and explanation of relevant federal and state laws and regulations regarding linguistic access, including, but not limited to, the federal Civil Rights Act (42 U.S.C. Sec. 1981, et seq.), Executive Order 13166 of August 11, 2000, of the President of the United States, and the Dymally-Alatorre Bilingual Services Act (Chapter 17.5 (commencing with Section 7290) of Division 7 of Title 1 of the Government **Code**).

(d) Notwithstanding subdivision (a), educational activities that are not directed toward the practice of medicine, or are directed primarily toward the business aspects of medical practice, including, but not limited to, medical office management, billing and coding, and marketing shall not be deemed to meet the continuing medical education standards for licensed physicians and surgeons.

(e) Educational activities that meet the content standards set forth in this section and are accredited by the California Medical Association or the Accreditation Council for Continuing Medical Education may be deemed by the Division of Licensing to meet its continuing medical education standards.

2190.2. The Division of Licensing shall establish criteria that providers of continuing medical education shall follow to ensure attendance by licensees throughout the entire course.

2190.3. All general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 20 percent of all mandatory continuing education hours in a course in the field of geriatric medicine or the care of older patients.

2190.5. (a) All physicians and surgeons shall complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients. For the purposes of this section, this course shall be a one-time requirement of 12 credit hours within the required minimum established by regulation, to be completed by December 31, 2006. All physicians and surgeons licensed on and after January 1, 2002, shall complete this requirement within four years of their initial license or by their second renewal date, whichever occurs first. The board may verify

completion of this requirement on the renewal application form.

(b) By regulatory action, the board may exempt physicians and surgeons by practice status category from the requirement in subdivision (a) if the physician and surgeon does not engage in direct patient care, does not provide patient consultations, or does not reside in the State of California.

(c) This section shall not apply to physicians and surgeons practicing in pathology or radiology specialty areas.

2191. (a) In determining its continuing education requirements, the Division of Licensing shall consider including a course in human sexuality as defined in Section 2090 and nutrition to be taken by those licensees whose practices may require knowledge in those areas.

(b) The division shall consider including a course in child abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected children.

(c) The division shall consider including a course in acupuncture to be taken by those licensees whose practices may require knowledge in the area of acupuncture and whose education has not included instruction in acupuncture.

(d) The division shall encourage every physician and surgeon to take nutrition as part of his or her continuing education, particularly a physician and surgeon involved in primary care.

(e) The division shall consider including a course in elder abuse detection and treatment to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected persons 65 years of age and older.

(f) In determining its continuing education requirements, the division shall consider including a course in the early detection and treatment of substance abusing pregnant women to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these women.

(g) In determining its continuing education requirements, the division shall consider including a course in the special care needs of drug addicted infants to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these infants.

(h) In determining its continuing education requirements, the division shall consider including a course providing training and guidelines on how to routinely screen for signs exhibited by abused women, particularly for physicians and surgeons in emergency, surgical, primary care, pediatric, prenatal, and mental health settings. In the event the division establishes a requirement for continuing education coursework in spousal or partner abuse detection or treatment, that requirement shall be met by each licensee within no more than four years from the date the requirement is imposed.

(i) In determining its continuing education requirements, the division shall consider including a course in the special care needs of individuals and their families facing end-of-life issues, including, but not limited to, all of the following:

(1) Pain and symptom management.

(2) The psycho-social dynamics of death.

(3) Dying and bereavement.

(4) Hospice care.

(j) In determining its continuation education requirements, the division shall give its highest priority to considering a course on pain management.

2191.1. The Division of Licensing shall encourage every physician and surgeon to take a course in pharmacology and pharmaceuticals as part of his or her continuing education.

2191.2. The division shall encourage every physician and surgeon to take a course in geriatric medicine, including geriatric pharmacology, as part of his or her continuing education.

2196. The board shall periodically develop and disseminate information and educational material regarding the detection and treatment of child abuse and neglect to each licensed physician and surgeon and to each general acute care hospital in the state. The board shall consult with the Office of Child Abuse Prevention in developing the materials distributed pursuant to this section.

2196.1. The board shall periodically develop and disseminate information and educational material regarding the detection and treatment of elder abuse and neglect to each licensed physician and surgeon and to each general acute care hospital in this state. The board shall consult with the Adult Protective Services Division of the State Department of Social Services in developing the materials distributed pursuant to this section.

2196.2. The board shall periodically develop and disseminate information and educational material regarding pain management techniques and procedures to each licensed physician and surgeon and to each general acute care hospital in this state. The board shall consult with the State Department of Health Services in developing the materials to be distributed pursuant to this section.

2196.5. The board shall periodically disseminate information and educational material regarding the detection and treatment of spousal or partner abuse to each licensed physician and surgeon and to each general acute care hospital in the state.

2196.6. The board shall periodically disseminate information and educational material regarding the prevention and treatment of chronic disease by the application of changes in nutrition and lifestyle behavior to each licensed physician and surgeon and to each general acute care hospital in the state.

2196.7. The board shall convene a working group of interested parties to discuss nutrition and lifestyle behavior for the prevention and treatment of chronic disease at one of its quarterly

meetings within three years after the operative date of this section.

ATTACHMENT - 5

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16 CA ADC § 1336

§ 1336. Continuing Education Required.

Term

16 CCR § ◄**1336**►

Cal. Admin. Code tit. 16, § ◄**1336**►

Barclays Official California Code of Regulations Currentness
◄**Title 16**►. ◄**Professional**► and ◄**Vocational Regulations**►
Division 13. Medical Board of California [FNA1]
Chapter 1. Division of Licensing
Article 11. Continuing Education (Refs & Annos)

[FNa1] For disposition of former Sections 1370-1375.45, see Table of Parallel Reference, Chapter 13.2, Title 16, California Code of Regulations.

►§ 1336. Continuing Education Required.

(a) Each physician is required to complete not less than 50 hours of approved continuing education during each two-year period immediately preceding the expiration date of the license except as permitted by Section 1337(d). If an initial license was issued for less than 13 months, only 25 hours of continuing education must be completed.

(b) Each physician renewing his or her license under the provisions of Article 19 (commencing with Section 2420) of the Medical Practice Act may be required to submit proof satisfactory to the division of compliance with the provisions of this article a minimum of every four (4) years.

(c) Each physician in order to renew his or her license at each renewal thereof shall report progress towards compliance with the continuing education requirement.

(d) Any physician who does not complete a minimum of 50 hours of approved continuing education during the two-year period immediately preceding the expiration date of the license shall be ineligible for renewal of his or her license under Section 1338 unless such physician applies for and obtains a waiver pursuant to Section 1339 below.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Sections 2190 and 2420, Business and Professions Code.

HISTORY

1. New Article 11 (Sections ◄**1336**►-1339, not consecutive) filed 5-20-77 as an emergency; effective upon filing (Register 77, No. 21).

2. Certificate of Compliance filed 5-23-77 (Register 77, No. 21).

3. Amendment filed 11-17-78; effective thirtieth day thereafter (Register 78, No. 46).

4. Amendment filed 8-5-81; effective thirtieth day thereafter (Register 81, No. 32).

5. Amendment of subsection (d) filed 9-21-83; effective thirtieth day thereafter (Register 83, No. 39).

6. Amendment of subsections (a) and (d) and amendment of Note filed 12-11-2008; operative 1-10-2009 (Register 2008, No. 50).

16 CCR § ←**1336**→, 16 CA ADC § ←**1336** →

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16 CA ADC § 1337
§ 1337. Approved Continuing Education Programs.

Term

16 CCR § **1337**

Cal. Admin. Code tit. 16, § **1337**

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Title 16. **Professional** and **Vocational Regulations**
Division 13. Medical Board of California [FNA1]
Chapter 1. Division of Licensing
Article 11. Continuing Education (Refs & Annos)

[FNa1] For disposition of former Sections 1370-1375.45, see Table of Parallel Reference, Chapter 13.2, Title 16, California Code of Regulations.

§ 1337. Approved Continuing Education Programs.

(a) The following programs are approved by the division for continuing education credit:

(1) Programs which qualify for Category I credit from the California Medical Association or the American Medical Association;

(2) Programs which qualify for prescribed credit from the American Academy of Family Physicians;

(3) Programs offered by other organizations and institutions acceptable to the division.

(b) Only those courses and other educational activities that meet the requirements of Section 2190.1 of the code which are offered by these organizations shall be acceptable for credit under this section.

(c) A maximum of one-third of the required hours of continuing education may be satisfied by teaching or otherwise presenting a course or program approved under this section.

(d) Any physician who takes and passes a certifying or recertifying examination administered by a recognized specialty board shall be granted credit for four (4) consecutive years (100 hours) of continuing education credit for relicensure purposes. Such credit may be applied retroactively or prospectively.

(e) A maximum of sixty (60) hours of continuing education shall be granted to a physician for receiving the Physician's Recognition Award.

(f) A maximum of six (6) hours of continuing education shall be granted for each month that a physician is engaged in an approved postgraduate residency training program or approved clinical fellowship program accredited by the Accreditation Council for Graduate Medical Education (ACGME) for relicensure purposes.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2190, Business and Professions Code.

HISTORY

1. Amendment filed 8-23-77; effective thirtieth day thereafter (Register 77, No. 35).

2. Amendment filed 5-29-81; effective thirtieth day thereafter (Register 81, No. 22).

3. New subsection (b) and subsection relettering filed 8-26-93; operative 9-27-93 (Register 93, No. 35).

4. Change without regulatory effect amending subsection (a)(2) filed 6-18-97 pursuant to section 100, title 1, California Code of Regulations (Register 97, No. 25).

5. New subsections (e)-(f) filed 9-14-98; operative 9-14-98 pursuant to Government Code section 11343.4(d) (Register 98, No. 38).

16 CCR § ←**1337**→, 16 CA ADC § ←**1337** →

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16 CA ADC § 1338
§ 1338. Audit and Sanctions for Noncompliance.

Term

16 CCR § 1338

Cal. Admin. Code tit. 16, § 1338

Barclays Official California Code of Regulations Currentness
Title 16. Professional and Vocational Regulations
Division 13. Medical Board of California [FNA1]
Chapter 1. Division of Licensing
Article 11. Continuing Education (Refs & Annos)

[FNa1] For disposition of former Sections 1370-1375.45, see Table of Parallel Reference, Chapter 13.2, Title 16, California Code of Regulations.

§ 1338. Audit and Sanctions for Noncompliance.

(a) The Board shall audit during each year a random sample of physicians who have reported compliance with the continuing education requirement. No physician shall be subject to audit more than once every four (4) years. Those physicians selected for audit shall be required to document their compliance with the continuing education requirements of this article on a form provided by the Board.

(b) Any physician who is found not to have completed the required number of hours of approved continuing education will be required to make up any deficiency during the next biennial renewal period. Such physician shall document to the Board the completion of any deficient hours identified by audit. Any physician who fails to make up the deficient hours during the following renewal period shall be ineligible for renewal of his or her license to practice medicine until such time as the deficient hours of continuing education are documented to the Board.

(c) It shall constitute unprofessional conduct for any physician to misrepresent his or her compliance with the provisions of this article.

(d) Any physician selected for audit who has been certified as complying with the continuing education requirements of this article by those organizations listed in Section 1337, subsections (a)(1) and (a)(2), will not be required to submit documentation or records of continuing education coursework received, but the Board may obtain such records directly from the certifying organizations.

(e) The Board requires that each physician retain records for a minimum of four years of all continuing education programs attended which indicate the title of the course or program attended, dates of attendance, the length of the course or program, the sponsoring organization and the accrediting organization, if any, which may be needed in the event of an audit by the Board.

Note: Authority cited: Section 2018, Business and Professions Code. Reference: Section 2190, Business and Professions Code.

HISTORY

1. Amendment filed 9-1-77; effective thirtieth day thereafter (Register 77, No. 36).

2. Repealer and new section filed 11-17-78; effective thirtieth day thereafter (Register 78, No. 46).

3. Amendment of NOTE filed 8-5-81; effective thirtieth day thereafter (Register 81, No. 32).

4. Amendment of subsections (b) and (e) filed 9-21-83; effective thirtieth day thereafter (Register 83, No. 39).

5. Amendment filed 12-3-2009; operative 1-2-2010 (Register 2009, No. 49).

16 CCR § 1338, **16 CA ADC § 1338**

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