

FINAL APPROVED

VIRGINIA BOARD OF MEDICINE

CREDENTIALS COMMITTEE BUSINESS MEETING

Monday, November 8, 2021

Department of Health Professions

Henrico, VA

CALL TO ORDER: Dr. Miller called the meeting to order at 9:16 a.m.

MEMBERS PRESENT: Jacob Miller, DO - Chair
Khalique Zahir, MD
Jane Hickey, JD
Pradeep Pradhan, MD
Alvin Edwards, PhD

STAFF PRESENT: William L. Harp, MD - Executive Director
Michael Sobowale, LL.M. - Deputy Executive Director, Licensing

GUESTS PRESENT: Andrew Densmore - Medical Society of Virginia
Ben Traynham – Hancock, Daniel, Johnson, P.C.

Call to Order

Dr. Miller called the meeting to order at 9:16 am.

Emergency Egress

Dr. Miller read the emergency egress instructions.

Roll Call

Mr. Sobowale called the roll; a quorum was declared.

Approval of Minutes

Dr. Edwards moved approval of the minutes of the September 20, 2021 meeting with an amendment to the minutes to change Ms. Hickey’s first name to Jane instead of “Janet”. Motion was seconded by Dr. Zahir. Minutes approved.

Approval of the Agenda

Ms. Hickey moved approval of the agenda as presented. Dr. Zahir seconded the motion. The agenda was unanimously approved.

Public Comment

None

Overview

Dr. Harp provided brief comments on the purpose of the meeting. He reminded members that when the Committee met on September 20th, certain recommendations were made with regards to further streamlining the licensing process for five professions whose licensing processes were expedited during the pandemic - MD, DO, DPM, PA, and RT. The recommendations made at that meeting were ratified by the full board at the meeting held on October 14, 2021. Part of the recommendations made by the Committee at the last meeting was for the issue to be presented to the various Advisory Boards overseeing the allied health professions under the Board of Medicine for a discussion and for them to determine if any recommendation could be made on ways to streamline their licensing requirements. Any recommendations made is to be presented back to the Committee for consideration and approval. Part of the Committee's task at the meeting is to consider and approve the recommendations received from the various Advisory Boards.

New Business:

1. Consider Licensure Requirements Recommendations from Advisory Boards

The Committee reviewed the licensure requirements in each allied health profession's regulations and advisory board recommendations on licensure documents required of applicants during the application process consisting of documents for which primary-source verification is required, documents for which copies could be accepted, and documents that are no longer necessary to be provided by an applicant in the application process.

After a presentation of the recommendations made the Advisory Boards overseeing the twelve allied professions on Genetic Counseling, Occupational Therapy, Licensed Acupuncture, Radiologic Technology, Athletic Training, Licensed Professional Midwives, Polysomnographic Technology, and Surgical Assisting and upon full discussion, the Committee unanimously voted upon a motion made by Dr. Edwards, seconded by Dr. Zahir, to approve the recommendations presented for each allied profession as follows:

Genetic Counseling

A license applicant should submit primary source verification of the following documents: Professional Education /School Transcripts, American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics (ABMG) Certificate, ABGC Active Candidate status letter for temporary license applicants, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Occupational Therapy and Occupational Therapist Assistant

A license applicant should submit primary source verification of the following documents: professional education/ school transcripts, National Board for Certification in Occupational Therapy (NBCOT) Certificate, Test of English as a Foreign Language (TOEFL) result and Program Director's letter verifying completion of professional education for an internationally-trained applicant, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Licensed Acupuncture

A license applicant should submit primary source verification of the following documents: professional education /school transcripts, National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), Test of English as a Foreign Language (TOEFL) result and United States evaluation of international professional education for an internationally-trained applicant, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Radiologic Technology, Radiologic Technology-Limited, and Radiologic Assistant

A radiologic technology license applicant should submit primary source verification of the following documents: proof of professional education /school transcripts, American Registry of Radiologic Technologists (ARRT) or Nuclear Medicine Technology Certification Board (NMTCB) certification, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

A radiologic technology- limited license applicant should submit primary source verification of the following documents: proof of professional education /school transcripts, American Registry of Radiologic Technologists (ARRT) certification, National Practitioner Data Bank (NPDB) self-query report and one state license verification.

A radiologic assistant license applicant should submit primary source verification of the following documents: American Registry of Radiologic Technologists (ARRT) certification, current certification in Advanced Cardiac Life Support (ACLS), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

For these professions, copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification. Also, pursuant to 18VAC85-101-27, radiologic assistants are graduates of an ARRT-recognized educational program prior to being allowed to sit for the ARRT certifying examination leading to the radiologic assistant credential. It is no longer necessary for a radiologic assistant license applicant to present school transcripts in the application process.

Athletic Training

The Advisory Board on Athletic Training did not form a quorum at their meeting held on October 7, 2021 but the Committee accepted the consensus reached during deliberation by members in attendance at the meeting as follows: A license applicant should submit primary source verification of the following documents: A credential issued by the National Athletic Trainers' Board of Certification (BOC), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Licensed Professional Midwives

The Advisory Board on Midwifery did not form a quorum at their meeting held on October 8, 2021 but the Committee accepted the consensus agreed to during deliberation by members in attendance at the meeting as follows: A license applicant should submit primary source verification of the following documents: Certification from North American Registry of Midwives (NARM), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

Polysomnographic Technology

A license applicant should submit primary source verification of the following documents: evidence of one of three credentialing pathways: 1. current certification as a Registered Polysomnographic Technologist (RPSGT) by the Board of Registered Polysomnographic Technologists; 2. documentation of the Sleep Disorders Specialist credential from the National Board of Respiratory Care (NBRC-SDS); or 3. a professional certification or credential approved by the board from an organization or entity that meets the accreditation standards of the Institute for Credentialing Excellence belonging to the National Organization for Competency Assurance. In addition, they must provide primary source evidence of current certification in Basic Cardiac Life Support (BCLS), National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification. Also, it is no longer necessary to a notarized BCLS certificate as a copy will suffice.

Licensed Surgical Assistant and Certified Surgical Technologist

A license applicant as a surgical assistant should submit primary source verification of the following evidence of one of three credentialing pathways: 1. a current credential as a surgical assistant or surgical first assistant issued by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) or the National Commission for Certification of Surgical Assistants (NCCSA) or their successors; 2. successful completion of a surgical assistant training program during the applicant's service as a member

of any branch of the armed forces of the United States; or 3. practice as a surgical assistant in the Commonwealth at any time in the six months immediately prior to July 1, 2020.

An applicant registering with the Board for certification as a surgical technologist should submit primary source verification of the following evidence of one of three credentialing pathways: 1. a current credential as a surgical technologist issued by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) or its successor; 2. successful completion of a training program for surgical technology during the applicant's service as a member of any branch of the armed forces of the United States; or 3. practice as a surgical technologist at any time in the six months immediately prior to July 1, 2021.

For these professions, copies of the following documents could be accepted: a notarized copy of the NBSTSA credential, if mailed by the applicant and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification. Also, it is no longer necessary to a notarized BCLS certificate as a copy will suffice.

Behavior Analyst and Assistant Behavior Analyst

The Advisory Board on Behavior Analysis did not form a quorum to hold their meeting scheduled on October 4, 2021 but upon a motion made by Jane Hickey, seconded by Dr. Miller, the Committee unanimously voted to adopt the same requirements listed for the rest of the allied professions as follows: in addition to submitting primary source verification of current certification or credential as a Board Certified Behavior Analyst (BCBA) or Board Certified Assistant Behavior Analyst (BCaBA) issued by the Behavior Analyst Certification Board (BACB), a license applicant should also provide primary source verification of the National Practitioner Data Bank (NPDB) self-query report and one state license verification.

Copies of the following documents could be accepted: Other state license verifications, if submitted; a digitally-certified electronic copy of the NPDB report in lieu of a mailed report, and supporting documentation for any question answered 'Yes' on the application form that is deemed non-routine.

It is no longer necessary for applicants to submit a "Form B" employment verification.

The Committee also noted that if the advisory board have a different set of recommendations apart from these, they should be presented back to the Board.

2. Contiguous States License Reciprocity

Dr. Harp led the discussion. He reminded members of the passage into legislation of Senate Bill 757/House Bill 1701 of 2020 which allows the Board of Medicine to enter into reciprocal agreements with states that are contiguous to Virginia for the licensure of medical doctors, doctors of osteopathic medicine, physician assistants and nurse practitioners. He has contacted the Board Executives of the various states that are situated contiguously to Virginia, including the Board Executives in Pennsylvania, Delaware, and Kentucky. So far, only the District of Columbia and Maryland have expressed a strong interest in entering into a reciprocal agreement with Virginia.

During subsequent meetings held with the Board executives in Maryland and the District of Columbia, it was mentioned that there may be some limitations to terms in the reciprocal licensure agreement that may eventually be formed regarding issuing a license by reciprocity to international medical school graduates. Part of the consideration is that Virginia requires just a year of postgraduate training in order to license an international medical school graduate, whereas Maryland and the District of Columbia either require more year of postgraduate training or an internationally-trained medical school graduate could not apply for a license in their state.

Jane Hickey encouraged the Board to continue in its effort to pursue licensure reciprocity with contiguous jurisdictions. Dr. Pradhan mentioned that he could see the advantages of pursuing licensure reciprocity with contiguous states in terms of increased patient access to care and the ability of the provider to readily provide care for patients that may be situated in a border state. Dr. Zahir discussed that the issue of licensure reciprocity is very important for the Board to pursue, especially for providers and patients located in the “DMV” area where there is a lot of population.

Upon full discussion of the issue and a motion made by Dr. Zahir, the Committee voted to recommend for the Board to agree in principle to form a reciprocal licensure agreement with Maryland and the District of Columbia. Dr. Pradhan seconded the motion. There were no abstentions. Dr. Miller voted ‘No’.

3. Designation of Professional Credential on License

Dr. Harp led the discussion. Board staff have been made aware that other Boards under the umbrella of the Department of Health Professions may not be following the same procedure followed by the Board of Medicine of including the professional credential of the licensee on the wall certificate and license issued. Members discussed that there could be a blurring of the lines with the public and unsuspecting consumers of medical services of the type of professional credential that a treating provider actually holds if the credential is not displayed on the license issued. The consensus of the members was to leave credential designation on licenses issued by the Board. Upon a motion by Dr. Pradhan, seconded by Dr. Zahir, the Committee unanimously voted for the Board to keep credential designation on licenses issued by the Board of Medicine.

With no additional business, the meeting adjourned 10:58 a.m.

Jacob Miller, DO
Chair

William L. Harp, MD
Executive Director

Michael Sobowale, LL.M.
Deputy Executive Director, Licensing