

4731-4-01

Definitions.

(A) "Applicant for an initial license or certificate to practice" includes a person seeking an initial license or certificate to practice under Chapter 4730., 4731., 4759., 4760. , 4761., 4762., 4774., ~~or 4778.~~or 4796. of the Revised Code.

(B) "Applicant for a restored license or certificate to practice" includes a person seeking restoration of a license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4774., or 4778. of the Revised Code.

(C) "Applicant for a reactivated license or certificate to practice" includes a person seeking to reactivate a retired license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4760., 4761., 4762., 4774., or 4778. of the Revised Code.

~~(E)~~(D) "Criminal records check" has the same meaning as in division (G) of section 109. 572 of the Revised Code.

~~(E)~~(E) BCI means the "Ohio Bureau of Criminal Identification and Investigation."

~~(E)~~(F) "FBI" means the "Federal Bureau of Investigation."

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under: 119.03
Statutory Authority: 4776.03
Rule Amplifies: : 4730.101, 4731.14, 4730.141, 4731.08, 4731.171,
4731.222, 4731.281, 4731.283, 4731.531, 4759.061,
4759.062, 4759.064, 4760.032, 4760.06, 4760.062,
4761.051, 4761.06, 4761.062, 4762.031, 4762.06,
4762.062, 4774.031, 4774.06, 4774.062, 4776.02,
4776.03, 4776.04, 4778.04, 4778.07, 4778.072,
4796.08
Prior Effective Dates: 09/30/2008, 02/28/2009, 10/31/2013, 12/31/2013,
06/30/2014, 09/30/2018, 04/30/2019, 09/30/2019

4731-4-02

Criminal records checks.

(A) An applicant for an initial license or certificate to practice, for a reactivated license or certificate to practice, or for a restored license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4760, 4761., 4762., 4774., ~~or 4778.~~ or 4796 of the Revised Code, shall submit fingerprints, required forms, and required fees to BCI for completion of BCI and FBI criminal records checks.

- (1) An applicant who is present in Ohio shall use the services of an entity that has been designated by the Ohio attorney general to participate in the "National WebCheck" program (available at <http://www.ohioattorneygeneral.gov/>) and pay any processing fee charged by the entity, with the "State Medical Board of Ohio" designated to receive the results:
- (2) An applicant who resides in a state or jurisdiction other than Ohio shall either appear in Ohio in order to comply with the requirements of paragraph (A)(1) of this rule or request that the board provide the forms required to complete the criminal records checks.

Upon receipt of the forms, the applicant shall have his or her fingerprints processed and pay any applicable processing fees.

(B) The board shall maintain the criminal records check reports in a manner that ensures the confidentiality of the results, prevents disclosure pursuant to a public records request, and complies with applicable state and federal requirements.

(C) The board shall not accept the results of a criminal records check submitted by an entity other than BCI.

(D) In reviewing the results of criminal records checks to determine whether the applicant should be granted an initial reactivated or restored license or certificate to practice, the board may consider all of the following:

- (1) The nature and seriousness of the crime;
- (2) The extent of the applicant's past criminal activity;
- (3) The age of the applicant when the crime was committed;
- (4) The amount of time that has elapsed since the applicant's last criminal activity;
- (5) The conduct and work activity of the applicant before and after the criminal activity;

- (6) Whether the applicant has completed the terms of any probation or deferred adjudication;
- (7) Evidence of the applicant's rehabilitation;
- (8) Whether the applicant fully disclosed the arrest or conviction to the board; and
- (9) Any other factors the board considers relevant.

(E) In reviewing the results of criminal records checks to determine whether an applicant should be granted an initial license or certificate to practice, the board shall comply with section 9.79 of the Revised Code.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under:	119.03
Statutory Authority:	4730.07, 4731.05, 4759.05, 4760.19, 4761.03, 4762.19, 4774.11, 4776.03, 4778.12
Rule Amplifies:	4730.101, 4730.14, 4730.141, 4730.28, 4731.08, 4731.171, 4731.222, 4731.281, 4731.283, 4731.531, 4759.061, 4759.062, 4759.064, 4760.032, 4760.06, 4760.062, 4761.051, 4761.06, 4761.062, 4762.031, 4762.06, 4762.062, 4774.031, 4774.06, 4774.062, 4776.03, 4778.04, 4778.07, 4778.072, 4796.08
Prior Effective Dates:	08/15/2008, 09/30/2008, 02/28/2009, 07/06/2009, 10/31/2013, 12/31/2013, 06/30/2014, 11/30/2016, 09/30/2018, 04/30/2019, 09/30/2019



ELECTRONIC RULE-FILING SYSTEM

FILING OF OHIO ADMINISTRATIVE RULES AND RULE-RELATED DOCUMENTS

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It is hereby confirmed that the State Medical Board **final filed** the following rule(s) pursuant to section 119.04 of the Ohio Revised Code.

Package Number: 220610

File Date and Time: 01/14/2026 1:36 PM

Confirmation Number: 52e56c851aa7e436e317969e7cd534

FINAL FILE

Rule Number	Type	FYR	CSI	JE Date	Eff Date	Next FYR	Tagline
4731-4-01	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	Definitions.
4731-4-02	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	Criminal records checks.

4731-11-01

Definitions.

As used in Chapter 4731-11 of the Administrative Code:

- (A) "Controlled substance" means a drug, compound, mixture, preparation, or substance included in schedule I, II, III, IV, or V pursuant to the provisions of Chapter 3719. of the Revised Code and Chapter 4729:9-1 of the Administrative Code.
- (B) "Controlled substance stimulant" means any drug, compound, mixture, preparation, or substance which is classified as a stimulant in controlled substance schedule II, III, or IV listed in Chapter 4729:9-1 of the Administrative Code, or which is classified as a stimulant in controlled substances schedule II, III, or IV pursuant to Chapter 4729:9-1 of the Administrative Code.
- (C) "Cross-coverage" means an agreement between an Ohio-licensed physician and another Ohio licensed physician or healthcare provider acting within the scope of their professional license under which the physician provides medical services for an active patient, as that term is defined in paragraph (D) of rule this rule, of the other physician or healthcare provider who is temporarily unavailable to conduct the evaluation of the patient.
 - (1) This type of agreement includes on-call coverage for after hours and weekends.
 - (2) The medical evaluation required by paragraph (C) of rule 4731-11-09 of the Administrative Code may be a limited evaluation conducted through interaction with the patient.
- (D) For purposes of paragraph (D) of rule 4731-11-09 of the Administrative Code, "active patient" as that term is used in paragraph (C) of this rule, means that within the previous twenty-four months the physician or other healthcare provider acting within the scope of their professional license conducted at least one in-person medical evaluation of the patient or an evaluation of the patient through the practice of telemedicine as that term is defined in 21 C.F.R. 1300.04, in effect as of the effective date of this rule.
- (E) "Utilize a controlled substance or controlled substance stimulant" means to prescribe, administer, dispense, supply, sell or give a controlled substance or controlled substance stimulant.
- (F) "Recognized contraindication" means any contraindication to the use of a drug which is listed in the United States food and drug administration (hereinafter, "F.D.A.") approved labeling for the drug, or which the board determines to be accepted as a contraindication.

- (G) "The board" means the state medical board of Ohio.
- (H) "BMI" means body mass index, calculated as a person's weight in kilograms divided by height in meters squared.
- (I) "Physician" means an individual holding a certificate under Chapter 4731. of the Revised Code to practice medicine and surgery, osteopathic medicine and surgery, or podiatric medicine and surgery and practicing within his or her scope of practice as defined by section 4731.51 of the Revised Code.
- (J) "Board certified addictionologist or addiction psychiatrist" means a medical doctor or doctor of osteopathic medicine and surgery who holds one of the following certifications:
 - (1) Subspecialty board certification in addiction psychiatry from the american board of psychiatry and neurology;
 - (2) Board certification in addiction medicine from the american board of addiction medicine;
 - (3) Certification from the American society of addiction medicine;
 - (4) Subspecialty certification in addiction medicine from the American board of preventive medicine; or
 - (5) Board certification with additional qualification in addiction medicine from the American osteopathic association.
- (K) "Office based opioid treatment (OBOT)" "OBOT" means treatment of opioid addiction utilizing a schedule III, IV or V controlled substance narcotic.
- (L) "Acute pain" means pain that normally fades with healing, is related to tissue damage, significantly alters a patient's typical function and is expected to be time limited and not more than six weeks in duration.
- (M) "Minor" has the same meaning as in section 3719.061 of the Revised Code.
- (N) "Morphine equivalent daily dose (MED)" means a conversion of various opioid analgesics to a morphine equivalent dose by the use of accepted conversion tables provided by the state of Ohio board of pharmacy at: <https://www.ohiopmp.gov/> (effective 2017).
- (O) "Extended-release or long-acting opioid analgesic" means an opioid analgesic that:

- (1) Has United States food and drug administration approved labeling indicating that it is an extended-release or controlled release formulation;
- (2) Is administered via a transdermal route; or
- (3) Contains methadone.

(P) "Opioid analgesic" has the same meaning as in section 3719.01 of the Revised Code and means a controlled substance that has analgesic pharmacologic activity at the opioid receptors of the central nervous system, including but not limited to the following drugs and their varying salt forms or chemical congeners: buprenorphine, butorphanol, codeine (including acetaminophen and other combination products), dihydrocodeine, fentanyl, hydrocodone (including acetaminophen combination products), hydromorphone, meperidine, methadone, morphine sulfate, oxycodone (including acetaminophen, aspirin, and other combination products), oxymorphone, tapentadol, and tramadol.

(Q) "Hospice care program" has the same meaning as in section 3712.01 of the Revised Code.

(R) "Palliative care" has the same meaning as in section 3712.01 of the Revised Code.

(S) "Terminal condition" means an irreversible, incurable, and untreatable condition caused by disease, illness, or injury from which, to a reasonable degree of medical certainty as determined in accordance with reasonable medical standards by a physician who has examined the patient, both of the following apply:

- (1) There can be no recovery.
- (2) Death is likely to occur within a relatively short time if life-sustaining treatment is not administered.

(T) "Medication therapy management" has the same meaning as in rule 4729:5-12-01 of the Administrative Code.

(U) "Subacute pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for more than six weeks but less than twelve weeks following initial onset of pain. It may be the result of underlying medical disease or condition, injury, medical or surgical treatment, inflammation, or unknown cause.

(V) "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for twelve or more weeks following initial onset of pain. It may be the result of an underlying

medical disease or condition, injury, medical treatment, inflammation, or unknown cause. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.

(W) "Board certification in hospice and palliative care" means either of the following:

- (1) Subspecialty certification in hospice and palliative medicine granted by a certification board that is a member of the American board of medical specialties.
- (2) Certification of added qualification in hospice and palliative medicine by the American osteopathic association bureau of medical specialties.

(X) "Board certification in hematology" means specialty or subspecialty certification in hematology or a related hematology specialty or subspecialty by a certification board that is a member of the American board of medical specialties or by the American osteopathic ~~osteopathic~~ association bureau of medical specialties.

(Y) "Board certification in oncology" means specialty or subspecialty certification in oncology or a related oncology specialty or subspecialty by a certification board that is a member of the American board of medical specialties or American osteopathic association bureau of medical specialties.

(Z) "Board certification in pain medicine" means any of the following:

- (1) Current subspecialty certification in pain medicine by a member board of the American board of medical specialties, or current certificate of added qualification in pain medicine by the American osteopathic association bureau of osteopathic specialists;
- (2) Current board certification by the American board of pain medicine; or
- (3) Current board certification by the American board of interventional pain physicians.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under:	119.03
Statutory Authority:	4731.052, 4731.05, 4730.39, 3719.062
Rule Amplifies:	3719.062, 4731.74, 4731.052, 4730.39
Prior Effective Dates:	11/17/1986, 10/31/1998, 11/11/1998, 09/01/2000, 11/30/2008, 01/31/2015, 03/23/2017, 08/31/2017, 12/07/2017, 12/23/2018, 10/31/2020

4731-11-14

Prescribing for subacute and chronic pain.

(A) Prior to treating, or continuing to treat subacute or chronic pain with an opioid analgesic, the physician shall first consider and document non-medication and non-opioid treatment options.

(1) If opioid analgesic medications are required as determined by a history and physical examination, the physician shall prescribe for the minimum quantity and potency needed to treat the expected duration of pain and improve the patient's ability to function.

(2) The physician shall comply with the requirements of rule 4731-11-02 of the Administrative Code.

(B) Before prescribing an opioid analgesic for subacute or chronic pain, the physician shall complete or update and document in the patient record assessment activities to assure the appropriateness and safety of the medication including:

(1) History and physical examination including review of previous treatment and response to treatment, patient's adherence to medication and non-medication treatment, and screening for substance misuse or substance use disorder;

(2) Laboratory or diagnostic testing or documented review of any available relevant laboratory or diagnostic test results. If evidence of substance misuse or substance use disorder exists, diagnostic testing shall include urine drug screening;

(3) Review the results of an OARRS check in compliance with rule 4731-11-11 of the Administrative Code;

(4) A functional pain assessment which includes the patient's ability to engage in work or other purposeful activities, the pain intensity and its interference with activities of daily living, quality of family life and social activities, and the physical activity of the patient;

(5) A treatment plan based upon the clinical information obtained, to include all of the following components:

(a) Diagnosis;

(b) Objective goals for treatment;

(c) Rationale for the medication choice and dosage; and

- (d) Planned duration of treatment and steps for further assessment and follow-up.
- (6) Discussion with the patient or guardian regarding:
 - (a) Benefits and risks of the medication, including potential for addiction and risk of overdose; and
 - (b) The patient's responsibility to safely store and appropriately dispose of the medication.
- (7) The physician shall offer a prescription for an overdose reversal drug to the patient receiving an opioid analgesic prescription under any of the following circumstances:
 - (a) The patient has a history of prior opioid overdose;
 - (b) The dosage prescribed exceeds a daily average of eighty MED or at lower doses if the patient is co-prescribed a benzodiazepine, sedative hypnotic drug, carisprodol, tramadol, or gabapentin; or
 - (c) The patient has a concurrent substance use disorder.

(C) Prior to increasing the opioid dosage to a daily average of fifty MED or greater the physician shall complete and document the following in the patient's medical record:

- (1) The physician shall review and update the assessment completed in paragraph (B) of this rule, if needed. The physician may rely on an appropriate assessment completed within a reasonable time if the physician is satisfied that he or she may rely on that information for purposes of meeting the further requirements of this chapter of the Administrative Code;
- (2) The physician shall update or formulate a new treatment plan, if needed;
- (3) The physician shall obtain from the patient or the patient's guardian written informed consent which includes discussion of all of the following:
 - (a) Benefits and risks of the medication, including potential for addiction and risk of overdose.
 - (b) The patient's responsibility to safely store and appropriately dispose of the medication.

(4) Except when the patient was prescribed an average daily dosage that exceeded fifty MED before the effective date of this rule, the physician who is neither a specialist in the area of the body affected by the pain nor a pain management specialist shall document consideration of the following:

- (a) Consultation with a specialist in the area of the body affected by the pain;
- (b) Consultation with a pain management specialist;
- (c) Obtaining a medication therapy management review by a pharmacist; and
- (d) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted.

(5) The physician shall consider offering a prescription for an overdose reversal drug to mitigate risk of overdose.

(D) Prior to increasing the opioid dosage to a daily average of eighty MED or greater, the physician shall complete all of the following:

- (1) Enter into a written pain treatment agreement with the patient that outlines the physician's and patient's responsibilities during treatment and requires the patient or patient guardian's agreement to all of the following provisions:
 - (a) Permission for drug screening and release to speak with other practitioners concerning the patient's condition or treatment;
 - (b) Cooperation with pill counts or other checks designed to assure compliance with the treatment plan and to minimize the risk of misuse or diversion;
 - (c) The understanding that the patient shall only receive opioid medications from the physician treating the chronic pain unless there is written agreement among all of the prescribers of opioids outlining the responsibilities and boundaries of prescribing for the patient; and
 - (d) The understanding that the dosage may be tapered if not effective or if the patient does not abide by the treatment agreement.
- (2) Offer a prescription for an overdose reversal drug to the patient as described in paragraph (B) of this rule.
- (3) Except when the patient was prescribed an average daily dosage that exceeded eighty MED before the effective date of this rule, the physician who is neither

a specialist in the area of the body affected by the pain nor a pain management specialist shall obtain at least one of the following based upon the patient's clinical presentation:

- (a) Consultation with a specialist in the area of the body affected by the pain;
- (b) Consultation with a pain management specialist;
- (c) Obtain a medication therapy management review; or
- (d) Consultation with a specialist in addiction medicine or addiction psychiatry if aberrant behavior indicating medication misuse or substance use disorder may be present.

(E) The physician shall not prescribe a dosage that exceeds an average of one hundred twenty MED per day. This prohibition shall not apply in the following circumstances:

- (1) The physician holds board certification in pain medicine, board certification in hospice and palliative care, board certification in hematology, or board certification in oncology;
- (2) The physician has received a written recommendation for a dosage exceeding an average of one hundred twenty MED per day from a board certified pain medicine physician or board certified hospice and palliative care physician who based the recommendation on a face-to-face visit and examination of the patient. The prescribing physician shall maintain the written recommendation in the patient's record; or
- (3) The patient was receiving an average daily dose of one hundred twenty MED or more prior to the effective date of this rule. The physician shall follow the steps in paragraph (E)(2) of this rule prior to escalating the patient's dose.

(F) During the course of treatment with an opioid analgesic at doses below the average of fifty MED per day, the physician shall provide periodic follow-up assessment and documentation of the patient's functional status, the patient's progress toward treatment objectives, indicators of possible addiction, drug abuse or drug diversion and the notation of any adverse drug effects.

(G) During the course of treatment with an opioid analgesic at doses at or above the average of fifty MED per day, the physician shall complete and document in the patient record the following no less than every three months:

- (1) Review of the course of treatment and the patient's response and adherence to treatment.
- (2) The assessment shall include a review of any complications or exacerbation of the underlying condition causing the pain through appropriate interval history, physical examination, any appropriate diagnostic tests, and specific treatments to address the findings.
- (3) The assessment of the patient's adherence to treatment including any prescribed non-pharmacological and non-opioid treatment modalities;
- (4) Rationale for continuing opioid treatment and nature of continued benefit, if present.
- (5) The results of an OARRS check in compliance with rule 4731-11-11 of the Administrative Code.
- (6) Screening for medication misuse or substance use disorder. Urine drug screen should be obtained based on clinical assessment of the physician with frequency based upon presence or absence of aberrant behaviors or other indications of addiction or drug abuse.
- (7) Evaluation of other forms of treatment and the tapering of opioid medication if continued benefit cannot be established.

(H) This rule does not apply to the physician who prescribes an opioid in any of the following situations:

- (1) The medication is for a patient in hospice care.
- (2) The patient has terminal cancer or another terminal condition, as that term is defined in rule 4731-11-01 of the Administrative Code.

(I) This rule does not apply to inpatient prescriptions or medication orders as defined in paragraph (J) of rule ~~4729:5-9-014729-17-01~~ of the Administrative Code.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under: 119.03
Statutory Authority: 3719.062, 4731.05, 4731.052, 4730.39, 4730.07
Rule Amplifies: 3719.062, 4731.052, 4730.39
Prior Effective Dates: 11/11/1998, 11/30/2008, 08/31/2017, 12/23/2018,
10/31/2020, 07/31/2023



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It is hereby confirmed that the State Medical Board **final filed** the following rule(s) pursuant to section 119.04 of the Ohio Revised Code.

Package Number: 224890

File Date and Time: 01/14/2026 1:28 PM

Confirmation Number: b6782c543bc5e7fb96529d434fc9225

FINAL FILE

Rule Number	Type	FYR	CSI	JE Date	Eff Date	Next FYR	Tagline
4731-11-01	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	Definitions.
4731-11-14	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	Prescribing for subacute and chronic pain.

4731-29-01

Standards and procedures for the operation of a pain management clinic.

(A) For the purposes of this rule:

- (1) "Board" means state medical board of Ohio.
- (2) "Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously, or episodically, for longer than three continuous months. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.
- (3) "Hospital" means an institution or facility that provides inpatient medical or surgical services for a continuous period longer than twenty-four hours as defined in section 3722.01 ~~a hospital registered with the department of health under section 3701.07~~ of the Revised Code.
- (4) "Informed consent" means a process of communication between a patient and physician that results in the patient's signed authorization or agreement to undergo a specific medical intervention after all of the following subjects are discussed:
 - (a) The patient's diagnosis;
 - (b) The nature and purpose of the proposed treatment or procedure;
 - (c) The risks and benefits of a proposed treatment or procedure;
 - (d) Alternatives regardless of their costs or the extent to which the treatment options are covered by health insurance;
 - (e) The risks and benefits of the alternative treatment or procedure; and
 - (f) The risks and benefits of not receiving or undergoing a treatment or procedure.
- (5) "Owner" means each person included on the list maintained under division (B) (56) of section 4729.552 of the Revised Code.
- (6) "Pain management clinic" means a facility in which the majority of patients of the prescribers at the facility are provided treatment for chronic pain that includes the use of controlled substances. In determining whether the facility meets the requirements of this paragraph:

- (a) Calculation of the majority of patients will be based upon the number of patients treated in a calendar month;
- (b) Patients receiving controlled substances for treatment of an injury or illness that lasts or is expected to last thirty days or less shall not be considered in the calculation of the majority.

(7) "Pain management clinic" does not include the following:

- (a) A hospital;
- (b) A facility operated by a hospital for the treatment of pain or chronic pain;
- (c) A physician practice owned or controlled, in whole or in part, by a hospital or by an entity that owns or controls, in whole or in part, one or more hospitals;
- (d) A school, college, university, or other educational institution or program to the extent that it provides instruction to individuals preparing to practice as physicians, podiatrists, dentists, nurses, physician assistants, optometrists, or veterinarians or any affiliated facility to the extent that it participates in the provision of that instruction;
- (e) A hospice program licensed under Chapter 3712. of the Revised Code;
- (f) An ambulatory surgical facility licensed under section 3702.30 of the Revised Code;
- (g) An interdisciplinary pain rehabilitation program with three-year accreditation from the commission on accreditation of rehabilitation facilities;
- (h) A nursing home licensed under section 3721.02 of the Revised Code or by a political subdivision certified under section 3721.09 of the Revised Code; or
- (i) A facility conducting only clinical research that may use controlled substances in studies approved by a hospital-based institutional review board or an institutional review board accredited by the association for the accreditation of human research protection programs.

(8) "Physician" means an individual authorized under chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

(9) "Prescriber" has the same meaning as in section 4729.01 of the Revised Code.

(B) In the operation of a pain management clinic, the following requirements shall be met:

(1) The pain management clinic shall be owned and operated by one or more physicians. Each physician owner of a pain management clinic shall complete at least twenty hours of category I continuing medical education in pain medicine every two years, to include one or more courses addressing the potential for addiction. The courses completed in compliance with this rule shall be accepted toward meeting the category I requirement for certificate of registration renewal for the physician.

(2) Each physician owner of a pain management clinic must meet one of the following requirements:

(a) Hold current subspecialty certification in pain medicine by the American board of medical specialties, or hold a current certificate of added qualification in pain medicine by the American osteopathic association bureau of osteopathic specialists; or

(b) Hold current subspecialty certification in hospice and palliative medicine by the American board of medical specialties, or hold a current certificate of added qualification in hospice and palliative medicine by the American osteopathic association bureau of osteopathic specialists; or

(c) Hold current board certification by the American board of pain medicine; or

(d) Hold current board certification by the American board of interventional pain physicians; or

(e) Meet both of the following:

(i) Hold current board certification in anesthesiology, psychiatry, neurology, physical medicine and rehabilitation, occupational medicine, or rheumatology by the American board of medical specialties or hold current primary certification in anesthesiology, psychiatry, neurology, physical medicine and rehabilitation, occupational medicine, or rheumatology by the American osteopathic association bureau of osteopathic specialists.

(ii) Demonstrate conformance with the minimal standards of care.

- (3) To demonstrate conformance with the minimal standards of care pursuant to paragraph (B)(2)(e)(ii) of this rule, the board shall conduct an inspection of the facility pursuant to division (E) of section 4731.054 of the Revised Code.
- (4) The pain management clinic shall be licensed as a category III terminal distributor of dangerous drugs with a pain management clinic classification under section 4729.552 of the Revised Code.
- (5) The pain management clinic shall be operated in compliance ~~with the drug prevention and control act, 21 U.S.C. 801 to 971, in effect as of May 1, 2016, and with Chapters 3719., 4729., 4730., and 4731. of the Revised Code, and all applicable provisions of federal law governing the possession, distribution or use of controlled substances.~~
- (6) The pain management clinic shall have proper equipment, materials, and personnel on premises to provide appropriate medical treatment, as required by the minimal standards of care.

(C) Each physician who provides care at a pain management clinic shall complete at least twenty hours of category I continuing medical education in pain medicine every two years, to include one or more courses addressing the potential for addiction. The courses completed in compliance with this rule shall be accepted toward meeting the category I requirement for certificate of registration renewal for the physician.

(D) No physician owner of a pain management clinic, employee of the clinic, or person with whom the clinic contracts for services shall:

- (1) Have ever been denied a license to prescribe, dispense, administer, supply, or sell a controlled substance by the drug enforcement administration or appropriate issuing body of any state or jurisdiction, based, in whole or in part, on the prescriber's inappropriate prescribing, dispensing, administering, supplying or selling a controlled substance or other dangerous drug.
- (2) Have held a license issued by the drug enforcement administration or a state licensing agency in any jurisdiction, under which the person may prescribe, dispense, administer, supply or sell a controlled substance, that has ever been restricted, based, in whole or in part, on the prescriber's inappropriate prescribing, dispensing, administering, supplying, or selling a controlled substance or other dangerous drug.
- (3) Have been subject to disciplinary action by any licensing entity that was based, in whole or in part, on the prescriber's inappropriate prescribing, dispensing,

diverting, administering, supplying or selling a controlled substance or other dangerous drug.

(E) In providing supervision, direction, and control of individuals at a pain management clinic the physician owner shall establish and ensure compliance with the following:

- (1) A requirement that a log of patients be maintained for each day the clinic is in operation.
 - (a) Each log sheet shall contain the month, day, and year;
 - (b) Each log entry shall include the legible first and last name of each patient;
 - (c) Each patient shall be required to sign the log at each visit; and
 - (d) Patient logs shall be maintained for seven years.
- (2) A requirement that providers obtain informed consent for each patient prior to the commencement of treatment.
- (3) An on-going quality assurance program that objectively and systematically monitors and evaluates the quality and appropriateness of patient care, evaluates methods to improve patient care, identifies and corrects deficiencies within the clinic, and provides the opportunities to improve the clinic's performance and quality of care.
- (4) A requirement that the background, training, certification, and licensure of all clinical staff be documented. Verification of certification and licensure shall be made on an annual basis.
- (5) A requirement that adequate billing records are maintained for all patients and made available to the board, immediately upon request.
 - (a) Billing records shall include the amount paid, method of payment, description of services, sufficient information to identify the patient, and the amounts charged to the patient for each date of service,
 - (b) Billing records shall be maintained for seven years from the last date of treatment of the patient.
- (6) A requirement that adequate patient records are maintained for all patients and made available to the board, immediately upon request.

- (a) Patient records shall contain sufficient information to identify the patient, support the diagnosis, justify the treatment and document the course and results of treatment accurately, by including, at a minimum:
 - (i) Patient history and physical examination, including history of drug abuse or dependence;
 - (ii) Diagnostic, therapeutic, and laboratory results, including drug testing results;
 - (iii) Reports of evaluations, consultations, and hospitalizations;
 - (iv) Treatment objectives, including discussion of risks and benefits;
 - (v) Records of drugs prescribed, dispensed or administered, including the date, type, and dosage;
 - (vi) Treatments;
 - (vii) Receipt and assessment of drug database or prescription monitoring program reports;
 - (viii) Copies of records or reports or other documentation obtained from other health care practitioners at the request of the physician and relied upon by the physician in determining the appropriate treatment of the patient. Records provided by the patient shall be designated as such.
- (b) Patient records shall be maintained for seven years from the last date of treatment of the patient.
- (c) In the treatment of chronic pain the patient records shall contain the information required in rule ~~4731-21-02~~ 4731-11-14 of the Administrative Code in lieu of the requirements of paragraphs (E)(6)(a) (i) to (E)(6)(a)(vi) of this rule.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under: 119.03
Statutory Authority: 4731.05, 4731.054
Rule Amplifies: 4731.054
Prior Effective Dates: 08/31/2011, 06/30/2017



ELECTRONIC RULE-FILING SYSTEM

FILING OF OHIO ADMINISTRATIVE RULES AND RULE-RELATED DOCUMENTS

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It is hereby confirmed that the State Medical Board **final filed** the following rule(s) pursuant to section 119.04 of the Ohio Revised Code.

Package Number: 224910

File Date and Time: 01/14/2026 1:39 PM

Confirmation Number: 973a23e3d03aaa6525ac93f5efd672

FINAL FILE

Rule Number	Type	FYR	CSI	JE Date	Eff Date	Next FYR	Tagline
4731-29-01	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	Standards and procedures for the operation of a pain management clinic.

4731-36-01

Military provisions related to education and experience requirements for licensure.**(A) Definitions**

For purposes of this chapter:

- (1) "Armed forces" means any of the following:
 - (a) The armed forces of the United States, including the army, navy, air force, marine corps, and coast guard;
 - (b) A reserve component of the armed forces listed in paragraph (A)(1)(a) of this rule;
 - (c) The national guard, including the Ohio national guard or the national guard of any other state;
 - (d) The commissioned corps of the United States public health service;
 - (e) The merchant marine service during wartime;
 - (f) Such other service as may be designated by Congress; or
 - (g) The Ohio organized militia when engaged in full-time national guard duty for a period of more than thirty days.
- (2) "Board" means the state medical board of Ohio.
- (3) "Service member" means any person who is serving in the armed forces.
- (4) "Veteran" means any person who has completed service in the armed forces, including the national guard of any state, or a reserve component of the armed forces, who has been discharged under honorable conditions from the armed forces or who has been transferred to the reserve with evidence of satisfactory service.

(B) Education and service for eligibility for licensure.

- (1) In accordance with section 5903.03 of the Revised Code, the following military programs of training, military primary specialties, and lengths of service are substantially equivalent to or exceed the educational and experience requirements for licensure as a physician assistant and for a prescriber number:

- (a) An individual serving in a military primary specialty listed in paragraph (B) (1)(b) of this rule must be a graduate of a physician assistant education program approved by the accreditation review commission on education for the physician assistant.
- (b) Service in one of the following military primary specialties for at least two consecutive years while on active duty, with evidence of service under honorable conditions, including any experience attained while practicing as a physician assistant at a health care facility or clinic operated by the United States department of veterans affairs, may be substituted for a master's degree for eligibility for a license to practice as a physician assistant pursuant to section 4730.11 of the Revised Code and for a prescriber number pursuant to section 4730.15 of the Revised Code;
 - (i) Army: MOS 65D;
 - (ii) Navy: NOBC 0113;
 - (iii) Air force: AFSC 42G;
 - (iv) The national guard of Ohio or any state;
 - (v) Marine: Physician assistant services are provided by navy personnel;
 - (vi) Coast guard;
 - (vii) Public health service.
- (2) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure as a massage therapist.
- (3) For purposes of section 5903.03 of the Revised Code, the board has determined that:
 - (a) A diploma from a military medical school or military osteopathic medical school that at the time the diploma was issued was a medical school accredited by the liaison committee on medical education or an osteopathic medical school accredited by the American osteopathic association are substantially equivalent to the medical educational requirement for licensure to practice medicine and surgery or osteopathic medicine and surgery;

- (b) Military graduate medical education that is accredited by the accreditation council for graduate medical education is substantially equivalent to the graduate medical educational requirement for licensure to practice medicine and surgery or osteopathic medicine and surgery; and
- (c) There are no military primary specialties or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice medicine and surgery or osteopathic medicine and surgery.

(4) For purposes of section 5903.03 of the Revised Code, the board has determined that:

- (a) A degree from a military college of podiatric medicine and surgery that at the time the degree was granted was a college of podiatric medicine and surgery accredited by the council on podiatric medical education is substantially equivalent to the medical educational requirement for licensure to practice podiatric medicine and surgery;
- (b) Military postgraduate training in a podiatric internship, residency, or clinical fellowship program accredited by the council on podiatric medicine is substantially equivalent to the graduate medical educational requirement for licensure to practice podiatric medicine and surgery; and
- (c) There are no military primary specialties or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure to practice podiatric medicine and surgery.

(5) For purposes of section 5903.03 of the Revised Code, the board recognizes dietetics educational programs offered by branches of the United States military that have been issued accreditation status conferred by the Accreditation Council for Education in Nutrition and Dietetics or their successor organization that permits dietetics programs offered by the United State military to continue to enroll or graduate students. ~~has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or that exceed the educational and experience requirements for licensure as a dietitian.~~

(6) For purposes of section 5903.03 of the Revised Code, the board recognizes respiratory care educational programs offered by branches of the United States military that have been issued provisional accreditation, initial accreditation, continuing accreditation or other accreditation status conferred by the commission on accreditation for respiratory care (CoARC) or their successor

organization that permits respiratory care programs offered by the United States military to continue to enroll and/or graduate students

- (7) For purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, and lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as an acupuncturist.
- (8) For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a radiologist assistant.
- (9) For the purposes of section 5903.03 of the Revised Code, the board has determined that there are no military programs of training, military primary specialties, or lengths of service that are substantially equivalent to or exceed the educational and experience requirements for licensure as a genetic counselor.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under:	119.03
Statutory Authority:	5903.03, 5903.04, 4731.05
Rule Amplifies:	5903.04
Prior Effective Dates:	07/14/2003, 06/04/2014, 06/30/2014, 09/30/2015, 12/31/2015, 04/30/2019, 07/31/2019, 11/30/2019, 12/31/2020, 01/31/2022

4731-36-02

Military provisions related to renewal of license and continuing education.

(A) Renewal of an expired license or certificate to practice without a late fee or re-examination.

(1) An expired license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4761., 4762., 4774., or 4778. of the Revised Code shall be renewed upon payment of the renewal fee provided for in Chapter 4730., 4731., 4759., 4761., 4762., 4774., or 4778. of the Revised Code and without a late fee or re-examination if the holder meets all of the following requirements:

- (a) The licensee is not otherwise disqualified from renewal because of mental or physical disability;
- (b) The licensee meets the requirements for renewal for the particular license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4761., 4762., 4774., or 4778. of the Revised Code;
- (c) Either of the following situations applies:
 - (i) The license was not renewed because of the licensee's service in the armed forces, or
 - (ii) The license was not renewed because the licensee's spouse served in the armed forces, and the service resulted in the licensee's absence from this state.
- (d) The licensee or the licensee's spouse, whichever is applicable, has presented satisfactory evidence of the service member's discharge under honorable conditions or release under honorable conditions from active duty or national guard duty within six months after the discharge or release.

(B) Continuing education.

(1) Extension of the continuing education period for the license or certificate to practice pursuant to Chapter 4730., 4731., 4759., 4761., 4762., or 4778. of the Revised Code:

- (a) The holder of a license or certificate to practice may apply for an extension of the current continuing education reporting period in the manner provided in section 5903.12 of the Revised Code by submitting both of the following:

- (i) A statement that the licensee has served on active duty, whether inside or outside of the United States, for a specified period of time during the current or prior continuing education reporting period.
- (ii) Proper documentation certifying the active duty service and the length of that active duty service.

(b) Upon receiving the application and proper documentation, the board shall extend the current continuing education reporting period by an amount of time equal to the total number of months that the licensee spent on active duty during the current continuing education reporting period. Any portion of a month served shall be considered one full month.

(2) The board shall consider relevant education, training, or service completed by a licensee as a member of the armed forces in determining whether a licensee has met the continuing education requirements needed to renew the license.

(3) For purposes of sections 5903.12 and 5903.121 of the Revised Code, anesthesiologist assistants in Chapter 4731. of the Revised Code, acupuncturists in Chapter 4762. of the Revised Code, and radiologist assistants in Chapter 4774. of the Revised Code are not required to report continuing education coursework to the board.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under: 119.03
Statutory Authority: 5903.03, 5903.04, 4731.05
Rule Amplifies: 5903.04
Prior Effective Dates: 07/14/2003, 06/04/2014, 06/30/2014, 09/30/2015,
12/31/2015, 04/30/2019, 07/31/2019, 11/30/2019,
12/31/2020



ELECTRONIC RULE-FILING SYSTEM

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It is hereby confirmed that the State Medical Board **final filed** the following rule(s) pursuant to section 119.04 of the Ohio Revised Code.

Package Number: 224930

File Date and Time: 01/14/2026 1:31 PM

Confirmation Number: f19cc3b0bd9dcf598e2e7f7558799bc

FINAL FILE

Rule Number	Type	FYR	CSI	JE Date	Eff Date	Next FYR	Tagline
4731-36-01	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	Military provisions related to education and experience requirements for licensure.
4731-36-02	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	Military provisions related to renewal of license and continuing education.

4761-3-01

Definitions of terms.

The following definitions shall apply to the state medical board of Ohio for the practice of respiratory care:

- (A) "Board" means the state medical board of Ohio.
- (B) "Licensee" means a respiratory care professional issued a license under section 4761.05 of the Revised Code who can practice the full range of respiratory care as defined under division (A) of section 4761.01 of the Revised Code.
- (C) "Limited permit holder" or "permit holder" means a person who holds a limited permit issued under Chapter 4761. of the Revised Code.
- (D) "Designate" means any person or group authorized by the board as its agent to handle testing or other functions.
- (E) "Under the supervision" as it is used under division (B) of section 4761.17 of the Revised Code means that the prescribing physician, physician assistant, or authorized nurse is available to provide direction to the respiratory care practitioner providing the respiratory care service.
- (F) "License", as it is used under division (A) of section 4761.05 of the Revised Code, means the license certificate or a notarized copy of the license certificate as issued by the board.
- (G) "Conspicuous display" as it concerns the license certificate, means in a place accessible to the public during normal operating hours of the principal place of business.
- (H) "National Board for Respiratory Care, Inc. (NBRC)" means the national credentialing board for pulmonary technology and respiratory therapy.
- (I) "Licensure by endorsement" means the issuance of a license based upon board approval of an examination recognized by the board as meeting the requirements of division (A)(32) of section 4761.04 of the Revised Code.
- (J) "Licensure by Ohio examination" means the issuance of a license based upon successfully passing an examination offered to individuals who qualify for an educational waiver provided for in Section 6 of Sub. House Bill 111 of the 118th General Assembly.
- (K) ~~"A year" as the term is used in division (A)(4) of section 4761.11 of the Revised Code, means three hundred sixty five days from the approval date of the non-resident registration.~~

~~(L)~~(K) "A prescription or other order" means any verbal or written order or prescription for respiratory care services as defined under section 4761.01 of the Revised Code given in accordance with division (A) of section 4761.17 of the Revised Code.

~~(M)~~(L) "Organization" means any agency employing respiratory care providers.

~~(N)~~(M) "Official transcript" means an official transcript from a respiratory care educational program approved by the board pursuant to rule 4761-4-01 of the Administrative Code which lists the courses taken to earn a degree or certificate of completion in respiratory care, the number of hours and grade earned for each course, and the date and type of degree or certificate of completion earned. The transcript must be marked "official" by the issuing institution.

~~(O)~~(N) "Minimal Sedation," as the term is used in rule 4761-7-05 of the Administrative Code, means a drug-induced state during which patients can respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular function are unaffected. "Minimal sedation" shall not include sedation achieved through intravenous administration of drugs.

~~(P)~~(O) "Moderate sedation/analgesia," as the term is used in rule 4761-7-05 of the Administrative Code, means a drug-induced depression of consciousness during which patients can respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from a painful stimulus is not a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is maintained.

~~(Q)~~(P) "Deep sedation/analgesia," means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patient airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

~~(R)~~(Q) "General anesthesia," a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiopulmonary function may be impaired.

~~(S)~~(R) "Off-site supervision," means that the authorized prescriber must be continuously available for direct communication with the respiratory care professional and must

be in a location that under normal conditions is not more than sixty minutes travel time from the respiratory care professional's location.

~~(T)~~(S) "Direct supervision," means that the authorized prescriber is actually in sight of the respiratory care professional when the respiratory care professional is administering a medication to induce moderate sedation/analgesia in accordance with paragraph (B)(3)(c) of rule 4761-7-05 of the Administrative Code. Although the prescriber may be performing some other task at the same time, the prescriber is physically present in the same room, so that the prescriber may immediately provide direction or assume the performance of the task if difficulties arise. This does not require that the prescriber is watching "over the shoulder" of the respiratory care professional as would be required during the training period to ensure that the respiratory care professional is competent to perform the task.

~~(U)~~(T) "Authorized prescriber" or "prescriber," means an individual authorized to order or prescribe respiratory care pursuant to section 4761.17 of the Revised Code.

~~(V)~~(U) "Regular employment" as the term is used in paragraph (A) of rule 4761-5-01 of the Administrative Code means having employment in the practice of respiratory care equaling no less than an average of twenty-five hours per week for a period of fifty-two weeks during the three consecutive years prior to the date of application for an initial license.

~~(W)~~(V) "Active duty military service," means currently serving in the branches of the armed forces as defined in section 145.30 of the Revised Code.

~~(X)~~(W) "Veteran," means any person who has completed service in the armed forces, including the national guard of any state, or a reserve component of the armed forces, who has been discharged under honorable conditions from the armed forces or who has been transferred to the reserve with evidence of satisfactory service.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under:	119.03
Statutory Authority:	4761.03, 5903.03
Rule Amplifies:	4761.03, 5903.03
Prior Effective Dates:	03/10/1990, 03/14/1991, 01/01/1994, 01/01/1996, 05/02/1996, 05/19/1997, 09/21/1998, 03/26/2001, 05/23/2005, 08/15/2008, 01/13/2014, 06/04/2014, 02/28/2019

TO BE RESCINDED

4761-5-02

Admission to the Ohio credentialing examination.

- (A) An applicant for the Ohio credentialing examination must have an approved preliminary application for licensure form on file with the board that authorizes a waiver of the education requirement for licensure as set forth in Section 6 of Sub. House Bill 111 of the 118th General Assembly.
- (B) An applicant for the Ohio credentialing examination shall file an application provided by the board to take the examination offered by the "National Board for Respiratory Care, Inc. (NBRC)." The original application shall be mailed to the NBRC, and a copy of the application shall be mailed to the board. The application mailed to the NBRC shall include an examination score release form.
- (C) The application mailed to the NBRC shall include the nonrefundable examination fee.
- (D) The applicant for the Ohio credentialing examination shall comply with any and all deadlines established by the NBRC.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under: 119.03

Statutory Authority: 4761.03

Rule Amplifies: 4761.03, 4761.04, 4761.07

Prior Effective Dates: 03/10/1990, 01/01/1996, 09/21/1998, 07/11/2003

4761-5-04

License application procedure.

(A) An applicant for licensure shall submit to the board an application under oath in the manner determined by the board and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board.

(B) No application submitted to the board shall be considered complete until the applicant has complied with the requirements of Chapter 4731-4 of the Administrative Code and the board has received the results of the criminal records checks.

(C) Licensure by examination:

~~An applicant for licensure by examination who filed a preliminary application for licensure and who qualified for the educational waiver provided for in Section 6 of Sub. House Bill 111 of the 118th General Assembly and who has passed the Ohio licensure examination in accordance with rule 4761-5-02 of the Administrative Code shall submit to the board an application under oath in the manner determined by the board, and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board.~~

~~(D)~~(C) If an applicant fails to complete the application process within six months of initial application filing, the board may notify the applicant in writing of its intention to consider the application abandoned. If no response to that notice is received by the board within thirty days, the board shall consider the application as abandoned and no further processing shall be undertaken with respect to that application.

~~(E)~~(D) If the application process extends for a period longer than six months, the board may require updated information as it deems necessary.

~~(F)~~(E) No application being investigated under section 4761.09 of the Revised Code, may be withdrawn without approval of the board.

~~(G)~~(F) Application fees are not refundable.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under: 119.03
Statutory Authority: 4761.03
Rule Amplifies: 4761.03, 4761.04
Prior Effective Dates: 03/10/1990, 01/01/1994, 01/01/1996, 05/02/1996,
05/19/1997, 09/21/1998, 03/26/2001, 07/11/2003,
05/23/2005, 07/01/2007, 08/15/2008, 04/24/2013,
08/12/2013, 09/30/2020

4761-6-01

Limited permit application procedure.

(A) An applicant for a limited permit shall submit to the board an application under oath in the manner determined by the board, and provide such other facts and materials as the board requires. No application shall be considered submitted to the board until the appropriate fee has been received by the board. Application fees are not refundable.

(1) An applicant for a limited permit must provide proof of meeting one of the following requirements:

(a) Is enrolled in and is in good standing in a respiratory care educational program that meets the requirements of rule 4761-4-01 of the Administrative Code; or

(b) Is a graduate of a respiratory care educational program that meets the requirements of rule 4761-4-01 of the Administrative Code and is making application within one year of such graduation date; or

(c) ~~Is employed as a provider of respiratory care in this state and was employed as a provider of respiratory care in this state prior to March 14, 1989, as provided by division (B)(1)(b) of section 4761.05 of the Revised Code. Satisfies requirements for reciprocal licensure under division (D) of section 4761.05 of the Revised Code.~~

(2) An applicant meeting the requirements of paragraph (A)(1)(a) of this rule shall file with the application a verification of education form provided by the board as proof of his/her enrollment and good standing in an approved educational program.

(3) An applicant meeting the requirements of paragraph (A)(1)(b) of this rule shall submit an official transcript.

~~(4) An applicant meeting the requirements of paragraph (A)(1)(c) of this rule shall submit proof of his/her record of employment as a provider of respiratory care in this state.~~

~~(5)~~(4) A person issued a limited permit under paragraph (A)(1)(a) or (A)(1)(b) of this rule shall practice respiratory care only under the supervision of a respiratory care professional until whichever of the following occurs first:

(a) Three years after the date the limited permit is issued; or

(b) Until the holder discontinues enrollment in the educational program; or

- (c) One year following the date of receipt of a degree or certificate of completion from a board-approved respiratory care education program;
- (B) The respiratory care services which may be performed by the holders of a limited permit issued under paragraph (A)(1)(a) of this rule are limited to only those services which have been successfully completed by such persons as part of the curriculum of their respiratory care educational program, as certified by the director of the respiratory care educational program.: The board may supply a sample form to document these competencies to be certified by the director of the respiratory care educational program. The limited permit holder must provide documentation of competencies certified by the director of the respiratory care educational program to all employers of respiratory care services. Updated documentation of competencies shall be provided by the limited permit holder to employers of respiratory care services upon successful completion of additional clinical courses as certified by the director of the respiratory care educational program.
- (C) A person issued a limited permit under ~~paragraph (A)(1)(e) of this rule~~ ~~division (B)(1)(b) of section 4761.05 of the Revised Code~~ shall practice respiratory care only under the supervision of a respiratory care professional and may practice for not more than three years, unless the holder has been employed as a provider of respiratory care for an average of not less than twenty-five hours per week for a period of not less than five years by a hospital. ~~certified or accredited pursuant to section 3727.02 of the Revised Code.~~
- (D) If an applicant fails to complete the application process within six months of initial application filing, the board may notify the applicant in writing of its intention to consider the application abandoned. If no response to that notice is received by the board within thirty days, the board shall consider the application as abandoned and no further processing shall be ~~undertaken~~undertaken with respect to that application.
- (E) If the application process extends for a period longer than six months, the board may require updated information as it deems necessary.
- (F) No application being investigated under section 4761.09 of the Revised Code, may be withdrawn without approval of the board.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under:	119.03
Statutory Authority:	4761.03
Rule Amplifies:	4761.05
Prior Effective Dates:	03/10/1990, 03/14/1991, 01/01/1994, 09/20/1995, 01/01/1996, 05/02/1996, 05/19/1997, 09/21/1997, 09/21/1998, 03/26/2001, 07/11/2003, 05/23/2005, 07/01/2007, 02/28/2019, 09/30/2020

4761-7-01

Original license or permit, identification card or electronic license verification.

(A) The board shall prepare and provide to each initial license or permit holder a certificate stating the name of the license or limited permit holder, the license or limited permit number assigned and the initial issuance date. The board may permit the electronic verification of the each license or limited permit holder through a web-based verification system. An electronic verification shall contain the person's name, license or permit number, information as to the type of authorization under which they practice, and date of expiration.

(B) Official license or permit certificates shall be signed by the board president and secretary and attested by its seal. Electronic verification of license or limited permit status shall be considered a primary source verification.

(C) Neither the holder nor anyone else shall make any alterations on a certificate or identification card issued by the board.

(D) ~~Regardless of the original issue date, all licenses~~ Licenses to practice respiratory care shall expire two years after the date of issuance on June thirtieth of each even numbered year, unless other limitations pursuant to law, board order, or consent agreement are in effect.

(E) ~~Regardless of the original issue date, all limited~~ Limited permits shall be renewed annually ~~will expire on June thirtieth of each year~~, unless other limitations pursuant to law, board order, or consent agreement are in effect.

(F) Regardless of the date of issuance, the graduate limited permit will expire one year following the date of receipt of a degree or certificate of completion from a board-approved respiratory care education program.

(G) Electronic verification is valid proof of current authorization.

(H) In accordance with division (C) of section 4761.05 of the Revised Code, holders of licenses and permits may display a wall certificate in their office or place where the majority of the holder's practice is conducted.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

01/14/2026

Date

Promulgated Under:	119.03
Statutory Authority:	4761.03
Rule Amplifies:	4761.05
Prior Effective Dates:	03/10/1990, 03/14/1991, 01/31/1992, 01/01/1996, 05/02/1996, 09/21/1998, 03/26/2001, 08/15/2008, 10/26/2009, 02/28/2019

4761-8-01

Renewal of license or permits.**(A) License renewal.**

~~On or before June thirtieth of every even year, persons~~Persons holding a license to practice respiratory care shall apply for renewal in accordance with section 4761.06 of the Revised Code, complete the prescribed application in the manner determined by the board, submit the renewal fee, and complete the required continuing education in accordance with rule 4761-9-02 of the Administrative Code.

(B) Limited permit renewal.

On or before the expiration date, persons holding a limited permit shall apply for renewal in accordance with section 4761.06 of the Revised Code, complete the prescribed application in the manner determined by the board, and submit the renewal fee.

(C) A license or permit holder who fails to renew in accordance with the schedule established under this rule shall have the license or limited permit placed in expired status.

(D) An expired license may be reinstated or restored, as applicable, in accordance with division (C) of section 4761.06 of the Revised Code. If an applicant fails to complete the reinstatement or restoration application process within six months of application filing, the board may notify the applicant in writing of its intention to consider the application abandoned. If no response to that notice is received by the board within thirty days, the board shall consider the application as abandoned and no further processing shall be undertaken with respect to that application.

(E) A license reinstated or restored in accordance with paragraph (D) of this rule will expire on the next biennial expiration date.

(F) If a licensee has not completed the requisite RCCE contact hours, a license is not eligible for license renewal or reinstatement. The number of RCCE contact hours required for restoration of an expired license shall be equal to the amount required of the applicant had the license not expired and must have been completed within the two years prior to the date of application for restoration.

Effective: 1/31/2026

Five Year Review (FYR) Dates: 10/24/2025 and 01/31/2031

CERTIFIED ELECTRONICALLY

Certification

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Promulgated Under: 119.03
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Prior Effective Dates: 03/10/1990, 01/31/1992, 01/01/1994, 01/01/1996,
05/02/1996, 05/19/1997, 09/21/1998, 07/11/2003,
07/01/2007, 08/15/2008, 10/26/2009, 04/24/2013,
08/12/2013, 06/04/2014, 12/31/2020



ELECTRONIC RULE-FILING SYSTEM

FILING OF OHIO ADMINISTRATIVE RULES AND RULE-RELATED DOCUMENTS

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It is hereby confirmed that the Ohio Respiratory Care Board **final filed** the following rule(s) pursuant to section 119.04 of the Ohio Revised Code.

Package Number: 224950

File Date and Time: 01/14/2026 1:20 PM

Confirmation Number: c162db35bab2609968c366882cb1b8

FINAL FILE

Rule Number	Type	FYR	CSI	JE Date	Eff Date	Next FYR	Tagline
4761-3-01	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	Definitions of terms.
4761-5-02	Rescission	Y	Y	12/28/2025	01/31/2026	01/31/2031	Admission to the Ohio credentialing examination.
4761-5-04	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	License application procedure.
4761-6-01	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	Limited permit application procedure.
4761-7-01	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	Original license or permit, identification card or electronic license verification.
4761-8-01	Amendment	Y	Y	12/28/2025	01/31/2026	01/31/2031	Renewal of license or permits.