CHAPTER 148

PUBLIC HEALTH OCCUPATIONS

CHIROPRACTORS

148.01 CHIROPRACTIC.
148.02 CHIROPRACTORS; STATE BOARD OF EXAMINERS.
148.03 APPOINTMENT.
148.031 CONTINUING EDUCATION.
148.032 REGISTRATION IN ANIMAL CHIROPRACTIC DIAGNOSIS AND TREATMENT.
148.033 ANIMAL CHIROPRACTIC CONTINUING EDUCATION HOURS.
148.035 SEPARATE TREATMENT ROOM REQUIRED.
148.04 PROCEDURE.
148.05 LICENSE AND FEE.
148.06 APPLICATION; EXAMINATION; LICENSE; FEE.
148.07 RENEWAL FEES; EXPENSES.
148.071 REINSTATEMENT OF A LICENSE TERMINATED FOR FAILING TO RENEW OR TO COMPLETE CONTINUING EDUCATION.
148.075 VOLUNTARILY RETIRED LICENSE.
148.076 REINSTATEMENT OF A VOLUNTARILY RETIRED LICENSE.
148.08 RULES.
148.09 INDEPENDENT EXAMINATION.
148.095 ADMINISTRATIVE HOLD DURING COMPLAINT RESOLUTION PROCESS.
148.10 GROUNDS FOR DISCIPLINE; SUBSEQUENT ISSUANCE.
148.102 REPORTS OF STATE OR LOCAL SOCIETIES.
148.103 IMMUNITY FOR REPORTING OR INVESTIGATING.
148.104 COOPERATION DURING INVESTIGATIONS.
148.105 VIOLATION.
148.106 PEER REVIEW OF SERVICES AND FEES.
148.107 RECORD KEEPING.
148.108 FEES.

NURSES

148.171 DEFINITIONS; TITLE.
148.181 BOARD OF NURSING MEMBERSHIP, VACANCIES, DISCLOSURE.
148.191 OFFICERS; STAFF; POWERS.
148.211 LICENSING.
148.212 TEMPORARY PERMIT.
148.231 REGISTRATION; FAILURE TO REGISTER; REREGISTRATION; VERIFICATION.
148.233 IDENTIFICATION OF CERTIFIED REGISTERED NURSES.
148.234 STATE BOUNDARIES CONSIDERATION.
148.235 PRESCRIBING DRUGS AND THERAPEUTIC DEVICES.
148.241 EXPENSES.
148.242 FEES.
148.243 FEE AMOUNTS.
148.251 NURSING PROGRAM.
148.261 GROUNDS FOR DISCIPLINARY ACTION.
148.262 FORMS OF DISCIPLINARY ACTION; AUTOMATIC SUSPENSION; TEMPORARY SUSPENSION; REISSUANCE.
148.263 REPORTING OBLIGATIONS.
148.264 IMMUNITY.
148.265 NURSE COOPERATION.
148.266 DISCIPLINARY RECORD ON JUDICIAL REVIEW.
148.267 REPORTS TO COMMISSIONER OF HEALTH.
148.271 EXEMPTIONS.
148.281 VIOLATIONS; PENALTY.
148.283 UNAUTHORIZED PRACTICE OF PROFESSIONAL, ADVANCED PRACTICE REGISTERED, AND PRACTICAL NURSING.
148.285 TRANSFER OF ASSETS.

SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

148.511 SCOPE.
148.512 DEFINITIONS.
148.513 LICENSURE; PROTECTED TITLES AND RESTRICTIONS ON USE; EXEMPTIONS.
148.514 GENERAL LICENSURE REQUIREMENTS; PROCEDURES AND QUALIFICATIONS.
148.515 QUALIFICATIONS FOR LICENSURE.
148.516 LICENSURE BY EQUIVALENCY.
148.5161 CLINICAL FELLOWSHIP LICENSURE OR DOCTORAL EXTERNSHIP LICENSURE.
148.517 LICENSURE BY RECIPROCITY.
148.5175 TEMPORARY LICENSURE.
148.518 LICENSURE FOLLOWING LAPSE OF LICENSURE STATUS.
148.5181 LICENSURE; SPEECH-LANGUAGE PATHOLOGY ASSISTANTS.
148.5185 AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT.
148.5186 APPLICATION OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT TO EXISTING LAWS.
148.519 LICENSURE PROCEDURES.
148.5191 LICENSURE RENEWAL.
148.5192 SPEECH-LANGUAGE PATHOLOGY ASSISTANTS.
148.5193 CONTINUING EDUCATION REQUIREMENTS.
148.5194 FEES.
148.5195 INVESTIGATION PROCESS AND GROUNDS FOR DISCIPLINARY ACTION.

148.5196 SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST ADVISORY COUNCIL.
148.5197 HEARING AID DISPENSING.
148.5198 RESTRICTION ON SALE OF PRESCRIPTION HEARING AIDS.

OPTOMETRISTS

148.52 BOARD OF OPTOMETRY.
148.53 POWERS OF BOARD.
148.54 BOARD; SEAL.
148.56 OPTOMETRISTS.
148.57 LICENSE.
148.574 PROHIBITIONS RELATING TO LEGEND DRUGS.
148.575 CERTIFICATE REQUIRED FOR USE OF LEGEND DRUGS.
148.577 STANDARD OF CARE.
148.59 LICENSE RENEWAL; LICENSE AND REGISTRATION FEES.
148.595 TEMPORARY MILITARY PERMIT; FEE.
148.60 EXPENSES.
148.603 GROUNDS FOR DISCIPLINARY ACTION.
148.604 REPORTING OBLIGATIONS.
148.605 IMMUNITY.
148.606 OPTOMETRIST COOPERATION.
148.607 DISCIPLINARY ACTIONS.
148.61 PENALTY.
148.62 APPLICATION.

DIETITIANS AND NUTRITIONISTS

148.621 DEFINITIONS.
148.622 BOARD OF DIETETICS AND NUTRITION PRACTICE.
148.623 DUTIES OF THE BOARD.
148.624 LICENSURE; RENEWAL.
148.625 APPLICATION.
148.626 CONTINUING EDUCATION REQUIRED.
148.628 RECIPROCITY.
148.629 DENIAL, SUSPENSION, OR REVOCATION.
148.630 LICENSE REQUIRED.
148.631 PENALTY.
148.632 EXEMPTIONS; VOLUNTARY LICENSING.
148.633 DISPOSITION OF FUNDS.
148.634 PRESCRIPTION PROTOCOL.
148.635 FEE.
148.636 CITATION.
148.6361 DEFINITIONS.
148.6362 DUTIES OF THE COMMISSIONER.
148.6363 LIMITATIONS ON PRACTICE.
148.6364 PROTECTED TITLES AND RESTRICTIONS ON USE.
148.6365 EXEMPTIONS; OTHER HEALTH CARE PROVIDERS.
148.6366 REQUIREMENTS FOR REGISTRATION.
148.6367 REGISTRATION RENEWAL.
148.6368 COMMISSIONER ACTION ON APPLICATIONS.
148.6369 GROUNDS FOR DISCIPLINARY ACTION.
148.6370 DISCIPLINARY ACTIONS.
148.6371 REPORTING OBLIGATIONS.
148.6372 IMMUNITY.
148.6373 COOPERATION.
148.6374 DISCIPLINARY RECORD ON JUDICIAL REVIEW.
148.6375 EFFECT ON MUNICIPAL ORDINANCES.
148.6376 MASSAGE THERAPY ADVISORY COUNCIL.
148.6377 FEES.

OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

148.6401 SCOPE.
148.6402 DEFINITIONS.
148.6403 LICENSURE; PROTECTED TITLES AND RESTRICTIONS ON USE; EXEMPT PERSONS; SANCTIONS.
148.6404 SCOPE OF PRACTICE.
148.6405 LICENSURE APPLICATION REQUIREMENTS: PROCEDURES AND QUALIFICATIONS.
148.6408 QUALIFICATIONS FOR OCCUPATIONAL THERAPIST.
148.6410 QUALIFICATIONS FOR OCCUPATIONAL THERAPY ASSISTANTS.
148.6412 LICENSURE BY EQUIVALENCY.
148.6415 LICENSURE BY RECIPROCITY.
148.6418 TEMPORARY LICENSURE.
148.6420 APPLICATION REQUIREMENTS.
148.6423 LICENSURE RENEWAL.
148.6425 RENEWAL OF LICENSURE; AFTER EXPIRATION DATE.
148.6428 CHANGE OF CONTACT INFORMATION OR EMPLOYMENT.
148.6431 JURISPRUDENCE EXAMINATION.
148.6432 SUPERVISION OF OCCUPATIONAL THERAPY ASSISTANTS.
148.6435 COORDINATION OF SERVICES.
148.6438 RECIPIENT NOTIFICATION.
148.6443 CONTINUING EDUCATION REQUIREMENTS.
148.6445 FEES.
148.6448 GROUNDS FOR DENIAL OF LICENSURE OR DISCIPLINE; INVESTIGATION PROCEDURES; DISCIPLINARY ACTIONS.
148.6449 BOARD OF OCCUPATIONAL THERAPY PRACTICE.
148.645 OCCUPATIONAL THERAPY LICENSURE COMPACT.

PHYSICAL THERAPISTS

148.65 DEFINITIONS.
148.66 STATE BOARD OF PHYSICAL THERAPY, DUTIES.
148.67 STATE BOARD OF PHYSICAL THERAPY; MEMBERSHIP APPOINTMENTS, VACANCIES, REMOVALS.
148.691 OFFICERS; EXECUTIVE DIRECTOR.
148.699 PHYSICAL THERAPY LICENSURE COMPACT.

148.70 APPLICANTS, QUALIFICATIONS.
148.705 APPLICATION.
148.706 PHYSICAL THERAPIST ASSISTANTS, AIDES, AND STUDENTS.
148.71 TEMPORARY PERMITS.
148.715 FEES.
148.721 EDUCATIONAL REQUIREMENTS FOR LICENSED PHYSICAL THERAPIST.
148.722 EDUCATIONAL REQUIREMENTS FOR LICENSED PHYSICAL THERAPIST ASSISTANT.
148.723 EXAMINATION FOR LICENSED PHYSICAL THERAPIST.
148.724 EXAMINATION FOR LICENSED PHYSICAL THERAPIST ASSISTANT.
148.725 REQUIREMENTS FOR FOREIGN-EDUCATED APPLICANTS.
148.73 RENEWALS.
148.735 CANCELLATION OF LICENSE IN GOOD STANDING.
148.736 CANCELLATION OF CREDENTIALS UNDER DISCIPLINARY ORDER.
148.737 CANCELLATION OF LICENSE FOR NONRENEWAL.
148.74 RULES.
148.741 APPLICABILITY OF RULES.
148.75 DISCIPLINARY ACTION.
148.754 EXAMINATION; ACCESS TO MEDICAL DATA.
148.755 TEMPORARY SUSPENSION OF LICENSE.
148.76 PROHIBITED CONDUCT.
148.77 VIOLATIONS.
148.78 PROSECUTION, ALLEGATIONS.

ATHLETIC TRAINERS

148.7801 CITATION.
148.7802 DEFINITIONS.
148.7803 PROHIBITED PRACTICE OR USE OF TITLES; PENALTY.
148.7804 POWERS OF THE BOARD.
148.7805 ATHLETIC TRAINERS ADVISORY COUNCIL.
148.7806 ATHLETIC TRAINING.
148.7807 LIMITATIONS ON PRACTICE.
148.7808 LICENSURE; REQUIREMENTS.
148.7809 LICENSE RENEWAL.
148.781 CENTRAL SERVICE TECHNICIAN.
148.7810 BOARD ACTION ON APPLICATIONS.
148.7811 CHANGE OF ADDRESS.
148.7812 CONTINUING EDUCATION REQUIREMENTS.
148.7813 DISCIPLINARY PROCESS.
148.7814 APPLICABILITY.
148.7815 FEES.

PSYCHOLOGISTS

148.88 CITATION.
148.881 DECLARATION OF POLICY.
148.89 DEFINITIONS.
148.90 BOARD OF PSYCHOLOGY.
148.905 DUTIES OF THE BOARD.
148.9051 PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT).
148.907 LICENSED PSYCHOLOGIST.
148.9075 EXEMPTIONS TO LICENSE REQUIREMENT.
148.9077 RELICENSURE.
148.909 LICENSURE FOR VOLUNTEER PRACTICE.
148.9105 EMERITUS REGISTRATION.
148.911 CONTINUING EDUCATION.
148.915 RECIPROCITY.
148.916 GUEST LICENSURE.
148.925 SUPERVISION.
148.941 DISCIPLINARY ACTION; INVESTIGATION; PENALTY FOR VIOLATION.
148.952 IMMUNITY.
148.96 PRESENTATION TO PUBLIC.
148.965 TEST SECURITY.
148.975 DUTY TO WARN; LIMITATION ON LIABILITY; VIOLENT BEHAVIOR OF PATIENT.
148.98 RULES OF CONDUCT.
148.981 FEES.

CERTIFIED DOULAS

148.995 DEFINITIONS.
148.996 REGISTRY.
148.9965 DESIGNATION OF DOULA CERTIFICATION ORGANIZATIONS BY COMMISSIONER.
148.997 FEES.

BEHAVIOR ANALYSTS

148.9981 DEFINITIONS.
148.9982 DUTIES OF THE BOARD OF PSYCHOLOGY.
148.9983 REQUIREMENTS FOR LICENSURE.
148.9984 LICENSE RENEWAL REQUIREMENTS.
148.9985 EXPIRED LICENSE.
148.9986 PROHIBITED PRACTICE OR USE OF TITLES; PENALTY.
148.9987 EXCEPTIONS TO LICENSE REQUIREMENT.
148.9988 NONTRANSFERABILITY OF LICENSES.
148.9989 DUTY TO MAINTAIN CURRENT INFORMATION.
148.999 DISCIPLINE; REPORTING.
148.9991 COMPETENT PROVISION OF SERVICES.
148.9992 DUTY TO WARN; LIMITATION ON LIABILITY; VIOLENT BEHAVIOR OF PATIENT.
148.9993 INFORMED CONSENT.
148.9994 BEHAVIOR ANALYST ADVISORY COUNCIL.
148.9995 FEES.

CHIROPRACTORS

148.01 CHIROPRACTIC.

Subdivision 1. **Definitions.** For the purposes of sections 148.01 to 148.10:

(1) "abnormal articulation" means the condition of opposing bony joint surfaces and their related soft tissues that do not function normally, including subluxation, fixation, adhesion, degeneration, deformity, dislocation, or other pathology that results in pain or disturbances within the nervous system, results in postural alteration, inhibits motion, allows excessive motion, alters direction of motion, or results in loss of axial loading efficiency, or a combination of these;

(2) "acupuncture" means a modality of treating abnormal physical conditions by stimulating various points of the body or interruption of the cutaneous integrity by needle insertion to secure a reflex relief of the symptoms by nerve stimulation as utilized as an adjunct to chiropractic adjustment;

(3) "animal chiropractic diagnosis and treatment" means treatment that includes identification and resolution of vertebral subluxation complexes, spinal manipulation, and manipulation of the extremity articulations of nonhuman vertebrates. Animal chiropractic diagnosis and treatment does not include:

(i) performing surgery;

(ii) dispensing or administering medications; or

(iii) performing traditional veterinary care and diagnosis;

(4) "chiropractic" means the health care discipline that recognizes the innate recuperative power of the body to heal itself without the use of drugs or surgery by identifying and caring for vertebral subluxations and other abnormal articulations by emphasizing the relationship between structure and function as coordinated by the nervous system and how that relationship affects the preservation and restoration of health;

(5) "chiropractic services" means the evaluation and facilitation of structural, biomechanical, and neurological function and integrity through the use of adjustment, manipulation, mobilization, or other procedures accomplished by manual or mechanical forces applied to bones or joints and their related soft tissues for correction of vertebral subluxation, other abnormal articulations, neurological disturbances, structural alterations, or biomechanical alterations, and includes but is not limited to manual therapy and mechanical therapy as defined in section 146.23;

(6) "diagnosis" means the physical, clinical, and laboratory examination of the patient, and the use of diagnostic services for diagnostic purposes within the scope of the practice of chiropractic described in sections 148.01 to 148.10;

(7) "diagnostic services" means clinical, physical, laboratory, and other diagnostic measures, including diagnostic imaging that may be necessary to determine the presence or absence of a condition, deficiency, deformity, abnormality, or disease as a basis for evaluation of a health concern, diagnosis, differential diagnosis, treatment, further examination, or referral;

(8) "good standing" means that a license is not the subject of current disciplinary action under section 148.10 or an equivalent disciplinary law in another jurisdiction;

(9) "reinstatement" means the process by which a board-terminated license or voluntarily retired license returns to active license status under section 148.071 or 148.076;

(10) "therapeutic services" means rehabilitative therapy as defined in Minnesota Rules, part 2500.0100, subpart 11, and all of the therapeutic, rehabilitative, and preventive sciences and procedures for which the licensee was subject to examination under section 148.06; and

(11) "voluntarily retired license" means a license held by a chiropractor who has changed the chiropractor's license status to a voluntarily retired license under section 148.075.

Subd. 1a. [Renumbered 148.032, subdivision 1]

Subd. 1b. [Renumbered 148.032, subd 2]

Subd. 1c. [Renumbered 148.032, subd 3]

Subd. 1d. [Renumbered 148.032, subd 4]

Subd. 2. **Exclusions.** The practice of chiropractic is not the practice of medicine, surgery, osteopathic medicine, or physical therapy.

Subd. 3. MS 2012 [Repealed, 2014 c 291 art 4 s 59]

Subd. 4. **Practice of chiropractic.** An individual licensed to practice under section 148.06 is authorized to perform chiropractic services and therapeutic services, and to provide diagnosis and to render opinions pertaining to those services for the purpose of determining a course of action in the best interests of the patient, such as a treatment plan, appropriate referral, or both.

Subd. 5. **Practice of therapeutic services.** Therapeutic services must be performed within a practice where the primary focus is the provision of chiropractic services, preparing the patient for chiropractic services, or complementing the provision of chiropractic services. The administration of therapeutic services is the responsibility of the treating chiropractor and must be rendered under the direct supervision of qualified staff.

Subd. 6. **Practice of acupuncture.** Acupuncture must not be used as an independent therapy or separately from chiropractic services. Acupuncture is permitted under this section only after registration with the board, which requires completing a board-approved course of study and a board-approved national examination on acupuncture. Renewal of registration requires completing board-approved continuing education requirements in acupuncture. The restrictions of section 147B.02, subdivision 2, apply to individuals registered to perform acupuncture under this section.

History: *(5725, 5731(c)) 1919 c 64 s 2,8; 1927 c 230; 1975 c 362 s 1; 1983 c 346 s 1; 2008 c 297 art 1 s 24-28; 2009 c 86 art 1 s 19; 2014 c 291 art 4 s 4-6; 2016 c 119 s 7; 2026 c 127 art 4 s 1-4,24*

148.02 CHIROPRACTORS; STATE BOARD OF EXAMINERS.

There is hereby created and established a board to be known by the name and style of the state Board of Chiropractic Examiners.

History: *(5724) 1919 c 64 s 1*

148.03 APPOINTMENT.

The governor shall appoint a Board of Chiropractic Examiners consisting of two public members as defined by section 214.02 and five resident chiropractors who shall have practiced chiropractic in this state for at least three years immediately prior to the time of appointment, all of whom shall be graduates of a course of chiropractic, but no more than two of whom shall be graduates of the same school or college of

chiropractic. Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements shall be as provided in sections 214.07 to 214.09. The provision of staff, administrative services and office space; the review and processing of complaints; the setting of board fees; and other provisions relating to board operations shall be as provided in chapter 214. The board shall have the authority to prescribe rules relative to the examination of applicants for license to practice chiropractic and for the annual renewal of licenses. Vacancies caused by death or otherwise shall be filled by the governor within 60 days. No member of the board shall be financially interested in any chiropractic school or college or be in any way affiliated with the practice of other methods of healing as are now regulated by law in this state.

History: *(5726) 1919 c 64 s 3; 1943 c 155 s 1; 1959 c 186 s 1; 1973 c 638 s 10; 1975 c 136 s 8; 1976 c 222 s 45; 1976 c 239 s 54; 1991 c 199 art 1 s 41*

148.031 CONTINUING EDUCATION.

The board shall adopt rules requiring continuing education for chiropractors licensed under this chapter who regularly practice in the area of workers' compensation. These rules shall include rules relating to continuing education designed to assure the coordination of treatment, rehabilitation, and other chiropractic services provided to injured employees under chapter 176. Rules relative to education under chapter 176 shall be adopted jointly with the commissioner of labor and industry. These rules shall be consistent with section 214.12.

History: *1983 c 290 s 18*

148.032 REGISTRATION IN ANIMAL CHIROPRACTIC DIAGNOSIS AND TREATMENT.

Subdivision 1. **Animal chiropractic practice.** A licensed chiropractor may engage in the practice of animal chiropractic diagnosis and treatment if registered to do so by the board, and if the animal has been referred to the chiropractor by a veterinarian.

Subd. 2. **Scope of practice; animal chiropractic.** Criteria for registration to engage in the practice of animal chiropractic diagnosis and treatment must be set by the board, and must include, but are not limited to: active chiropractic license; education and training in the field of animal chiropractic from an American Veterinary Chiropractic Association, International Veterinary Chiropractic Association, or higher institution-approved course consisting of no less than 210 hours, meeting continuing education requirements; and other conditions and rules set by the board. The board shall consult with the State Board of Veterinary Medicine in preparing proposed rules on animal chiropractic.

Subd. 3. **Titles.** Notwithstanding the limitations established in section 156.12, subdivision 4, a doctor of chiropractic properly registered to provide chiropractic care to animals in accordance with this chapter and rules of the board may use the title "animal chiropractor."

Subd. 4. **Provisional interim status.** Upon approval by the board, a licensed chiropractor who has already taken and passed the education and training requirement set forth in subdivision 2 may engage in the practice of animal chiropractic during the time that the rules are being promulgated by the board. Enforcement actions may not be taken against persons who have completed the approved program of study by the American Veterinary Chiropractic Association or the International Veterinary Chiropractic Association until the rules have been adopted by the board.

Subd. 5. **Education and training.** (a) The following educational criteria must be applied to any licensed chiropractor who requests registration in animal chiropractic diagnosis and treatment. The criteria must include education and training in the following subjects:

(1) anatomy;

(2) anatomy laboratory;

(3) biomechanics and gait;

(4) chiropractic educational basics;

(5) animal chiropractic diversified adjusting technique, including:

(i) lecture cervical;

(ii) thoracic;

(iii) lumbosacral;

(iv) pelvic; and

(v) extremity;

(6) animal chiropractic diversified adjusting technique, including:

(i) laboratory cervical;

(ii) thoracic;

(iii) lumbosacral;

(iv) pelvic; and

(v) extremity;

(7) case management and case studies;

(8) chiropractic philosophy;

(9) ethics and legalities;

(10) neurology, neuroanatomy, and neurological conditions;

(11) pathology;

(12) radiology;

(13) research in current chiropractic and veterinary topics;

(14) rehabilitation, current topics, evaluation, and assessment;

(15) normal foot anatomy and normal foot care;

(16) saddle fit and evaluation, lecture, and laboratory;

(17) veterinary educational basics;

(18) vertebral subluxation complex; and

(19) zoonotic diseases.

(b) A licensed chiropractor requesting registration in animal chiropractic diagnosis and treatment must have completed and passed a course of study from an American Veterinary Chiropractic Association, International Veterinary Chiropractic Association, or higher institution-approved program, consisting of no less than 210 hours of education and training as set forth in paragraph (a).

Subd. 6. **Record requirements.** (a) A licensed chiropractor engaged in the practice of animal chiropractic diagnosis and treatment must maintain complete and accurate records and patient files in the chiropractor's office for at least three years.

(b) A licensed chiropractor engaged in the practice of animal chiropractic diagnosis and treatment must make treatment notes and records available to the patient's owner upon request and must communicate their findings and treatment plan with the referring veterinarian if requested by the patient's owner.

Subd. 7. **Signage requirement.** A licensed chiropractor who treats both animal and human patients in the same facility must post a conspicuous sign in the reception area of that facility informing customers that nonhuman patients are treated on the premises.

History: *2008 c 297 art 1 s 29; 2026 c 127 art 4 s 24*

148.033 ANIMAL CHIROPRACTIC CONTINUING EDUCATION HOURS.

Any chiropractor engaged in the practice of animal chiropractic diagnosis and treatment applying for renewal of a registration related to animal chiropractic diagnosis and treatment must have completed a minimum of six hours annually of continuing education in animal chiropractic diagnosis and treatment, in addition to the required 20 hours annually of continuing education in human chiropractic under this chapter. The continuing education course attended for purposes of complying with this section must be approved by the board prior to attendance by the chiropractor.

History: *2008 c 297 art 1 s 30*

148.035 SEPARATE TREATMENT ROOM REQUIRED.

A licensed chiropractor who provides animal chiropractic treatment in the same facility where human patients are treated shall maintain a separate noncarpeted room for the purpose of adjusting animals. The table and equipment used for animals shall not be used for human patients.

History: *2008 c 297 art 1 s 31*

148.04 PROCEDURE.

The officers of the Board of Chiropractic Examiners shall have power to administer oaths, summon witnesses, and take testimony as to matters pertaining to its duties. It shall adopt a minimum of educational requirements not inconsistent with the provisions of sections 148.01 to 148.10, which shall be without prejudice, partiality, or discrimination as to the different schools or colleges of chiropractic. The board shall meet at such times as the majority of the board may deem proper. A majority of the board shall constitute a quorum for the transaction of business. The secretary shall keep a record of its proceedings. This report shall be prima facie evidence of all matters therein recorded.

History: *(5727) 1919 c 64 s 4; 1967 c 149 s 1; 1973 c 638 s 11; 1975 c 136 s 9*

148.05 LICENSE AND FEE.

At its first meeting the state Board of Chiropractic Examiners shall issue to each member a license to practice chiropractic, for which the member shall pay a fee set by the board. The board shall have a common seal and promulgate rules to govern its actions.

History: *(5728) 1919 c 64 s 5; 1976 c 222 s 46; 1986 c 444*

148.06 APPLICATION; EXAMINATION; LICENSE; FEE.

Subdivision 1. **License required; qualifications.** No person shall practice chiropractic in this state without first being licensed by the state Board of Chiropractic Examiners. The applicant shall have earned at least one-half of all academic credits required for awarding of a baccalaureate degree from the University of Minnesota, or other university, college, or community college of equal standing, in subject matter determined by the board, and taken a four-year resident course of at least eight months each in a school or college of chiropractic or in a chiropractic program that is accredited by the Council on Chiropractic Education, is accredited by an agency approved by the United States Office of Education or their successors as of January 1, 1988, or is approved by a Council on Chiropractic Education member organization of the Council on Chiropractic International. The board may issue licenses to practice chiropractic without compliance with prechiropractic or academic requirements listed above if in the opinion of the board the applicant has the qualifications equivalent to those required of other applicants, the applicant satisfactorily passes written and practical examinations as required by the Board of Chiropractic Examiners, and the applicant is a graduate of a college of chiropractic approved by a Council on Chiropractic Education member organization of the Council on Chiropractic International. The board may recommend a two-year prechiropractic course of instruction to any university, college, or community college which in its judgment would satisfy the academic prerequisite for licensure as established by this section.

An examination for a license shall be in writing and shall include testing in:

(a) The basic sciences including but not limited to anatomy, physiology, bacteriology, pathology, hygiene, and chemistry as related to the human body or mind;

(b) The clinical sciences including but not limited to the science and art of chiropractic, chiropractic physiotherapy, diagnosis, roentgenology, and nutrition; and

(c) Professional ethics and any other subjects that the board may deem advisable.

The board may consider a valid certificate of examination from the National Board of Chiropractic Examiners as evidence of compliance with the examination requirements of this subdivision. The applicant shall be required to give practical demonstration in vertebral palpation, neurology, adjusting and any other subject that the board may deem advisable. A license, countersigned by the members of the board and authenticated by the seal thereof, shall be granted to each applicant who correctly answers 75 percent of the questions propounded in each of the subjects required by this subdivision and meets the standards of practical demonstration established by the board. Each application shall be accompanied by a fee set by the board. The fee shall not be returned but the applicant may, within one year, apply for examination without the payment of an additional fee. The board may grant a license to an applicant who holds a valid license to practice chiropractic issued by the appropriate licensing board of another state, provided the applicant meets the other requirements of this section and satisfactorily passes a practical examination approved by the board. The burden of proof is on the applicant to demonstrate these qualifications or satisfaction of these requirements.

Subd. 2. MS 1974 [Repealed, 1976 c 222 s 209]

History: *(5729) 1919 c 64 s 6; 1927 c 230; 1959 c 186 s 2; 1967 c 706 s 1; 1974 c 564 s 1; 1976 c 222 s 47; 1977 c 193 s 1; 1983 c 346 s 2; 1986 c 444; 1987 c 345 s 1; 1988 c 642 s 6; 1999 c 55 s 1; 2001 c 121 s 1; 2006 c 267 art 1 s 4; 2009 c 159 s 34*

148.07 RENEWAL FEES; EXPENSES.

Subdivision 1. **Renewal fees.** All persons practicing chiropractic within this state, or licensed so to do, shall pay, on or before the date of expiration of their licenses, to the Board of Chiropractic Examiners a renewal fee set in accordance with section 16A.1283, with a penalty for each month or portion thereof for which a license fee is in arrears and upon payment of the renewal and upon compliance with all the rules of the board, shall be entitled to renewal of their license.

Subd. 2. **Expenses.** The expenses of administering sections 148.01 to 148.105 shall be paid from the appropriation made to the state Board of Chiropractic Examiners. Expenditures and revenues must be managed in accordance with the statewide accounting principles and requirements of the commissioner of management and budget.

Subd. 3. MS 1974 [Repealed, 1975 c 136 s 77]

History: *(5730) 1919 c 64 s 7; 1927 c 230 s 1; 1943 c 155 s 2; 1955 c 847 s 12; 1959 c 186 s 3; 1965 c 64 s 1; 1967 c 149 s 2; 1969 c 399 s 1; 1973 c 638 s 12,13; 1976 c 222 s 48; 1983 c 346 s 3; 1987 c 345 s 2; 2009 c 101 art 2 s 109; 1Sp2011 c 9 art 5 s 1*

148.071 REINSTATEMENT OF A LICENSE TERMINATED FOR FAILING TO RENEW OR TO COMPLETE CONTINUING EDUCATION.

Subdivision 1. **Scope.** This section applies to a chiropractor whose Minnesota license was terminated by the board for failing to timely renew the license or complete annual continuing education requirements.

Subd. 2. **Application requirements.** At the time of application for reinstatement, the applicant must:

(1) submit an application for reinstatement and pay the application fee;

(2) pay the current renewal fee;

(3) complete a criminal background check as prescribed under section 214.075 and pay the required fee;

(4) submit license verification from each jurisdiction where the applicant holds or has held a chiropractic license;

(5) submit evidence of passing the board's jurisprudence exam;

(6) submit evidence of correcting any outstanding requirements and paying any outstanding fees that existed at the time the license was terminated; and

(7) complete any additional applicable requirements established in subdivisions 3, 4, 5, 6, and 9.

Subd. 3. **Reinstatement of terminated license for licensee in good standing in another jurisdiction.** The board must reinstate the license of an applicant who is currently licensed and in good standing in another jurisdiction if the applicant:

(1) completes all requirements in subdivision 2;

(2) provides verification of the active chiropractic license in good standing in another jurisdiction; and

(3) provides verification of completing 20 continuing education hours in the year immediately preceding the application for reinstatement.

Subd. 4. **Reinstatement of terminated license after five years or less.** The board must reinstate the license of an applicant who does not meet the requirements of subdivision 3 and who applies for reinstatement five years or less after license termination in Minnesota or another jurisdiction if the applicant:

(1) completes all requirements in subdivision 2; and

(2) provides verification of:

(i) completing 20 continuing education hours for each year since the applicant last held an active license in good standing in Minnesota or another jurisdiction and 20 continuing education hours in the year immediately preceding the application for reinstatement; or

(ii) passing the Special Purposes Examination for Chiropractic, or an alternate examination the board determines is equivalent, within 12 months after application.

Subd. 5. **Reinstatement of terminated license after more than five years.** The board must reinstate the license of an applicant who does not meet the requirements of subdivision 3 and who applies for reinstatement more than five years after license termination in Minnesota or another jurisdiction if the applicant:

(1) completes all requirements in subdivision 2;

(2) provides verification of completing 20 continuing education hours for each year since the applicant last held an active license in good standing in Minnesota or another jurisdiction and 20 continuing education hours in the year immediately preceding the application for reinstatement, not to exceed a maximum of 100 required continuing education hours; and

(3) provides verification of passing the Special Purposes Examination for Chiropractic, or an alternate examination the board determines is equivalent, within 12 months after application.

Subd. 6. **Reinstatement within the same calendar year of continuing education termination.** The board must reinstate the license of an applicant whose license was terminated for failing to submit the required number of continuing education hours if within the same calendar year of termination the applicant:

(1) completes the required number of continuing education hours and outstanding penalty hours imposed by the board; and

(2) pays all application fees and penalty fees.

Subd. 7. **Board authority.** Applications for reinstatement and licenses reinstated under this section are subject to the same board authority under sections 148.10 and 214.103 as other applications and licenses issued by the board to deny, refuse to issue, revoke, suspend, condition, or limit a license or to take disciplinary or corrective action against a licensee or applicant for conduct that violates applicable law or professional standards.

Subd. 8. **Continuing education in year of reinstatement.** A licensee must not use continuing education hours obtained for the purpose of applying for reinstatement of a terminated license under this section to meet the annual hour requirement for the year in which the license is reinstated.

Subd. 9. **Previously terminated licenses.** If a chiropractor's license was terminated before July 1, 2026, and the chiropractor applies for reinstatement under this section, the chiropractor is not required to repay any renewal fees that accrued before the license reinstatement.

History: *2026 c 127 art 4 s 5*

148.075 VOLUNTARILY RETIRED LICENSE.

Subdivision 1. **Application.** A Minnesota licensed chiropractor in good standing and with no continuing education audit deficiencies may apply to the board to voluntarily retire a license by submitting an application on a form provided by the board and a signed affidavit stating that the applicant will no longer actively practice chiropractic in Minnesota.

Subd. 2. **Grounds for denial.** The board may deny an application to voluntarily retire a license if the applicant's Minnesota license or license issued in another jurisdiction is not in good standing or is subject to a pending disciplinary action.

History: *2026 c 127 art 4 s 6*

148.076 REINSTATEMENT OF A VOLUNTARILY RETIRED LICENSE.

Subdivision 1. **Scope.** This section applies to a chiropractor who voluntarily retired a Minnesota chiropractic license under section 148.075.

Subd. 2. **Application requirements.** At the time of application for reinstatement, the applicant must:

(1) submit an application for reinstatement;

(2) pay the current renewal fee;

(3) complete a criminal background check as prescribed under section 214.075 and pay the required fee;

(4) submit license verification from each jurisdiction where the applicant holds or has held a chiropractic license;

(5) submit evidence of passing the board's jurisprudence exam;

(6) submit evidence of correcting any outstanding requirements and paying any outstanding fees that existed at the time the license was voluntarily retired; and

(7) complete any additional applicable requirements in subdivisions 3, 4, 5, and 8.

Subd. 3. **Reinstatement of voluntarily retired license for licensee in good standing in another jurisdiction.** The board must reinstate the license of an applicant who is currently licensed and in good standing in another jurisdiction if the applicant:

(1) completes all requirements in subdivision 2;

(2) provides verification of the active chiropractic license in good standing in another jurisdiction; and

(3) provides verification of completing 20 continuing education hours in the year immediately preceding the application for reinstatement.

Subd. 4. **Reinstatement of voluntarily retired license after five years or less.** The board must reinstate the license of an applicant who does not meet the requirements of subdivision 3 and who applies for reinstatement five years or less after voluntary license retirement in Minnesota or the equivalent in another jurisdiction if the applicant:

(1) completes all requirements in subdivision 2; and

(2) provides verification of:

(i) completing 20 continuing education hours for each year since the applicant last held an active license in good standing in Minnesota or another jurisdiction and 20 continuing education hours in the year immediately preceding the application for reinstatement; or

(ii) passing the Special Purposes Examination for Chiropractic, or an alternate examination the board determines is equivalent, within 12 months after application.

Subd. 5. **Reinstatement of voluntarily retired license after more than five years.** The board must reinstate the license of an applicant who does not meet the requirements of subdivision 3 and who applies for reinstatement more than five years after voluntary license retirement in Minnesota or the equivalent in another jurisdiction if the applicant:

(1) completes all requirements in subdivision 2;

(2) provides verification of completing 20 continuing education hours for each year since the applicant last held an active license in good standing in Minnesota or another jurisdiction and 20 continuing education hours in the year immediately preceding the application for reinstatement, not to exceed a maximum of 100 required continuing education hours; and

(3) provides verification of passing the Special Purposes Examination for Chiropractic, or an alternate examination the board determines is equivalent, within 12 months after application.

Subd. 6. **Board authority.** Applications for reinstatement and licenses reinstated under this section are subject to the same board authority under sections 148.10 and 214.103 as other applications and licenses issued by the board to deny, refuse to issue, revoke, suspend, condition, or limit a license or to take disciplinary or corrective action against a licensee or applicant for conduct that violates applicable law or professional standards.

Subd. 7. **Continuing education in year of reinstatement.** A licensee must not use continuing education hours obtained for the purpose of applying for reinstatement of a voluntarily retired license under this section to meet the annual hour requirement for the year the license is reinstated.

Subd. 8. **Previously voluntarily retired licensees.** (a) If a chiropractor who voluntarily retired before July 1, 2026, applies for reinstatement under this section, the chiropractor is not required to repay any renewal fees that accrued before the license reinstatement.

(b) Before reinstatement under this subdivision, the voluntarily retired licensee must complete any outstanding continuing education hours due at the time the license was voluntarily retired.

History: *2026 c 127 art 4 s 7*

148.08 RULES.

Subdivision 1. MS 1974 [Repealed, 1976 c 222 s 209]

Subd. 2. **How regulated.** Chiropractors shall be subject to the same rules and regulations, both municipal and state, that govern other licensed doctors or physicians in the control of contagious and infectious diseases, and shall be entitled to sign health and death records, and to all rights and privileges of other doctors or physicians in all matters pertaining to the public health, except prescribing internal drugs or the practice of medicine, physical therapy, surgery and obstetrics.

Subd. 3. **Rules.** The Board of Chiropractic Examiners shall promulgate rules necessary to administer sections 148.01 to 148.105 to protect the health, safety, and welfare of the public, including rules governing the practice of chiropractic and defining any terms, whether or not used in sections 148.01 to 148.105, if the definitions are not inconsistent with the provisions of sections 148.01 to 148.105.

History: *(5731) 1919 c 64 s 8; 1927 c 230; 1975 c 362 s 2; 1983 c 346 s 4; 1985 c 248 s 70; 1987 c 345 s 3; 1Sp2001 c 9 art 15 s 32*

148.09 INDEPENDENT EXAMINATION.

Subdivision 1. **Requirements for examiners.** (a) A doctor of chiropractic conducting a physical examination of a patient or a review of records by a doctor of chiropractic, for the purpose of generating a report or opinion to aid a reparation obligor under chapter 65B in making a determination regarding the condition or further treatment of the patient, shall meet the following requirements:

(1) the doctor of chiropractic must either be an instructor at an accredited school of chiropractic or have devoted not less than 50 percent of practice time to direct patient care during the two years immediately preceding the examination;

(2) the doctor of chiropractic must have completed any annual continuing education requirements for chiropractors prescribed by the Board of Chiropractic Examiners;

(3) the doctor of chiropractic must not accept a fee of more than $500 for each independent exam conducted; and

(4) the doctor of chiropractic must register with the Board of Chiropractic Examiners as an independent examiner and adhere to all rules governing the practice of chiropractic.

(b) The examiner must identify in the written report the source of all records reviewed and the dates or period of services covered by those records. The examiner's notes and a copy of the final written report must be retained for at least four years following the examination.

(c) Before conducting an independent examination, the examiner must provide written disclosures to the examinee that clearly state the purpose of the examination and the examinee's right to have a third party present under subdivision 2.

Subd. 2. **Third-party presence during examinations.** (a) An examiner performing an independent examination under this section must not prohibit the examinee from having a third party of the examinee's choice present during the consultation and examination. The examiner must not bar the presence of a third party based on the third party's training or credentials. Advance notice to the examiner or to any other person, organization, or agency is not required for the presence of a third party under this subdivision.

(b) The third party must provide their name to the examiner. The examiner must document the presence and stated identity of any third party in the written report of the examination.

(c) A third party may make a written or audio recording of the consultation or examination if the recording does not obstruct the conduct of the examination. A third party must not make a video recording of the consultation or examination.

(d) An examiner must not consider the examinee's exercise of rights under this subdivision as failing to cooperate with the examination. If an examiner determines that the examination has been obstructed, the examiner must describe in detail the nature of the obstruction in the body of the written report. For purposes of this subdivision, "obstruct" means to hinder the examination to the degree that the examination cannot be completed, unless the obstruction is necessary for the safety or well-being of the patient.

Subd. 3. **Violation.** A violation of this section constitutes unprofessional conduct under section 148.10, subdivision 1, paragraph (e).

History: *1990 c 611 s 1; 2026 c 127 art 4 s 8*

148.095 ADMINISTRATIVE HOLD DURING COMPLAINT RESOLUTION PROCESS.

Subdivision 1. **Administrative hold.** (a) If there is a pending complaint against a licensee and the licensee fails to pay required renewal fees, fails to renew the license, or fails to complete required continuing education hours within the time prescribed by law, the board must place the license on an administrative hold.

(b) A license on an administrative hold:

(1) is expired and does not authorize the licensee to engage in the practice of chiropractic; and

(2) remains under the board's full jurisdiction for all purposes under sections 148.10 and 214.103, including investigation, adjudication, and imposition of discipline.

Subd. 2. **Prohibition on status change while on administrative hold.** (a) If the board places a license on administrative hold, the board must not:

(1) accept an application to voluntarily retire the license under section 148.075;

(2) terminate the license for failing to renew or to complete continuing education requirements; or

(3) otherwise change the license status of the licensee in a manner that allows the licensee to delay, avoid, or terminate the complaint resolution process.

(b) The board must remove the administrative hold upon the resolution of all pending complaints against the licensee.

Subd. 3. **Licensee obligations not suspended.** An administrative hold on a license does not relieve a licensee of the legal obligation to timely renew the license, pay renewal or other required fees, or complete continuing education hours according to law.

History: *2026 c 127 art 4 s 9*

148.10 GROUNDS FOR DISCIPLINE; SUBSEQUENT ISSUANCE.

Subdivision 1. **Grounds.** (a) The state Board of Chiropractic Examiners may refuse to grant, or may revoke, suspend, condition, limit, restrict or qualify a license to practice chiropractic, or may cause the name of a person licensed to be removed from the records in the office of the court administrator of the district court for:

(1) advertising that is false or misleading; that violates a rule of the board; or that claims the cure of any condition or disease;

(2) the employment of fraud or deception in applying for a license or in passing the examination provided for in section 148.06 or conduct which subverts or attempts to subvert the licensing examination process;

(3) the practice of chiropractic under a false or assumed name or the impersonation of another practitioner of like or different name;

(4) the conviction of a crime involving moral turpitude;

(5) the conviction, during the previous five years, of a felony reasonably related to the practice of chiropractic;

(6) habitual intemperance in the use of alcohol or drugs;

(7) practicing under a license which has not been renewed;

(8) advanced physical or mental disability;

(9) the revocation or suspension of a license to practice chiropractic; or other disciplinary action against the licensee; or the denial of an application for a license by the proper licensing authority of another state, territory or country; or failure to report to the board that charges regarding the person's license have been brought in another state or jurisdiction;

(10) the violation of, or failure to comply with, the provisions of sections 148.01 to 148.105, the rules of the state Board of Chiropractic Examiners, or a lawful order of the board;

(11) unprofessional conduct;

(12) being unable to practice chiropractic with reasonable skill and safety to patients by reason of illness, professional incompetence, senility, drunkenness, use of drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills. If the board has probable cause to believe that a person comes within this clause, it shall direct the person to submit to a mental or physical examination. For the purpose of this clause, every person licensed under this chapter shall be deemed to have given consent to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physicians' testimony or examination reports on the ground that the same constitute a privileged communication. Failure of a person to submit to such examination when directed shall constitute an admission of the allegations, unless the failure was due to circumstances beyond the person's control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A person affected under this clause shall at reasonable intervals be afforded an opportunity to demonstrate that the person can resume the competent practice of chiropractic with reasonable skill and safety to patients.

In addition to ordering a physical or mental examination, the board may, notwithstanding section 13.384, 144.651, or any other law limiting access to health data, obtain health data and health records relating to a licensee or applicant without the licensee's or applicant's consent if the board has probable cause to believe that a doctor of chiropractic comes under this clause. The health data may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph (i), an insurance company, or a government agency, including the Department of Human Services and Direct Care and Treatment. A provider, insurance company, or government agency shall comply with any written request of the board under this subdivision and is not

liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision, unless the information is false and the provider or entity giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private under sections 13.01 to 13.87.

In any proceeding under this clause, neither the record of proceedings nor the orders entered by the board shall be used against a person in any other proceeding;

(13) aiding or abetting an unlicensed person in the practice of chiropractic, except that it is not a violation of this clause for a doctor of chiropractic to employ, supervise, or delegate functions to a qualified person who may or may not be required to obtain a license or registration to provide health services if that person is practicing within the scope of the license or registration or delegated authority;

(14) improper management of health records, including failure to maintain adequate health records as described in clause (18), to comply with a patient's request made under sections 144.291 to 144.298 or to furnish a health record or report required by law;

(15) failure to make reports required by section 148.102, subdivisions 2 and 5, or to cooperate with an investigation of the board as required by section 148.104, or the submission of a knowingly false report against another doctor of chiropractic under section 148.10, subdivision 3;

(16) splitting fees, or promising to pay a portion of a fee or a commission, or accepting a rebate;

(17) revealing a privileged communication from or relating to a patient, except when otherwise required or permitted by law;

(18) failing to keep written chiropractic records justifying the course of treatment of the patient, including, but not limited to, patient histories, examination results, test results, and x-rays. Unless otherwise required by law, written records need not be retained for more than seven years and x-rays need not be retained for more than four years;

(19) exercising influence on the patient or client in such a manner as to exploit the patient or client for financial gain of the licensee or of a third party which shall include, but not be limited to, the promotion or sale of services, goods, or appliances;

(20) gross or repeated malpractice or the failure to practice chiropractic at a level of care, skill, and treatment which is recognized by a reasonably prudent chiropractor as being acceptable under similar conditions and circumstances; or

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

(b) For the purposes of paragraph (a), clause (2), conduct that subverts or attempts to subvert the licensing examination process includes, but is not limited to: (1) conduct that violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination; (2) conduct that violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; or (3) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf.

(c) For the purposes of paragraph (a), clauses (4) and (5), conviction as used in these subdivisions includes a conviction of an offense that if committed in this state would be deemed a felony without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered.

(d) For the purposes of paragraph (a), clauses (4), (5), and (6), a copy of the judgment or proceeding under seal of the administrator of the court or of the administrative agency which entered the same shall be admissible into evidence without further authentication and shall constitute prima facie evidence of its contents.

(e) For the purposes of paragraph (a), clause (11), unprofessional conduct means any unethical, deceptive or deleterious conduct or practice harmful to the public, any departure from or the failure to conform to the minimal standards of acceptable chiropractic practice, or a willful or careless disregard for the health, welfare or safety of patients, in any of which cases proof of actual injury need not be established. Unprofessional conduct shall include, but not be limited to, the following acts of a chiropractor:

(1) gross ignorance of, or incompetence in, the practice of chiropractic;

(2) engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient;

(3) performing unnecessary services;

(4) charging a patient an unconscionable fee or charging for services not rendered;

(5) directly or indirectly engaging in threatening, dishonest, or misleading fee collection techniques;

(6) perpetrating fraud upon patients, third-party payors, or others, relating to the practice of chiropractic, including violations of the Medicare or Medicaid laws or state medical assistance laws;

(7) advertising that the licensee will accept for services rendered assigned payments from any third-party payer as payment in full, if the effect is to give the impression of eliminating the need of payment by the patient of any required deductible or co-payment applicable in the patient's health benefit plan. As used in this clause, "advertise" means solicitation by the licensee by means of handbills, posters, circulars, motion pictures, radio, newspapers, television, or in any other manner. In addition to the board's power to punish for violations of this clause, violation of this clause is also a misdemeanor;

(8) accepting for services rendered assigned payments from any third-party payer as payment in full, if the effect is to eliminate the need of payment by the patient of any required deductible or co-payment applicable in the patient's health benefit plan, except as hereinafter provided; and

(9) any other act that the board by rule may define.

Subd. 1a. **Free or discounted examination or treatment.** (a) Free or discounted examinations must provide sufficient information to allow for a diagnosis and initiation of treatment, with the exception of examinations clearly identified as for the purpose of screening. Free or discounted chiropractic treatments shall be comparable to similar nondiscounted chiropractic treatments.

(b) When using the word "free," or any other term with essentially the same meaning in reference to delivering any service, examination, or treatment, the following statement must be presented to the patient or guardian for signature and kept on file: "I understand that one or more services provided have been or will be free of charge. Any subsequent services provided will be provided at the fees that have been or will be explained to me."

Subd. 2. **Issuance following refusal, revocation or cancellation.** The State Board of Chiropractic Examiners may, at any time within two years of the refusal or revocation or cancellation of a license under this section, by a majority vote, issue a new license or grant a license to the person affected, restoring to, or conferring upon the person, all the rights and privileges of, and pertaining to, the practice of chiropractic, as defined and regulated by sections 148.01 to 148.10. Any person to whom such have been restored shall pay a fee set by the board upon issuance of a new license.

Subd. 3. **Reprimand; penalties; probation.** In addition to the other powers granted to the board under this chapter, the board may, in connection with any person whom the board, after a hearing, adjudges unqualified or whom the board, after a hearing, finds to have performed one or more of the acts described in subdivision 1:

(1) publicly reprimand or censure the person;

(2) place the person on probation for the period and upon the terms and conditions that the board may prescribe; and

(3) impose a civil penalty not exceeding $10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the doctor of chiropractic of any economic advantage gained by reason of the violation charged, to reimburse the board for the cost of the investigation and proceeding, or to discourage similar violations. For purposes of this section, the cost of the investigation and proceeding may include, but is not limited to, fees paid for services provided by the Court of Administrative Hearings, legal and investigative services provided by the Office of the Attorney General, court reporters, witnesses, reproduction of records, board members' per diem compensation, board staff time, and travel costs and expenses incurred by board staff and board members.

Subd. 4. **Temporary suspension.** In addition to any other remedy provided by law, the board may, without a hearing, temporarily suspend a license for not more than 60 days if the board finds that a person has violated a statute or rule which the board is empowered to enforce and continued practice by the person would create an imminent risk of harm to others. The suspension shall take effect upon written notice to the person, specifying the statute or rule violated. At the time it issues the suspension notice, the board shall schedule a disciplinary hearing to be held pursuant to the Administrative Procedure Act. The person shall be provided with at least 20 days' notice of any hearing held pursuant to this subdivision.

Subd. 5. **Tax clearance certificate.** (a) In addition to the grounds provided in subdivision 1, the board may not issue or renew a license to practice chiropractic if the commissioner of revenue notifies the board and the licensee or applicant for a license that the licensee or applicant owes the state delinquent taxes in the amount of $500 or more. The board may issue or renew the license only if (1) the commissioner of revenue issues a tax clearance certificate and (2) the commissioner of revenue or the licensee or applicant forwards a copy of the clearance to the board. The commissioner of revenue may issue a clearance certificate only if the licensee or applicant does not owe the state any uncontested delinquent taxes.

(b) For purposes of this subdivision, the following terms have the meanings given.

(1) "Taxes" are all taxes payable to the commissioner of revenue, including penalties and interest due on those taxes.

(2) "Delinquent taxes" do not include a tax liability if (i) an administrative or court action that contests the amount or validity of the liability has been filed or served, (ii) the appeal period to contest the tax liability has not expired, or (iii) the licensee or applicant has entered into a payment agreement to pay the liability and is current with the payments.

(c) In lieu of the notice and hearing requirements of subdivisions 3 and 4, when a licensee or applicant is required to obtain a clearance certificate under this subdivision, a contested case hearing must be held if the licensee or applicant requests a hearing in writing to the commissioner of revenue within 30 days of the date of the notice provided in paragraph (a). The hearing must be held within 45 days of the date the commissioner of revenue refers the case to the Court of Administrative Hearings. Notwithstanding any law to the contrary, the licensee or applicant must be served with 20 days' notice in writing specifying the time and place of the hearing and the allegations against the licensee or applicant. The notice may be served personally or by mail.

(d) The board shall require all licensees or applicants of a license to practice chiropractic to provide their Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner of revenue, the board must provide to the commissioner of revenue a list of all licensees and applicants for a license to practice chiropractic, including the name and address, Social Security number, and business identification number. The commissioner of revenue may request a list of the licensees and applicants no more than once each calendar year.

Subd. 6. **Effect of appeal.** A suspension, revocation, condition, limitation, qualification, or restriction of a license shall be in effect pending determination of an appeal unless the court, upon petition and for good cause shown, shall otherwise order.

A license to practice chiropractic is automatically suspended if (1) a guardian of a licensee is appointed by order of a court under sections 524.5-101 to 524.5-502, for reasons other than the minority of the licensee; or (2) the licensee is committed by order of a court under chapter 253B. The license remains suspended until the licensee is restored to capacity by a court and, upon petition by the licensee, the suspension is terminated by the board after a hearing.

Subd. 7. **Conviction of a felony-level criminal sexual conduct offense.** (a) Except as provided in paragraph (e), the board shall not grant or renew a license to practice chiropractic to any person who has been convicted on or after August 1, 2010, of any of the provisions of section 609.342, subdivision 1 or subdivision 1a; 609.343, subdivision 1 or subdivision 1a; 609.344, subdivision 1, or subdivision 1a, clauses (c) to (i); or 609.345, subdivision 1, or subdivision 1a, clauses (b) to (i).

(b) A license to practice chiropractic is automatically revoked if the licensee is convicted of an offense listed in paragraph (a) of this section.

(c) A license to practice chiropractic that has been denied or revoked under this subdivision is not subject to chapter 364.

(d) For purposes of this subdivision, "conviction" means a plea of guilty, a verdict of guilty by a jury, or a finding of guilty by the court, unless the court stays imposition or execution of the sentence and final disposition of the case is accomplished at a nonfelony level.

(e) The board may establish criteria whereby an individual convicted of an offense listed in paragraph (a) of this subdivision may become licensed provided that the criteria:

(1) utilize a rebuttable presumption that the applicant is not suitable for licensing or credentialing;

(2) provide a standard for overcoming the presumption; and

(3) require that a minimum of ten years has elapsed since the applicant was released from any incarceration or supervisory jurisdiction related to the offense.

The board shall not consider an application under this paragraph if the board determines that the victim involved in the offense was a patient or a client of the applicant at the time of the offense.

Subd. 8. **Loss and restoration of good standing.** The pendency of a complaint does not cause a license to lose good standing unless: (1) the complaint results in disciplinary action under this section or an equivalent disciplinary law in another jurisdiction; or (2) a stipulation and order or an equivalent order in another jurisdiction provides for the loss of good standing. A license is restored to good standing upon the satisfactory completion, expiration, or other agreed-upon termination of all terms of a stipulation and order or an equivalent order in another jurisdiction. An agreement for corrective action as described under section 214.103, subdivision 6, does not cause a license to lose good standing.

History: *(5733) 1919 c 64 s 10; 1927 c 230; 1957 c 154 s 1; 1959 c 186 s 4; 1976 c 222 s 49; 1977 c 193 s 2,3; 1983 c 346 s 5-7; 1986 c 444; 1Sp1986 c 1 art 7 s 8; 1Sp1986 c 3 art 1 s 82; 1987 c 345 s 4-6; 1989 c 184 art 2 s 4; 1Sp1994 c 1 art 2 s 6; 1999 c 227 s 22; 2001 c 121 s 2,3; 2003 c 66 s 2; 2004 c 146 art 3 s 8; 2007 c 123 s 11; 2007 c 147 art 10 s 15; 2008 c 321 s 1; 2010 c 349 s 1; 2020 c 83 art 2 s 8; 1Sp2021 c 11 art 4 s 31; 2025 c 38 art 3 s 17; 2025 c 39 art 2 s 68; 2026 c 127 art 4 s 10*

148.101 MS 1986 [Repealed, 1987 c 345 s 14]

148.102 REPORTS OF STATE OR LOCAL SOCIETIES.

Subdivision 1. **Requirement.** If a state or local chiropractic society receives a complaint which might be grounds for discipline under section 148.10 against a member doctor of chiropractic, the society shall report the complaint or shall direct the complainant to the Board of Chiropractic Examiners.

Subd. 2. **Licensed professionals.** A licensed health professional shall report to the board personal knowledge of any conduct which the professional reasonably believes constitutes grounds for disciplinary action under section 148.10 by any doctor of chiropractic including any conduct indicating that the doctor of chiropractic may be incompetent, or may have engaged in unprofessional conduct, or may be physically unable to engage safely in the practice of chiropractic. No report shall be required if the information was obtained in the course of a patient relationship if the patient is a doctor of chiropractic and the treating health professional successfully counsels the doctor of chiropractic to limit or withdraw from practice to the extent required by the impairment; or (2) is a patient or former patient of the doctor of chiropractic and the treating professional is a psychologist from whom the patient is receiving psychotherapeutic services.

Subd. 3. **Insurers.** (a) Every January 1 and July 1, each insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause (13), and providing professional liability insurance to chiropractors shall submit to the board a report concerning the chiropractors against whom malpractice settlements or awards have been made to the plaintiff. The report must contain at least the following information:

(1) the total number of malpractice settlements or awards made to the plaintiff;

(2) the date the malpractice settlements or awards to the plaintiff were made;

(3) the allegations contained in the claim or complaint leading to the settlements or awards made to the plaintiff;

(4) the dollar amount of each malpractice settlement or award;

(5) the regular address of the practice of the doctor of chiropractic against whom an award was made or with whom a settlement was made; and

(6) the name of the doctor of chiropractic against whom an award was made or with whom a settlement was made.

(b) The insurance company shall, in addition to the above information, report to the board any information it possesses which tends to substantiate a charge that a doctor of chiropractic may have engaged in conduct violating section 148.10 and this section.

Subd. 4. **Courts.** The court administrator of district court or any other court of competent jurisdiction shall report to the board any judgment or other determination of the court which adjudges or includes a finding that a doctor of chiropractic is mentally ill, mentally incompetent, guilty of a felony, guilty of an abuse or fraud, appoints a guardian of the doctor of chiropractic under sections 524.5-101 to 524.5-502 or commits a doctor of chiropractic under chapter 253B.

Subd. 5. **Self-reporting.** A doctor of chiropractic shall report to the board any action concerning that doctor which would require that a report be filed with the board by any person, health care facility, business, or organization under subdivision 4.

Subd. 6. **Deadlines; forms.** Reports required by subdivisions 1 to 5 must be submitted not later than 30 days after the occurrence of the reportable event or transaction. The board may provide forms for the submission of reports required by this section, may require that reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting.

Subd. 7. **Subpoenas.** The board may issue subpoenas for the production of any reports required by subdivisions 1 to 5 or any related documents.

Subd. 8. **Failure to report.** On or after August 1, 2012, any person or insurer that fails to report as required under subdivisions 2 to 4 shall be subject to civil penalties for failing to report as required by law.

History: *1987 c 345 s 7; 1992 c 464 art 1 s 56; 1Sp1994 c 1 art 2 s 7; 2004 c 146 art 3 s 47; 2012 c 278 art 2 s 10; 2026 c 127 art 4 s 11*

148.103 IMMUNITY FOR REPORTING OR INVESTIGATING.

Subdivision 1. **Reporting.** Any person, health care facility, business, or organization is immune from civil liability or criminal prosecution for submitting a report to the board under section 148.102 or for otherwise reporting to the board violations or alleged violations of section 148.10. The reports are private.

Subd. 2. **Investigation.** Members of the board and persons employed by the board or engaged in the investigation or prosecution of violations and in the preparation and management of charges of violations of sections 148.01 to 148.105 on behalf of the board are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under sections 148.01 to 148.105.

History: *1987 c 345 s 8*

148.104 COOPERATION DURING INVESTIGATIONS.

A doctor of chiropractic who is the subject of an investigation by or on behalf of the board shall cooperate fully with the investigation. Cooperation includes appearing at conferences, meetings, or hearings scheduled by the board and for which the board provided notice in accordance with chapter 14; responding fully and promptly to any question raised by or on behalf of the board relating to the subject of the investigation; and providing copies of patient health records, as reasonably requested by the board, to assist the board in its investigation. If the board does not have written consent from a patient allowing the board access to the

patient's health records, a doctor of chiropractic shall delete any data in the record which identifies the patient before providing the records to the board.

History: *1987 c 345 s 9; 2001 c 121 s 4*

148.105 VIOLATION.

Subdivision 1. **Generally.** Any person who practices, or attempts to practice, chiropractic or who uses any of the terms or letters "Doctors of Chiropractic," "Chiropractor," "DC," or any other title or letters under any circumstances as to lead the public to believe that the person who so uses the terms is engaged in the practice of chiropractic, without having complied with the provisions of sections 148.01 to 148.104, is guilty of a gross misdemeanor; and, upon conviction, fined not less than $1,000 nor more than $10,000 or be imprisoned in the county jail for not less than 30 days nor more than six months or punished by both fine and imprisonment, in the discretion of the court. It is the duty of the county attorney of the county in which the person practices to prosecute. Nothing in sections 148.01 to 148.108 shall be considered as interfering with any person:

(1) licensed by a health-related licensing board, as defined in section 214.01, subdivision 2, including psychological practitioners with respect to the use of hypnosis;

(2) registered or licensed by the commissioner of health under section 214.13; or

(3) engaged in other methods of healing regulated by law in the state of Minnesota;

provided that the person confines activities within the scope of the license or other regulation and does not practice or attempt to practice chiropractic.

Subd. 2. **Exceptions.** The following persons shall not be in violation of subdivision 1:

(1) a student practicing under the direct supervision of a preceptor while the student is enrolled in and regularly attending a recognized chiropractic college or chiropractic program;

(2) a student who is in continuing training and performing the duties of an intern or resident or engaged in postgraduate work considered by the board to be the equivalent of an internship or residency in any institution approved for training by the board;

(3) a doctor of chiropractic licensed in another state or jurisdiction who is in actual consultation in Minnesota;

(4) a doctor of chiropractic licensed in another state or jurisdiction who is in this state for the sole purpose of providing chiropractic services at a competitive athletic event. The doctor of chiropractic may practice chiropractic only on participants in the athletic event;

(5) a doctor of chiropractic licensed in another state or jurisdiction whose duties are entirely of a research, public health, or educational character and while directly engaged in such duties, and who is employed in a scientific, sanitary, or teaching capacity by: (i) an accredited institution; (ii) a public or private school, college, or other bona fide educational institution; (iii) a nonprofit organization which has tax-exempt status in accordance with the Internal Revenue Code, section 501(c)(3), and is organized and operated primarily for the purpose of conducting scientific research; or (iv) the state Department of Health;

(6) a doctor of chiropractic licensed in another state or jurisdiction who treats the doctor of chiropractic's home state patients or other participating patients while the doctor of chiropractic and those patients are participating together in outdoor recreation in this state as defined by section 86A.03, subdivision 3; and

(7) a person licensed in another state or jurisdiction who is a commissioned officer of, a member of, or employed by the armed forces of the United States, the United States Public Health Service, the Veterans Administration, any federal institution, or any federal agency while engaged in the performance of official duties within this state.

History: *1987 c 345 s 10; 1991 c 255 s 19; 2001 c 121 s 5; 2014 c 291 art 4 s 7; 2026 c 127 art 4 s 12*

148.106 PEER REVIEW OF SERVICES AND FEES.

Subdivision 1. MS 2000 [Repealed, 2001 c 121 s 7]

Subd. 2. MS 2000 [Repealed, 2001 c 121 s 7]

Subd. 3. MS 2000 [Repealed, 2001 c 121 s 7]

Subd. 4. MS 2000 [Repealed, 2001 c 121 s 7]

Subd. 5. MS 2000 [Repealed, 2001 c 121 s 7]

Subd. 6. MS 2000 [Repealed, 2001 c 121 s 7]

Subd. 7. MS 2000 [Repealed, 2001 c 121 s 7]

Subd. 8. MS 2000 [Repealed, 2001 c 121 s 7]

Subd. 9. MS 2000 [Repealed, 2001 c 121 s 7]

Subd. 10. **Confidentiality of peer review records.** All data and information acquired by the board or the peer review committee before August 1, 2001, in the exercise of its duties and functions in conducting peer reviews before August 1, 2001, shall be subject to the same disclosure and confidentiality protections as provided for data and information of other review organizations under section 145.64. The data, information, and records are classified as private data on individuals for purposes of chapter 13. The patient records obtained by the board pursuant to this section must be used solely for the purposes of the board relating to peer review or the disciplinary process.

History: *1987 c 345 s 11; 2001 c 121 s 6*

148.107 RECORD KEEPING.

All items in this section should be contained in the patient record, including, but not limited to, clauses (1), (2), (3), (5), (7), and (9).

(1) A description of past conditions and trauma, past treatment received, current treatment being received from other health care providers, and a description of the patient's current condition including onset and description of trauma if trauma occurred.

(2) Examinations performed to determine a preliminary or final diagnosis based on indicated diagnostic tests, with a record of findings of each test performed.

(3) A diagnosis supported by documented subjective and objective findings, or clearly qualified as an opinion.

(4) A treatment plan that describes the procedures and treatment used for the conditions identified, including approximate frequency of care.

(5) Daily notes documenting current subjective complaints as described by the patient, any change in objective findings if noted during that visit, a listing of all procedures provided during that visit, and all information that is exchanged and will affect that patient's treatment.

(6) A description by the chiropractor or written by the patient each time an incident occurs that results in an aggravation of the patient's condition or a new developing condition.

(7) Results of reexaminations that are performed to evaluate significant changes in a patient's condition, including tests that were positive or deviated from results used to indicate normal findings.

(8) When symbols or abbreviations are used, a key that explains their meanings must accompany each file when requested in writing by the patient or a third party.

(9) Documentation that family history has been evaluated.

History: *2009 c 159 s 35*

148.108 FEES.

Subdivision 1. **Fees.** The board is authorized to charge the fees in this section.

Subd. 2. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 3. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 4. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 5. **Chiropractic license fees.** Fees for chiropractic licensure are the following amounts but may be adjusted lower by board action:

(1) initial application for licensure, $300;

(2) annual renewal of an active license, $250;

(3) late renewal penalty, $150 per month late;

(4) application for reinstatement of a terminated license, $100; and

(5) penalty for failure to complete CE requirements at the time of license renewal:

(i) at the first failure to complete CE requirements at the time of license renewal, the amount of the fee for annual renewal of an active license under clause (2);

(ii) at the second failure to complete CE requirements at the time of license renewal, two times the amount of the fee for annual renewal of an active license under clause (2); and

(iii) at the third failure to complete CE requirements at the time of license renewal and every subsequent failure, three times the amount of the fee for annual renewal of an active license under clause (2).

Subd. 6. **Acupuncture registration fees.** Fees for acupuncture registration are the following amounts but may be adjusted lower by board action:

(1) initial application acupuncture registration fee, $200;

(2) annual renewal of active acupuncture registration fee, $100;

(3) annual renewal of inactive acupuncture registration fee, 75 percent of the current active acupuncture registration renewal fee under clause (2); and

(4) reinstatement of nonrenewed acupuncture registration fee, $200.

Subd. 7. **Independent examiner registration fees.** Fees for independent examiner registration are the following amounts but may be adjusted lower by board action:

(1) initial application independent examiner registration fee, $200;

(2) annual renewal of independent examiner registration fee, $100; and

(3) reinstatement of nonrenewed independent examiner registration fee, $200.

Subd. 8. **Animal chiropractic registration fees.** Fees for animal chiropractic registration are the following amounts but may be adjusted lower by board action:

(1) initial application animal chiropractic registration fee, $200;

(2) annual renewal of active animal chiropractic registration fee, $100;

(3) annual renewal of inactive animal chiropractic registration fee, 75 percent of the current active animal chiropractic renewal fee under clause (2); and

(4) reinstatement of nonrenewed animal chiropractic registration fee, $200.

Subd. 9. **Graduate preceptorship registration fee.** The application fee for graduate preceptorship registration is $250, but may be adjusted lower by board action.

Subd. 10. **Professional firm registration fees.** In addition to fees authorized under chapter 319B, the late renewal penalty fee for professional firm registration is $5 per month late.

Subd. 11. **Miscellaneous fees.** Fees under this subdivision are the following amounts but may be adjusted lower by board action:

(1) annual continuing education sponsorship fee, $600;

(2) individual continuing education seminar sponsorship fee, $200;

(3) mailing list request fee, $200;

(4) license verification fee, $20;

(5) duplicate certificate fee, $20; and

(6) document copies fee, $0.25 per side of document page.

History: *2006 c 267 art 1 s 5; 1Sp2011 c 9 art 5 s 2; 1Sp2025 c 3 art 3 s 7-14; 2026 c 127 art 4 s 13*

148.11 MS 1961 [Repealed, 1963 c 45 s 12]

148.12 MS 1961 [Repealed, 1963 c 45 s 12]

148.13 MS 1961 [Repealed, 1963 c 45 s 12]

148.14 MS 1961 [Repealed, 1963 c 45 s 12]

148.15 MS 1961 [Repealed, 1963 c 45 s 12]

148.16 MS 1961 [Repealed, 1963 c 45 s 12]

148.17 MS 1941 [Repealed, 1945 c 242 s 14]

NURSES

148.171 DEFINITIONS; TITLE.

Subdivision 1. **Title.** Sections 148.171 to 148.285 shall be referred to as the "Minnesota Nurse Practice Act."

Subd. 2. **Scope.** As used in sections 148.171 to 148.285, the definitions in this section have the meanings given.

Subd. 3. **Advanced practice registered nurse.** "Advanced practice registered nurse," abbreviated APRN, means an individual licensed as an advanced practice registered nurse by the board and certified by a national nurse certification organization acceptable to the board to practice as a clinical nurse specialist, nurse anesthetist, nurse-midwife, or nurse practitioner. The national nursing certification organization must:

(1) be endorsed by a national professional nursing organization that describes scope and standards statements specific to the practice as a clinical nurse specialist, nurse-midwife, nurse practitioner, or registered nurse anesthetist for the population focus for which the individual will be certified;

(2) be independent from the national professional nursing organization in decision-making for all matters pertaining to certification or recertification;

(3) administer a professional nursing certification program that is psychometrically sound and legally defensible, and meets nationally recognized accreditation standards for certification programs; and

(4) require periodic recertification or be affiliated with an organization that provides recertification.

Subd. 3a. **Assignment.** "Assignment" means the designation of nursing tasks or activities to be performed by another nurse or unlicensed assistive person.

Subd. 4. **Board.** "Board" means the Minnesota Board of Nursing.

Subd. 4a. **Certification.** "Certification" means the formal recognition of knowledge, skills, and experience demonstrated by the achievement of standards identified by the National Professional Nursing Organization acceptable to the Minnesota Board of Nursing.

Subd. 5. **Clinical nurse specialist practice.** "Clinical nurse specialist practice" means:

(1) the diagnosis and treatment of health and illness states;

(2) disease management;

(3) prescribing pharmacologic and nonpharmacologic therapies;

(4) ordering, performing, supervising, and interpreting diagnostic studies, excluding interpreting computed tomography scans, magnetic resonance imaging scans, positron emission tomography scans, nuclear scans, and mammography;

(5) prevention of illness and risk behaviors;

(6) nursing care for individuals, families, and communities;

(7) consulting with, collaborating with, or referring to other health care providers as warranted by the needs of the patient; and

(8) integration of care across the continuum to improve patient outcomes.

Subd. 5a. **Collaboration.** "Collaboration" means the process in which two or more health care professionals work together to meet the health care needs of a patient, as warranted by the patient.

Subd. 6. MS 2012 [Repealed, 2014 c 235 s 42; 2014 c 312 art 24 s 43]

Subd. 7. **Consultation.** "Consultation" means the process in which an advanced practice registered nurse who maintains primary management responsibility for a patient's care seeks advice or opinion of a physician or another member of the health care team.

Subd. 7a. **Delegation.** "Delegation" means the transfer of authority to another nurse or competent, unlicensed assistive person to perform a specific nursing task or activity in a specific situation.

Subd. 7b. **Encumbered.** "Encumbered" means (1) a license that is revoked, suspended, or contains limitations on the full and unrestricted practice of nursing when the revocation, suspension, or limitation is imposed by a state licensing board, or (2) a license that is voluntarily surrendered.

Subd. 7c. **Intervention.** "Intervention" means any act or action based upon clinical judgment and knowledge that a nurse performs to enhance the health outcome of a patient.

Subd. 8. **Licensed practical nurse.** "Licensed practical nurse," abbreviated LPN, means an individual licensed by the board to practice practical nursing.

Subd. 8a. **Monitoring.** "Monitoring" means the periodic inspection by a registered nurse or licensed practical nurse of a delegated or assigned nursing task or activity and includes: (1) watching during the performance of the task or activity; (2) periodic checking and tracking of the progress of the task or activity being performed; (3) updating a supervisor on the progress or completion of the task or activity performed; and (4) contacting a supervisor as needed for direction and consultation.

Subd. 9. **Nurse.** "Nurse" means advanced practice registered nurse, registered nurse, and licensed practical nurse unless the context clearly refers to only one category.

Subd. 10. **Nurse-midwife practice.** "Nurse-midwife practice" means:

(1) the management, diagnosis, and treatment of women's primary health care including pregnancy, childbirth, postpartum period, care of the newborn, family planning, partner care management relating to sexual health, and gynecological care of women across the life span;

(2) ordering, performing, supervising, and interpreting diagnostic studies, excluding interpreting computed tomography scans, magnetic resonance imaging scans, positron emission tomography scans, nuclear scans, and mammography;

(3) prescribing pharmacologic and nonpharmacologic therapies; and

(4) consulting with, collaborating with, or referring to other health care providers as warranted by the needs of the patient.

Subd. 11. **Nurse practitioner practice.** "Nurse practitioner practice" means the provision of care including:

(1) health promotion, disease prevention, health education, and counseling;

(2) providing health assessment and screening activities;

(3) diagnosing, treating, and facilitating patients' management of their acute and chronic illnesses and diseases;

(4) ordering, performing, supervising, and interpreting diagnostic studies, excluding interpreting computed tomography scans, magnetic resonance imaging scans, positron emission tomography scans, nuclear scans, and mammography;

(5) prescribing pharmacologic and nonpharmacologic therapies; and

(6) consulting with, collaborating with, or referring to other health care providers as warranted by the needs of the patient.

Subd. 12. MS 2012 [Repealed, 2013 c 31 s 11]

Subd. 12a. **Patient.** "Patient" means a recipient of nursing care, including an individual, family, group, or community.

Subd. 12b. **Population focus.** "Population focus" means the categories of patients for which the advanced practice registered nurse has the educational preparation to provide care and services. The categories of population foci are:

(1) family and individual across the life span;

(2) adult gerontology;

(3) neonatal;

(4) pediatrics;

(5) women's and gender-related health; and

(6) psychiatric and mental health.

Subd. 13. **Practice of advanced practice registered nursing.** (a) The "practice of advanced practice registered nursing" means the performance of an expanded scope of nursing in at least one of the recognized advanced practice registered nurse roles for at least one population focus. The scope and practice standards of an advanced practice registered nurse are defined by the national professional nursing organizations specific to the practice as a clinical nurse specialist, nurse-midwife, nurse practitioner, or registered nurse anesthetist in the population focus. The scope of advanced practice registered nursing includes, but is not limited to, performing acts of advanced assessment, diagnosing, prescribing, and ordering. The practice includes functioning as a primary care provider, direct care provider, case manager, consultant, educator, and researcher.

(b) The practice of advanced practice registered nursing requires the advanced practice registered nurse to be accountable: (1) to patients for the quality of advanced nursing care rendered; (2) for recognizing limits of knowledge and experience; and (3) for planning for the management of situations beyond the advanced practice registered nurse's expertise. The practice of advanced practice registered nursing includes accepting

referrals from, consulting with, collaborating with, or referring to other health care providers as warranted by the needs of the patient.

Subd. 14. **Practice of practical nursing.** The "practice of practical nursing" means the performance, with or without compensation, of those services that incorporates caring for individual patients in all settings through nursing standards recognized by the board at the direction of a registered nurse, advanced practice registered nurse, or other licensed health care provider and includes, but is not limited to:

(1) conducting a focused assessment of the health status of an individual patient through the collection and comparison of data to normal findings and the individual patient's current health status, and reporting changes and responses to interventions in an ongoing manner to a registered nurse or the appropriate licensed health care provider for delegated or assigned tasks or activities;

(2) participating with other health care providers in the development and modification of a plan of care;

(3) determining and implementing appropriate interventions within a nursing plan of care or when delegated or assigned by a registered nurse;

(4) implementing interventions that are delegated, ordered, or prescribed by a licensed health care provider;

(5) assigning nursing activities or tasks to other licensed practical nurses (LPNs);

(6) assigning and monitoring nursing tasks or activities to unlicensed assistive personnel;

(7) providing safe and effective nursing care delivery;

(8) promoting a safe and therapeutic environment;

(9) advocating for the best interests of individual patients;

(10) assisting in the evaluation of responses to interventions;

(11) collaborating and communicating with other health care providers;

(12) providing health care information to individual patients;

(13) providing input into the development of policies and procedures; and

(14) accountability for the quality of care delivered, recognizing the limits of knowledge and experience; addressing situations beyond the nurse's competency; and performing to the level of education, knowledge, and skill ordinarily expected of an individual who has completed an approved practical nursing education program described in section 148.211, subdivision 1.

Subd. 15. **Practice of professional nursing.** The "practice of professional nursing" means the performance, with or without compensation, of those services that incorporates caring for all patients in all settings through nursing standards recognized by the board and includes, but is not limited to:

(1) providing a comprehensive assessment of the health status of a patient through the collection, analysis, and synthesis of data used to establish a health status baseline and plan of care, and address changes in a patient's condition;

(2) collaborating with the health care team to develop and coordinate an integrated plan of care;

(3) developing nursing interventions to be integrated with the plan of care;

(4) implementing nursing care through the execution of independent nursing interventions;

(5) implementing interventions that are delegated, ordered, or prescribed by a licensed health care provider;

(6) delegating nursing tasks or assigning nursing activities to implement the plan of care;

(7) providing safe and effective nursing care;

(8) promoting a safe and therapeutic environment;

(9) advocating for the best interests of individual patients;

(10) evaluating responses to interventions and the effectiveness of the plan of care;

(11) collaborating and coordinating with other health care professionals in the management and implementation of care within and across care settings and communities;

(12) providing health promotion, disease prevention, care coordination, and case finding;

(13) designing and implementing teaching plans based on patient need, and evaluating their effectiveness;

(14) participating in the development of health care policies, procedures, and systems;

(15) managing, supervising, and evaluating the practice of nursing;

(16) teaching the theory and practice of nursing; and

(17) accountability for the quality of care delivered, recognizing the limits of knowledge and experience; addressing situations beyond the nurse's competency; and performing to the level of education, knowledge, and skill ordinarily expected of an individual who has completed an approved professional nursing education program as described in section 148.211, subdivision 1.

Subd. 16. **Prescribing.** "Prescribing" means the act of generating a prescription for the preparation of, use of, or manner of using a drug or therapeutic device in accordance with the provisions of section 148.235. Prescribing does not include recommending the use of a drug or therapeutic device which is not required by the federal Food and Drug Administration to meet the labeling requirements for prescription drugs and devices. Prescribing also does not include recommending or administering a drug or therapeutic device for anesthesia care by a certified registered nurse anesthetist.

Subd. 17. **Prescription.** "Prescription" means a written direction or an oral direction reduced to writing provided to or for an individual patient for the preparation or use of a drug or therapeutic device. In the case of a prescription for a drug, the requirements of section 151.01, subdivisions 16, 16a, and 16b, shall apply.

Subd. 17a. **Primary care provider.** "Primary care provider" means a licensed health care provider who acts as the first point of care for comprehensive health maintenance and promotion, preventive care, and undiagnosed health concerns and who provides continuing care of varied health conditions not limited by cause, organ systems, or diagnosis.

Subd. 18. **Public health nurse.** "Public health nurse" means a registered nurse who meets the voluntary registration requirements established by the board by rule.

Subd. 19. **Referral.** "Referral" means the process in which an advanced practice registered nurse directs a patient to a physician or another health care professional for management of a particular problem or aspect of the patient's care.

Subd. 20. **Registered nurse.** "Registered nurse," abbreviated RN, means an individual licensed by the board to practice professional nursing.

Subd. 21. **Registered nurse anesthetist practice.** (a) "Registered nurse anesthetist practice" means the provision of anesthesia care and related services including:

(1) selecting, obtaining, and administering drugs and therapeutic devices to facilitate diagnostic, therapeutic, and surgical procedures;

(2) ordering, performing, supervising, and interpreting diagnostic studies, excluding interpreting computed tomography scans, magnetic resonance imaging scans, positron emission tomography scans, nuclear scans, and mammography;

(3) prescribing pharmacologic and nonpharmacologic therapies; and

(4) consulting with, collaborating with, or referring to other health care providers as warranted by the needs of the patient.

(b) A registered nurse anesthetist may perform nonsurgical therapies for acute and chronic pain symptoms upon referral and in collaboration with a physician licensed under chapter 147. For purposes of providing nonsurgical therapies for acute and chronic pain symptoms, the registered nurse anesthetist and one or more physicians licensed under chapter 147 must have a mutually agreed upon plan that designates the scope of collaboration necessary for providing nonsurgical therapies to patients with acute and chronic pain. The registered nurse anesthetist must perform the nonsurgical therapies at the same licensed health care facility as the physician.

(c) Notwithstanding section 148.235, for purposes of providing nonsurgical pain therapies for chronic pain symptoms, the registered nurse anesthetist must have a written prescribing agreement with a physician licensed under chapter 147 that defines the delegated responsibilities related to prescribing drugs and therapeutic devices within the scope of the agreement and the practice of the registered nurse anesthetist.

Subd. 22. **Registered nurse, certified.** "Registered nurse, certified," abbreviated RN,C, means a registered nurse who has received certification from a national nursing organization or national nurse certification organization for practice according to subdivision 15 in a specialized field of professional nursing. A registered nurse, certified, shall not practice advanced practice registered nursing as described in subdivision 5, 10, 11, 13, or 21.

Subd. 22a. **Roles of advanced practice registered nurses.** "Role" means one of four recognized advanced practice registered nurse roles: certified registered nurse anesthetist (CRNA); certified nurse-midwife (CNM); certified clinical nurse specialist (CNS); or certified nurse practitioner (CNP).

Subd. 23. **Supervision.** "Supervision" means the guidance by a registered nurse in the accomplishment of a nursing task or activity. Supervision consists of monitoring, as well as establishing, the initial direction, delegating, setting expectations, directing activities and courses of action, evaluating, and changing a course of action.

Subd. 24. **Unlicensed assistive personnel.** "Unlicensed assistive personnel" (UAP) means any unlicensed person to whom nursing tasks or activities may be delegated or assigned, as approved by the board.

History: *1945 c 242 s 1; 1955 c 34 s 1; 1959 c 140 s 1; 1974 c 554 s 1; 1988 c 440 s 1; 1989 c 194 s 3; 1990 c 483 s 1; 1999 c 172 s 2,18; 2013 c 31 s 1-9; 2014 c 235 s 1-14; 2017 c 57 s 1,2*

148.18 MS 1941 [Repealed, 1945 c 242 s 14]

148.181 BOARD OF NURSING MEMBERSHIP, VACANCIES, DISCLOSURE.

Subdivision 1. **Membership.** (a) The Board of Nursing consists of 16 members appointed by the governor, each of whom must be a resident of this state. Eight members must be registered nurses, each of whom must have graduated from an approved school of nursing, must be licensed and currently registered as a registered nurse in this state, and must have had at least five years experience in nursing practice, nursing administration, or nursing education immediately preceding appointment. One of the eight must have had at least two years executive or teaching experience in a baccalaureate degree nursing program approved by the board under section 148.251 during the five years immediately preceding appointment, one of the eight must have had at least two years executive or teaching experience in an associate degree nursing program approved by the board under section 148.251 during the five years immediately preceding appointment, one of the eight must be practicing professional nursing in a nursing home at the time of appointment, one of the eight must have had at least two years executive or teaching experience in a practical nursing program approved by the board under section 148.251 during the five years immediately preceding appointment, and one of the eight must be licensed and have national certification or recertification as a registered nurse anesthetist, nurse practitioner, nurse midwife, or clinical nurse specialist. Four of the eight must have had at least five years of experience in nursing practice or nursing administration immediately preceding appointment. Four members must be licensed practical nurses, each of whom must have graduated from an approved school of nursing, must be licensed and currently registered as a licensed practical nurse in this state, and must have had at least five years experience in nursing practice immediately preceding appointment. The remaining four members must be public members as defined by section 214.02.

(b) A member may be reappointed but may not serve more than two full terms consecutively. The governor shall attempt to make appointments to the board that reflect the geography of the state. The board members who are nurses should as a whole reflect the broad mix of practice types and sites of nurses practicing in Minnesota.

(c) Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements are as provided in sections 214.07 to 214.09. Any nurse on the board who during incumbency permanently ceases to be actively engaged in the practice of nursing or otherwise becomes disqualified for board membership is automatically removed, and the governor shall fill the vacancy. The provision of staff, administrative services, and office space; the review and processing of complaints; the setting of board fees; and other provisions relating to board operations are as provided in sections 148.171 to 148.285 and chapter 214. Each member of the board shall file with the secretary of state the constitutional oath of office before beginning the term of office.

Subd. 2. **Vacancies.** On expiration of the term of a member who is a registered nurse, the governor may appoint a registered nurse from a list of members submitted by professional nursing groups. Likewise on expiration of the term of a member who is a licensed practical nurse, the governor may appoint a licensed practical nurse from a list of members submitted by licensed practical nursing groups. These lists should contain names of persons in number at least twice the number of places to be filled. Vacancies occurring on the board, when the member is a registered nurse or a licensed practical nurse, may be filled for the unexpired terms by appointments to be made by the governor from nominations submitted by nursing groups in the manner aforesaid or from other recommendations. Members shall hold office until a successor is appointed and qualified.

Subd. 3. MS 1974 [Repealed, 1975 c 136 s 77]

Subd. 3. **Disclosure.** (a) A disciplinary hearing must be closed to the public.

(b) Upon application of a party in a proceeding before the board under section 148.261, the board shall produce and permit the inspection and copying, by or on behalf of the moving party, of any designated documents or papers relevant to the proceedings, in accordance with rule 34 of the Minnesota Rules of Civil Procedure.

History: *1945 c 242 s 2; 1955 c 34 s 2; 1971 c 418 s 1; 1973 c 638 s 14; 1975 c 136 s 10; 1975 c 360 s 1,2; 1976 c 222 s 50; 1976 c 239 s 55; 1981 c 94 s 1; 1986 c 444; 1989 c 194 s 4; 1993 c 88 s 1,2; 1993 c 105 s 1; 1993 c 366 s 1; 2014 c 235 s 15*

148.19 MS 1941 [Repealed, 1945 c 242 s 14]

148.191 OFFICERS; STAFF; POWERS.

Subdivision 1. **Officers; staff.** The board shall elect from its members a president, a vice-president, and a secretary-treasurer who shall each serve for one year or until a successor is elected and qualifies. The board shall appoint and employ an executive director subject to the terms described in section 214.04, subdivision 2a, and may employ such persons as may be necessary to carry on its work. A majority of the board, including one officer, shall constitute a quorum at any meeting.

Subd. 2. **Powers.** (a) The board is authorized to adopt and, from time to time, revise rules not inconsistent with the law, as may be necessary to enable it to carry into effect the provisions of sections 148.171 to 148.285 and chapter 148G. The board shall prescribe by rule curricula and standards for schools and courses preparing persons for licensure under sections 148.171 to 148.285 and 148G.12. It shall conduct or provide for surveys of such schools and courses at such times as it may deem necessary. It shall approve such schools and courses as meet the requirements of sections 148.171 to 148.285 or section 148G.12, and board rules. It shall examine, license, and renew the license of duly qualified applicants. It shall hold examinations at least once in each year at such time and place as it may determine. It shall by rule adopt, evaluate, and periodically revise, as necessary, requirements for licensure and for registration and renewal of registration as defined in section 148.231 and chapter 148G. It shall maintain a record of all persons licensed by the board to practice advanced practice, professional, or practical nursing, or certified as a midwife. It shall cause the prosecution of all persons violating sections 148.171 to 148.285 or chapter 148G, and have power to incur such necessary expense therefor. It shall register public health nurses who meet educational and other requirements established by the board by rule, including payment of a fee. It shall have power to issue subpoenas, and to compel the attendance of witnesses and the production of all necessary documents and other evidentiary material. Any board member may administer oaths to witnesses, or take their affirmation. It shall keep a record of all its proceedings.

(b) The board shall have access to hospital, nursing home, and other medical records of a patient cared for by a nurse or certified midwife under review. If the board does not have a written consent from a patient permitting access to the patient's records, the nurse, certified midwife, or facility shall delete any data in the record that identifies the patient before providing it to the board. The board shall have access to such other records as reasonably requested by the board to assist the board in its investigation. Nothing herein may be construed to allow access to any records protected by section 145.64. The board shall maintain any records obtained pursuant to this paragraph as investigative data under chapter 13.

(c) The board may accept and expend grants or gifts of money or in-kind services from a person, a public or private entity, or any other source for purposes consistent with the board's role and within the scope of its statutory authority.

(d) The board may accept registration fees for meetings and conferences conducted for the purposes of board activities that are within the scope of its authority.

Subd. 3. MS 1988 [Repealed, 1989 c 194 s 22]

History: *1945 c 242 s 3; 1955 c 847 s 13; 1975 c 136 s 12; 1975 c 240 s 1; 1975 c 360 s 3; 1976 c 222 s 51; 1983 c 260 s 36; 1986 c 444; 1989 c 194 s 5; 1999 c 172 s 3; 2004 c 279 art 11 s 3; 1Sp2011 c 9 art 5 s 3; 2014 c 235 s 16; 1Sp2025 c 3 art 3 s 15*

148.20 MS 1941 [Repealed, 1945 c 242 s 14]

148.201 MS 1974 [Repealed, 1975 c 136 s 77]

148.21 MS 1941 [Repealed, 1945 c 242 s 14]

148.211 LICENSING.

Subdivision 1. **Licensure by examination.** (a) An applicant for a license to practice as a registered nurse or licensed practical nurse shall apply to the board for a license by examination on forms prescribed by the board and pay a fee in an amount determined by statute. An applicant applying for reexamination shall pay a fee in an amount determined by law. In no case may fees be refunded.

(b) The applicant must satisfy the following requirements for licensure by examination:

(1) present evidence the applicant has not engaged in conduct warranting disciplinary action under section 148.261;

(2) present evidence of completion of a nursing education program approved by the board, another United States nursing board, or a Canadian province, which prepared the applicant for the type of license for which the application has been submitted; and

(3) pass a national nurse licensure written examination. "Written examination" includes paper and pencil examinations and examinations administered with a computer and related technology and may include supplemental oral or practical examinations approved by the board.

(c) An applicant who graduated from an approved nursing education program in Canada and was licensed in Canada or another United States jurisdiction, without passing the national nurse licensure examination, must also submit a verification of licensure from the original Canadian licensure authority and from the United States jurisdiction.

(d) An applicant who graduated from a nursing program in a country other than the United States or Canada must also satisfy the following requirements:

(1) present verification of graduation from a nursing education program which prepared the applicant for the type of license for which the application has been submitted and is determined to be equivalent to the education required in the same type of nursing education programs in the United States as evaluated by a credentials evaluation service acceptable to the board. The credentials evaluation service must submit the evaluation and verification directly to the board;

(2) demonstrate successful completion of coursework to resolve identified nursing education deficiencies; and

(3) pass examinations acceptable to the board that test written and spoken English, unless the applicant graduated from a nursing education program conducted in English and located in an English-speaking country. The results of the examinations must be submitted directly to the board from the testing service.

(e) An applicant failing to pass the examination may apply for reexamination.

(f) When the applicant has met all requirements stated in this subdivision, the board shall issue a license to the applicant. The board may issue a license with conditions and limitations if it considers it necessary to protect the public.

Subd. 1a. **Advanced practice registered nurse licensure.** (a) No advanced practice registered nurse shall practice as an advanced practice registered nurse unless the advanced practice registered nurse is licensed by the board under this section.

(b) An applicant for a license to practice as an advanced practice registered nurse (APRN) shall apply to the board in a format prescribed by the board and pay a fee in an amount determined under section 148.243.

(c) To be eligible for licensure an applicant:

(1) must hold a current Minnesota professional nursing license or demonstrate eligibility for licensure as a registered nurse in this state;

(2) must not hold an encumbered license as a registered nurse in any state or territory;

(3)(i) must have completed a graduate level APRN program accredited by a nursing or nursing-related accrediting body that is recognized by the United States Secretary of Education or the Council for Higher Education Accreditation as acceptable to the board. The education must be in one of the four APRN roles for at least one population focus. For APRN programs completed on or after January 1, 2016, the program must include at least one graduate-level course in each of the following areas: advanced physiology and pathophysiology; advanced health assessment; and pharmacokinetics and pharmacotherapeutics of all broad categories of agents; or

(ii) must demonstrate compliance with the advanced practice registered nursing educational requirements that were in effect in Minnesota at the time the applicant completed the advanced practice registered nursing education program;

(4) must be currently certified by a national certifying body recognized by the board in the APRN role and population foci appropriate to educational preparation;

(5) must report any criminal conviction, nolo contendere plea, Alford plea, or other plea arrangement in lieu of conviction; and

(6) must not have committed any acts or omissions which are grounds for disciplinary action in another jurisdiction or, if these acts have been committed and would be grounds for disciplinary action as set forth in section 148.261, the board has found, after investigation, that sufficient restitution has been made.

Subd. 1b. MS 2016 [Repealed, 2017 c 57 s 6]

Subd. 1c. **Postgraduate practice.** A nurse practitioner or clinical nurse specialist who qualifies for licensure as an advanced practice registered nurse must practice for at least 2,080 hours, within the context of a collaborative agreement. The nurse practitioner or clinical nurse specialist shall submit written evidence to the board with the application, or upon completion of the required collaborative practice experience. For purposes of this subdivision, a collaborative agreement is a mutually agreed upon plan for the overall working relationship between a nurse practitioner or clinical nurse specialist, and one or more of the following:

(1) physicians licensed under chapter 147 or in another state or United States territory who have experience in providing care to patients with the same or similar medical problems; or

(2) advanced practice registered nurses licensed under this section who have at least three years of practice as an advanced practice registered nurse and who have experience providing care to patients with the same or similar medical problems.

Subd. 1d. **Postgraduate practice in certain specialties.** Notwithstanding subdivision 1c, a nurse practitioner or clinical nurse specialist who provides services other than primary care services or mental health services in their first 2,080 hours of practice must complete their collaborative practice agreement in a setting where advanced practice registered nurses and physicians work together to provide patient care.

Subd. 2. **Licensure by endorsement.** The board shall issue a license to practice professional nursing or practical nursing without examination to an applicant who has been duly licensed or registered as a nurse under the laws of another state, territory, or country, if in the opinion of the board the applicant has the qualifications equivalent to the qualifications required in this state as stated in subdivision 1, all other laws not inconsistent with this section, and rules promulgated by the board.

Subd. 2a. **License recognition for nurses from border states; reciprocity.** (a) A license to practice professional or practical nursing issued by Iowa, North Dakota, South Dakota, or Wisconsin (border state) to a resident in that state must be recognized by the board as authorizing a licensure privilege to practice professional or practical nursing in Minnesota, if:

(1) the licensure standards in the state licensed are substantially the same as Minnesota licensure standards;

(2) the border state has not taken adverse action against the nurse license;

(3) the nurse is not participating in an alternative or diversion program; or

(4) the nurse has not been refused a license to practice nursing in Minnesota.

(b) Within ten days of employment by a hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state, a nurse who practices professional or practical nursing in Minnesota under the authority of a licensure privilege as provided in this subdivision shall report the employment to the board on a form provided by the board. The board shall maintain a list of the nurses practicing in Minnesota under this subdivision.

(c) A nurse who practices professional or practical nursing in Minnesota under the authority of a licensure privilege as provided in this subdivision has the same obligations as if the nurse was licensed in Minnesota and is subject to the laws and rules of Minnesota and the regulatory authority of the board, including taking all forms of disciplinary action provided for in section 148.262, subdivision 1, and corrective action provided for in section 214.103, subdivision 6, against an individual's licensure privilege based on the grounds listed in section 148.261, subdivision 1, any other statute authorizing or requiring the board to take corrective or disciplinary action, and issuing a cease and desist order to limit or revoke a nurse's authority to practice in Minnesota. The board is authorized to recover from a nurse practicing professional or practical nursing in Minnesota under this subdivision the cost of proceedings as provided in section 148.262, subdivision 4. The board shall promptly report any such actions to the border state licensing board.

(d) The board shall seek reciprocity of nurse licensure with Iowa, North Dakota, South Dakota, and Wisconsin. Lack of reciprocity does not limit the board's recognition of nurse licenses from border states.

Subd. 3. MS 1975 Supp [Repealed, 1976 c 222 s 209]

Subd. 4. **Education waived.** A person who has been licensed as a licensed practical nurse in another state, who has passed a licensing examination acceptable to the board, and who has had 24 months of

experience as a licensed practical nurse in the five years prior to applying for a license is not required to meet any additional educational requirements.

Subd. 5. **Denial of license.** Refusal of an applicant to supply information necessary to determine the applicant's qualifications, failure to demonstrate qualifications, or failure to satisfy the requirements for a license contained in this section or rules of the board may result in denial of a license. The burden of proof is upon the applicant to demonstrate the qualifications and satisfaction of the requirements.

History: *1945 c 242 s 5; 1955 c 34 s 4; 1961 c 56 s 1; 1967 c 68 s 1; 1969 c 53 s 1; 1975 c 360 s 4,5; 1976 c 222 s 52,53; 1981 c 94 s 2; 1986 c 444; 1989 c 194 s 6; 1993 c 88 s 3; 2002 c 272 s 1; 2004 c 279 art 4 s 1; 2014 c 235 s 17-20; 2017 c 57 s 3-5; 2023 c 25 s 51; 2026 c 115 art 11 s 1,2*

148.212 TEMPORARY PERMIT.

Subdivision 1. **Issuance.** Upon receipt of the applicable licensure or reregistration fee and permit fee, and in accordance with rules of the board, the board may issue a nonrenewable temporary permit to practice professional or practical nursing to an applicant for licensure or reregistration who is not the subject of a pending investigation or disciplinary action, nor disqualified for any other reason, under the following circumstances:

(a) The applicant for licensure by endorsement under section 148.211, subdivision 2, is currently licensed to practice professional or practical nursing in another state, territory, or Canadian province. The permit is valid until the date of board action on the application or for 60 days, whichever comes first.

(b) The applicant for licensure by endorsement under section 148.211, subdivision 2, or for reregistration under section 148.231, subdivision 5, is currently registered in a formal, structured refresher course or its equivalent for nurses that includes clinical practice.

Subd. 2. **Revocation.** The board may revoke a temporary permit that has been issued to an applicant for licensure under section 148.211, subdivisions 1 and 2, if the applicant is the subject of an investigation or disciplinary action, or is disqualified for any other reason.

Subd. 3. **Release of information.** Notwithstanding section 13.41, subdivision 2, the board may release information regarding action taken by the board pursuant to subdivisions 1 and 2.

History: *1989 c 194 s 7; 1993 c 88 s 4; 1Sp2001 c 9 art 13 s 2; 2002 c 379 art 1 s 113; 2003 c 87 s 4; 2004 c 279 art 4 s 2; 1Sp2011 c 9 art 5 s 4*

148.22 MS 1941 [Repealed, 1945 c 242 s 14]

148.221 MS 1988 [Repealed, 1989 c 194 s 22]

148.23 MS 1941 [Repealed, 1945 c 242 s 14]

148.231 REGISTRATION; FAILURE TO REGISTER; REREGISTRATION; VERIFICATION.

Subdivision 1. **Registration.** (a) Every person licensed to practice advanced practice, professional, or practical nursing must maintain with the board a current registration for practice as an advanced practice registered nurse, registered nurse, or licensed practical nurse which must be renewed at regular intervals established by the board by rule. No registration shall be issued by the board to a nurse until the nurse has submitted satisfactory evidence of compliance with the procedures and minimum requirements established by the board.

(b) Upon receipt of the application and the required fees, as determined under section 148.243, the board shall verify the application and the evidence of completion of continuing education requirements in effect, and issue to the nurse registration for the next renewal period.

(c) An applicant for advanced practice registered nursing (APRN) renewal must provide evidence of current certification or recertification in the appropriate APRN role in at least one population focus by a nationally accredited certifying body recognized by the board.

Subd. 2. MS 1980 [Repealed, 1981 c 94 s 12]

Subd. 3. MS 1975 Supp [Repealed, 1976 c 222 s 209]

Subd. 4. **Failure to register.** Any person licensed under the provisions of sections 148.171 to 148.285 who fails to register within the required period shall not be entitled to practice nursing in this state as an advanced practice registered nurse, a registered nurse, or a licensed practical nurse.

Subd. 5. **Reregistration.** A person whose registration has lapsed desiring to resume practice shall make application for reregistration, submit satisfactory evidence of compliance with the procedures and requirements established by the board, and pay the reregistration fee for the current period to the board. A penalty fee shall be required from a person who practiced nursing without current registration. Thereupon, registration shall be issued to the person who shall immediately be placed on the practicing list as an advanced practice registered nurse, a registered nurse, or a licensed practical nurse.

Subd. 6. **Verification.** A person licensed under the provisions of sections 148.171 to 148.285 who requests the board to verify a Minnesota license to another state, territory, or country or to an agency, facility, school, or institution shall pay a fee for each verification.

History: *1945 c 242 s 7; 1947 c 286 s 1; 1955 c 34 s 5; 1961 c 8 s 2; 1967 c 68 s 2; 1969 c 53 s 2,3; 1971 c 131 s 1; 1975 c 240 s 2; 1975 c 360 s 6,7; 1976 c 149 s 30; 1981 c 94 s 3-6; 1986 c 444; 1989 c 194 s 8; 1996 c 318 s 1; 1Sp2011 c 9 art 5 s 5; 2014 c 235 s 21-23*

148.232 MS 2014 [Repealed, 2016 c 158 art 1 s 215]

148.233 IDENTIFICATION OF CERTIFIED REGISTERED NURSES.

Subdivision 1. **Registered nurse.** A registered nurse certified in a specialized field of professional nursing as described in section 148.171, subdivision 22, shall use the designation RN,C for personal identification and in documentation of services provided. Identification of educational degrees and specialty fields may be added.

Subd. 2. **Advanced practice registered nurse.** (a) Only those persons who hold a current license to practice advanced practice registered nursing in this state may use the title advanced practice registered nurse with the role designation of certified registered nurse anesthetist, certified nurse-midwife, certified clinical nurse specialist, or certified nurse practitioner.

(b) An advanced practice registered nurse shall use the appropriate designation: APRN, CNS; APRN, CNM; APRN, CNP; or APRN, CRNA for personal identification and in documentation of services provided. Identification of educational degrees and specialty fields may be added.

(c) When providing nursing care, an advanced practice registered nurse shall provide clear identification of the appropriate advanced practice registered nurse designation.

History: *1999 c 172 s 4,18; 2014 c 235 s 24*

148.234 STATE BOUNDARIES CONSIDERATION.

A nurse may perform patient care procedures and techniques at the direction of a physician, a podiatrist, a dentist, or an advanced practice registered nurse licensed in another state, United States territory, or Canadian province if the physician, podiatrist, dentist, or advanced practice registered nurse gave the direction after examining the patient and issued the direction in that state, United States territory, or Canadian province.

Nothing in this section allows a nurse to perform a patient care procedure or technique at the direction of a physician, a podiatrist, a dentist, or an advanced practice registered nurse that is illegal in this state.

History: *1996 c 318 s 2; 2014 c 235 s 25*

148.235 PRESCRIBING DRUGS AND THERAPEUTIC DEVICES.

Subdivision 1. MS 2012 [Repealed, 2014 c 235 s 42; 2014 c 312 art 24 s 43]

Subd. 2. MS 2012 [Repealed, 2014 c 235 s 42; 2014 c 312 art 24 s 43]

Subd. 2a. MS 2012 [Repealed, 2014 c 235 s 42; 2014 c 312 art 24 s 43]

Subd. 3. MS 1998 [Repealed by amendment, 1999 c 172 s 5]

Subd. 4. MS 2012 [Repealed, 2014 c 235 s 42; 2014 c 312 art 24 s 43]

Subd. 4a. MS 2012 [Repealed, 2014 c 235 s 42; 2014 c 312 art 24 s 43]

Subd. 4b. MS 2012 [Repealed, 2014 c 235 s 42; 2014 c 312 art 24 s 43]

Subd. 5. MS 1998 [Repealed by amendment, 1999 c 172 c 5]

Subd. 6. MS 2012 [Repealed, 2014 c 235 s 42; 2014 c 312 art 24 s 43]

Subd. 7. MS 2012 [Repealed, 2014 c 235 s 42; 2014 c 312 art 24 s 43]

Subd. 7a. **Diagnosis, prescribing, and ordering.** Advanced practice registered nurses are authorized to:

(1) diagnose, prescribe, and institute therapy or referrals of patients to health care agencies and providers;

(2) prescribe, procure, sign for, record, administer, and dispense over-the-counter, legend, and controlled substances, including sample drugs; and

(3) plan and initiate a therapeutic regimen that includes ordering and prescribing durable medical devices and equipment, nutrition, diagnostic services, and supportive services including, but not limited to, home health care, hospice, physical therapy, and occupational therapy.

Subd. 7b. **Drug Enforcement Administration requirements.** (a) Advanced practice registered nurses must:

(1) comply with federal Drug Enforcement Administration (DEA) requirements related to controlled substances; and

(2) file any and all of the nurse's DEA registrations and numbers with the board.

(b) The board shall maintain current records of all advanced practice registered nurses with DEA registration and numbers.

Subd. 8. **Prescription by protocol.** A registered nurse may implement a protocol that does not reference a specific patient and results in a prescription of a legend drug that has been predetermined and delegated by a licensed practitioner as defined under section 151.01, subdivision 23, when caring for a patient whose condition falls within the protocol and when the protocol specifies the circumstances under which the drug is to be prescribed or administered.

Subd. 9. **Vaccine by protocol.** A nurse may implement a protocol that does not reference a specific patient and results in the administration of a vaccine that has been predetermined and delegated by a licensed practitioner as defined in section 151.01, subdivision 23, when caring for a patient whose characteristics fall within the protocol and when the protocol specifies the contraindications for implementation, including patients or populations of patients for whom the vaccine must not be administered and the conditions under which the vaccine must not be administered.

Subd. 10. **Administration of medications by unlicensed personnel in nursing facilities.** Notwithstanding the provisions of Minnesota Rules, part 4658.1360, subpart 2, a graduate of a foreign nursing school who has successfully completed an approved competency evaluation under the provisions of section 144A.61 is eligible to administer medications in a nursing facility upon completion of any medication training program for unlicensed personnel approved by the commissioner of health under section 144A.61, subdivision 3b, or offered through a postsecondary educational institution, which meets the requirements specified in Minnesota Rules, part 4658.1360, subpart 2, item B.

Subd. 11. **Dispensing by protocol.** Subject to the requirements of this subdivision, a registered nurse in a family planning agency as defined in Minnesota Rules, part 9505.0280, subpart 3, may dispense contraceptives prescribed by a licensed practitioner as defined in section 151.01, subdivision 23, pursuant to a dispensing protocol established by the agency's medical director or under the direction of a physician. The dispensing protocol must address the requirements of sections 151.01, subdivision 30, and 151.212, subdivision 1. In addition, the registered nurse may not dispense contraceptives if the patient is under 12 years of age.

Subd. 12. MS 2007 Supp [Repealed, 2008 c 321 s 8]

History: *1990 c 483 s 2; 1993 c 337 s 10; 1994 c 389 s 2; 1994 c 470 s 1-3; 1996 c 446 art 1 s 67,68; 1996 c 451 art 6 s 1; 1997 c 7 art 1 s 77; 1999 c 172 s 5; 2002 c 362 s 1,2; 2003 c 87 s 5; 2007 c 139 s 2; 2007 c 147 art 11 s 3; 2008 c 321 s 2; 2014 c 235 s 26,27; 2025 c 38 art 2 s 29*

148.236 MS 1994 [Repealed, 1995 c 212 art 3 s 60; 1995 c 234 art 8 s 57]

148.24 MS 1941 [Repealed, 1945 c 242 s 14]

148.241 EXPENSES.

Subdivision 1. **Appropriation.** The expenses of administering sections 148.171 to 148.285 and chapter 148G shall be paid from the appropriation made to the Minnesota Board of Nursing.

Subd. 2. **Expenditure.** All amounts appropriated to the board shall be held subject to the order of the board to be used only for the purpose of meeting necessary expenses incurred in the performance of the purposes of sections 148.171 to 148.285 and chapter 148G, and the duties imposed thereby as well as the promotion of nursing or certified midwifery education and standards of nursing or certified midwifery care in this state.

History: *1945 c 242 s 8; 1955 c 34 s 3; 1973 c 638 s 16; 1976 c 222 s 54; 1989 c 194 s 10; 1Sp2025 c 3 art 3 s 16*

148.242 FEES.

The fees specified in section 148.243 are nonrefundable and must be deposited in the state government special revenue fund.

History: *1Sp2011 c 9 art 5 s 6*

148.243 FEE AMOUNTS.

Subdivision 1. **Licensure by examination.** The fee for licensure by examination is $105.

Subd. 2. **Reexamination fee.** The reexamination fee is $60.

Subd. 3. **Licensure by endorsement.** The fee for licensure by endorsement is $105.

Subd. 4. **Registration renewal.** The fee for registration renewal is $85.

Subd. 5. **Reregistration.** The fee for reregistration is $105.

Subd. 6. **Replacement license.** The fee for a replacement license is $20.

Subd. 7. **Public health nurse certification.** The fee for public health nurse certification is $30.

Subd. 8. MS 2012 [Repealed, 2014 c 235 s 42; 2014 c 312 art 24 s 43]

Subd. 9. **Licensure verification other than through Nursys.** The fee for verification of licensure status other than through Nursys verification is $20.

Subd. 10. **Verification of examination scores.** The fee for verification of examination scores is $20.

Subd. 11. **Microfilmed licensure application materials.** The fee for a copy of microfilmed licensure application materials is $20.

Subd. 12. **Nursing business registration; initial application.** The fee for the initial application for nursing business registration is $100.

Subd. 13. **Nursing business registration; annual application.** The fee for the annual application for nursing business registration is $25.

Subd. 14. **Practicing without current registration.** The fee for practicing without current registration is two times the amount of the current registration renewal fee for any part of the first calendar month, plus the current registration renewal fee for any part of any subsequent month up to 24 months.

Subd. 15. MS 2016 [Repealed, 2017 c 57 s 6]

Subd. 16. **Dishonored check fee.** The service fee for a dishonored check is as provided in section 604.113.

Subd. 17. **Border state registry fee.** The initial application fee for border state registration is $50. Any subsequent notice of employment change to remain or be reinstated on the registry is $50.

History: *1Sp2011 c 9 art 5 s 7*

148.25 MS 1941 [Repealed, 1945 c 242 s 14]

148.251 NURSING PROGRAM.

Subdivision 1. **Initial approval.** An institution desiring to conduct a nursing program shall apply to the board and submit evidence that:

(1) It is prepared to provide a program of theory and practice in advanced practice, professional, or practical nursing that meets the program approval standards adopted by the board. Instruction and required experience may be obtained in one or more institutions or agencies outside the applying institution as long as the nursing program retains accountability for all clinical and nonclinical teaching.

(2) It is prepared to meet other standards established by law and by the board.

Subd. 2. MS 1988 [Repealed, 1989 c 194 s 22]

Subd. 3. **Continuing approval.** From time to time as deemed necessary by the board, it shall be the duty of the board, through its representatives, to survey all nursing programs in the state. If the results of the survey show that a nursing program meets all board rules, the board shall continue approval of the nursing program.

Subd. 4. **Loss of approval.** If the board determines that an approved nursing program is not maintaining the standards required by the statutes and board rules, notice thereof in writing specifying the defect shall be given to the program. If a program fails to correct these conditions to the satisfaction of the board within a reasonable time, approval of the program shall be revoked and the program shall be removed from the list of approved nursing programs.

Subd. 5. **Reinstatement of approval.** The board shall reinstate approval of a nursing program upon submission of satisfactory evidence that its program of theory and practice meets the standards required by statutes and board rules.

Subd. 6. **Advanced standing.** Associate degree nursing programs approved or seeking to be approved by the board shall provide for advanced standing for licensed practical nurses in recognition of their nursing education and experience.

History: *1945 c 242 s 9; 1961 c 56 s 2; 1975 c 360 s 8; 1981 c 94 s 7; 1989 c 194 s 11; 2014 c 235 s 28*

148.26 MS 1941 [Repealed, 1945 c 242 s 14]

148.261 GROUNDS FOR DISCIPLINARY ACTION.

Subdivision 1. **Grounds listed.** The board may deny, revoke, suspend, limit, or condition the license and registration of any person to practice advanced practice, professional, or practical nursing under sections 148.171 to 148.285, or to otherwise discipline a licensee or applicant as described in section 148.262. The following are grounds for disciplinary action:

(1) Failure to demonstrate the qualifications or satisfy the requirements for a license contained in sections 148.171 to 148.285 or rules of the board. In the case of a person applying for a license, the burden of proof is upon the applicant to demonstrate the qualifications or satisfaction of the requirements.

(2) Employing fraud or deceit in procuring or attempting to procure a permit, license, or registration certificate to practice advanced practice, professional, or practical nursing or attempting to subvert the licensing examination process. Conduct that subverts or attempts to subvert the licensing examination process includes, but is not limited to:

(i) conduct that violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination;

(ii) conduct that violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; or

(iii) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf.

(3) Conviction of a felony or gross misdemeanor reasonably related to the practice of professional, advanced practice registered, or practical nursing. Conviction as used in this subdivision includes a conviction of an offense that if committed in this state would be considered a felony or gross misdemeanor without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered.

(4) Revocation, suspension, limitation, conditioning, or other disciplinary action against the person's professional or practical nursing license or advanced practice registered nursing credential, in another state, territory, or country; failure to report to the board that charges regarding the person's nursing license or other credential are pending in another state, territory, or country; or having been refused a license or other credential by another state, territory, or country.

(5) Failure to or inability to perform professional or practical nursing as defined in section 148.171, subdivision 14 or 15, with reasonable skill and safety, including failure of a registered nurse to supervise or a licensed practical nurse to monitor adequately the performance of acts by any person working at the nurse's direction.

(6) Engaging in unprofessional conduct, including, but not limited to, a departure from or failure to conform to board rules of professional or practical nursing practice that interpret the statutory definition of professional or practical nursing as well as provide criteria for violations of the statutes, or, if no rule exists, to the minimal standards of acceptable and prevailing professional or practical nursing practice, or any nursing practice that may create unnecessary danger to a patient's life, health, or safety. Actual injury to a patient need not be established under this clause.

(7) Failure of an advanced practice registered nurse to practice with reasonable skill and safety or departure from or failure to conform to standards of acceptable and prevailing advanced practice registered nursing.

(8) Delegating or accepting the delegation of a nursing function or a prescribed health care function when the delegation or acceptance could reasonably be expected to result in unsafe or ineffective patient care.

(9) Actual or potential inability to practice nursing with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, chemicals, or any other material, or as a result of any mental or physical condition.

(10) Adjudication as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public by a court of competent jurisdiction, within or without this state.

(11) Engaging in any unethical conduct, including, but not limited to, conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient. Actual injury need not be established under this clause.

(12) Engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient, or engaging in sexual exploitation of a patient or former patient.

(13) Obtaining money, property, or services from a patient, other than reasonable fees for services provided to the patient, through the use of undue influence, harassment, duress, deception, or fraud.

(14) Revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law.

(15) Engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws.

(16) Improper management of patient records, including failure to maintain adequate patient records, to comply with a patient's request made pursuant to sections 144.291 to 144.298, or to furnish a patient record or report required by law.

(17) Knowingly aiding, assisting, advising, or allowing an unlicensed person to engage in the unlawful practice of advanced practice, professional, or practical nursing.

(18) Violating a rule adopted by the board, an order of the board, or a state or federal law relating to the practice of advanced practice, professional, or practical nursing, or a state or federal narcotics or controlled substance law.

(19) Knowingly providing false or misleading information that is directly related to the care of that patient unless done for an accepted therapeutic purpose such as the administration of a placebo.

(20) Aiding suicide or aiding attempted suicide in violation of section 609.215 as established by any of the following:

(i) a copy of the record of criminal conviction or plea of guilty for a felony in violation of section 609.215, subdivision 1 or 2;

(ii) a copy of the record of a judgment of contempt of court for violating an injunction issued under section 609.215, subdivision 4;

(iii) a copy of the record of a judgment assessing damages under section 609.215, subdivision 5; or

(iv) a finding by the board that the person violated section 609.215, subdivision 1 or 2. The board shall investigate any complaint of a violation of section 609.215, subdivision 1 or 2.

(21) Practicing outside the scope of practice authorized by section 148.171, subdivision 5, 10, 11, 13, 14, 15, or 21.

(22) Making a false statement or knowingly providing false information to the board, failing to make reports as required by section 148.263, or failing to cooperate with an investigation of the board as required by section 148.265.

(23) Engaging in false, fraudulent, deceptive, or misleading advertising.

(24) Failure to inform the board of the person's certification or recertification status as a certified registered nurse anesthetist, certified nurse-midwife, certified nurse practitioner, or certified clinical nurse specialist.

(25) Engaging in clinical nurse specialist practice, nurse-midwife practice, nurse practitioner practice, or registered nurse anesthetist practice without a license and current certification or recertification by a national nurse certification organization acceptable to the board.

(26) Failing to report employment to the board as required by section 148.211, subdivision 2a, or knowingly aiding, assisting, advising, or allowing a person to fail to report as required by section 148.211, subdivision 2a.

Subd. 1a. **Conviction of a felony-level criminal sexual offense.** (a) Except as provided in paragraph (e), the board may not grant or renew a license to practice nursing to any person who has been convicted on or after August 1, 2014, of any of the provisions of section 609.342, subdivision 1 or 1a, 609.343, subdivision 1 or 1a, 609.344, subdivision 1, or subdivision 1a, clauses (c) to (i), or 609.345, subdivision 1, or subdivision 1a, clauses (c) to (i), or a similar statute in another jurisdiction.

(b) A license to practice nursing is automatically revoked if the licensee is convicted of an offense listed in paragraph (a).

(c) A license to practice nursing that has been denied or revoked under this subdivision is not subject to chapter 364.

(d) For purposes of this subdivision, "conviction" means a plea of guilty, a verdict of guilty by a jury, or a finding of guilty by the court, unless the court stays imposition or execution of the sentence and final disposition of the case is accomplished at a nonfelony level.

(e) The board may establish criteria whereby an individual convicted of an offense listed in paragraph (a) may become licensed provided that the criteria:

(1) utilize a rebuttable presumption that the applicant is not suitable for licensing;

(2) provide a standard for overcoming the presumption; and

(3) require that a minimum of ten years has elapsed since the applicant's sentence was discharged.

The board shall not consider an application under this paragraph if the board determines that the victim involved in the offense was a patient or a client of the applicant at the time of the offense.

Subd. 1b. **Reproductive health care services.** (a) For purposes of this subdivision, "reproductive health care services" has the meaning given in section 147.091, subdivision 1c.

(b) Notwithstanding subdivision 1, clause (3) or (4), the board shall not refuse to grant a license to an applicant for licensure or impose disciplinary action against a nurse solely on one or more of the following grounds:

(1) the applicant or nurse provided or assisted in the provision of reproductive health care services in a manner that is lawful in this state and that is within the applicable scope of practice;

(2) the applicant or nurse was convicted in another jurisdiction of a felony resulting from conduct specified in clause (1); or

(3) the applicant or nurse was subject to disciplinary action in another jurisdiction or was refused a license to practice advanced practice, professional, or practical nursing in another jurisdiction resulting from conduct specified in clause (1).

Subd. 2. MS 1975 Supp [Repealed, 1976 c 222 s 209]

Subd. 3. MS 1988 [Repealed, 1989 c 194 s 22]

Subd. 4. **Evidence.** In disciplinary actions alleging a violation of subdivision 1, clause (3) or (4), or subdivision 1a, a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency that entered the same shall be admissible into evidence without further authentication and shall constitute prima facie evidence of the violation concerned.

Subd. 5. **Examination; access to medical data.** The board may take the following actions if it has probable cause to believe that grounds for disciplinary action exist under subdivision 1, clause (9) or (10):

(a) It may direct the applicant or nurse to submit to a mental or physical examination or substance use disorder evaluation. For the purpose of this subdivision, when a nurse licensed under sections 148.171 to 148.285 is directed in writing by the board to submit to a mental or physical examination or substance use disorder evaluation, that person is considered to have consented and to have waived all objections to admissibility on the grounds of privilege. Failure of the applicant or nurse to submit to an examination when directed constitutes an admission of the allegations against the applicant or nurse, unless the failure was due to circumstances beyond the person's control, and the board may enter a default and final order without taking testimony or allowing evidence to be presented. A nurse affected under this paragraph shall, at reasonable intervals, be given an opportunity to demonstrate that the competent practice of professional, advanced practice registered, or practical nursing can be resumed with reasonable skill and safety to patients. Neither the record of proceedings nor the orders entered by the board in a proceeding under this paragraph, may be used against a nurse in any other proceeding.

(b) It may, notwithstanding sections 13.384, 144.651, 595.02, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a registered nurse, advanced practice registered nurse, licensed practical nurse, or applicant for a license without that person's consent. The medical data may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph (i), an insurance company, or a government agency, including the Department of Human Services and Direct Care and Treatment. A provider, insurance company, or government agency shall comply with any written request of the board under this subdivision and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this subdivision unless the information is false and the provider giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private data on individuals as defined in section 13.02.

History: *1945 c 242 s 10; 1975 c 360 s 9; 1976 c 222 s 55; 1986 c 444; 1989 c 194 s 12; 1992 c 464 art 1 s 56; 1992 c 559 art 1 s 4; 1992 c 577 s 3; 1993 c 88 s 5; 1999 c 172 s 6,7,18; 1999 c 227 s 22; 2002 c 272 s 2; 2007 c 147 art 10 s 15; 2012 c 278 art 2 s 11; 2014 c 235 s 29; 2014 c 291 art 4 s 8,9; 2020 c 83 art 2 s 9; 1Sp2021 c 11 art 4 s 31; 2022 c 98 art 4 s 51; 2023 c 31 s 4; 2023 c 70 art 4 s 77; 2025 c 38 art 3 s 18*

148.262 FORMS OF DISCIPLINARY ACTION; AUTOMATIC SUSPENSION; TEMPORARY SUSPENSION; REISSUANCE.

Subdivision 1. **Forms of disciplinary action.** When the board finds that grounds for disciplinary action exist under section 148.261, subdivision 1, it may take one or more of the following actions:

(1) deny the license, registration, or registration renewal;

(2) revoke the license;

(3) suspend the license;

(4) impose limitations on the nurse's practice of advanced practice, professional, or practical nursing including, but not limited to, limitation of scope of practice or the requirement of practice under supervision;

(5) impose conditions on the retention of the license including, but not limited to, the imposition of retraining or rehabilitation requirements or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination, monitoring, or other review;

(6) impose a civil penalty not exceeding $10,000 for each separate violation, the amount of the civil penalty to be fixed as to deprive the nurse of any economic advantage gained by reason of the violation charged, to reimburse the board for the cost of counsel, investigation, and proceeding, and to discourage repeated violations;

(7) order the nurse to provide unremunerated service;

(8) censure or reprimand the nurse; or

(9) any other action justified by the facts in the case.

Subd. 2. **Automatic suspension.** Unless the board orders otherwise, a license to practice advanced practice, professional, or practical nursing is automatically suspended if:

(1) a guardian of a nurse is appointed by order of a court under sections 524.5-101 to 524.5-502;

(2) the nurse is committed by order of a court under chapter 253B; or

(3) the nurse is determined to be mentally incompetent, mentally ill, chemically dependent, or a person dangerous to the public by a court of competent jurisdiction within or without this state.

The license remains suspended until the nurse is restored to capacity by a court and, upon petition by the nurse, the suspension is terminated by the board after a hearing or upon agreement between the board and the nurse.

Subd. 3. **Temporary suspension of license.** In addition to any other remedy provided by law, the board may, through its designated board member under section 214.10, subdivision 2, temporarily suspend the license of a nurse without a hearing if the board finds that there is probable cause to believe the nurse has violated a statute or rule the board is empowered to enforce and continued practice by the nurse would create a serious risk of harm to others. The suspension shall take effect upon written notice to the nurse, served by first-class mail, specifying the statute or rule violated. The suspension shall remain in effect until the board issues a temporary stay of suspension or a final order in the matter after a hearing or upon agreement between the board and the nurse. At the time it issues the suspension notice, the board shall schedule a disciplinary hearing to be held under the Administrative Procedure Act. The nurse shall be provided with at least 20

days' notice of any hearing held under this subdivision. The hearing shall be scheduled to begin no later than 30 days after the issuance of the suspension order.

Subd. 4. **Reissuance.** The board may reinstate and reissue a license or registration certificate to practice advanced practice, professional, or practical nursing, but as a condition may impose any disciplinary or corrective measure that it might originally have imposed. Any person whose license or registration has been revoked, suspended, or limited may have the license reinstated and a new registration issued when, in the discretion of the board, the action is warranted, provided that the person shall be required by the board to pay the costs of the proceedings resulting in the revocation, suspension, or limitation of the license or registration certificate and reinstatement of the license or registration certificate, and to pay the fee for the current registration period. The cost of proceedings shall include, but not be limited to, the cost paid by the board to the Court of Administrative Hearings and the Office of the Attorney General for legal and investigative services, the costs of a court reporter and witnesses, reproduction of records, board staff time, travel, and expenses, and board members' per diem reimbursements, travel costs, and expenses.

History: *1989 c 194 s 13; 1Sp1994 c 1 art 2 s 8; 1999 c 172 s 8; 2004 c 146 art 3 s 47; 2014 c 235 s 30-32; 2025 c 39 art 2 s 68*

148.263 REPORTING OBLIGATIONS.

Subdivision 1. **Permission to report.** A person who has knowledge of any conduct constituting grounds for discipline under sections 148.171 to 148.285 may report the alleged violation to the board.

Subd. 2. **Institutions.** The chief nursing executive or chief administrative officer of any hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state shall report to the board any action taken by the institution or organization or any of its administrators or committees to revoke, suspend, limit, or condition a nurse's privilege to practice in the institution, or as part of the organization, any denial of privileges, any dismissal from employment, or any other disciplinary action. The institution or organization shall also report the resignation of any nurse before the conclusion of any disciplinary proceeding, or before commencement of formal charges, but after the nurse had knowledge that formal charges were contemplated or in preparation. The reporting described by this subdivision is required only if the action pertains to grounds for disciplinary action under section 148.261.

Subd. 3. **Licensed professionals.** A person licensed by a health-related licensing board as defined in section 214.01, subdivision 2, shall report to the board personal knowledge of any conduct the person reasonably believes constitutes grounds for disciplinary action under sections 148.171 to 148.285 by any nurse including conduct indicating that the nurse may be incompetent, may have engaged in unprofessional or unethical conduct, or may be mentally or physically unable to engage safely in the practice of professional, advanced practice registered, or practical nursing.

Subd. 4. **Insurers.** Four times each year, by the first day of February, May, August, and November, each insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause (13), and providing professional liability insurance to registered nurses, advanced practice registered nurses, or licensed practical nurses shall submit to the board a report concerning any nurse against whom a malpractice award has been made or who has been a party to a settlement. The report must contain at least the following information:

(1) the total number of settlements or awards;

(2) the date settlement or award was made;

(3) the allegations contained in the claim or complaint leading to the settlement or award;

(4) the dollar amount of each malpractice settlement or award and whether that amount was paid as a result of a settlement or of an award; and

(5) the name and address of the practice of the nurse against whom an award was made or with whom a settlement was made.

An insurer shall also report to the board any information it possesses that tends to substantiate a charge that a nurse may have engaged in conduct violating sections 148.171 to 148.285.

Subd. 5. **Courts.** The court administrator of district court or another court of competent jurisdiction shall report to the board any judgment or other determination of the court that adjudges or includes a finding that a nurse is a person who is mentally ill, mentally incompetent, chemically dependent, dangerous to the public, guilty of a felony or gross misdemeanor, guilty of a violation of federal or state narcotics laws or controlled substances act, guilty of operating a motor vehicle while under the influence of alcohol or a controlled substance, or guilty of an abuse or fraud under Medicare or Medicaid, appoints a guardian of the nurse under sections 524.5-101 to 524.5-502, or commits a nurse under chapter 253B.

Subd. 6. **Deadlines; forms.** Reports required by subdivisions 2 to 5 must be submitted no later than 30 days after the occurrence of the reportable event or transaction. The board may provide forms for the submission of reports required by this section, may require that the reports be submitted on the forms provided, and may adopt rules necessary to assure prompt and accurate reporting. The board shall review all reports, including those submitted after the deadline.

Subd. 7. **Failure to report.** On or after August 1, 2012, any person, institution, insurer, or organization that fails to report as required under subdivisions 2 to 5 shall be subject to civil penalties for failing to report as required by law.

History: *1989 c 194 s 14; 1Sp1994 c 1 art 2 s 9; 1999 c 172 s 9,10; 2002 c 221 s 2; 2004 c 146 art 3 s 47; 2012 c 278 art 2 s 12*

148.264 IMMUNITY.

Subdivision 1. **Reporting.** Any person, health care facility, business, or organization is immune from civil liability or criminal prosecution for submitting in good faith a report to the board under section 148.263 or for otherwise reporting in good faith to the board violations or alleged violations of sections 148.171 to 148.285. All such reports are investigative data as defined in chapter 13.

Subd. 2. **Investigation.** (a) Members of the board and persons employed by the board or engaged in the investigation of violations and in the preparation and management of charges of violations of sections 148.171 to 148.285 on behalf of the board or persons participating in the investigation or testifying regarding charges of violations are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under sections 148.171 to 148.285.

(b) Members of the board and persons employed by the board or engaged in maintaining records and making reports regarding adverse health care events are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of or relating to their duties under section 148.267.

History: *1989 c 194 s 15; 2004 c 186 s 7*

148.265 NURSE COOPERATION.

A nurse who is the subject of an investigation by or on behalf of the board shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any question raised by or on behalf of the board relating to the subject of the investigation and providing copies of patient or other records in the nurse's possession, as reasonably requested by the board, to assist the board in its investigation and to appear at conferences and hearings scheduled by the board. The board shall pay for copies requested. If the board does not have a written consent from a patient permitting access to the patient's records, the nurse shall delete any data in the record that identify the patient before providing it to the board. The board shall maintain any records obtained pursuant to this section as investigative data under chapter 13. The nurse shall not be excused from giving testimony or producing any documents, books, records, or correspondence on the grounds of self-incrimination, but the testimony or evidence may not be used against the nurse in any criminal case.

History: *1989 c 194 s 16*

148.266 DISCIPLINARY RECORD ON JUDICIAL REVIEW.

Upon judicial review of any board disciplinary action taken under sections 148.171 to 148.285, the reviewing court shall seal the administrative record, except for the board's final decision, and shall not make the administrative record available to the public.

History: *1989 c 194 s 17*

148.267 REPORTS TO COMMISSIONER OF HEALTH.

(a) The board shall maintain a record of an event that comes to the board's attention that, in the judgment of the board or a committee of the board, qualifies as an adverse health care event under section 144.7065.

(b) Within 30 days of making a determination under paragraph (a) that an event qualifies as an adverse health care event, the board shall forward to the commissioner of health a report of the event, including the facility involved, the date of the event, and information known to the board regarding the event. The report shall not include any identifying information for any of the health care professionals, facility employees, or patients involved.

History: *2004 c 186 s 8*

148.27 MS 1941 [Repealed, 1945 c 242 s 14]

148.271 EXEMPTIONS.

The provisions of sections 148.171 to 148.285 shall not prohibit:

(1) The furnishing of nursing assistance in an emergency.

(2) The practice of advanced practice, professional, or practical nursing by any legally qualified advanced practice, registered, or licensed practical nurse of another state who is employed by the United States government or any bureau, division, or agency thereof while in the discharge of official duties.

(3) The practice of any profession or occupation licensed by the state, other than advanced practice, professional, or practical nursing, by any person duly licensed to practice the profession or occupation, or the performance by a person of any acts properly coming within the scope of the profession, occupation, or license.

(4) The provision of a nursing or nursing-related service by an unlicensed assistive person who has been delegated or assigned the specific function and is supervised by a registered nurse or monitored by a licensed practical nurse.

(5) The care of the sick with or without compensation when done in a nursing home covered by the provisions of section 144A.09, subdivision 1.

(6) Professional nursing practice or advanced practice registered nursing practice by a registered nurse or practical nursing practice by a licensed practical nurse licensed in another state or territory who is in Minnesota as a student enrolled in a formal, structured course of study, such as a course leading to a higher degree, certification in a nursing specialty, or to enhance skills in a clinical field, while the student is practicing in the course.

(7) Professional or practical nursing practice by a student practicing under the supervision of an instructor while the student is enrolled in a nursing program approved by the board under section 148.251.

(8) Advanced practice registered nursing as defined in section 148.171, subdivisions 5, 10, 11, 13, and 21, by a registered nurse who is licensed and currently registered in Minnesota or another United States jurisdiction and who is enrolled as a student in a formal graduate education program leading to eligibility for certification and licensure as an advanced practice registered nurse.

(9) Professional nursing practice or advanced practice registered nursing practice by a registered nurse or advanced practice registered nurse licensed in another state, territory, or jurisdiction who is in Minnesota temporarily:

(i) providing continuing or in-service education;

(ii) serving as a guest lecturer;

(iii) presenting at a conference; or

(iv) teaching didactic content via distance education to a student located in Minnesota who is enrolled in a formal, structured course of study, such as a course leading to a higher degree or certification in a nursing specialty.

History: *1945 c 242 s 11; 1959 c 140 s 2; 1975 c 360 s 10; 1977 c 256 s 1; 1981 c 94 s 8; 1986 c 444; 1989 c 194 s 18; 1999 c 172 s 11,18; 2013 c 31 s 10; 2014 c 235 s 33; 2016 c 125 s 9*

148.272 MS 1988 [Repealed, 1989 c 194 s 22]

148.28 MS 1941 [Repealed, 1945 c 242 s 14]

148.281 VIOLATIONS; PENALTY.

Subdivision 1. **Violations described.** It shall be unlawful for any person, corporation, firm, or association, to:

(1) sell or fraudulently obtain or furnish any nursing diploma, license or record, or aid or abet therein;

(2) practice advanced practice, professional, or practical nursing or practice as a public health nurse under cover of any diploma, permit, license, registration certificate, advanced practice credential, or record illegally or fraudulently obtained or signed or issued unlawfully or under fraudulent representation;

(3) practice advanced practice, professional, or practical nursing unless the person has been issued a temporary permit under the provisions of section 148.212 or is duly licensed and currently registered to do so under the provisions of sections 148.171 to 148.285;

(4) use the professional title nurse unless duly licensed to practice advanced practice, professional, or practical nursing under the provisions of sections 148.171 to 148.285, except as authorized by the board by rule;

(5) use any abbreviation or other designation tending to imply licensure as an advanced practice registered nurse, a registered nurse, or a licensed practical nurse unless duly licensed and currently registered so to practice advanced practice, professional, or practical nursing under the provisions of sections 148.171 to 148.285 except as authorized by the board by rule;

(6) use any title, abbreviation, or other designation tending to imply certification as a certified registered nurse as defined in section 148.171, subdivision 22, unless duly certified by a national nurse certification organization;

(7) use any abbreviation or other designation tending to imply registration as a public health nurse unless duly registered by the board;

(8) practice advanced practice, professional, or practical nursing in a manner prohibited by the board in any limitation of a license or registration issued under the provisions of sections 148.171 to 148.285;

(9) practice advanced practice, professional, or practical nursing during the time a license or current registration issued under the provisions of sections 148.171 to 148.285 shall be suspended or revoked;

(10) conduct a nursing program for the education of persons to become advanced practice registered nurses, registered nurses, or licensed practical nurses unless the program has been approved by the board; and

(11) knowingly employ persons in the practice of advanced practice, professional, or practical nursing who have not been issued a current permit, license, or registration certificate to practice as a nurse in this state.

Subd. 1a. MS 1988 [Repealed, 1989 c 194 s 22]

Subd. 2. **Penalty.** Any person, corporation, or association violating any provisions of subdivision 1 shall be guilty of a gross misdemeanor, and shall be punished according to law.

Subd. 3. **Penalty; advanced practice registered nurses.** In addition to subdivision 2, an advanced practice registered nurse who practices advanced practice registered nursing without a current license and certification or recertification shall pay a penalty fee of $200 for the first month or part of a month and an additional $100 for each subsequent month or parts of months of practice. The amount of the penalty fee shall be calculated from the first day the advanced practice registered nurse practiced without a current advanced practice registered nurse license and certification to the last day of practice without a current license and certification, or from the first day the advanced practice registered nurse practiced without a current license and certification on file with the board until the day the current license and certification is filed with the board.

History: *1945 c 242 s 12,13; 1959 c 140 s 4; 1975 c 360 s 11; 1977 c 256 s 2; 1986 c 444; 1989 c 194 s 19; 1999 c 172 s 12,18; 2003 c 87 s 6; 2014 c 235 s 34,35*

148.282 MS 1974 [Repealed, 1975 c 360 s 25]

148.283 UNAUTHORIZED PRACTICE OF PROFESSIONAL, ADVANCED PRACTICE REGISTERED, AND PRACTICAL NURSING.

The practice of advanced practice, professional, or practical nursing by any person who has not been licensed to practice advanced practice, professional, or practical nursing under the provisions of sections 148.171 to 148.285, or whose license has been suspended or revoked, or whose registration or national credential has expired, is hereby declared to be inimical to the public health and welfare and to constitute a public nuisance. Upon a complaint being made by the board or any prosecuting officer, and upon a proper showing of the facts, the district court of the county where such practice occurred may enjoin such acts and practice. Such injunction proceeding shall be in addition to, and not in lieu of, all other penalties and remedies provided by law.

History: *1959 c 140 s 6; 1989 c 194 s 20; 1999 c 172 s 13; 2014 c 235 s 36*

148.284 MS 2012 [Repealed, 2014 c 235 s 42; 2014 c 312 art 24 s 43]

148.2841 MS 2020 [Expired, 2014 c 235 s 37]

148.285 TRANSFER OF ASSETS.

All money, property, and property rights belonging to and under the control of the board of examiners, are hereby transferred and appropriated to the control and use of the board hereunder and the purpose provided herein.

History: *1945 c 242 s 14*

148.286 MS 1988 [Repealed, 1989 c 194 s 22]

148.29 MS 1988 [Repealed, 1989 c 194 s 22]

148.291 MS 1988 [Repealed, 1989 c 194 s 22]

148.292 MS 1988 [Repealed, 1989 c 194 s 22]

148.293 MS 1988 [Repealed, 1989 c 194 s 22]

148.294 MS 1988 [Repealed, 1989 c 194 s 22]

148.295 MS 1953 [Renumbered 120.44]

148.295 MS 1988 [Repealed, 1989 c 194 s 22]

148.296 Subdivision 1. MS 1988 [Repealed, 1989 c 194 s 22]

Subd. 2. MS 1974 [Repealed, 1989 c 194 s 22]

148.297 MS 1988 [Repealed, 1989 c 194 s 22]

148.298 MS 1988 [Repealed, 1989 c 194 s 22]

148.299 MS 1988 [Repealed, 1989 c 194 s 22]

148.30 MS 1998 [Repealed, 1999 c 162 s 16]

148.31 MS 1998 [Repealed, 1999 c 162 s 16]

148.32 MS 1998 [Repealed, 1999 c 162 s 16]

148.33 MS 1971 [Repealed, 1974 c 62 s 4]

148.34 MS 1971 [Repealed, 1974 c 62 s 4]

148.35 MS 1971 [Repealed, 1974 c 62 s 4]

148.36 MS 1971 [Repealed, 1974 c 62 s 4]

148.37 MS 1973 Supp [Repealed, 1974 c 62 s 4]

148.38 MS 1965 [Repealed, 1967 c 845 s 14]

148.39 MS 1965 [Repealed, 1967 c 845 s 14]

148.40 MS 1965 [Repealed, 1967 c 845 s 14]

148.41 MS 1971 [Repealed, 1974 c 62 s 4]

148.42 MS 1965 [Repealed, 1967 c 845 s 14]

148.43 MS 1971 [Repealed, 1974 c 62 s 4]

148.44 MS 1965 [Repealed, 1967 c 845 s 14]

148.45 MS 1973 Supp [Repealed, 1974 c 62 s 4]

148.46 MS 1971 [Repealed, 1974 c 62 s 4]

148.47 MS 1971 [Repealed, 1974 c 62 s 4; 1974 c 224 s 6]

148.48 MS 1971 [Repealed, 1974 c 62 s 4]

148.51 MS 1971 [Repealed, 1974 c 62 s 4]

SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

148.511 MS 1971 [Repealed, 1974 c 62 s 4]

148.511 SCOPE.

Sections 148.511 to 148.5198 apply to persons who are applicants for licensure, who use protected titles, who represent that they are licensed, or who engage in the practice of speech-language pathology or audiology or practice as a speech-language pathology assistant. Sections 148.511 to 148.5198 do not apply to school personnel licensed by the Professional Educator Licensing and Standards Board and practicing within the scope of their school license under Minnesota Rules, part 8710.6000, or the paraprofessionals who assist these individuals.

History: *1996 c 363 s 1; 2001 c 7 s 34; 2003 c 87 s 7; 2004 c 279 art 1 s 1; 2005 c 147 art 7 s 19; 1Sp2017 c 5 art 12 s 22; 2024 c 127 art 25 s 2*

148.512 DEFINITIONS.

Subdivision 1. **Scope.** For the purpose of sections 148.511 to 148.5198, the following terms have the meanings given to them.

Subd. 2. **Accredited educational institution.** "Accredited educational institution" means a university or college that offers speech-language pathology or audiology graduate degrees and that is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology, a body recognized by the United States Department of Education, or an equivalent as determined by the commissioner.

Subd. 3. **Advisory council.** "Advisory council" means the Minnesota Speech-Language Pathologist and Audiologist Advisory Council established under section 214.13, subdivision 4.

Subd. 4. **Applicant.** "Applicant" means a person who applies to the commissioner for licensure or licensure renewal.

Subd. 5. **Continuing education sponsor.** "Continuing education sponsor" means an organization that offers a learning experience designed to promote continuing competency in the procedures and techniques of the practice of speech-language pathology or audiology and whose activities meet the criteria in section 148.5193, subdivision 2.

Subd. 6. **Audiologist.** "Audiologist" means a natural person who engages in the practice of audiology, meets the qualifications required by sections 148.511 to 148.5198, and is licensed by the commissioner under a general, clinical fellowship, doctoral externship, or temporary license. Audiologist also means a natural person using any descriptive word with the title audiologist.

Subd. 7. **Commissioner.** "Commissioner" means the commissioner of health or a designee.

Subd. 8. **Contact hour.** "Contact hour" means an instructional session of 60 consecutive minutes, excluding coffee breaks, registration, meals without a speaker, and social activities.

Subd. 9. **Continuing education.** "Continuing education" is a planned learning experience in speech-language pathology or audiology not including the basic educational program leading to a degree if the education is used by the licensee for credit to achieve a baccalaureate or master's degree in speech-language pathology or audiology.

Subd. 10. **Credential.** "Credential" means a license, permit, certification, registration, or other evidence of qualification or authorization to engage in the practice of speech-language pathology or audiology issued by any authority.

Subd. 10a. **Hearing aid.** "Hearing aid" means a prescribed aid, or any of its parts, worn in the ear canal and designed to or represented as being able to aid human hearing. "Hearing aid" includes the aid's parts, attachments, or accessories, including, but not limited to, ear molds and behind the ear (BTE) devices with or without an ear mold. Batteries and cords are not parts, attachments, or accessories of a hearing aid. Surgically implanted hearing aids, and assistive listening devices not worn within the ear canal, are not hearing aids.

Subd. 10b. **Hearing aid dispensing.** "Hearing aid dispensing" means making ear mold impressions, prescribing a hearing aid, assisting the consumer in prescription aid selection, or testing human hearing in connection with these activities regardless of whether the person conducting these activities has a monetary interest in the dispensing of prescription hearing aids to the consumer. Hearing aid dispensing does not include selling over-the-counter hearing aids.

Subd. 10c. **Over-the-counter hearing aid or OTC hearing aid.** "Over-the-counter hearing aid" or "OTC hearing aid" has the meaning given to that term in Code of Federal Regulations, title 21, section 800.30(b).

Subd. 11. MS 2002 [Repealed, 2003 c 87 s 53]

Subd. 12. **Practice of audiology.** The "practice of audiology" means:

(1) identification, assessment, and interpretation, diagnosis, rehabilitation, and prevention of hearing disorders;

(2) conservation of the auditory system function; development and implementation of hearing conservation programs;

(3) measurement, assessment, and interpretation of auditory and vestibular function;

(4) selecting, fitting, and dispensing of assistive listening devices, alerting and amplification devices, and systems for personal and public use, including hearing aids and devices, and providing training in their use;

(5) aural habilitation and rehabilitation and related counseling for individuals who are deaf, deafblind, and hard-of-hearing and their families;

(6) screening of speech, language, voice, or fluency for the purposes of audiologic evaluation or identification of possible communication disorders; or

(7) supervision of the functions in clauses (1) to (6).

The practice of audiology does not include the practice of medicine and surgery, or osteopathic medicine and surgery, or medical diagnosis that is commonly performed by a physician.

Subd. 13. **Practice of speech-language pathology.** The "practice of speech-language pathology" means:

(1) identification, assessment, and interpretation, diagnosis, habilitation, rehabilitation, treatment and prevention of disorders of speech, articulation, fluency, voice, and language;

(2) identification, assessment, and interpretation, diagnosis, habilitation, and rehabilitation of disorders of oral-pharyngeal function and related disorders;

(3) identification, assessment, and interpretation, diagnosis, habilitation, and rehabilitation of communication disorders associated with cognition;

(4) assessing, selecting, and developing augmentative and alternative communication systems and providing training in their use;

(5) aural habilitation and rehabilitation and related counseling for individuals who are deaf, deafblind, and hard-of-hearing and their families;

(6) enhancing speech-language proficiency and communication effectiveness;

(7) screening individuals for hearing loss or middle ear pathology for the purposes of speech-language evaluation or for the identification of possible hearing disorders; or

(8) supervision of the functions in clauses (1) to (7).

The practice of speech-language pathology does not include the practice of medicine and surgery, or osteopathic medicine and surgery, or medical diagnosis that is commonly performed by a physician.

Subd. 13a. **Prescription hearing aid.** "Prescription hearing aid" means a hearing aid requiring a prescription from a certified hearing aid dispenser or licensed audiologist that is not an OTC hearing aid.

Subd. 14. **License or licensed.** "License" or "licensed" means the act or status of a person who meets the requirements of sections 148.511 to 148.5198.

Subd. 15. **Licensee.** "Licensee" means an individual who meets the requirements of sections 148.511 to 148.5198.

Subd. 16. **Licensure.** "Licensure" is the system of regulation defined in section 214.001, subdivision 3, clause (3), and is the process specified in sections 148.511 to 148.5198.

Subd. 17. **Speech-language pathologist.** "Speech-language pathologist" means a person who practices speech-language pathology, meets the qualifications under sections 148.511 to 148.5198, and is licensed by the commissioner. Speech-language pathologist also means a natural person using, as an occupational title, a term identified in section 148.513.

Subd. 17a. **Speech-language pathology assistant.** "Speech-language pathology assistant" means a person who meets the qualifications under section 148.5181 and provides speech-language pathology services under the supervision of a licensed speech-language pathologist under sections 122A.183 and 122A.184 or in accordance with section 148.5192.

Subd. 18. **Supervisee.** "Supervisee" means a person who, under the direction or evaluation of a supervisor, is:

(1) engaging in the supervised practice of speech-language pathology or audiology;

(2) performing a function of supervised clinical training as a student of speech-language pathology or audiology; or

(3) performing a function of supervised postgraduate or doctoral clinical experience in speech-language pathology or audiology.

Subd. 19. **Supervision.** "Supervision" means the direct or indirect evaluation or direction of:

(1) a practitioner of speech-language pathology or audiology;

(2) a person performing a function of supervised clinical training as a student of speech-language pathology or audiology;

(3) a person performing a function of supervised postgraduate clinical experience in speech-language pathology or audiology; or

(4) a speech-language pathology assistant in accordance with section 148.5192.

Subd. 20. **Supervisor.** "Supervisor" means a person who has the authority to direct or evaluate a supervisee and who:

(1) is a licensed speech-language pathologist or audiologist under section 148.515, 148.516, or 148.517; or

(2) when the commissioner determines that supervision by a licensed speech-language pathologist or audiologist as required in clause (1) is unobtainable, and in other situations considered appropriate by the commissioner, is a person practicing speech-language pathology or audiology who holds a current certificate of clinical competence from the American Speech-Language-Hearing Association or board certification in audiology by the American Board of Audiology.

History: *1996 c 363 s 2; 2000 c 460 s 22; 2003 c 87 s 8-20; 2004 c 279 art 1 s 2-6; 2005 c 147 art 7 s 1-3,19; 2008 c 189 s 5; 2009 c 157 art 1 s 3; 2013 c 62 s 7,8; 2017 c 40 art 1 s 35; 2023 c 70 art 3 s 36-39; 2024 c 127 art 25 s 3; 1Sp2025 c 3 art 3 s 17*

148.513 LICENSURE; PROTECTED TITLES AND RESTRICTIONS ON USE; EXEMPTIONS.

Subdivision 1. **Unlicensed practice prohibited.** A person must not engage in the practice of speech-language pathology or audiology or practice as a speech-language pathology assistant unless the person is licensed as a speech-language pathologist, an audiologist, or a speech-language pathology assistant under sections 148.511 to 148.5198. For purposes of this subdivision, a speech-language pathology assistant's duties are limited to the duties described in accordance with section 148.5192, subdivision 2.

Subd. 2. **Protected titles and restrictions on use; speech-language pathologists and audiologists.** (a) Notwithstanding paragraph (c), the use of the following terms or initials which represent the following terms, alone or in combination with any word or words, by any person to form an occupational title is prohibited unless that person is licensed as a speech-language pathologist or audiologist under sections 148.511 to 148.5198:

(1) speech-language;

(2) speech-language pathologist, S, SP, or SLP;

(3) speech pathologist;

(4) language pathologist;

(5) audiologist, A, or AUD;

(6) speech therapist;

(7) speech clinician;

(8) speech correctionist;

(9) language therapist;

(10) voice therapist;

(11) voice pathologist;

(12) logopedist;

(13) communicologist;

(14) aphasiologist;

(15) phoniatrist;

(16) audiometrist;

(17) audioprosthologist;

(18) hearing therapist;

(19) hearing clinician; or

(20) hearing aid audiologist.

(b) Use of the term "Minnesota licensed" in conjunction with the titles protected under paragraph (a) by any person is prohibited unless that person is licensed as a speech-language pathologist or audiologist under sections 148.511 to 148.5198.

(c) A speech-language pathology assistant practicing under sections 148.511 to 148.5198 must not represent, indicate, or imply to the public that the assistant is a licensed speech-language pathologist and shall only utilize the titles provided in subdivision 2b.

Subd. 2a. **Hearing aid dispensers.** An audiologist must not hold out as a licensed hearing aid dispenser.

Subd. 2b. **Protected titles and restrictions on use; speech-language pathology assistant.** (a) The use of the following terms or initials which represent the following terms, alone or in combination with any word or words, by any person to form an occupational title is prohibited unless that person is licensed under section 148.5181:

(1) speech-language pathology assistant;

(2) SLP assistant; or

(3) SLP asst.

(b) Use of the term "Minnesota licensed" in conjunction with the titles protected under this subdivision by any person is prohibited unless that person is licensed under section 148.5181.

(c) A speech-language pathology assistant practicing under section 148.5192 must not represent, indicate, or imply to the public that the assistant is a licensed speech-language pathologist and must only utilize the title provided in paragraph (a).

Subd. 3. **Exemption.** (a) Nothing in sections 148.511 to 148.5198 prohibits the practice of any profession or occupation licensed, certified, or registered by the state by any person duly licensed, certified, or registered to practice the profession or occupation or to perform any act that falls within the scope of practice of the profession or occupation.

(b) Subdivision 1 does not apply to a student participating in supervised field work or supervised course work that is necessary to meet the requirements of section 148.515, subdivision 2, or 148.5181, subdivision 2, if the person is designated by a title which clearly indicates the person's status as a student trainee.

(c) Subdivisions 1, 2, and 2a do not apply to a person visiting and then leaving the state and using titles restricted under this section while in the state, if the titles are used no more than 30 days in a calendar year as part of a professional activity that is limited in scope and duration and is in association with an audiologist or speech-language pathologist licensed under sections 148.511 to 148.5198.

Subd. 4. **Over-the-counter hearing aids.** Nothing in sections 148.511 to 148.5198 shall preclude licensed audiologists from dispensing or selling over-the-counter hearing aids.

History: *1996 c 363 s 3; 2003 c 87 s 21; 2004 c 279 art 1 s 7,8; 2005 c 147 art 7 s 4,19; 2023 c 70 art 3 s 40; 2024 c 127 art 25 s 4-7*

148.514 GENERAL LICENSURE REQUIREMENTS; PROCEDURES AND QUALIFICATIONS.

Subdivision 1. **General licensure procedures.** An applicant for licensure must:

(1) submit an application as required under section 148.519, subdivision 1;

(2) submit all fees required under section 148.5194; and

(3) consent to a fingerprint-based background check as required under section 148.519.

Subd. 2. **General licensure qualifications.** An applicant for licensure must possess the qualifications required in one of the following clauses:

(1) a person who applies for licensure and does not meet the requirements in clause (2) or (3), must meet the requirements in section 148.515 or 148.5181, subdivision 2;

(2) a person who applies for licensure and who has a current certificate of clinical competence issued by the American Speech-Language-Hearing Association, or board certification by the American Board of Audiology, must meet the requirements of section 148.516; or

(3) a person who applies for licensure by reciprocity must meet the requirements under section 148.517 or 148.5181, subdivision 3.

History: *1996 c 363 s 4; 2003 c 87 s 22; 1Sp2017 c 6 art 10 s 112; 2024 c 127 art 25 s 8*

148.515 QUALIFICATIONS FOR LICENSURE.

Subdivision 1. **Applicability.** Except as provided in section 148.516 or 148.517, an applicant for speech-language pathology or audiology must meet the requirements in this section.

Subd. 2. **Master's or doctoral degree required for speech-language pathology applicants.** (a) An applicant for speech-language pathology must possess a master's or doctoral degree that meets the requirements of paragraph (b). If completing a doctoral program in which a master's degree has not been conferred, an applicant must submit a transcript showing completion of course work equivalent to, or exceeding, a master's degree that meets the requirement of paragraph (b). In addition to the transcript, the commissioner may require a letter from the academic department chair or program director documenting that the applicant has completed coursework equivalent to or exceeding a master's degree or that the applicant is eligible for enrollment in current doctoral externship credit.

(b) All of the speech-language pathology applicant's graduate coursework and clinical practicum required in the professional area for which licensure is sought must have been initiated and completed at an institution whose program meets the current requirements and was accredited by the Educational Standards Board of the Council on Academic Accreditation in Audiology and Speech-Language Pathology, a body recognized by the United States Department of Education, or an equivalent as determined by the commissioner, in the area for which licensure is sought.

Subd. 2a. **Master's or doctoral degree required for audiology applicants.** (a) An applicant for audiology must possess a master's degree or doctoral degree that meets the following requirements:

(1) if graduate training is completed prior to August 30, 2007, an audiology applicant must possess a master's or doctoral degree in audiology from an accredited educational institution; or

(2) if graduate training is completed after August 30, 2007, an audiology applicant must possess a doctoral degree with an emphasis in audiology, or its equivalent as determined by the commissioner, from an accredited educational institution.

(b) All of the audiology applicant's graduate coursework and clinical practicum required in the professional area for which licensure is sought must have been initiated and completed at an institution whose program meets the current requirements and was accredited by the Educational Standards Board of the Council on Academic Accreditation in Audiology and Speech-Language Pathology, a body recognized by the United States Department of Education, or an equivalent as determined by the commissioner, in the area for which licensure is sought.

Subd. 3. MS 2002 [Repealed, 2003 c 87 s 53]

Subd. 4. **Supervised graduate or doctoral clinical experience required.** An applicant must complete the graduate or doctoral clinical experience required by the American Speech-Language-Hearing Association, the American Board of Audiology, or an equivalent, as determined by the commissioner, and must achieve a qualifying examination score on the National Examination in Speech-Language Pathology or Audiology.

Subd. 5. MS 2002 [Repealed, 2003 c 87 s 53]

Subd. 6. **Dispensing audiologist examination requirements.** (a) Audiologists are exempt from the written examination requirement in section 153A.14, subdivision 2h, paragraph (a), clause (1).

(b) After July 31, 2005, all applicants for audiologist licensure under sections 148.512 to 148.5198 must achieve a passing score on the practical tests of proficiency described in section 153A.14, subdivision 2h, paragraph (a), clause (2), within the time period described in section 153A.14, subdivision 2h, paragraph (c).

(c) In order to dispense prescription hearing aids as a sole proprietor, member of a partnership, or for a limited liability company, corporation, or any other entity organized for profit, a licensee who obtained audiologist licensure under sections 148.512 to 148.5198, before August 1, 2005, and who is not certified to dispense prescription hearing aids under chapter 153A, must achieve a passing score on the practical tests of proficiency described in section 153A.14, subdivision 2h, paragraph (a), clause (2), within the time period described in section 153A.14, subdivision 2h, paragraph (c). All other audiologist licensees who obtained licensure before August 1, 2005, are exempt from the practical tests.

(d) An applicant for an audiology license who obtains a temporary license under section 148.5175 may dispense prescription hearing aids only under supervision of a licensed audiologist who dispenses prescription hearing aids.

History: *1996 c 363 s 5; 1998 c 317 s 2; 2000 c 460 s 23; 2003 c 87 s 23,24; 2005 c 147 art 7 s 5; 2006 c 267 art 2 s 4,5; 2007 c 123 s 12,13; 2008 c 189 s 6; 2023 c 70 art 3 s 41; 2024 c 127 art 25 s 9*

148.516 LICENSURE BY EQUIVALENCY.

An applicant who applies for licensure by equivalency must show evidence of possessing a current certificate of clinical competence issued by the American Speech-Language-Hearing Association or board certification by the American Board of Audiology and must meet the requirements of section 148.514.

History: *1996 c 363 s 6; 2003 c 87 s 25*

148.5161 CLINICAL FELLOWSHIP LICENSURE OR DOCTORAL EXTERNSHIP LICENSURE.

Subdivision 1. **Application.** Clinical fellowship and doctoral externship candidates must be licensed with a clinical fellowship or doctoral externship license. The commissioner shall issue clinical fellowship licensure or doctoral externship licensure as a speech-language pathologist or audiologist to an applicant who has applied for licensure under section 148.515, who is not the subject of a disciplinary action or past disciplinary action, and who has not violated a provision of section 148.5195, subdivision 3.

Subd. 2. **Procedures.** To be eligible for clinical fellowship licensure or doctoral externship licensure, an applicant must submit an application form provided by the commissioner, the fees required by section 148.5194, and evidence of successful completion of the requirements in section 148.515, subdivision 2 or 2a.

Subd. 3. **Supervision required.** (a) A clinical fellowship licensee or doctoral externship licensee must practice under the supervision of an individual who meets the requirements of section 148.512, subdivision 20. Supervision must conform to the requirements in paragraphs (b) to (e).

(b) Supervision must include both on-site observation and other monitoring activities. On-site observation must involve the supervisor, the clinical fellowship licensee or doctoral externship licensee, and the client receiving speech-language pathology or audiology services and must include direct observation by the supervisor of treatment given by the clinical fellowship licensee or doctoral externship licensee. Other monitoring activities must involve direct or indirect evaluative contact by the supervisor of the clinical fellowship licensee or doctoral externship licensee, may be executed by correspondence, and may include, but are not limited to, conferences with the clinical fellowship licensee or doctoral externship licensee, evaluation of written reports, and evaluations by professional colleagues. Other monitoring activities do not include the client receiving speech-language pathology or audiology services.

(c) The clinical fellowship licensee or doctoral externship licensee must be supervised by an individual who meets the definition of section 148.512, subdivision 20, and:

(1) when the clinical fellowship licensee or doctoral externship licensee is a speech-language pathologist, is a licensed speech-language pathologist, or holds a current certificate of clinical competence in speech-language pathology from the American Speech-Language-Hearing Association; or

(2) when the clinical fellowship licensee or doctoral externship licensee is an audiologist, is a licensed audiologist, or holds a current certificate of clinical competence in audiology from the American Speech-Language-Hearing Association or board certification in audiology by the American Board of Audiology.

(d) Clinical fellowship licensure or doctoral externship licensure shall not be granted until the applicant has completed the academic coursework and clinical training in section 148.515, subdivision 2 or 2a. In addition to the transcript, the commissioner may require a letter from the academic department chair or program director documenting that the applicant has completed coursework equivalent to or exceeding a master's degree or that the applicant is eligible for enrollment in current doctoral externship credit.

(e) The clinical fellowship licensee or doctoral externship licensee must provide verification of supervision on the application form provided by the commissioner.

Subd. 4. **Doctoral externship licensure.** Doctoral candidates in audiology completing their final externship as part of their training program are eligible to receive a doctoral externship license in audiology and are not required to complete the postgraduate clinical fellowship year.

Subd. 5. **Expiration of clinical fellowship or doctoral externship licensure.** A clinical fellowship license or doctoral externship license issued to a person pursuant to subdivision 2 expires 18 months after issuance or on the date the commissioner grants or denies licensure, whichever occurs first. Upon application, a clinical fellowship license or doctoral externship license shall be renewed once to persons who have not met the supervised postgraduate clinical experience requirement under section 148.515, subdivision 4, within the initial clinical fellowship license or doctoral externship license period and meet the requirements of subdivision 1.

Subd. 6. **Title used.** A licensee with a clinical fellowship or doctoral externship shall be identified by one of the protected titles and a designation indicating clinical fellowship status or doctoral externship status.

History: *1998 c 317 s 3; 2003 c 87 s 26; 2004 c 279 art 1 s 9-11; 2008 c 189 s 7,8*

148.517 LICENSURE BY RECIPROCITY.

Subdivision 1. **Applicability.** An applicant who applies for licensure as a speech-language pathologist or audiologist by reciprocity must meet the requirements of subdivisions 2 and 3. An applicant who applies for licensure as an audiologist by reciprocity must pass the practical exam required under section 148.515, subdivision 6.

Subd. 2. **Current credentials required.** An applicant applying for licensure by reciprocity must provide evidence to the commissioner that the applicant holds a current and unrestricted credential for the practice of speech-language pathology or audiology in another jurisdiction that has requirements equivalent to or higher than those in effect for determining whether an applicant in this state is qualified to be licensed as a speech-language pathologist or audiologist. An applicant who provides sufficient evidence need not meet the requirements of section 148.515, except for section 148.515, subdivision 6, for applicants for licensure as an audiologist, provided that the applicant otherwise meets all other requirements of section 148.514.

Subd. 3. **Verification of credentials required.** An applicant for licensure by reciprocity under subdivision 2, must have maintained the appropriate and unrestricted credentials in each jurisdiction during the last five years as demonstrated by submitting letters of verification to the commissioner. Each letter must state the applicant's name, date of birth, credential number, date of issuance, a statement regarding disciplinary actions, if any, taken against the applicant, and the terms under which the credential was issued.

Subd. 4. [Renumbered 148.5175]

History: *1996 c 363 s 7; 2000 c 460 s 24; 2003 c 87 s 27,52; 2026 c 127 art 1 s 37,38*

148.5175 TEMPORARY LICENSURE.

(a) The commissioner shall issue temporary licensure as a speech-language pathologist, an audiologist, or both, to an applicant who:

(1) submits a signed and dated affidavit stating that the applicant is not the subject of a disciplinary action or past disciplinary action in this or another jurisdiction and is not disqualified on the basis of section 148.5195, subdivision 3; and

(2) either:

(i) provides a copy of a current credential as a speech-language pathologist, an audiologist, or both, held in the District of Columbia or a state or territory of the United States; or

(ii) provides a copy of a current certificate of clinical competence issued by the American Speech-Language-Hearing Association or board certification in audiology by the American Board of Audiology.

(b) A temporary license issued to a person under this subdivision expires 90 days after it is issued or on the date the commissioner grants or denies licensure, whichever occurs first.

(c) Upon application, a temporary license shall be renewed twice to a person who is able to demonstrate good cause for failure to meet the requirements for licensure within the initial temporary licensure period and who is not the subject of a disciplinary action or disqualified on the basis of section 148.5195, subdivision 3. Good cause includes but is not limited to inability to take and complete the required practical exam for dispensing prescription hearing aids.

(d) Upon application, a temporary license shall be issued to a person who meets the requirements of section 148.515, subdivisions 2a and 4, but has not completed the requirement in section 148.515, subdivision 6.

History: *1996 c 363 s 7; 2000 c 460 s 24; 2003 c 87 s 27,52; 2004 c 279 art 1 s 12; 2006 c 267 art 2 s 6; 2008 c 189 s 9; 2023 c 70 art 3 s 42*

148.518 LICENSURE FOLLOWING LAPSE OF LICENSURE STATUS.

Subdivision 1. **Speech-language pathology or audiology lapse.** An applicant whose licensure status has lapsed and who is applying for a speech-language pathology or audiology license must:

(1) apply for licensure renewal according to section 148.5191 and document compliance with the continuing education requirements of section 148.5193 since the applicant's license lapsed;

(2) fulfill the requirements of section 148.517;

(3) apply for renewal according to section 148.5191, provide evidence to the commissioner that the applicant holds a current and unrestricted credential for the practice of speech-language pathology from the Professional Educator Licensing and Standards Board or for the practice of speech-language pathology or audiology in another jurisdiction that has requirements equivalent to or higher than those in effect for Minnesota, and provide evidence of compliance with Professional Educator Licensing and Standards Board or that jurisdiction's continuing education requirements;

(4) apply for renewal according to section 148.5191 and submit verified documentation of successful completion of 160 hours of supervised practice approved by the commissioner. To participate in a supervised practice, the applicant shall first apply and obtain temporary licensing according to section 148.5161; or

(5) apply for renewal according to section 148.5191 and provide documentation of obtaining a qualifying score on the examination described in section 148.515, subdivision 4, within one year of the application date for license renewal.

Subd. 2. **Speech-language pathology assistant licensure lapse.** An applicant applying for speech-language pathology assistant licensure and whose licensure status has lapsed must:

(1) apply for renewal according to section 148.5191, and provide evidence to the commissioner that the applicant has an associate's degree from a speech-language pathology assistant program that is accredited by the Higher Learning Commission of the North Central Association of Colleges;

(2) apply for renewal according to section 148.5191 and provide evidence to the commissioner that the applicant has a bachelor's degree in the discipline of communication sciences or disorders and a speech-language pathology assistant certificate program, including relevant coursework and supervised field experience according to section 148.5181; or

(3) apply for licensure renewal according to section 148.5191 and document compliance with the continuing education requirements of section 148.5193 since the applicant's license lapsed.

History: *1996 c 363 s 8; 1998 c 317 s 4; 2000 c 460 s 25; 2002 c 227 s 1; 2003 c 87 s 28; 2004 c 279 art 1 s 13; 2006 c 267 art 2 s 7; 1Sp2017 c 5 art 12 s 22; 2024 c 127 art 25 s 10*

148.5181 LICENSURE; SPEECH-LANGUAGE PATHOLOGY ASSISTANTS.

Subdivision 1. **Applicability.** Except as provided in subdivisions 3 and 4, an applicant for licensure as a speech-language pathology assistant must meet the requirements of this section.

Subd. 2. **Educational requirements.** (a) To be eligible for speech-language pathology assistant licensure, an applicant must submit to the commissioner a transcript from an educational institution documenting satisfactory completion of either:

(1) an associate's degree from a speech-language pathology assistant program that is accredited by the Higher Learning Commission of the North Central Association of Colleges or its equivalent as approved by the commissioner and that includes at least 100 hours of supervised field work experience in speech-language pathology assisting; or

(2) a bachelor's degree in the discipline of communication sciences or disorders and a speech-language pathology assistant certificate program that includes:

(i) coursework in an introduction to speech-language pathology assisting, adult communication disorders and treatment, speech sound disorders, and language disorders at a speech-language pathology assistant level; and

(ii) at least 100 hours of supervised field work experience in speech-language pathology assisting.

(b) Within one month following expiration of a license, an applicant for licensure renewal as a speech-language pathology assistant must provide, on a form provided by the commissioner, evidence to the commissioner of a minimum of 20 contact hours of continuing education obtained within the two years immediately preceding licensure expiration. A minimum of 13 contact hours of continuing education must be directly related to the licensee's area of licensure. Seven contact hours of continuing education may be in areas generally related to the licensee's area of licensure. Licensees who are issued licenses for a period of less than two years must prorate the number of contact hours required for licensure renewal based on the number of months licensed during the biennial licensure period. Licensees must receive contact hours for continuing education activities only for the biennial licensure period in which the continuing education activity was performed.

Subd. 3. **Licensure by reciprocity.** The commissioner shall issue a speech-language pathology assistant license to a person who holds a current speech-language pathology assistant license in another state if the following conditions are met:

(1) payment of the commissioner's current fee for licensure; and

(2) submission of evidence of licensure in good standing from another state that maintains a system and standard of examinations for speech-language pathology assistants that meets or exceeds the current requirements for licensure in Minnesota.

History: *2024 c 127 art 25 s 11*

148.5185 AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT.

The Audiology and Speech-Language Pathology Interstate Compact is enacted into law and entered into with all other jurisdictions legally joining in it in the form substantially specified in this section.

ARTICLE I

DEFINITIONS

As used in this compact, and except as otherwise provided, the following definitions shall apply:

(A) "Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to United States Code, title 10, sections 1209 and 1211.

(B) "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against an audiologist or speech-language pathologist, including actions against an individual's license or privilege to practice such as revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice.

(C) "Alternative program" means a non-disciplinary monitoring process approved by an audiology or speech-language pathology licensing board to address impaired practitioners.

(D) "Audiologist" means an individual who is licensed by a state to practice audiology.

(E) "Audiology" means the care and services provided by a licensed audiologist as set forth in the member state's statutes and rules.

(F) "Audiology and Speech-Language Pathology Compact Commission" or "commission" means the national administrative body whose membership consists of all states that have enacted the compact.

(G) "Audiology and speech-language pathology licensing board," "audiology licensing board," "speech-language pathology licensing board," or "licensing board" means the agency of a state that is responsible for the licensing and regulation of audiologists or speech-language pathologists or both.

(H) "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as an audiologist or speech-language pathologist in the remote state under its laws and rules. The practice of audiology or speech-language pathology occurs in the member state where the patient, client, or student is located at the time of the patient, client, or student encounter.

(I) "Current significant investigative information" means investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the audiologist or speech-language pathologist to respond, if required by state law, has reason to believe is not groundless and, if proved true, would indicate more than a minor infraction.

(J) "Data system" means a repository of information about licensees, including but not limited to continuing education, examination, licensure, investigation, compact privilege, and adverse action.

(K) "Encumbered license" means a license in which an adverse action restricts the practice of audiology or speech-language pathology by the licensee and said adverse action has been reported to the National Practitioners Data Bank (NPDB).

(L) "Executive committee" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

(M) "Home state" means the member state that is the licensee's primary state of residence.

(N) "Impaired practitioner" means individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions.

(O) "Licensee" means an individual who currently holds an authorization from the state licensing board to practice as an audiologist or speech-language pathologist.

(P) "Member state" means a state that has enacted the compact.

(Q) "Privilege to practice" means a legal authorization permitting the practice of audiology or speech-language pathology in a remote state.

(R) "Remote state" means a member state other than the home state where a licensee is exercising or seeking to exercise the compact privilege.

(S) "Rule" means a regulation, principle, or directive promulgated by the commission that has the force of law.

(T) "Single-state license" means an audiology or speech-language pathology license issued by a member state that authorizes practice only within the issuing state and does not include a privilege to practice in any other member state.

(U) "Speech-language pathologist" means an individual who is licensed by a state to practice speech-language pathology.

(V) "Speech-language pathology" means the care and services provided by a licensed speech-language pathologist as set forth in the member state's statutes and rules.

(W) "State" means any state, commonwealth, district, or territory of the United States of America that regulates the practice of audiology and speech-language pathology.

(X) "State practice laws" means a member state's laws, rules, and regulations that govern the practice of audiology or speech-language pathology, define the scope of audiology or speech-language pathology practice, and create the methods and grounds for imposing discipline.

(Y) "Telehealth" means the application of telecommunication technology to deliver audiology or speech-language pathology services at a distance for assessment, intervention, or consultation.

ARTICLE II

STATE PARTICIPATION IN THE COMPACT

(A) A license issued to an audiologist or speech-language pathologist by a home state to a resident in that state shall be recognized by each member state as authorizing an audiologist or speech-language pathologist to practice audiology or speech-language pathology, under a privilege to practice, in each member state.

(B) A state must implement or utilize procedures for considering the criminal history records of applicants for initial privilege to practice. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.

(1) A member state must fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions.

(2) Communication between a member state and the commission and among member states regarding the verification of eligibility for licensure through the compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member state under Public Law 92-544.

(C) Upon application for a privilege to practice, the licensing board in the issuing remote state shall ascertain, through the data system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or privilege to practice held by the applicant, and whether any adverse action has been taken against any license or privilege to practice held by the applicant.

(D) Each member state shall require an applicant to obtain or retain a license in the home state and meet the home state's qualifications for licensure or renewal of licensure, as well as all other applicable state laws.

(E) An audiologist must:

(1) meet one of the following educational requirements:

(i) on or before December 31, 2007, have graduated with a master's degree or doctoral degree in audiology, or equivalent degree regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

(ii) on or after January 1, 2008, have graduated with a doctoral degree in audiology, or equivalent degree regardless of degree name, from a program that is accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, or its successor, or by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

(iii) have graduated from an audiology program that is housed in an institution of higher education outside of the United States (a) for which the program and institution have been approved by the authorized accrediting body in the applicable country and (b) the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program;

(2) have completed a supervised clinical practicum experience from an accredited educational institution or its cooperating programs as required by the board;

(3) have successfully passed a national examination approved by the commission;

(4) hold an active, unencumbered license;

(5) not have been convicted or found guilty, and not have entered into an agreed disposition, of a felony related to the practice of audiology, under applicable state or federal criminal law; and

(6) have a valid United States Social Security or National Practitioner Identification number.

(F) A speech-language pathologist must:

(1) meet one of the following educational requirements:

(i) have graduated with a master's degree from a speech-language pathology program that is accredited by an organization recognized by the United States Department of Education and operated by a college or university accredited by a regional or national accrediting organization recognized by the board; or

(ii) have graduated from a speech-language pathology program that is housed in an institution of higher education outside of the United States (a) for which the program and institution have been approved by the authorized accrediting body in the applicable country and (b) the degree program has been verified by an independent credentials review agency to be comparable to a state licensing board-approved program;

(2) have completed a supervised clinical practicum experience from an educational institution or its cooperating programs as required by the commission;

(3) have completed a supervised postgraduate professional experience as required by the commission;

(4) have successfully passed a national examination approved by the commission;

(5) hold an active, unencumbered license;

(6) not have been convicted or found guilty, and not have entered into an agreed disposition, of a felony related to the practice of speech-language pathology, under applicable state or federal criminal law; and

(7) have a valid United States Social Security or National Practitioner Identification number.

(G) The privilege to practice is derived from the home state license.

(H) An audiologist or speech-language pathologist practicing in a member state must comply with the state practice laws of the state in which the client is located at the time service is provided. The practice of audiology and speech-language pathology shall include all audiology and speech-language pathology practice as defined by the state practice laws of the member state in which the client is located. The practice of audiology and speech-language pathology in a member state under a privilege to practice shall subject an audiologist or speech-language pathologist to the jurisdiction of the licensing board, the courts and the laws of the member state in which the client is located at the time service is provided.

(I) Individuals not residing in a member state shall continue to be able to apply for a member state's single-state license as provided under the laws of each member state. However, the single-state license granted to these individuals shall not be recognized as granting the privilege to practice audiology or speech-language pathology in any other member state. Nothing in this compact shall affect the requirements established by a member state for the issuance of a single-state license.

(J) Member states may charge a fee for granting a compact privilege.

(K) Member states must comply with the bylaws and rules and regulations of the commission.

ARTICLE III

COMPACT PRIVILEGE

(A) To exercise the compact privilege under the terms and provisions of the compact, the audiologist or speech-language pathologist shall:

(1) hold an active license in the home state;

(2) have no encumbrance on any state license;

(3) be eligible for a compact privilege in any member state in accordance with Article II;

(4) have not had any adverse action against any license or compact privilege within the previous two years from date of application;

(5) notify the commission that the licensee is seeking the compact privilege within a remote state or states;

(6) pay any applicable fees, including any state fee, for the compact privilege; and

(7) report to the commission adverse action taken by any nonmember state within 30 days from the date the adverse action is taken.

(B) For the purposes of the compact privilege, an audiologist or speech-language pathologist shall only hold one home state license at a time.

(C) Except as provided in Article V, if an audiologist or speech-language pathologist changes primary state of residence by moving between two member states, the audiologist or speech-language pathologist must apply for licensure in the new home state, and the license issued by the prior home state shall be deactivated in accordance with applicable rules adopted by the commission.

(D) The audiologist or speech-language pathologist may apply for licensure in advance of a change in primary state of residence.

(E) A license shall not be issued by the new home state until the audiologist or speech-language pathologist provides satisfactory evidence of a change in primary state of residence to the new home state and satisfies all applicable requirements to obtain a license from the new home state.

(F) If an audiologist or speech-language pathologist changes primary state of residence by moving from a member state to a nonmember state, the license issued by the prior home state shall convert to a single-state license, valid only in the former home state.

(G) The compact privilege is valid until the expiration date of the home state license. The licensee must comply with the requirements of Article III, (A), to maintain the compact privilege in the remote state.

(H) A licensee providing audiology or speech-language pathology services in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

(I) A licensee providing audiology or speech-language pathology services in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, or take any other necessary actions to protect the health and safety of its citizens.

(J) If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

(1) the home state license is no longer encumbered; and

(2) two years have elapsed from the date of the adverse action.

(K) Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of Article III, (A), to obtain a compact privilege in any remote state.

(L) Once the requirements of Article III, (J), have been met, the licensee must meet the requirements in Article III, (A), to obtain a compact privilege in a remote state.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEHEALTH

Member states shall recognize the right of an audiologist or speech-language pathologist, licensed by a home state in accordance with Article II and under rules promulgated by the commission, to practice audiology or speech-language pathology in a member state via telehealth under a privilege to practice as provided in the compact and rules promulgated by the commission.

ARTICLE V

ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

Active duty military personnel, or their spouse, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty. Subsequent to designating a home state, the individual shall only change their home state through application for licensure in the new state.

ARTICLE VI

ADVERSE ACTIONS

(A) In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:

(1) take adverse action against an audiologist's or speech-language pathologist's privilege to practice within that member state; and

(2) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a member state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state in which the witnesses or evidence are located.

(B) Only the home state shall have the power to take adverse action against an audiologist's or speech-language pathologist's license issued by the home state.

(C) For purposes of taking adverse action, the home state shall give the same priority and effect to reported conduct received from a member state as it would if the conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

(D) The home state shall complete any pending investigations of an audiologist or speech-language pathologist who changes primary state of residence during the course of the investigations. The home state shall also have the authority to take appropriate action and shall promptly report the conclusions of the

investigations to the administrator of the data system. The administrator of the data system shall promptly notify the new home state of any adverse actions.

(E) If otherwise permitted by state law, the member state may recover from the affected audiologist or speech-language pathologist the costs of investigations and disposition of cases resulting from any adverse action taken against that audiologist or speech-language pathologist.

(F) The member state may take adverse action based on the factual findings of the remote state, provided that the member state follows the member state's own procedures for taking the adverse action.

(G) Joint Investigations:

(1) In addition to the authority granted to a member state by its respective audiology or speech-language pathology practice act or other applicable state law, any member state may participate with other member states in joint investigations of licensees.

(2) Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the Compact.

(H) If adverse action is taken by the home state against an audiologist's or speech-language pathologist's license, the audiologist's or speech-language pathologist's privilege to practice in all other member states shall be deactivated until all encumbrances have been removed from the state license. All home state disciplinary orders that impose adverse action against an audiologist's or speech-language pathologist's license shall include a statement that the audiologist's or speech-language pathologist's privilege to practice is deactivated in all member states during the pendency of the order.

(I) If a member state takes adverse action, it shall promptly notify the administrator of the data system. The administrator of the data system shall promptly notify the home state of any adverse actions by remote states.

(J) Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action.

ARTICLE VII

ESTABLISHMENT OF THE AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY COMPACT COMMISSION

(A) The compact member states hereby create and establish a joint public agency known as the Audiology and Speech-Language Pathology Compact Commission:

(1) The commission is an instrumentality of the compact states.

(2) Except as provided under paragraph (H), venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in this compact shall be construed to be a waiver of sovereign immunity.

(B) Membership, Voting, and Meetings:

(1) Each member state shall have two delegates selected by that member state's licensing board. The delegates shall be current members of the licensing board. One shall be an audiologist and one shall be a speech-language pathologist.

(2) An additional five delegates, who are either a public member or board administrator from a state licensing board, shall be chosen by the executive committee from a pool of nominees provided by the commission at large.

(3) Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

(4) The member state board shall fill any vacancy occurring on the commission, within 90 days.

(5) Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission.

(6) A delegate shall vote in person or by other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

(7) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

(C) The commission shall have the following powers and duties:

(1) establish the fiscal year of the commission;

(2) establish bylaws;

(3) establish a code of ethics;

(4) maintain its financial records in accordance with the bylaws;

(5) meet and take actions as are consistent with the provisions of this compact and the bylaws;

(6) promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all member states;

(7) bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state audiology or speech-language pathology licensing board to sue or be sued under applicable law shall not be affected;

(8) purchase and maintain insurance and bonds;

(9) borrow, accept, or contract for services of personnel, including but not limited to employees of a member state;

(10) hire employees, elect or appoint officers, fix compensation, define duties, grant individuals appropriate authority to carry out the purposes of the compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(11) accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services and to receive, utilize, and dispose of the same; provided that at all times the commission shall avoid any appearance of impropriety or conflict of interest;

(12) lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve, or use any property real, personal, or mixed; provided that at all times the commission shall avoid any appearance of impropriety;

(13) sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

(14) establish a budget and make expenditures;

(15) borrow money;

(16) appoint committees, including standing committees composed of members and other interested persons as may be designated in this compact and the bylaws;

(17) provide and receive information from, and cooperate with, law enforcement agencies;

(18) establish and elect an executive committee; and

(19) perform other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of audiology and speech-language pathology licensure and practice.

(D) The Executive Committee:

The executive committee shall have the power to act on behalf of the commission according to the terms of this compact. The executive committee shall be composed of ten members:

(1) seven voting members who are elected by the commission from the current membership of the commission;

(2) two ex officios, consisting of one nonvoting member from a recognized national audiology professional association and one nonvoting member from a recognized national speech-language pathology association; and

(3) one ex officio, nonvoting member from the recognized membership organization of the audiology and speech-language pathology licensing boards.

(E) The ex officio members shall be selected by their respective organizations.

(1) The commission may remove any member of the executive committee as provided in bylaws.

(2) The executive committee shall meet at least annually.

(3) The executive committee shall have the following duties and responsibilities:

(i) recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact member states such as annual dues, and any commission compact fee charged to licensees for the compact privilege;

(ii) ensure compact administration services are appropriately provided, contractual or otherwise;

(iii) prepare and recommend the budget;

(iv) maintain financial records on behalf of the commission;

(v) monitor compact compliance of member states and provide compliance reports to the commission;

(vi) establish additional committees as necessary; and

(vii) other duties as provided in rules or bylaws.

(4) All meetings of the commission shall be open to the public and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article IX.

(5) The commission or the executive committee or other committees of the commission may convene in a closed, nonpublic meeting if the commission or executive committee or other committees of the commission must discuss:

(i) noncompliance of a member state with its obligations under the compact;

(ii) the employment, compensation, discipline, or other matters, practices, or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

(iii) current, threatened, or reasonably anticipated litigation;

(iv) negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

(v) accusing any person of a crime or formally censuring any person;

(vi) disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(vii) disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(viii) disclosure of investigative records compiled for law enforcement purposes;

(ix) disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or

(x) matters specifically exempted from disclosure by federal or member state statute.

(6) If a meeting, or portion of a meeting, is closed pursuant to this provision, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

(7) The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

(8) Financing of the Commission:

(i) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(ii) The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

(iii) The commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which

must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all member states.

(9) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state.

(10) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.

(F) Qualified Immunity, Defense, and Indemnification:

(1) The members, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities; provided that nothing in this paragraph shall be construed to protect any person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

(2) The commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

(G) Notwithstanding paragraph (F), clause (1), the liability of the executive director, employees, or representatives of the interstate commission, acting within the scope of their employment or duties, may not exceed the limits of liability set forth under the constitution and laws of this state for state officials, employees, and agents. This paragraph expressly incorporates section 3.736, and neither expands nor limits the rights and remedies provided under that statute.

(H) Except for a claim alleging a violation of this compact, a claim against the commission, its executive director, employees, or representatives alleging a violation of the constitution and laws of this state may be brought in any county where the plaintiff resides. Nothing in this paragraph creates a private right of action.

(I) Nothing in this compact shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws.

ARTICLE VIII

DATA SYSTEM

(A) The commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

(B) Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this compact is applicable as required by the rules of the commission, including:

(1) identifying information;

(2) licensure data;

(3) adverse actions against a license or compact privilege;

(4) nonconfidential information related to alternative program participation;

(5) any denial of application for licensure, and the reason or reasons for denial; and

(6) other information that may facilitate the administration of this compact, as determined by the rules of the commission.

(C) Investigative information pertaining to a licensee in any member state shall only be available to other member states.

(D) The commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state shall be available to any other member state.

(E) Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

(F) Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

ARTICLE IX

RULEMAKING

(A) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(B) If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact within four years of the date of adoption of the rule, the rule shall have no further force and effect in any member state.

(C) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

(D) Prior to promulgation and adoption of a final rule or rules by the commission, and at least 30 days in advance of the meeting at which the rule shall be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) on the website of the commission or other publicly accessible platform; and

(2) on the website of each member state audiology or speech-language pathology licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

(E) The notice of proposed rulemaking shall include:

(1) the proposed time, date, and location of the meeting in which the rule shall be considered and voted upon;

(2) the text of the proposed rule or amendment and the reason for the proposed rule;

(3) a request for comments on the proposed rule from any interested person; and

(4) the manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

(F) Prior to the adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(G) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(1) at least 25 persons;

(2) a state or federal governmental subdivision or agency; or

(3) an association having at least 25 members.

(H) If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) All hearings shall be recorded. A copy of the recording shall be made available on request.

(4) Nothing in this Article shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this Article.

(I) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

(J) If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

(K) The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

(L) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing; provided that the usual rulemaking procedures provided in the compact and in this Article shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

(1) meet an imminent threat to public health, safety, or welfare;

(2) prevent a loss of commission or member state funds; or

(3) meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.

(M) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision shall take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

ARTICLE X

OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(A) Dispute Resolution:

(1) Upon request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states.

(2) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for such disputes as appropriate.

(B) Enforcement:

(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

(2) By majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of litigation, including reasonable attorney's fees.

(3) The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

ARTICLE XI

DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

(A) The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

(B) Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

(C) Any member state may withdraw from this compact by enacting a statute repealing the same.

(1) A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's audiology or speech-language pathology licensing board to comply with the investigative and adverse action reporting requirements of this compact prior to the effective date of withdrawal.

(D) Nothing contained in this compact shall be construed to invalidate or prevent any audiology or speech-language pathology licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

(E) This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

ARTICLE XII

CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any member state, the compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

ARTICLE XIII

BINDING EFFECT OF COMPACT AND OTHER LAWS

(A) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the compact.

(B) All laws in a member state in conflict with the compact are superseded to the extent of the conflict.

(C) All lawful actions of the commission, including all rules and bylaws promulgated by the commission, are binding upon the member states.

(D) All agreements between the commission and the member states are binding in accordance with their terms.

(E) In the event any provision of the compact exceeds the constitutional limits imposed on the legislature of any member state, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

History: *2024 c 127 art 30 s 1*

148.5186 APPLICATION OF AUDIOLOGY AND SPEECH-LANGUAGE PATHOLOGY INTERSTATE COMPACT TO EXISTING LAWS.

Subdivision 1. **Rulemaking.** Rules developed by the Audiology and Speech-Language Pathology Compact Commission under section 148.5185 are not subject to sections 14.05 to 14.389.

Subd. 2. **Background studies.** The commissioner of health is authorized to require an audiologist or speech-language pathologist licensed in Minnesota as the home state to submit to a criminal history background check under section 144.0572.

History: *2024 c 127 art 30 s 2*

148.519 LICENSURE PROCEDURES.

Subdivision 1. **Applications for licensure; speech-language pathologists and audiologists.** (a) An applicant for licensure as a speech-language pathologist or audiologist must:

(1) submit a completed application for licensure on forms provided by the commissioner. The application must include the applicant's name, certification number under chapter 153A, if applicable, business address and telephone number, or home address and telephone number if the applicant practices speech-language pathology or audiology out of the home, and a description of the applicant's education, training, and experience, including previous work history for the five years immediately preceding the date of application. The commissioner may ask the applicant to provide additional information necessary to clarify information submitted in the application; and

(2) submit documentation of the certificate of clinical competence issued by the American Speech-Language-Hearing Association, board certification by the American Board of Audiology, or satisfy the following requirements:

(i) submit a transcript showing the completion of a master's or doctoral degree or its equivalent meeting the requirements of section 148.515, subdivision 2;

(ii) submit documentation of the required hours of supervised clinical training;

(iii) submit documentation of the postgraduate clinical or doctoral clinical experience meeting the requirements of section 148.515, subdivision 4; and

(iv) submit documentation of receiving a qualifying score on an examination meeting the requirements of section 148.515, subdivision 6.

(b) In addition, an applicant must:

(1) sign a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief;

(2) submit with the application all fees required by section 148.5194;

(3) sign a waiver authorizing the commissioner to obtain access to the applicant's records in this or any other state in which the applicant has engaged in the practice of speech-language pathology or audiology; and

(4) consent to a fingerprint-based criminal history background check as required under section 144.0572, pay all required fees, and cooperate with all requests for information. An applicant must complete a new criminal history background check if more than one year has elapsed since the applicant last applied for a license.

Subd. 1a. **Applications for licensure; speech-language pathology assistants.** An applicant for licensure as a speech-language pathology assistant must:

(1) submit a completed application on forms provided by the commissioner. The application must include the applicant's name, business address and telephone number, home address and telephone number, and a description of the applicant's education, training, and experience, including previous work history for the five years immediately preceding the application date. The commissioner may ask the applicant to provide additional information needed to clarify information submitted in the application;

(2) submit a transcript showing the completion of the requirements set forth in section 148.5181;

(3) submit a signed statement that the information in the application is true and correct to the best of the applicant's knowledge and belief;

(4) submit all fees required under section 148.5194;

(5) submit a signed waiver authorizing the commissioner to obtain access to the applicant's records in this or any other state in which the applicant has worked as a speech-language pathology assistant; and

(6) consent to a fingerprint-based criminal history background check as required under section 144.0572, pay all required fees, and cooperate with all requests for information. An applicant must complete a new criminal history background check if more than one year has lapsed since the applicant last applied for a license.

Subd. 2. **Action on applications for licensure.** (a) The commissioner shall act on an application for licensure according to paragraphs (b) to (e).

(b) The commissioner shall determine if the applicant meets the requirements for licensure. The commissioner or advisory council may investigate information provided by an applicant to determine whether the information is accurate and complete.

(c) The commissioner shall not issue a license to an applicant who refuses to consent to a background study within 90 days after submission of an application or fails to submit fingerprints to the Department of Human Services. Any fees paid by the applicant to the Department of Health shall be forfeited if the applicant refuses to consent to the background study.

(d) The commissioner shall notify an applicant, via certified mail, of action taken on the application and of the grounds for denying licensure if licensure is denied.

(e) An applicant denied licensure may make a written request to the commissioner, within 30 days of the date of notification to the applicant, for reconsideration of the denial. Individuals requesting reconsideration may submit information that the applicant wants considered in the reconsideration. After reconsideration of the commissioner's determination to deny licensure, the commissioner shall determine whether the original determination should be affirmed or modified. An applicant may make only one request in any one biennial license period for reconsideration of the commissioner's determination to deny licensure.

Subd. 3. **Change of name, employment, and addresses.** A licensee who changes addresses must inform the commissioner, in writing, of the change of name, employment, or address within 30 days. A change in name must be accompanied by a copy of a marriage certificate or court order. All notices or other correspondence mailed to or served on a licensee by the commissioner at the licensee's address on file with the commissioner shall be considered as having been received by the licensee.

History: *1996 c 363 s 9; 2003 c 87 s 29; 2008 c 189 s 10; 2016 c 158 art 1 s 67; 1Sp2017 c 6 art 10 s 113,114; 2024 c 127 art 25 s 12,13*

148.5191 LICENSURE RENEWAL.

Subdivision 1. **Renewal requirements.** To renew licensure, an applicant for license renewal as a speech-language pathologist or audiologist must:

(1) biennially complete a renewal application on a form provided by the commissioner and submit the biennial renewal fee;

(2) meet the continuing education requirements of section 148.5193 and submit evidence of attending continuing education courses, as required in section 148.5193, subdivision 6; and

(3) submit additional information if requested by the commissioner to clarify information presented in the renewal application. The information must be submitted within 30 days after the commissioner's request.

Subd. 1a. **Renewal requirements; speech-language pathology assistant.** To renew licensure, an applicant for license renewal as a speech-language pathology assistant must:

(1) biennially complete a renewal application on a form provided by the commissioner and submit the biennial renewal fee;

(2) meet the continuing education requirements of section 148.5193, subdivision 1a, and submit evidence of attending continuing education courses, as required in section 148.5193, subdivision 1a; and

(3) submit additional information if requested by the commissioner to clarify information presented in the renewal application. The information must be submitted within 30 days after the commissioner's request.

Subd. 2. **Late fee.** An application submitted after the renewal deadline date must be accompanied by a late fee as provided in section 148.5194, subdivision 4.

Subd. 3. **Licensure renewal notice.** Licensure renewal is on a biennial basis. At least 60 days before the licensure expiration date, the commissioner shall send out a renewal notice to the licensee's last known address. The notice shall include a renewal application and notice of fees required for renewal. If the licensee does not receive the renewal notice, the licensee is still required to meet the deadline for renewal to qualify for continuous licensure status.

Subd. 4. **Renewal deadline.** Each license, including a temporary license provided under section 148.5161, must state an expiration date. An application for licensure renewal must be received by the Department of Health at least 30 days before the expiration date.

When the commissioner establishes the renewal schedule for an applicant, licensee, or temporary licensee, if the period before the expiration date is less than two years, the fee shall be prorated.

History: *1996 c 363 s 10; 1998 c 317 s 5-7; 2003 c 87 s 30; 2024 c 127 art 25 s 14,15; 2026 c 127 art 1 s 39*

148.5192 SPEECH-LANGUAGE PATHOLOGY ASSISTANTS.

Subdivision 1. **Delegation requirements.** A licensed speech-language pathologist may delegate duties to a licensed speech-language pathology assistant in accordance with this section following an initial introduction to a client with the speech-language pathologist and speech-language pathology assistant present.

Subd. 2. **Delegated duties; prohibitions.** (a) A speech-language pathology assistant may perform only those duties delegated by a licensed speech-language pathologist and must be limited to duties within the training and experience of the speech-language pathology assistant.

(b) Duties may include the following as delegated by the supervising speech-language pathologist:

(1) assist with speech language and hearing screenings;

(2) implement documented treatment plans or protocols developed by the supervising speech-language pathologist;

(3) document client performance, including writing progress notes;

(4) assist with assessments of clients;

(5) assist with preparing materials and scheduling activities as directed;

(6) perform checks and maintenance of equipment;

(7) support the supervising speech-language pathologist in research projects, in-service training, and public relations programs; and

(8) collect data for quality improvement.

(c) A speech-language pathology assistant may not:

(1) perform standardized or nonstandardized diagnostic tests, perform formal or informal evaluations, or interpret test results;

(2) demonstrate strategies included in the feeding and swallowing plan developed by the speech-language pathologist or share such information with students, patients, clients, families, staff, and caregivers;

(3) participate in parent conferences, case conferences, or interdisciplinary team meetings without approval from the speech-language pathologist or misrepresent themselves as a speech-language pathologist at such a conference or meeting. The speech-language pathologist and speech-language pathology assistant are required to meet prior to the parent conferences, case conferences, or interdisciplinary team meetings to determine the information to be shared;

(4) provide client or family counseling or consult with the client or the family regarding the client status or service;

(5) write, develop, or modify a client's individualized treatment plan or individualized education program;

(6) select clients for service;

(7) discharge clients from service;

(8) disclose information to other team members without permission from the supervising speech-language pathologist; or

(9) make referrals for additional services.

(d) A speech-language pathology assistant must only sign documents, including treatment plans, education plans, reimbursement forms, or reports, when cosigned by the supervising speech-language pathologist. The speech-language pathology assistant must sign or initial all treatment notes written by the assistant, which must then also be cosigned by the supervising speech-language pathologist.

Subd. 3. **Supervision requirements.** (a) A supervising speech-language pathologist shall authorize and accept full responsibility for the performance, practice, and activity of a speech-language pathology assistant. The amount and type of supervision required must be based on the skills and experience of the speech-language pathology assistant. A minimum of one hour every 30 days of consultative supervision time must be documented for each speech-language pathology assistant.

(b) A supervising speech-language pathologist must:

(1) be licensed under sections 122A.183, 122A.184, or 148.511 to 148.5198;

(2) hold a certificate of clinical competence from the American Speech-Language-Hearing Association or its equivalent as approved by the commissioner; and

(3) have completed at least ten hours of continuing education in supervision.

(c) Once every 60 days, the supervising speech-language pathologist must treat or cotreat with the speech-language pathology assistant each client on the speech-language pathology assistant's caseload.

(d) For purposes of this section, "direct supervision" means observation and guidance by the supervising speech-language pathologist during the performance of a delegated duty that occurs either on-site and in-view or through the use of real-time, two-way interactive audio and visual communication. The supervision requirements described in this section are minimum requirements. Additional supervision requirements may be imposed at the discretion of the supervising speech-language pathologist.

(e) A supervising speech-language pathologist must be available to communicate with a speech-language pathology assistant at any time the assistant is in direct contact with a client.

(f) A supervising speech-language pathologist must document activities performed by the assistant that are directly supervised by the supervising speech-language pathologist. At a minimum, the documentation must include:

(1) information regarding the quality of the speech-language pathology assistant's performance of the delegated duties; and

(2) verification that any delegated clinical activity was limited to duties authorized to be performed by the speech-language pathology assistant under this section.

(g) A supervising speech-language pathologist must review and cosign all informal treatment notes signed or initialed by the speech-language pathology assistant.

(h) A full-time, speech-language pathologist may supervise no more than two full-time, speech-language pathology assistants or the equivalent of two full-time assistants.

(i) If the commissioner determines that a speech-language pathology assistant licensed under section 148.5181 violates any part of sections 148.511 to 148.5198 and is supervised by a speech-language pathologist licensed by the Professional Educator Licensing and Standards Board (PELSB), the commissioner must immediately notify PELSB. Upon such notification, PELSB must initiate an investigation of the supervising speech-language pathologist. PELSB must share the result of the investigation with the commissioner.

Subd. 4. **Notification.** Any agency or clinic that intends to utilize the services of a speech-language pathology assistant must provide written notification to the client or, if the client is younger than 18 years old, to the client's parent or guardian before a speech-language pathology assistant may perform any of the duties described in this section.

History: *2004 c 279 art 1 s 14; 2005 c 147 art 7 s 19; 2024 c 127 art 25 s 16-18; 1Sp2025 c 3 art 3 s 18*

148.5193 CONTINUING EDUCATION REQUIREMENTS.

Subdivision 1. **Number of contact hours required; speech-language pathologists and audiologists.** (a) An applicant for licensure renewal as a speech-language pathologist or audiologist must meet the requirements for continuing education stipulated by the American Speech-Language-Hearing Association or the American Board of Audiology, or satisfy the requirements described in paragraphs (b) to (e).

(b) Within one month following expiration of a license, an applicant for licensure renewal as either a speech-language pathologist or an audiologist must provide evidence to the commissioner of a minimum of 30 contact hours of continuing education obtained within the two years immediately preceding licensure expiration. A minimum of 20 contact hours of continuing education must be directly related to the licensee's area of licensure. Ten contact hours of continuing education may be in areas generally related to the licensee's area of licensure. Licensees who are issued licenses for a period of less than two years shall prorate the number of contact hours required for licensure renewal based on the number of months licensed during the biennial licensure period. Licensees shall receive contact hours for continuing education activities only for the biennial licensure period in which the continuing education activity was performed.

(c) An applicant for licensure renewal as both a speech-language pathologist and an audiologist must attest to and document completion of a minimum of 36 contact hours of continuing education offered by a continuing education sponsor within the two years immediately preceding licensure renewal. A minimum of 15 contact hours must be received in the area of speech-language pathology and a minimum of 15 contact hours must be received in the area of audiology. Six contact hours of continuing education may be in areas generally related to the licensee's areas of licensure. Licensees who are issued licenses for a period of less than two years shall prorate the number of contact hours required for licensure renewal based on the number of months licensed during the biennial licensure period. Licensees shall receive contact hours for continuing education activities only for the biennial licensure period in which the continuing education activity was performed.

(d) If the licensee is licensed by the Professional Educator Licensing and Standards Board:

(1) activities that are approved in the categories of Minnesota Rules, part 8710.7200, subpart 3, items A and B, and that relate to speech-language pathology, shall be considered:

(i) offered by a sponsor of continuing education; and

(ii) directly related to speech-language pathology;

(2) activities that are approved in the categories of Minnesota Rules, part 8710.7200, subpart 3, shall be considered:

(i) offered by a sponsor of continuing education; and

(ii) generally related to speech-language pathology; and

(3) one clock hour as defined in Minnesota Rules, part 8710.7200, subpart 1, is equivalent to 1.0 contact hours of continuing education.

(e) Contact hours may not be accumulated in advance and transferred to a future continuing education period.

Subd. 1a. **Continuing education; speech-language pathology assistants.** An applicant for licensure renewal as a speech-language pathology assistant must meet the requirements for continuing education established by the American Speech-Language-Hearing Association and submit evidence of attending continuing education courses. A licensee must receive contact hours for continuing education activities only for the biennial licensure period in which the continuing education activity was completed. Continuing education contact hours obtained in one licensure period must not be transferred to a future licensure period.

Subd. 2. **Continuing education provided by sponsors.** The commissioner will accept continuing education provided by sponsors if the continuing education activity meets the following standards:

(1) constitutes an organized program of learning;

(2) reasonably expects to advance the knowledge and skills of the speech-language pathologist or audiologist;

(3) pertains to subjects that relate to the practice of speech-language pathology or audiology;

(4) is conducted by individuals who have education, training, and experience by reason of which said individuals should be considered experts concerning the subject matter of the activity; and

(5) is presented by a sponsor who has a mechanism to verify participation and maintains attendance records for four years.

Subd. 3. MS 1998 [Repealed, 2000 c 460 s 66]

Subd. 4. **Earning continuing education contact hours through contact hour equivalents.** (a) A licensee who teaches continuing education courses or presents or publishes for educational purposes may obtain contact hour equivalents according to paragraphs (b) to (d).

(b) The sponsor of the course must meet the requirements of subdivision 2.

(c) A licensee may not obtain more than six contact hours in any two-year continuing education period by teaching continuing education courses.

(d) A licensee may obtain two contact hours for each hour spent teaching a course. Contact hours may be claimed only once for teaching the same course in any two-year continuing education period.

Subd. 5. MS 1998 [Repealed, 2000 c 460 s 66]

Subd. 6. **Records of attendance.** (a) A licensee must maintain for four years records of attending the continuing education contact hours required for licensure renewal.

(b) An applicant for licensure renewal must submit documentation demonstrating compliance with continuing education requirements of the American Speech-Language-Hearing Association or the American Board of Audiology or an equivalent, or the following information on a form provided by the commissioner: the sponsoring organization, the dates of the course, the course name, the number of contact hours completed, and the name and signature of the licensee.

Subd. 6a. **Auditing continuing education reports.** (a) The commissioner may audit a percentage of the continuing education reports based on random selection. A licensee shall maintain all documentation required by this section for two years after the last day of the biennial licensure period in which the contact hours were earned.

(b) All renewal applications that are received after the expiration date may be subject to a continuing education report audit.

(c) Any licensee against whom a complaint is filed may be subject to a continuing education report audit.

(d) The licensee shall make the following information available to the commissioner for auditing purposes:

(1) a copy of the completed continuing education report form for the continuing education reporting period that is the subject of the audit including all supporting documentation required by subdivision 5;

(2) a description of the continuing education activity prepared by the presenter or sponsor that includes the course title or subject matter, date, place, number of program contact hours, presenters, and sponsors;

(3) documentation of self-study programs by materials prepared by the presenter or sponsor that includes the course title, course description, name of sponsor or author, and the number of hours required to complete the program;

(4) documentation of university, college, or vocational school courses by a course syllabus, listing in a course bulletin, or equivalent documentation that includes the course title, instructor's name, course dates, number of contact hours, and course content, objectives, or goals; and

(5) verification of attendance by:

(i) a signature of the presenter or a designee at the continuing education activity on the continuing education report form or a certificate of attendance with the course name, course date, and licensee's name;

(ii) a summary or outline of the educational content of an audio or video educational activity to verify the licensee's participation in the activity if a designee is not available to sign the continuing education report form;

(iii) verification of self-study programs by a certificate of completion or other documentation indicating that the individual has demonstrated knowledge and has successfully completed the program; or

(iv) verification of attendance at a university, college, or vocational course by an official transcript.

Subd. 7. **Verification of continuing education reports.** The commissioner may request a licensee or continuing education sponsor to verify the continuing education to which the licensee attested. Documentation may come directly from the licensee, the continuing education sponsor, or from a national accrediting or certifying organization which maintains the records.

Subd. 8. **Waiver of continuing education requirements.** The commissioner may grant a waiver of the requirements of this section in cases where the requirements would impose an undue burden on the licensee. A licensee must request in writing a waiver of the requirements of this section. The request for a waiver must cite this section, the reasons for requesting the waiver, the period of time the licensee wishes to have the continuing education requirement waived, and the alternative measures that will be taken if a waiver is granted. The commissioner shall set forth, in writing, the reasons for granting or denying the waiver. Waivers granted by the commissioner shall specify in writing the time limitation and required alternative measures to be taken by the licensee.

History: *1996 c 363 s 11; 2000 c 460 s 26-30; 2003 c 87 s 31-36; 2004 c 279 art 1 s 15,16; 2006 c 267 art 2 s 8; 2009 c 157 art 1 s 4; 2010 c 274 s 2; 1Sp2017 c 5 art 12 s 22; 2024 c 127 art 25 s 19,20*

148.5194 FEES.

Subdivision 1. **Fee proration.** The commissioner shall prorate the licensure fee for clinical fellowship, doctoral externship, temporary, and first time licensees according to the number of months that have elapsed between the date the license is issued and the date the license expires or must be renewed under section 148.5191, subdivision 4.

Subd. 2. **Speech-language pathologist licensure fees.** (a) The fee for initial licensure for a speech-language pathologist is $210.50.

(b) The fee for clinical fellowship licensure, doctoral externship, temporary license, or renewal for a speech-language pathologist is $200.

Subd. 3. **Licensure fees for dual licensure as a speech-language pathologist and audiologist.** (a) The fee for initial dual licensure as a speech-language pathologist and audiologist is $523.

(b) The fee for clinical fellowship licensure, doctoral externship, temporary license, or renewal for dual licensure as a speech-language pathologist and audiologist is $510.

Subd. 3a. MS 2002 [Repealed, 1Sp2003 c 14 art 7 s 89]

Subd. 3b. **Speech-language pathology assistant licensure fees.** The fee for initial licensure as a speech-language pathology assistant must not exceed $220. The fee for licensure renewal for a speech-language pathology assistant must not exceed $220.

Subd. 4. **Penalty fee for late renewals.** The penalty fee for late submission of a renewal application is $60.

Subd. 5. **Use of fees.** All fees are nonrefundable. The commissioner shall only use fees collected under this section for the purposes of administering this chapter. The legislature must not transfer money generated by these fees from the state government special revenue fund to the general fund.

Subd. 6. **Verification of credential.** The fee for written verification of credentialed status is $25.

Subd. 7. **Audiologist biennial licensure fee.** The licensure fee for initial applicants is $523. The biennial licensure fee for audiologists for clinical fellowship, doctoral externship, temporary, and renewal licenses is $510.

Subd. 7a. **Surcharge.** Speech-language pathologists who were licensed prior to January 1, 2018, shall pay a onetime surcharge of $10.50 to renew when their license first expires after January 1, 2020. Audiologists who were licensed before January 1, 2018, shall pay a onetime surcharge of $13 to renew when their license first expires after January 1, 2020. The surcharge shall cover the commissioner's costs associated with criminal background checks.

Subd. 8. **Penalty fees.** (a) The penalty fee for practicing speech-language pathology or audiology, practicing as a speech-language pathology assistant, or using protected titles without a current license after the credential has expired and before it is renewed is the amount of the license renewal fee for any part of the first month, plus the license renewal fee for any part of any subsequent month up to 36 months.

(b) The penalty fee for applicants who engage in the unauthorized practice of speech-language pathology or audiology, practice as a speech-language pathology assistant, or use of protected titles before being issued a license is the amount of the license application fee for any part of the first month, plus the license application fee for any part of any subsequent month up to 36 months. This paragraph does not apply to applicants not qualifying for a license who engage in the unauthorized practice of speech-language pathology or audiology or in the unauthorized practice as a speech-language pathology assistant.

(c) The penalty fee for practicing speech-language pathology or audiology and failing to submit a continuing education report by the due date with the correct number or type of hours in the correct time period is $100 plus $20 for each missing clock hour. The penalty fee for a licensed speech-language pathology assistant who fails to submit a continuing education report by the due date with the correct number or type of hours in the correct time period is $100 plus $20 for each missing clock hour. "Missing" means not obtained between the effective and expiration dates of the certificate, the one-month period following the certificate expiration date, or the 30 days following notice of a penalty fee for failing to report all continuing education hours. The licensee must obtain the missing number of continuing education hours by the next reporting due date.

(d) Civil penalties and discipline incurred by licensees prior to August 1, 2005, for conduct described in paragraph (a), (b), or (c) shall be recorded as nondisciplinary penalty fees. For conduct described in paragraph (a) or (b) occurring after August 1, 2005, and exceeding six months, payment of a penalty fee does not preclude any disciplinary action reasonably justified by the individual case.

History: *1996 c 363 s 12; 1998 c 317 s 8; 1999 c 245 art 2 s 34-37; 2003 c 87 s 37-39; 1Sp2003 c 14 art 7 s 48-51; 2005 c 147 art 7 s 6; art 9 s 1; 2008 c 189 s 11,12; 2009 c 157 art 1 s 5-7; 2012 c 278 art 2 s 13; 1Sp2017 c 6 art 10 s 115-119; 2020 c 83 art 1 s 37; 2024 c 127 art 25 s 21,22; 1Sp2025 c 3 art 3 s 19*

148.5195 INVESTIGATION PROCESS AND GROUNDS FOR DISCIPLINARY ACTION.

Subdivision 1. **Investigations of complaints.** The commissioner or advisory council may initiate an investigation upon receiving a signed complaint or other signed written communication that alleges or implies that an individual has violated sections 148.511 to 148.5198. According to section 214.13, subdivision 6, in the receipt, investigation, and hearing of a complaint that alleges or implies an individual has violated sections 148.511 to 148.5198, the commissioner shall follow the procedures in section 214.10.

Subd. 2. **Rights of applicants and licensees.** The rights of an applicant denied licensure are stated in section 148.519, subdivision 2, paragraph (e). A licensee shall not be subjected to disciplinary action under this section without first having an opportunity for a contested case hearing under chapter 14.

Subd. 3. **Grounds for disciplinary action by commissioner.** The commissioner may take any of the disciplinary actions listed in subdivision 4 on proof that the individual has:

(1) intentionally submitted false or misleading information to the commissioner or the advisory council;

(2) failed, within 30 days, to provide information in response to a written request by the commissioner or advisory council;

(3) performed services of a speech-language pathologist, audiologist, or speech-language pathology assistant in an incompetent or negligent manner;

(4) violated sections 148.511 to 148.5198;

(5) failed to perform services with reasonable judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental impairment;

(6) violated any state or federal law, rule, or regulation, and the violation is a felony or misdemeanor, an essential element of which is dishonesty, or which relates directly or indirectly to the practice of speech-language pathology or audiology or to the practice of a speech-language pathology assistant. Conviction for violating any state or federal law which relates to speech-language pathology, audiology, or the practice of a speech-language pathology assistant is necessarily considered to constitute a violation, except as provided in chapter 364;

(7) aided or abetted another person in violating any provision of sections 148.511 to 148.5198;

(8) been or is being disciplined by another jurisdiction, if any of the grounds for the discipline is the same or substantially equivalent to those under sections 148.511 to 148.5198;

(9) not cooperated with the commissioner or advisory council in an investigation conducted according to subdivision 1;

(10) advertised in a manner that is false or misleading;

(11) engaged in conduct likely to deceive, defraud, or harm the public; or demonstrated a willful or careless disregard for the health, welfare, or safety of a client;

(12) failed to disclose to the consumer any fee splitting or any promise to pay a portion of a fee to any other professional other than a fee for services rendered by the other professional to the client;

(13) engaged in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws, Food and Drug Administration regulations, or state medical assistance laws;

(14) obtained money, property, or services from a consumer through the use of undue influence, high pressure sales tactics, harassment, duress, deception, or fraud;

(15) performed services for a client who had no possibility of benefiting from the services;

(16) failed to refer a client for medical evaluation or to other health care professionals when appropriate or when a client indicated symptoms associated with diseases that could be medically or surgically treated;

(17) had the certification required by chapter 153A denied, suspended, or revoked according to chapter 153A;

(18) used the term doctor of audiology, doctor of speech-language pathology, AuD, or SLPD without having obtained the degree from an institution accredited by the North Central Association of Colleges and Secondary Schools, the Council on Academic Accreditation in Audiology and Speech-Language Pathology, the United States Department of Education, or an equivalent;

(19) failed to comply with the requirements of section 148.5192 regarding supervision of speech-language pathology assistants; or

(20) if the individual is an audiologist or certified prescription hearing aid dispenser:

(i) prescribed to a consumer or potential consumer the use of a prescription hearing aid, unless the prescription from a physician, an audiologist, or a certified dispenser is in writing, is based on an audiogram that is delivered to the consumer or potential consumer when the prescription is made, and bears the following information in all capital letters of 12-point or larger boldface type: "THIS PRESCRIPTION MAY BE FILLED BY, AND PRESCRIPTION HEARING AIDS MAY BE PURCHASED FROM, THE LICENSED AUDIOLOGIST OR CERTIFIED DISPENSER OF YOUR CHOICE";

(ii) failed to give a copy of the audiogram, upon which the prescription is based, to the consumer when the consumer requests a copy;

(iii) failed to provide the consumer rights brochure required by section 148.5197, subdivision 3;

(iv) failed to comply with restrictions on sales of prescription hearing aids in sections 148.5197, subdivision 3, and 148.5198;

(v) failed to return a consumer's prescription hearing aid used as a trade-in or for a discount in the price of a new prescription hearing aid when requested by the consumer upon cancellation of the purchase agreement;

(vi) failed to follow Food and Drug Administration or Federal Trade Commission regulations relating to dispensing prescription hearing aids;

(vii) failed to dispense a prescription hearing aid in a competent manner or without appropriate training;

(viii) delegated prescription hearing aid dispensing authority to a person not authorized to dispense a prescription hearing aid under this chapter or chapter 153A;

(ix) failed to comply with the requirements of an employer or supervisor of a prescription hearing aid dispenser trainee;

(x) violated a state or federal court order or judgment, including a conciliation court judgment, relating to the activities of the individual's prescription hearing aid dispensing; or

(xi) failed to include on the audiogram the practitioner's printed name, credential type, credential number, signature, and date.

Subd. 4. **Disciplinary actions.** If the commissioner finds that an individual should be disciplined according to subdivision 3, the commissioner may take any one or more of the following actions:

(1) refuse to grant or renew licensure;

(2) suspend licensure for a period not exceeding one year;

(3) revoke licensure;

(4) take any reasonable lesser action against an individual upon proof that the individual has violated sections 148.511 to 148.5198; or

(5) impose, for each violation, a civil penalty not exceeding $10,000 that deprives the licensee of any economic advantage gained by the violation and that reimburses the Department of Health for costs of the investigation and proceedings resulting in disciplinary action, including the amount paid for services of the administrative hearings, the amount paid for services of the Office of the Attorney General, attorney fees, court reporters, witnesses, reproduction of records, advisory council members' per diem compensation, department staff time, and expenses incurred by advisory council members and department staff.

Subd. 5. **Consequences of disciplinary actions.** Upon the suspension or revocation of licensure, the speech-language pathologist or audiologist, or speech-language pathology assistant, shall cease to practice speech-language pathology or audiology, or practice as a speech-language pathology assistant; to use titles protected under sections 148.511 to 148.5198; and to represent to the public that the speech-language pathologist or audiologist, or speech-language pathology assistant, is licensed by the commissioner.

Subd. 6. **Reinstatement requirements after disciplinary action.** A speech-language pathologist or audiologist, or speech-language pathology assistant, who has had licensure suspended may petition on forms provided by the commissioner for reinstatement following the period of suspension specified by the commissioner. The requirements of section 148.5191 for renewing licensure must be met before licensure may be reinstated.

Subd. 7. **Authority to contract.** The commissioner shall contract with the health professionals services program as authorized by sections 214.31 to 214.37 to provide these services to practitioners under this chapter. The health professionals services program does not affect the commissioner's authority to discipline violations of sections 148.511 to 148.5198.

History: *1996 c 363 s 13; 1998 c 317 s 9; 2003 c 87 s 41-45; 2004 c 279 art 1 s 17; 2005 c 147 art 7 s 7,19; 2006 c 267 art 2 s 9; 2008 c 189 s 13; 2010 c 274 s 3; 1Sp2017 c 6 art 10 s 120; 2023 c 70 art 3 s 43; 2024 c 127 art 25 s 23-25*

148.5196 SPEECH-LANGUAGE PATHOLOGIST AND AUDIOLOGIST ADVISORY COUNCIL.

Subdivision 1. **Membership.** The commissioner shall appoint 13 persons to a Speech-Language Pathologist and Audiologist Advisory Council. The 13 persons must include:

(1) three public members, as defined in section 214.02. Two of the public members shall be either persons receiving services of a speech-language pathologist or audiologist, or family members of or caregivers to such persons, and at least one of the public members shall be either a hearing aid user or an advocate of one;

(2) three speech-language pathologists licensed under sections 148.511 to 148.5198, one of whom is currently and has been, for the five years immediately preceding the appointment, engaged in the practice of speech-language pathology in Minnesota and each of whom is employed in a different employment setting including, but not limited to, private practice, hospitals, rehabilitation settings, educational settings, and government agencies;

(3) one speech-language pathologist licensed under sections 148.511 to 148.5198, who is currently and has been, for the five years immediately preceding the appointment, employed by a Minnesota public school district or a Minnesota public school district consortium that is authorized by Minnesota Statutes and who is licensed in speech-language pathology by the Professional Educator Licensing and Standards Board;

(4) three audiologists licensed under sections 148.511 to 148.5198, two of whom are currently and have been, for the five years immediately preceding the appointment, engaged in the practice of audiology and the dispensing of prescription hearing aids in Minnesota and each of whom is employed in a different employment setting including, but not limited to, private practice, hospitals, rehabilitation settings, educational settings, industry, and government agencies;

(5) one nonaudiologist prescription hearing aid dispenser recommended by a professional association representing prescription hearing aid dispensers;

(6) one physician licensed under chapter 147 and certified by the American Board of Otolaryngology, Head and Neck Surgery; and

(7) one speech-language pathology assistant licensed under sections 148.511 to 148.5198.

Subd. 2. **Organization.** The advisory council shall be organized and administered under section 15.059.

Subd. 3. **Duties.** The advisory council shall:

(1) advise the commissioner regarding speech-language pathologist and audiologist licensure standards;

(2) advise the commissioner regarding the delegation of duties to, the licensure standards for, and the training required for speech-language pathology assistants;

(3) advise the commissioner on enforcement of sections 148.511 to 148.5198;

(4) provide for distribution of information regarding speech-language pathologist, audiologist, and speech-language pathology assistant licensure standards;

(5) review applications and make recommendations to the commissioner on granting or denying licensure or licensure renewal;

(6) review reports of investigations relating to individuals and make recommendations to the commissioner as to whether licensure should be denied or disciplinary action taken against the individual;

(7) advise the commissioner regarding approval of continuing education activities provided by sponsors using the criteria in section 148.5193, subdivision 2; and

(8) perform other duties authorized for advisory councils under chapter 214, or as directed by the commissioner.

History: *1996 c 363 s 14; 2000 c 460 s 31; 2003 c 87 s 46; 2004 c 279 art 1 s 18; 2005 c 147 art 7 s 8,19; 1Sp2017 c 5 art 12 s 22; 2023 c 70 art 3 s 44; 2024 c 127 art 25 s 26,27*

148.5197 HEARING AID DISPENSING.

Subdivision 1. **Content of contracts.** Oral statements made by an audiologist or certified dispenser regarding the provision of warranties, refunds, and service on the prescription hearing aid or aids dispensed must be written on, and become part of, the contract of sale, specify the item or items covered, and indicate the person or business entity obligated to provide the warranty, refund, or service.

Subd. 2. **Required use of license number.** The audiologist's license number or certified dispenser's certificate number must appear on all contracts, bills of sale, and receipts used in the sale of prescription hearing aids.

Subd. 3. **Consumer rights information.** An audiologist or certified dispenser shall, at the time of the prescription, give a consumer rights brochure, prepared by the commissioner and containing information about legal requirements pertaining to dispensing of prescription hearing aids, to each potential consumer of a prescription hearing aid. The brochure must contain information about the consumer information center described in section 153A.18. A contract for a prescription hearing aid must note the receipt of the brochure by the consumer, along with the consumer's signature or initials.

Subd. 4. **Liability for contracts.** Owners of entities in the business of dispensing prescription hearing aids, employers of audiologists or persons who dispense prescription hearing aids, supervisors of trainees or audiology students, and hearing aid dispensers conducting the transaction at issue are liable for satisfying all terms of contracts, written or oral, made by their agents, employees, assignees, affiliates, or trainees, including terms relating to products, repairs, warranties, service, and refunds. The commissioner may enforce the terms of prescription hearing aid contracts against the principal, employer, supervisor, or dispenser who conducted the transaction and may impose any remedy provided for in this chapter.

History: *2005 c 147 art 7 s 9; 2023 c 70 art 3 s 45*

148.5198 RESTRICTION ON SALE OF PRESCRIPTION HEARING AIDS.

Subdivision 1. **45-calendar-day guarantee and buyer right to cancel.** (a) An audiologist or certified dispenser dispensing a prescription hearing aid in this state must comply with paragraphs (b) and (c).

(b) The audiologist or certified dispenser must provide the buyer with a 45-calendar-day written money-back guarantee. The guarantee must permit the buyer to cancel the purchase for any reason within 45 calendar days after receiving the prescription hearing aid by giving or mailing written notice of cancellation to the audiologist or certified dispenser. If the buyer mails the notice of cancellation, the 45-calendar-day period is counted using the postmark date, to the date of receipt by the audiologist or certified dispenser. If the prescription hearing aid must be repaired, remade, or adjusted during the 45-calendar-day money-back guarantee period, the running of the 45-calendar-day period is suspended one day for each 24-hour period that the prescription hearing aid is not in the buyer's possession. A repaired, remade, or adjusted prescription hearing aid must be claimed by the buyer within three business days after notification of availability, after which time the running of the 45-calendar-day period resumes. The guarantee must entitle the buyer, upon cancellation, to receive a refund of payment within 30 days of return of the prescription hearing aid to the audiologist or certified dispenser. The audiologist or certified dispenser may retain as a cancellation fee no more than $250 of the buyer's total purchase price of the prescription hearing aid.

(c) The audiologist or certified dispenser shall provide the buyer with a contract written in plain English, that contains uniform language and provisions that meet the requirements under the Plain Language Contract Act, sections 325G.29 to 325G.36. The contract must include, but is not limited to, the following: in immediate proximity to the space reserved for the signature of the buyer, or on the first page if there is no space reserved for the signature of the buyer, a clear and conspicuous disclosure of the following specific statement in all capital letters of no less than 12-point boldface type: "MINNESOTA STATE LAW GIVES THE BUYER THE RIGHT TO CANCEL THIS PURCHASE FOR ANY REASON AT ANY TIME PRIOR TO MIDNIGHT OF THE 45TH CALENDAR DAY AFTER RECEIPT OF THE PRESCRIPTION HEARING AID(S). THIS CANCELLATION MUST BE IN WRITING AND MUST BE GIVEN OR MAILED TO THE AUDIOLOGIST OR CERTIFIED DISPENSER. IF THE BUYER DECIDES TO RETURN THE

PRESCRIPTION HEARING AID(S) WITHIN THIS 45-CALENDAR-DAY PERIOD, THE BUYER WILL RECEIVE A REFUND OF THE TOTAL PURCHASE PRICE OF THE AID(S) FROM WHICH THE AUDIOLOGIST OR CERTIFIED DISPENSER MAY RETAIN AS A CANCELLATION FEE NO MORE THAN $250."

Subd. 2. **Itemized repair bill.** Any audiologist, certified dispenser, or company who agrees to repair a prescription hearing aid must provide the owner of the prescription hearing aid, or the owner's representative, with a bill that describes the repair and services rendered. The bill must also include the repairing audiologist's, certified dispenser's, or company's name, address, and telephone number.

This subdivision does not apply to an audiologist, certified dispenser, or company that repairs a prescription hearing aid pursuant to an express warranty covering the entire prescription hearing aid and the warranty covers the entire cost, both parts and labor, of the repair.

Subd. 3. **Repair warranty.** Any guarantee of prescription hearing aid repairs must be in writing and delivered to the owner of the prescription hearing aid, or the owner's representative, stating the repairing audiologist's, certified dispenser's, or company's name, address, telephone number, length of guarantee, model, and serial number of the prescription hearing aid and all other terms and conditions of the guarantee.

Subd. 4. **Misdemeanor.** A person found to have violated this section is guilty of a misdemeanor.

Subd. 5. **Additional.** In addition to the penalty provided in subdivision 4, a person found to have violated this section is subject to the penalties and remedies provided in section 325F.69, subdivision 1.

Subd. 6. **Estimates.** Upon the request of the owner of a prescription hearing aid or the owner's representative for a written estimate and prior to the commencement of repairs, a repairing audiologist, certified dispenser, or company shall provide the customer with a written estimate of the price of repairs. If a repairing audiologist, certified dispenser, or company provides a written estimate of the price of repairs, it must not charge more than the total price stated in the estimate for the repairs. If the repairing audiologist, certified dispenser, or company after commencing repairs determines that additional work is necessary to accomplish repairs that are the subject of a written estimate and if the repairing audiologist, certified dispenser, or company did not unreasonably fail to disclose the possible need for the additional work when the estimate was made, the repairing audiologist, certified dispenser, or company may charge more than the estimate for the repairs if the repairing audiologist, certified dispenser, or company immediately provides the owner or owner's representative a revised written estimate pursuant to this section and receives authorization to continue with the repairs. If continuation of the repairs is not authorized, the repairing audiologist, certified dispenser, or company shall return the prescription hearing aid as close as possible to its former condition and shall release the prescription hearing aid to the owner or owner's representative upon payment of charges for repairs actually performed and not in excess of the original estimate.

History: *2005 c 147 art 7 s 10; 2023 c 70 art 3 s 46*

OPTOMETRISTS

148.52 BOARD OF OPTOMETRY.

The Board of Optometry shall consist of two public members as defined by section 214.02 and five Minnesota licensed optometrists appointed by the governor. Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements shall be as provided in sections 214.07 to 214.09.

The provision of staff, administrative services and office space; the review and processing of complaints; the setting of board fees; and other provisions relating to board operations shall be as provided in chapter 214.

History: *(5785) 1915 c 127 s 1; 1925 c 239 s 1; 1929 c 420 s 1; 1973 c 62 s 1; 1973 c 638 s 20; 1975 c 136 s 16; 1976 c 222 s 61; 1976 c 239 s 56; 1991 c 199 art 1 s 42; 2015 c 71 art 10 s 1*

148.53 POWERS OF BOARD.

The state Board of Optometry shall have the power to make any rules and to do any and all things not inconsistent with law which it may deem necessary or expedient for the effective enforcement of sections 148.52 to 148.62 or for the full and efficient performance of its duties thereunder.

History: *(5786) 1915 c 127 s 2; 1925 c 239 s 2; 1929 c 420 s 2; 1985 c 248 s 70*

148.54 BOARD; SEAL.

The Board of Optometry shall elect from among its members a president, vice president, and secretary and may adopt a seal.

History: *(5787) 1915 c 127 s 3; 1925 c 239 s 3; 1949 c 267 s 1; 1975 c 136 s 17; 1976 c 222 s 62; 2015 c 71 art 10 s 2*

148.55 MS 1975 Supp [Repealed, 1976 c 222 s 209]

148.56 OPTOMETRISTS.

Subdivision 1. **Optometry defined.** (a) Any person shall be deemed to be practicing optometry within the meaning of sections 148.52 to 148.62 who shall in any way:

(1) advertise as an optometrist;

(2) employ any means, including the use of autorefractors or other automated testing devices, for the measurement of the powers of vision or the adaptation of lenses or prisms for the aid thereof;

(3) possess testing appliances for the purpose of the measurement of the powers of vision;

(4) diagnose any disease, optical deficiency or deformity, or visual or muscular anomaly of the visual system consisting of the human eye and its accessory or subordinate anatomical parts;

(5) prescribe lenses, including plano or cosmetic contact lenses, or prisms for the correction or the relief of same;

(6) employ or prescribe ocular exercises, orthoptics, or habilitative and rehabilitative therapeutic vision care; or

(7) prescribe or administer legend drugs to aid in the diagnosis, cure, mitigation, prevention, treatment, or management of disease, deficiency, deformity, or abnormality of the human eye and adnexa included in the curricula of accredited schools or colleges of optometry, and as limited by Minnesota statute and adopted rules by the Board of Optometry, or who holds oneself out as being able to do so.

(b) In the course of treatment, nothing in this section shall allow:

(1) legend drugs to be administered intravenously; by intraocular or sub-Tenon injection; by injection posterior to the orbital septum; or by intramuscular injection, except as permitted under paragraph (d);

(2) invasive surgery including, but not limited to, surgery using lasers;

(3) Schedule II and III oral legend drugs to be administered or prescribed; or

(4) oral steroids to be administered or prescribed for more than 14 days without consultation with a physician.

(c) Nothing in this section shall allow anesthetics to be administered by injection, except that an optometrist may administer local anesthesia by injection:

(1) for excision of chalazia, except that recurrent chalazia must be referred to a physician; and

(2) for excision of a single epidermal lesion that: (i) is without characteristics of malignancy; (ii) is no larger than five millimeters in size; (iii) is no deeper than the dermal layer of the skin; and (iv) is not a lesion involving the eyelid margin.

(d) An optometrist may inject Botulinum toxin, limited to the periocular muscles of facial expression innervated by the first two branches of the facial nerve, including for cosmetic purposes.

Subd. 1a. **Injections.** In order to perform injections permitted under subdivision 1, an optometrist must receive approval from the board after demonstrating to the board that the optometrist has sufficient educational or clinical training to perform injections. This subdivision does not apply to injections for treatment of anaphylaxis.

Subd. 2. **Unlawful practices.** It shall be unlawful for any person who is not licensed as an optometrist in this state to:

(1) perform any of the actions contained in subdivision 1;

(2) fit, sell, or dispose of, or to take, receive, or solicit any order for the fitting, sale, or disposition of, any spectacles, eye glasses, or lenses for the correction of vision in any place within the state other than an established place of business where spectacles, eye glasses, or lenses are commonly sold and dealt in; or

(3) sell or dispose of, at retail, any spectacles, eye glasses, or lenses for the correction of vision in any established place of business or elsewhere in this state except under the supervision, direction, and authority of a duly licensed optometrist who holds a certificate under sections 148.52 to 148.62, and is in charge of and in personal attendance at the booth, counter, or place where such articles are sold or disposed of.

Subd. 3. **Unregulated sales.** Nothing in sections 148.52 to 148.62 shall be construed to apply to the sale of toy glasses, goggles consisting of plano-white or plano-colored lenses or ordinary colored glasses or to the replacement of duplications of broken lenses, nor to sales upon prescription from persons legally authorized by the laws of this state to examine eyes and prescribe glasses therefor, nor shall it apply to regularly licensed physicians and surgeons. Sections 148.52 to 148.62 also do not apply to the sale of spectacles, used for reading and containing only simple lenses having a plus power of up to and including 3.25, if no attempt is made to test the eyes. The term "simple lenses" does not include bifocals. The seller shall prominently display a sign on the counter or rack or other display device where the spectacles are offered for sale that reads as follows: "If you have experienced a vision loss, the selection of these glasses should not take the place of an eye exam."

Subd. 4. **License required.** It shall be unlawful for any person to engage in the practice of optometry without first procuring a license from the state Board of Optometry.

Subd. 5. **Scope of practice exemption.** Nothing in sections 148.52 to 148.62 shall prohibit the practice of a licensed or registered health care provider in Minnesota who is operating within the provider's scope of practice under Minnesota law.

History: *(5789) 1915 c 127 s 5; 1925 c 239 s 5; 1929 c 420 s 3; 1983 c 301 s 146; 1986 c 444; 1987 c 125 s 1; 2008 c 262 s 1; 2013 c 129 s 1,2; 2022 c 55 art 1 s 40; 1Sp2025 c 3 art 6 s 5,6*

148.57 LICENSE.

Subdivision 1. **Examination.** (a) A person not authorized to practice optometry in the state and desiring to do so shall apply to the state Board of Optometry by filling out and swearing to an application for a license granted by the board and accompanied by a fee established by the board, not to exceed the amount specified in section 148.59. With the submission of the application form, the candidate shall prove that the candidate:

(1) is of good moral character;

(2) has obtained a clinical doctorate degree from a board-approved school or college of optometry, or is currently enrolled in the final year of study at such an institution; and

(3) has passed all parts of an examination.

(b) The examination shall include both a written portion and a clinical practical portion and shall thoroughly test the fitness of the candidate to practice in this state. In regard to the written and clinical practical examinations, the board may:

(1) prepare, administer, and grade the examination itself;

(2) recognize and approve in whole or in part an examination prepared, administered and graded by a national board of examiners in optometry; or

(3) administer a recognized and approved examination prepared and graded by or under the direction of a national board of examiners in optometry.

(c) The board shall issue a license to each applicant who satisfactorily passes the examinations and fulfills the other requirements stated in this section.

Subd. 2. **Endorsement.** (a) An optometrist who holds a current license from another state, and who has practiced in that state not less than three years immediately preceding application, may apply for licensure in Minnesota by filling out and swearing to an application for license by endorsement furnished by the board. The completed application with all required documentation shall be filed at the board office along with a fee established by the board, not to exceed the amount specified in section 148.59. The application fee shall be for the use of the board and in no case shall be refunded.

(b) To verify that the applicant possesses the knowledge and ability essential to the practice of optometry in this state, the applicant must provide evidence of:

(1) having obtained a clinical doctorate degree from a board-approved school or college of optometry;

(2) successful completion of both written and practical examinations for licensure in the applicant's original state of licensure that thoroughly tested the fitness of the applicant to practice;

(3) successful completion of an examination of Minnesota state optometry laws;

(4) compliance with the requirements in section 148.575;

(5) compliance with all continuing education required for license renewal in every state in which the applicant currently holds an active license to practice; and

(6) being in good standing with every state board from which a license has been issued.

(c) Documentation from a national certification system or program, approved by the board, which supports any of the listed requirements, may be used as evidence. The applicant may then be issued a license if the requirements for licensure in the other state are deemed by the board to be equivalent to those of sections 148.52 to 148.62.

Subd. 3. MS 2014 [Repealed, 2015 c 71 art 10 s 34]

Subd. 4. MS 2014 [Repealed, 2015 c 71 art 10 s 34]

Subd. 5. **Change of address.** A person regulated by the board shall maintain a current name and address with the board and shall notify the board in writing within 30 days of any change in name or address. If a name change only is requested, the regulated person must request revised credentials and return the current credentials to the board. The board may require the regulated person to substantiate the name change by submitting official documentation from a court of law or agency authorized under law to receive and officially record a name change. If an address change only is requested, no request for revised credentials is required. If the regulated person's current credentials have been lost, stolen, or destroyed, the person shall provide a written explanation to the board.

Subd. 6. **Expedited and temporary licensing for former and current members of the military.** (a) Applicants seeking licensure according to this subdivision must be:

(1) an active duty military member;

(2) the spouse of an active duty military member; or

(3) a veteran who has left service in the two years preceding the date of license application, and has confirmation of an honorable or general discharge status.

(b) A qualified applicant under this subdivision must provide evidence of:

(1) a current valid license, certificate, or permit in another state without history of disciplinary action by a regulatory authority in the other state; and

(2) a current criminal background study without a criminal conviction that is determined by the board to adversely affect the applicant's ability to become licensed.

(c) A temporary license issued under this subdivision is effective for six months from the initial temporary licensure date.

(d) During the temporary license period, the individual shall complete the licensed optometrist application for licensure.

(e) In order to remain licensed after the expiration of the temporary license, an individual must meet the requirements in section 148.57, subdivisions 1 and 2.

History: *(5790) 1915 c 127 s 6; 1925 c 239 s 6; 1929 c 420 s 4; 1949 c 267 s 3; 1967 c 381 s 2; 1973 c 62 s 2-4; 1976 c 222 s 63; 1978 c 516 s 1; 1982 c 388 s 5; 1985 c 247 s 25; 1986 c 444; 1992 c 419 s 1; 1993 c 121 s 3; 2000 c 413 s 1; 2008 c 262 s 2; 2015 c 71 art 10 s 3-5; 2015 c 77 art 2 s 18*

148.571 MS 2014 [Repealed, 2015 c 71 art 10 s 34]

148.572 MS 2014 [Repealed, 2015 c 71 art 10 s 34]

148.573 Subdivision 1. MS 2014 [Repealed, 2015 c 71 art 10 s 34]

Subd. 2. MS 2006 [Repealed, 2008 c 262 s 7]

Subd. 3. MS 2006 [Repealed, 2008 c 262 s 7]

148.574 PROHIBITIONS RELATING TO LEGEND DRUGS.

Notwithstanding sections 151.37 and 152.12, an optometrist is prohibited from dispensing legend drugs at retail, unless the legend drug is within the scope designated in section 148.56, subdivision 1, and is administered to the eye through an ophthalmic good as defined in section 145.711, subdivision 4.

History: *1982 c 388 s 4; 1993 c 121 s 5; 2003 c 62 s 2; 2008 c 262 s 5; 2015 c 71 art 10 s 6*

148.575 CERTIFICATE REQUIRED FOR USE OF LEGEND DRUGS.

Subdivision 1. MS 2014 [Repealed, 2015 c 71 art 10 s 34]

Subd. 2. **Requirements defined.** A licensed optometrist shall comply with the following requirements for the use of legend drugs:

(1) successful completion of at least 100 hours of study in the examination, diagnosis, and treatment of conditions of the human eye with legend drugs;

(2) successful completion of two years of supervised clinical experience in differential diagnosis of eye disease or disorders as part of optometric training or one year of that experience and ten years of actual clinical experience as a licensed optometrist; and

(3) successful completion of a nationally standardized examination approved or administered by the board on the subject of treatment and management of ocular disease.

Subd. 3. MS 2014 [Repealed, 2015 c 71 art 10 s 34]

Subd. 4. **Accreditation of courses.** The Board of Optometry may approve courses of study in general or ocular pharmacology and examination, diagnosis, and treatment of conditions of the human eye only if they are taught by an institution that meets the following criteria:

(1) the institution has facilities for both didactic and clinical instruction in pharmacology and ocular disease treatment;

(2) the institution certifies to the Board of Optometry that the course of instruction is comparable in content to courses of instruction required by other health-related licensing boards whose license holders or registrants are permitted to administer pharmaceutical agents in their professional practice for either diagnostic or therapeutic purposes or both; and

(3) the institution is accredited by a regional or professional accrediting organization recognized by the Council for Higher Education Accreditation or its successor agency.

Subd. 5. MS 2014 [Repealed, 2015 c 71 art 10 s 34]

Subd. 6. MS 2014 [Repealed, 2015 c 71 art 10 s 34]

History: *1993 c 121 s 6; 2003 c 62 s 3,4; 2008 c 262 s 6; 2015 c 71 art 10 s 7*

148.576 MS 2014 [Repealed, 2015 c 71 art 10 s 34]

148.577 STANDARD OF CARE.

A licensed optometrist is held to the same standard of care in the use of those legend drugs as physicians licensed by the state of Minnesota.

History: *1993 c 121 s 8; 2003 c 62 s 6; 2015 c 71 art 10 s 8*

148.578 MS 1996 [Repealed, 1997 c 7 art 2 s 67]

148.58 MS 1974 [Repealed, 1976 c 222 s 209]

148.59 LICENSE RENEWAL; LICENSE AND REGISTRATION FEES.

A licensed optometrist shall pay to the state Board of Optometry a fee as set by the board in order to renew a license as provided by board rule. No fees shall be refunded. Fees may not exceed the following amounts but may be adjusted lower by board direction and are for the exclusive use of the board:

(1) optometry licensure application, $160;

(2) optometry annual licensure renewal, $200;

(3) optometry late penalty fee, $75;

(4) annual license renewal card, $10;

(5) continuing education provider application, $45;

(6) emeritus registration, $10;

(7) endorsement/reciprocity application, $160;

(8) replacement of initial license, $12;

(9) license verification, $50;

(10) state jurisprudence examination, $75;

(11) optometric education continuing education data bank registration, $25; and

(12) miscellaneous labels and data retrieval, $50.

History: *(5792) 1915 c 127 s 8; 1925 c 239 s 8; 1949 c 267 s 4; 1959 c 378 s 1; 1967 c 381 s 4; 1973 c 62 s 6; 1976 c 222 s 64; 1986 c 444; 2015 c 71 art 10 s 9; 1Sp2019 c 9 art 10 s 7*

148.595 TEMPORARY MILITARY PERMIT; FEE.

The Board of Optometry shall establish a temporary permit in accordance with section 197.4552. The fee for the temporary military permit is $250.

History: *2014 c 312 art 4 s 10*

148.60 EXPENSES.

The expenses of administering sections 148.52 to 148.62 shall be paid from appropriations made to the Board of Optometry.

History: *(5793) 1915 c 127 s 9; 1925 c 239 s 9; 1955 c 847 s 14; 1973 c 638 s 21; 1975 c 136 s 19; 1976 c 222 s 65*

148.603 GROUNDS FOR DISCIPLINARY ACTION.

The board may refuse to grant a license or may impose disciplinary action as described in section 148.607 against any optometrist for the following:

(1) failure to demonstrate the qualifications or satisfy the requirements for a license contained in this chapter or in rules of the board. The burden of proof shall be on the applicant to demonstrate the qualifications or the satisfaction of the requirements;

(2) obtaining a license by fraud or cheating, or attempting to subvert the licensing examination process. Conduct which subverts or attempts to subvert the licensing examination process includes, but is not limited to: (i) conduct which violates the security of the examination materials, such as removing examination materials from the examination room or having unauthorized possession of any portion of a future, current, or previously administered licensing examination; (ii) conduct which violates the standard of test administration, such as communicating with another examinee during administration of the examination, copying another examinee's answers, permitting another examinee to copy one's answers, or possessing unauthorized materials; or (iii) impersonating an examinee or permitting an impersonator to take the examination on one's own behalf;

(3) conviction, during the previous five years, of a felony or gross misdemeanor, reasonably related to the practice of optometry. Conviction as used in this section shall include a conviction of an offense which if committed in this state would be deemed a felony or gross misdemeanor without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered thereon;

(4) revocation, suspension, restriction, limitation, or other disciplinary action against the person's optometry license in another state or jurisdiction, failure to report to the board that charges regarding the person's license have been brought in another state or jurisdiction, or having been refused a license by any other state or jurisdiction;

(5) advertising which is false or misleading, which violates any rule of the board, or which claims without substantiation the positive cure of any disease;

(6) violating a rule adopted by the board or an order of the board, a state or federal law, which relates to the practice of optometry, or a state or federal narcotics or controlled substance law;

(7) engaging in any unethical conduct; conduct likely to deceive, defraud, or harm the public, or demonstrating a willful or careless disregard for the health, welfare, or safety of a patient; or practice of optometry which is professionally incompetent, in that it may create unnecessary danger to any patient's life, health, or safety, which in any of the cases, proof of actual injury need not be established;

(8) failure to supervise an optometrist's assistant or failure to supervise an optometrist under any agreement with the board;

(9) aiding or abetting an unlicensed person in the practice of optometry, except that it is not a violation of this section for an optometrist to employ, supervise, or delegate functions to a qualified person who may or may not be required to obtain a license or registration to provide health services if that person is practicing within the scope of that person's license or registration or delegated authority;

(10) adjudication as mentally incompetent, mentally ill, or developmentally disabled, or as a chemically dependent person, a person dangerous to the public, a sexually dangerous person, or a person who has a sexual psychopathic personality by a court of competent jurisdiction, within or without this state. Such adjudication shall automatically suspend a license for the duration of the license unless the board orders otherwise;

(11) engaging in unprofessional conduct which includes any departure from or the failure to conform to the minimal standards of acceptable and prevailing practice in which case actual injury to a patient need not be established;

(12) inability to practice optometry with reasonable skill and safety to patients by reason of illness, use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition, including deterioration through the aging process or loss of motor skills;

(13) revealing a privileged communication from or relating to a patient except when otherwise required or permitted by law;

(14) improper management of medical records, including failure to maintain adequate medical records, to comply with a patient's request made pursuant to sections 144.291 to 144.298 or to furnish a medical record or report required by law;

(15) fee splitting, including without limitation:

(i) paying, offering to pay, receiving, or agreeing to receive a commission, rebate, or remuneration, directly or indirectly, primarily for the referral of patients or the prescription of drugs or devices; and

(ii) dividing fees with another optometrist, other health care provider, or a professional corporation, unless the division is in proportion to the services provided and the responsibility assumed by each professional and the optometrist has disclosed the terms of the division;

(16) engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws;

(17) becoming addicted or habituated to a drug or intoxicant;

(18) prescribing a drug or device for other than accepted therapeutic or experimental or investigative purposes authorized by the state or a federal agency;

(19) engaging in conduct with a patient which is sexual or may reasonably be interpreted by the patient as sexual, or in any verbal behavior which is seductive or sexually demeaning to a patient;

(20) failure to make reports as required by section 148.604 or to cooperate with an investigation of the board as required by section 148.606;

(21) knowingly providing false or misleading information that is directly related to the care of a patient; and

(22) practice of a board-regulated profession under lapsed or nonrenewed credentials.

History: *2000 c 413 s 2; 2003 c 66 s 3; 2015 c 71 art 10 s 10*

148.604 REPORTING OBLIGATIONS.

Subdivision 1. **Permission to report.** A person who has knowledge of any conduct constituting grounds for discipline under sections 148.52 to 148.62 may report the violation to the board.

Subd. 2. **Institutions.** Any hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state shall report to the board any action taken by the institution or organization or any of its administrators or medical or other committees to revoke, suspend, restrict, or condition an optometrist's privilege to practice or treat patients in the institution, or as part of the organization, any denial of privileges, or any other disciplinary action. The institution or organization shall also report the resignation of any optometrist prior to the conclusion of any disciplinary proceeding, or prior to the commencement of formal charges but after the optometrist had knowledge that formal charges were contemplated or in preparation. Each report made under this subdivision must state the nature of the action taken, state in detail the reasons for the action, and identify the specific patient medical records upon which the action was based. No report shall be required of an optometrist voluntarily limiting the practice of the optometrist at a hospital provided that the optometrist notifies all hospitals where the optometrist has privileges of the voluntary limitation and the reasons for it.

Subd. 3. **Licensed professionals.** A licensed optometrist shall report to the board personal knowledge of any conduct by any optometrist which the person reasonably believes constitutes grounds for disciplinary action under sections 148.52 to 148.62, including any conduct indicating that the person may be incompetent, may have engaged in unprofessional conduct, or may be physically unable to safely engage in the practice of optometry.

Subd. 4. **Self-reporting.** An optometrist shall report to the board any personal action which would require that a report be filed with the board by any person, health care facility, business, or organization pursuant to subdivisions 2 and 3.

Subd. 5. **Deadlines; forms; rulemaking.** Reports required by subdivisions 2 to 4 must be submitted not later than 30 days after the occurrence of the reportable event or transaction. The board may provide forms for the submission of reports required by this section, may require that reports be submitted on the forms provided, and may adopt rules necessary to ensure prompt and accurate reporting.

Subd. 6. **Subpoenas.** The board may issue subpoenas for the production of any reports required by subdivisions 2 to 4 or any related documents.

History: *2015 c 71 art 10 s 11*

148.605 IMMUNITY.

Subdivision 1. **Reporting.** Any person, health care facility, business, or organization is immune from civil liability or criminal prosecution for submitting a report to the board pursuant to section 148.604 or for otherwise reporting to the board violations or alleged violations of section 148.603, if they are acting in good faith and in the exercise of reasonable care.

Subd. 2. **Investigation; indemnification.** (a) Members of the board, persons employed by the board, and consultants retained by the board for the purpose of investigation of violations, the preparation of charges, and management of board orders on behalf of the board are immune from civil liability and criminal

prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under sections 148.52 to 148.62, if they are acting in good faith and in the exercise of reasonable care.

(b) Members of the board and persons employed by the board or engaged in maintaining records and making reports regarding adverse health care events are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under sections 148.52 to 148.62, if they are acting in good faith and in the exercise of reasonable care.

(c) For purposes of this section, a member of the board or a consultant described in paragraph (a) is considered a state employee under section 3.736, subdivision 9.

History: *2015 c 71 art 10 s 12*

148.606 OPTOMETRIST COOPERATION.

An optometrist who is the subject of an investigation by or on behalf of the board shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any question raised by or on behalf of the board relating to the subject of the investigation and providing copies of patient medical records, as reasonably requested by the board, to assist the board in its investigation. If the board does not have written consent from a patient permitting access to the patient's records, the optometrist shall delete any data in the record which identifies the patient before providing it to the board. The board shall maintain any records obtained pursuant to this section as investigative data pursuant to chapter 13.

History: *2015 c 71 art 10 s 13*

148.607 DISCIPLINARY ACTIONS.

When the board finds that a licensed optometrist under section 148.57 has violated a provision or provisions of sections 148.52 to 148.62, it may do one or more of the following:

(1) revoke the license;

(2) suspend the license;

(3) impose limitations or conditions on the optometrist's practice of optometry, including the limitation of scope of practice to designated field specialties; the imposition of retraining or rehabilitation requirements; the requirement of practice under supervision; or the conditioning of continued practice on demonstration of knowledge or skills by appropriate examination or other review of skill and competence;

(4) impose a civil penalty not exceeding $10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the optometrist of any economic advantage gained by reason of the violation charged or to reimburse the board for the cost of the investigation and proceeding; and

(5) censure or reprimand the licensed optometrist.

History: *2015 c 71 art 10 s 14*

148.61 PENALTY.

Subdivision 1. MS 1941 [Repealed, 1945 c 242 s 14]

Subd. 2. [Renumbered 148.511, subdivision 1]

Subd. 3. [Renumbered 148.101]

Subd. 4. [Renumbered 148.511, subd 2]

Subd. 5. **Gross misdemeanor.** It is unlawful for any person who is not a natural person to practice optometry in this state. Every natural person not licensed by the board pursuant to section 148.57 who practices optometry in this state shall be guilty of a gross misdemeanor.

History: *(5794) 1915 c 127 s 10; 1925 c 239 s 10; 2000 c 413 s 3; 2026 c 115 art 12 s 2*

148.62 APPLICATION.

Sections 148.52 to 148.62 shall not be construed as forbidding any person licensed to practice any profession in this state from engaging in such profession as it may now be defined by law.

History: *(5796-1) 1925 c 239 s 13*

DIETITIANS AND NUTRITIONISTS

148.621 DEFINITIONS.

Subdivision 1. **Applicability.** The definitions in this section apply to sections 148.621 to 148.633.

Subd. 2. **Accredited college or university.** "Accredited college or university" means a college or university accredited by the regional accrediting agencies recognized by the Council on Postsecondary Accreditation, and the United States Department of Education at the time the degree was conferred.

Subd. 3. **Association.** "Association" means the American Dietetic Association.

Subd. 4. **Board.** "Board" means the Board of Dietetics and Nutrition Practice.

Subd. 5. **Commission.** "Commission" means the Commission on Dietetic Registration that is a member of the National Commission on Health Certifying Agencies, which national commission establishes national standards of competence for individuals participating in the health care delivery system.

Subd. 6. **Commissioner.** "Commissioner" means the commissioner of health.

Subd. 7. **Dietitian.** "Dietitian" means an individual who engages in dietetics or nutrition practice and uses the title dietitian.

Subd. 8. **Nutritionist.** "Nutritionist" means an individual who engages in dietetics or nutrition practice and uses the title nutritionist.

Subd. 9. **Dietetics or nutrition practice.** "Dietetics or nutrition practice" means the integration and application of scientific principles of food, nutrition, biochemistry, physiology, food management, and behavioral and social sciences to achieve and maintain human health through the provision of nutrition care services.

Subd. 10. **Nutrition care services.** "Nutrition care services" means:

(1) assessment of the nutritional needs of individuals or groups;

(2) establishment of priorities, goals, and objectives to meet nutritional needs;

(3) provision of nutrition counseling for both normal and therapeutic needs;

(4) development, implementation, and management of nutrition care services; or

(5) evaluation, adjustment, and maintenance of appropriate standards of quality in nutrition care.

Subd. 11. **Nutritional assessment.** "Nutritional assessment" means the evaluation of the nutritional needs of individuals or groups based on appropriate biochemical, anthropometric, physical, and dietary data to determine nutrient needs and recommend appropriate nutritional intake.

Subd. 12. **Nutrition counseling.** "Nutrition counseling" means advising and assisting individuals or groups on appropriate nutritional intake by integrating information from the nutritional assessment with information on food and other sources of nutrients and meal preparation consistent with cultural background and socioeconomic status.

Subd. 13. **Person.** "Person" means an individual, corporation, partnership, or other legal entity.

History: *1994 c 613 s 2*

148.622 BOARD OF DIETETICS AND NUTRITION PRACTICE.

Subdivision 1. **Creation.** The Board of Dietetics and Nutrition Practice consists of seven members appointed by the governor.

Subd. 2. **Membership.** Members of the board must have been residents of the state of Minnesota for two years immediately preceding appointment and must represent various geographic areas of the state and various employment settings, as required by this section. Two members must be dietitians registered with the commission with at least three years of dietetics practice in Minnesota. Two members must be nutritionists with at least three years of nutrition practice in Minnesota. The professional members first appointed need not be licensed under this chapter for appointment to their first terms on the board, but must possess the qualifications necessary for licensure under this chapter. Three other members must be public members as defined under section 214.02. Two of the public members must be consumers of nutrition care services or caregivers of those utilizing such services.

Subd. 3. **Membership terms; officers; quorum; expenses.** (a) Members must be appointed for staggered terms of four years, with terms beginning August 1 of each year. The terms of the initial board members must be determined by lot as follows: one member must be appointed for a term that expires August 1, 2000; two members must be appointed for terms that expire August 1, 1998; two members must be appointed for terms that expire August 1, 1997; and two members must be appointed for terms that expire August 1, 1995. Members of the board serve until the expiration of the term to which they have been appointed or until their successors have qualified. A person may not be appointed to serve more than two consecutive terms.

(b) The board shall organize annually and select a chair and vice-chair.

(c) Four members of the board, including two professional members and two public members, constitute a quorum to do business.

(d) The board shall hold at least two regular meetings each year. Additional meetings may be held at the call of the chair or at the written request of any three members of the board. At least 14 days' written advance notice of the board meeting is required.

(e) Board members receive compensation for their services in accordance with section 15.0575.

History: *1994 c 613 s 3; 1997 c 192 s 26*

148.623 DUTIES OF THE BOARD.

The board shall:

(1) adopt rules necessary to administer and enforce sections 148.621 to 148.633;

(2) administer, coordinate, and enforce sections 148.621 to 148.633;

(3) evaluate the qualifications of applicants;

(4) issue subpoenas, examine witnesses, and administer oaths;

(5) conduct hearings and keep records and minutes necessary to the orderly administration of sections 148.621 to 148.633;

(6) investigate persons engaging in practices that violate sections 148.621 to 148.633; and

(7) adopt rules under chapter 14 prescribing a code of ethics for licensees.

History: *1994 c 613 s 4*

148.624 LICENSURE; RENEWAL.

Subdivision 1. **Dietetics.** The board shall issue a license as a dietitian to a person who files a completed application, pays all required fees, and certifies and furnishes evidence satisfactory to the board that the applicant:

(1) meets the following qualifications:

(i) has received a baccalaureate or postgraduate degree from a United States regionally accredited college or university with a major in dietetics, human nutrition, nutrition education, food and nutrition, or food services management;

(ii) has completed a documented supervised preprofessional practice experience component in dietetic practice of not less than 900 hours under the supervision of a registered dietitian, a state licensed nutrition professional, or an individual with a doctoral degree conferred by a United States regionally accredited college or university with a major course of study in human nutrition, nutrition education, food and nutrition, dietetics, or food systems management. Supervised practice experience must be completed in the United States or its territories. Supervisors who obtain their doctoral degree outside the United States and its territories must have their degrees approved by the board as equivalent to the doctoral degree conferred by a United States regionally accredited college or university; and

(iii) has successfully completed the registration examination for dietitians administered by the commission; or

(2) has a valid current registration with the commission which gives the applicant the right to use the term "registered dietitian" or "RD."

Subd. 2. **Nutrition.** The board shall issue a license as a nutritionist to a person who files a completed application, pays all required fees, and certifies and furnishes evidence satisfactory to the board that the applicant:

(1) meets the following qualifications:

(i) has received a master's or doctoral degree from an accredited or approved college or university with a major in human nutrition, public health nutrition, clinical nutrition, nutrition education, community nutrition, or food and nutrition; and

(ii) has completed a documented supervised preprofessional practice experience component in dietetic practice of not less than 900 hours under the supervision of a registered dietitian, a state licensed nutrition professional, or an individual with a doctoral degree conferred by a United States regionally accredited college or university with a major course of study in human nutrition, nutrition education, food and nutrition, dietetics, or food systems management. Supervised practice experience must be completed in the United States or its territories. Supervisors who obtain their doctoral degree outside the United States and its territories must have their degrees validated as equivalent to the doctoral degree conferred by a United States regionally accredited college or university; or

(2) has received certification as a Certified Nutrition Specialist by the Certification Board for Nutrition Specialists.

Subd. 3. **Petition.** (a) The board may issue a license as a nutritionist to a person who submits to the board a petition for individual review, provided the person has received a master's or doctoral degree from an accredited college or university with a major course of study that includes an emphasis in human nutrition and has completed a supervised preprofessional experience component in nutrition practice of not less than 900 hours under the supervision of a registered dietitian, a state licensed health care practitioner, or an individual with a doctoral degree conferred by a United States regionally accredited college or university with a major course of study in human nutrition, nutrition education, food and nutrition, dietetics, or food system management. Supervised practice experience must be completed in the United States or its territories. Supervisors who obtain their degree outside the United States and its territories must have their degrees approved by the board as equivalent to a comparable degree conferred by a United States regionally accredited college or university.

(b) The board may issue a license as a dietitian or nutritionist to an applicant who has completed a course of study at a foreign college or university, if the applicant:

(1) submits a petition for individual review;

(2) successfully completes a course of study approved by the board as equivalent to a baccalaureate or master's degree conferred by a United States regionally accredited college or university; and

(3) meets the applicable experiential requirements set by the board.

Subd. 4. **Renewal.** Licensees shall renew licenses at the time and in the manner established by the rules of the board.

Subd. 5. **Expedited and temporary licensing for former and current members of the military.** (a) Applicants seeking licensure according to this subdivision must be:

(1) an active duty military member;

(2) the spouse of an active duty military member; or

(3) a veteran who has left service in the two years preceding the date of license application, and has confirmation of an honorable or general discharge status.

(b) A qualified applicant under this subdivision must provide evidence of:

(1) a current valid license in another state without history of disciplinary action by a regulatory authority in the other state; and

(2) a current criminal background study without a criminal conviction that is determined by the board to adversely affect the applicant's ability to become licensed.

(c) A temporary license issued under this subdivision is effective for six months from the initial temporary licensure date.

(d) During the temporary license period, the individual shall complete the licensed dietitian or nutritionist application for licensure.

(e) In order to remain licensed after the expiration of the temporary license, an individual must meet the full licensure requirements.

(f) The fee for the temporary license is $250.

History: *1994 c 613 s 5; 2009 c 159 s 36; 2014 c 312 art 4 s 11; 2015 c 77 art 2 s 19*

148.625 APPLICATION.

A person desiring a license under sections 148.621 to 148.633 shall apply to the board on a form and in the manner the board prescribes. The application must be accompanied by an application fee in an amount determined by the board.

History: *1994 c 613 s 6*

148.626 CONTINUING EDUCATION REQUIRED.

Within three years of the effective date of sections 148.621 to 148.633, renewal of a license is contingent on the applicant meeting uniform continuing education requirements established by the board. Notice of initial or amended continuing education requirements must be sent to all persons licensed under sections 148.621 to 148.633 at least 12 months before a person's license renewal is dependent on satisfaction of those requirements. Continuing education requirements must be sent to new applicants with the forms on which they are to apply for licensure.

History: *1994 c 613 s 7*

148.627 MS 2008 [Repealed, 2009 c 159 s 112]

148.628 RECIPROCITY.

The board may issue a license to an applicant who is licensed as a dietitian or nutritionist in another state or the District of Columbia, provided that in the judgment of the board the standards for licensure in that state are not less stringent than the requirements set forth in sections 148.621 to 148.633.

History: *1994 c 613 s 9*

148.629 DENIAL, SUSPENSION, OR REVOCATION.

Subdivision 1. **Grounds.** The board may refuse to renew or grant a license to, or may suspend, revoke, or restrict the license of an individual whom the board, after a hearing under the contested case provisions of chapter 14, determines:

(1) is incompetent to engage in dietetic or nutrition practice, or is found to be engaged in dietetic or nutrition practice in a manner harmful or dangerous to a client or to the public;

(2) has violated the rules of the board or the statutes the board is empowered to enforce;

(3) has obtained or attempted to obtain a license or license renewal by bribery or fraudulent representation;

(4) has knowingly made a false statement on a form required by the board for licensing or license renewal; or

(5) has sold any dietary supplement product if the sale of that product resulted in financial benefit to the individual.

Subd. 2. **Restoring license.** For reasons it finds sufficient, the board may grant a license previously refused, restore a license that has been revoked, or reduce a period of suspension or restriction of a license.

Subd. 3. **Review.** Suspension, revocation, or restriction of a license must be reviewed by the board at the request of the licensee against whom the disciplinary action was taken.

History: *1994 c 613 s 10*

148.630 LICENSE REQUIRED.

(a) No person may engage in dietetics or nutrition practice unless the person is licensed as a dietitian or nutritionist by the board. No person may use the title "dietitian," "licensed dietitian," "nutritionist," "licensed nutritionist," or any occupational title using the word "dietitian" or "nutritionist" unless so licensed by the board, nor shall any person hold out as a dietitian or nutritionist unless so licensed.

(b) Notwithstanding any other provision of sections 148.621 to 148.633, a dietitian registered by the commission shall have the right to use the title "registered dietitian" and the designation "RD." Notwithstanding any other provision of sections 148.621 to 148.633, a dietetic technician registered by the Commission on Dietetic Registration shall have the right to use the title "dietetic technician registered" and the designation "DTR."

History: *1994 c 613 s 11*

148.631 PENALTY.

A person who violates sections 148.621 to 148.633 is guilty of a misdemeanor. If a person other than a licensed dietitian or nutritionist engages in an act or practice constituting an offense under sections 148.621 to 148.633, a district court on application of the board may issue an injunction or other appropriate order restraining the act or practice.

If the board finds that a licensed dietitian or nutritionist has violated a provision of sections 148.621 to 148.633 or rules adopted under them, it may impose a civil penalty not exceeding $10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the dietitian or nutritionist of any economic advantage gained by reason of the violation charged, to discourage similar violations, or to reimburse the board for the cost of the investigation and proceeding, including, but not limited to, fees paid for services provided by the Court of Administrative Hearings, legal and investigational services provided by the Office of the Attorney General, services of court reporters, witnesses, reproduction of records, board members' per diem compensation, board staff time, and expenses incurred by board members and staff.

History: *1994 c 613 s 12; 2003 c 66 s 4; 2025 c 39 art 2 s 68*

148.632 EXEMPTIONS; VOLUNTARY LICENSING.

Subdivision 1. **Persons excepted from the licensing requirement.** Nothing in sections 148.621 to 148.633 prevents or restricts the activities of:

(1) any person pursuing a degree in dietetics or nutrition at an accredited college or university who is practicing under the supervision of a licensed dietitian or licensed nutritionist and in accordance with accepted scientific knowledge and standards of practice, provided that the person is designated by a title which clearly indicates the person's status as a student or trainee;

(2) any person in the process of fulfilling the professional experience requirements in dietetics or nutrition necessary for licensure who is practicing under the supervision of a licensed dietitian or licensed nutritionist and in accordance with accepted scientific knowledge and standards of practice, provided that the person is designated by a title which clearly indicates the person's status as a trainee;

(3) any person licensed to practice medicine, nursing, optometry, psychology, pharmacy, dentistry, or chiropractic, when nutrition practice is incidental to the practice of the person's profession and the person does not hold out as a dietitian or nutritionist unless so licensed;

(4) any person, including a registered dietetic technician, dietetic technician, or other paraprofessional working in a program supervised by a licensed dietitian or nutritionist, if the person's activities are within the scope of the person's education and training and in accordance with accepted scientific knowledge and standards of practice in nutrition or dietetics and the person does not hold out as a dietitian or nutritionist unless so licensed;

(5) any person who provides weight control services, provided the nutrition program has been reviewed by, consultation is available from, and no program change can be initiated without prior approval by an individual licensed under sections 148.621 to 148.633, a dietitian licensed in another state that has licensure requirements considered by the board to be at least as stringent as the requirements for licensure under sections 148.621 to 148.633, or a registered dietitian, and provided that the person does not hold out as a dietitian or nutritionist unless so licensed;

(6) any home economist with a baccalaureate or graduate degree from an accredited college or university, if the person's activities are within the scope of the person's education and training and in accordance with accepted scientific knowledge and standards of practice and the person does not hold out as a dietitian or nutritionist;

(7) any person employed by a federal, state, county, or municipal agency, elementary or secondary school, regionally accredited institution of higher education, or nonprofit agency, if the person's activities are within the scope of the person's employment and the person does not hold out as a dietitian or nutritionist unless so licensed;

(8) any person who furnishes nutrition information on food, food materials, or dietary supplements or engages in the explanation to customers about foods or food products in connection with the marketing and distribution of those products provided that the person does not hold out as a dietitian or nutritionist unless so licensed;

(9) any person who is recognized in the community as a provider of nutritional advice, including a curandero or medicine man or woman, and who advises people according to or based on traditional practices provided the person does not hold out as a dietitian or nutritionist unless so licensed;

(10) any animal nutritionist who does not meet the requirements of sections 148.621 to 148.633, provided that the person's activities are limited to the nutritional care of animals. Animal nutritionists may continue to use the title nutritionist so long as they provide nutrition services only to animals;

(11) any person who provides nutrition services without remuneration to family members; or

(12) any person involved in dietary or nutritional counseling pursuant to a research study supervised by a Minnesota institution of higher learning or state agency which has been approved by an institutional review board to ensure the informed consent and safety of study participants.

Subd. 2. **Voluntary licensing.** The licensing of persons employed by facilities licensed under chapters 144 and 144A is voluntary. Nothing in sections 148.621 to 148.633 prevents or restricts the activities of persons employed by these institutions.

History: *1994 c 613 s 13*

148.633 DISPOSITION OF FUNDS.

Money received by the board under sections 148.621 to 148.633 must be credited to the health occupations licensing account within the special revenue fund.

History: *1994 c 613 s 14*

148.634 PRESCRIPTION PROTOCOL.

A licensed dietitian or licensed nutritionist may implement a protocol that does not reference a specific patient and results in a prescription of a legend drug that has been predetermined and delegated by a licensed practitioner as defined in section 151.01, subdivision 23, when caring for a patient whose condition falls within the protocol and the protocol specifies the circumstances under which the drug is to be prescribed or administered.

History: *2013 c 55 s 1*

148.635 FEE.

The fee for verification of licensure is $20. The fee is nonrefundable.

History: *2023 c 70 art 6 s 16*

148.636 CITATION.

Sections 148.636 to 148.6377 may be cited as the "Minnesota Massage Therapy and Asian Bodywork Therapy Act."

History: *2026 c 115 art 3 s 4*

148.6361 DEFINITIONS.

Subdivision 1. **Applicability.** For purposes of sections 148.636 to 148.6377, the terms defined in this section have the meanings given unless the context clearly indicates otherwise.

Subd. 2. **Advisory council.** "Advisory council" means the Massage Therapy Advisory Council established under section 148.6376.

Subd. 3. **Applicant.** "Applicant" means an individual who has submitted an application to the commissioner according to sections 148.636 to 148.6377.

Subd. 4. **Asian bodywork therapy.** (a) "Asian bodywork therapy" means therapy based upon Chinese medical principles with the intent of promoting, maintaining, and restoring health and well-being by affecting the body.

(b) Asian bodywork therapy may use any of the following techniques:

(1) pressing;

(2) soothing;

(3) kneading;

(4) vibration;

(5) friction;

(6) passive stretching within the client's physiological range of motion;

(7) active assistive and resistive movement;

(8) stretching; and

(9) tapping, movement, exercising, or manipulation of the soft tissues.

(c) Methods of assessment and evaluation for Asian bodywork therapy must include a health history and intake interview; observation; listening; questioning; palpation; and with the client's permission or if the client is a minor, the permission of the client's legal guardian or parent, consultation with the client's other health care providers.

Subd. 5. **Client.** "Client" means a recipient of massage therapy services or Asian bodywork therapy services.

Subd. 6. **Commissioner.** "Commissioner" means the commissioner of health.

Subd. 7. **Contact hours.** "Contact hours" means the number of hours during which a student is engaged in learning activities provided by a training program approved by the advisory council. Contact hours include synchronous or asynchronous distance learning and in-person learning.

Subd. 8. **Credentialing examination.** "Credentialing examination" means an examination approved by the commissioner that meets recognized psychometric principles and standards and is administered by a national testing organization.

Subd. 9. **Massage therapy.** (a) "Massage therapy" means the manual manipulation of the soft tissues of the body to promote, maintain, and restore health and well-being.

(b) Massage therapy may use any of the following techniques:

(1) stroking;

(2) gliding;

(3) lifting;

(4) kneading;

(5) jostling;

(6) vibration;

(7) percussion;

(8) compression;

(9) friction;

(10) holding;

(11) passive stretching within the client's physiological range of motion;

(12) movement or manipulation of the soft tissues;

(13) active assistive and resistive movement; and

(14) stretching.

(c) Methods of assessment for massage therapy must include a health history and intake interview; observation of posture and movement; palpation; range of motion assessment; and with the client's permission or if the client is a minor, the permission of the client's legal guardian or parent, consultation with the client's other health care providers.

Subd. 10. **Municipality.** "Municipality" means a county, town, or home rule charter or statutory city.

Subd. 11. **Registered Asian bodywork therapist.** "Registered Asian bodywork therapist" means an individual who meets the qualifications in sections 148.636 to 148.6377 to use the protected titles for Asian bodywork therapists under section 148.6364 and is registered with the commissioner.

Subd. 12. **Registered massage therapist.** "Registered massage therapist" means an individual who meets the qualifications in sections 148.636 to 148.6377 to use the protected titles for massage therapists under section 148.6364 and is registered with the commissioner.

Subd. 13. **Registrant.** "Registrant" means an individual registered with the commissioner under sections 148.636 to 148.6377.

History: *2026 c 115 art 3 s 5*

148.6362 DUTIES OF THE COMMISSIONER.

The commissioner shall:

(1) issue registrations to qualified applicants according to sections 148.636 to 148.6377;

(2) adopt rules, including standards of practice and a professional code of ethics, necessary to implement sections 148.636 to 148.6377;

(3) assign duties to the advisory council that are necessary to implement sections 148.636 to 148.6377;

(4) approve a credentialing examination;

(5) enforce sections 148.636 to 148.6377 and investigate violations of sections 148.636 to 148.6377 by a registrant or applicant;

(6) impose disciplinary action as described in section 148.6370;

(7) maintain a record of names and addresses of registrants; and

(8) distribute information regarding massage therapy and Asian bodywork therapy standards, including applications and forms necessary to carry out sections 148.636 to 148.6377.

History: *2026 c 115 art 3 s 6*

148.6363 LIMITATIONS ON PRACTICE.

Subdivision 1. **Limitations.** The practice of massage therapy and Asian bodywork therapy does not include:

(1) performing examinations for the purpose of diagnosis;

(2) providing treatments that are outside the scope of massage therapy or Asian bodywork therapy practice;

(3) attempts to adjust, manipulate, or mobilize any articulation of the body or spine by the use of high-velocity, low-amplitude thrusting force;

(4) attempts to stimulate various points of the body by needle insertion or interruption of the cutaneous integrity by needle insertion to secure therapeutic relief of symptoms;

(5) prescriptive exercise;

(6) manual or mechanical traction when applied to the spine or extremities for the purposes of joint mobilization or manipulation;

(7) injection therapy;

(8) laser therapy;

(9) microwave diathermy;

(10) electrical stimulation;

(11) ultrasound;

(12) iontophoresis; or

(13) phonophoresis.

Subd. 2. **Referrals to other health care providers.** If a registered massage therapist or Asian bodywork therapist finds a client's medical condition is beyond the scope of practice established by sections 148.636 to 148.6377 for a registered massage therapist or Asian bodywork therapist, the therapist must refer the client to a licensed health care provider. Nothing in this subdivision prohibits the registered massage therapist or Asian bodywork therapist from continuing to comanage a client's care.

History: *2026 c 115 art 3 s 7*

148.6364 PROTECTED TITLES AND RESTRICTIONS ON USE.

Effective January 1, 2028, no person shall use any of the terms or titles "registered massage therapist," "RMT," "registered Asian bodywork therapist," "RABT," or any other term or title that may lead the public to believe the person is a registered massage therapist or registered Asian bodywork therapist, unless the person is registered under sections 148.636 to 148.6377.

History: *2026 c 115 art 3 s 8*

148.6365 EXEMPTIONS; OTHER HEALTH CARE PROVIDERS.

Subdivision 1. **Other professions.** Nothing in sections 148.636 to 148.6377 shall be construed to prohibit, restrict, or regulate the practice of any profession or occupation licensed or registered in the state by an individual licensed or registered to practice the profession or occupation or to perform any act that falls within the scope of practice of the profession or occupation.

Subd. 2. **Complementary and alternative health care practitioner.** Nothing in sections 148.636 to 148.6377 shall be construed to prohibit, restrict, or regulate the practice of any individual who is engaged in providing complementary and alternative health care practices as defined in section 146A.01, subdivision 4, provided that the practitioner does not use a protected title under section 148.6364 or advertise or imply that the practitioner is registered under sections 148.636 to 148.6377.

History: *2026 c 115 art 3 s 9*

148.6366 REQUIREMENTS FOR REGISTRATION.

Subdivision 1. **General registration requirements.** (a) To be eligible for registration as a massage therapist or Asian bodywork therapist according to sections 148.636 to 148.6377, an applicant must submit to the commissioner:

(1) a completed application on a form provided by the commissioner that includes:

(i) the applicant's name, Social Security number, home address and telephone number, and business address and telephone number;

(ii) a list of credentials held by the applicant in this state or in any other jurisdiction;

(iii) a description of any jurisdiction's refusal to license or credential the applicant;

(iv) a description of all professional disciplinary actions initiated against the applicant in this state or any other jurisdiction;

(v) any misdemeanor, gross misdemeanor, or felony convictions; and

(vi) any other additional information requested by the commissioner;

(2) proof, as required by the commissioner, that the applicant has satisfactorily completed a postsecondary massage therapy program or Asian bodywork therapy program through a school or program that:

(i) is licensed by or registered with the Office of Higher Education or has conditional approval for a registered school and provisional license from the Office of Higher Education; and

(ii) meets the education and training requirements described under subdivision 2 or 3;

(3) proof of successful passage of a credentialing examination approved by the commissioner;

(4) proof, as required by the commissioner, of current professional liability insurance coverage or school liability insurance coverage, as applicable, with at least $2,000,000 of coverage per occurrence and $6,000,000 annual aggregate; and

(5) any applicable fees specified in section 148.6377.

(b) The applicant must submit to a criminal background check conducted in accordance with section 144.0572 and pay any fees associated with conducting the criminal background check.

(c) The applicant must sign the application certifying that the information in the application is true and correct to the best of the applicant's knowledge and authorizing the commissioner to obtain access to the applicant's records in this state or any other jurisdiction in which the applicant has engaged in the practice of massage therapy or Asian bodywork therapy.

Subd. 2. **Education and training requirements for massage therapy registration.** (a) An applicant for registration as a massage therapist under subdivision 1 whose application is received by the commissioner before July 1, 2031, must submit to the commissioner proof of satisfactorily completing a postsecondary program that meets the requirements in subdivision 1, paragraph (a), clause (2), item (i), and includes education and training in:

(1) anatomy;

(2) physiology;

(3) pathology;

(4) massage therapy;

(5) massage therapy history, theory, and research;

(6) professional ethics;

(7) therapeutic interpersonal communications and standards of practice;

(8) business and legal practices related to massage therapy; and

(9) supervised practice demonstrating safe use of equipment and supplies.

(b) An applicant for registration as a massage therapist under subdivision 1 whose application is received by the commissioner on or after July 1, 2031, must submit to the commissioner proof of satisfactorily completing a postsecondary massage therapy program that meets the requirements in subdivision 1, paragraph (a), clause (2), item (i), and either:

(1) has programmatic accreditation for massage therapy training programs from an agency recognized by the United States Department of Education; or

(2) includes at least 625 contact hours of education and training composed of 500 contact hours of instruction in the areas listed in paragraph (a) and 125 contact hours of student clinical practice.

(c) A program may require more than 625 total contact hours of education and training, and may require more than 125 hours of supervised clinical practice, if at least 500 contact hours are devoted to instruction in the subjects listed in paragraph (a).

(d) A student shall not begin a supervised clinical practice of massage therapy without student or professional liability insurance coverage of up to $2,000,000 per occurrence and $6,000,000 annual aggregate.

The school or program may offer to the student, the student or professional liability insurance coverage required under this paragraph.

Subd. 3. **Education and training requirements for Asian bodywork therapy registration.** (a) An applicant for registration as an Asian bodywork therapist under subdivision 1 whose application is received by the commissioner before July 1, 2031, must submit to the commissioner proof of satisfactorily completing a postsecondary program that meets the requirements in subdivision 1, paragraph (a), clause (2), item (i), and includes education and training in:

(1) anatomy;

(2) physiology;

(3) pathology;

(4) Asian bodywork therapy;

(5) traditional Chinese medicine theory;

(6) Asian bodywork history, theory, and research;

(7) professional ethics;

(8) therapeutic interpersonal communications and standards of practice;

(9) business and legal practices related to Asian bodywork therapy; and

(10) supervised practice demonstrating safe use of equipment and supplies.

(b) An applicant for registration as an Asian bodywork therapist under subdivision 1 whose application is received by the commissioner on or after July 1, 2031, must submit to the commissioner proof of satisfactorily completing a postsecondary program that meets the requirements in subdivision 1, paragraph (a), clause (2), item (i), and either:

(1) has programmatic accreditation for Asian bodywork therapy training programs from an agency recognized by the United States Department of Education; or

(2) includes at least 625 contact hours of education and training composed of 500 contact hours of instruction in the areas listed in paragraph (a) and 125 contact hours of student clinical practice.

(c) An Asian bodywork therapy school or program may require more than 625 total contact hours of education and training, and may require more than 125 hours of supervised clinical practice, if at least 500 contact hours are devoted to instruction in the subjects listed in paragraph (a).

(d) A student shall not begin a supervised clinical practice of Asian bodywork therapy without providing proof to the Asian bodywork therapy school or program of professional liability insurance coverage of up to $2,000,000 per occurrence and $6,000,000 annual aggregate. The school or program may offer to the student the professional liability insurance coverage required under this paragraph.

Subd. 4. **Registration by endorsement.** (a) To be eligible for registration by endorsement, an applicant must:

(1) meet the requirements for registration in subdivision 1, with the exception of subdivision 1, paragraph (a), clauses (2) and (3);

(2) provide proof as required by the commissioner that the massage therapy training program or Asian bodywork therapy training program at the time of the applicant's enrollment met the postsecondary education requirements in the jurisdiction in which the program was provided; and

(3) provide proof as required by the commissioner, with advice from the advisory council, of a current and unrestricted equivalent credential in another jurisdiction that has qualification requirements at least equivalent to the requirements of sections 148.636 to 148.6377.

(b) Registrations by endorsement expire on the same schedule and must be renewed by the procedures described under section 148.6367, subdivision 2.

Subd. 5. **Registration by prior experience.** (a) To be eligible for registration by prior experience, an applicant must:

(1) meet the requirements for registration in subdivision 1, with the exception of subdivision 1, paragraph (a), clauses (2) and (3); and

(2) provide proof of experience in the practice of massage therapy or Asian bodywork therapy for at least two of the previous five years immediately preceding the registration application date.

(b) Registrations issued under this subdivision expire on the same schedule and must be renewed by the procedures described under section 148.6367, subdivision 2, unless the registration is canceled due to nonrenewal under section 148.6367, subdivision 8, in which case the individual must apply for a new registration under the initial registration requirements in subdivision 1.

(c) The application for registration by prior experience under this subdivision must be received by the commissioner before July 1, 2031.

Subd. 6. **Temporary registration.** (a) The commissioner may issue a temporary registration as a massage therapist or Asian bodywork therapist to an applicant eligible for registration under this section if the application for registration is complete, all applicable requirements have been met, and applicable fees have been paid. The temporary registration remains valid until the commissioner takes action on the applicant's application, or 90 days from the temporary registration's issuance, whichever is sooner.

(b) A temporary registration holder is considered a registrant for purposes of sections 148.6369 to 148.6374.

History: *2026 c 115 art 3 s 10*

148.6367 REGISTRATION RENEWAL.

Subdivision 1. **Expiration of registration.** Registrations issued according to sections 148.636 to 148.6377 expire two years from the date of issuance.

Subd. 2. **Renewal.** To be eligible for registration renewal, an applicant must every two years, or as determined by the commissioner, submit to the commissioner:

(1) a completed renewal application on a form provided by the commissioner;

(2) any applicable fees specified in section 148.6377;

(3) proof of current professional liability coverage with at least $2,000,000 of coverage per occurrence and $6,000,000 annual aggregate; and

(4) any additional information requested by the commissioner to clarify information presented in the renewal application. The applicant must submit the information within 30 days after the commissioner's request, or the renewal application is canceled.

Subd. 3. **Change of address.** A registrant or applicant who changes addresses must inform the commissioner in writing within 30 days of the change of address. Notices or other correspondence mailed to or served on a registrant or applicant at the registrant's or applicant's current address on file are considered received by the registrant or applicant.

Subd. 4. **Registration renewal notice.** (a) At least 60 days before the registration's expiration date, the commissioner shall send out a renewal notice to the registrant. The notice must include:

(1) a renewal application;

(2) a notice of fees required for renewal; and

(3) information stating that the registration will expire without further action by the commissioner if a renewal application is not received before the deadline for renewal.

(b) The registrant's failure to receive the renewal notice does not relieve the registrant of the obligation to meet the deadline and other requirements for registration renewal. Failure to receive the notice is not grounds for challenging expiration of the registration.

Subd. 5. **Renewal deadline.** The renewal application and fee must be received by the commissioner or must be postmarked before the registration's expiration date. If the postmark is illegible, the application is timely if received by the third working day after the deadline.

Subd. 6. **Inactive status and return to active status.** (a) A registration may be placed in inactive status upon application to the commissioner by the registrant and upon payment of an inactive status fee as specified in section 148.6377. Failure to pay the annual inactive status fee shall result in a lapse of registration.

(b) A registrant seeking registration restoration to active status from inactive status must:

(1) apply to the commissioner for registration renewal according to subdivision 2;

(2) submit the applicable reactivation fee as specified in section 148.6377; and

(3) if the registration has been in inactive status for more than five years, submit evidence of having received a passing score on a credentialing examination.

Subd. 7. **Registration following lapse for two years or less.** To regain active registration status for a registration that has lapsed for two years or less, the applicant must:

(1) apply to the commissioner for registration renewal according to subdivision 2; and

(2) submit all applicable renewal fees for the period not registered, including the fee for late renewal.

Subd. 8. **Cancellation due to nonrenewal.** The commissioner shall not renew, reissue, reinstate, or restore a registration that has lapsed and has not been renewed within two years. An individual whose registration is canceled for nonrenewal must obtain a new registration by applying for registration and fulfilling all requirements under section 148.6366, subdivision 1, for initial registration as a massage therapist or Asian bodywork therapist.

History: *2026 c 115 art 3 s 11*

148.6368 COMMISSIONER ACTION ON APPLICATIONS.

Subdivision 1. **General.** (a) The commissioner must act on each application for registration or renewal according to this section.

(b) The commissioner shall determine if the applicant meets the requirements for registration or renewal under section 148.6366 or 148.6367. The commissioner may investigate information provided by an applicant to determine whether the information is accurate and complete and may request additional information or documentation.

(c) The commissioner shall notify each applicant in writing of action taken on the application, the grounds for denying registration if registration is denied, and the applicant's right to review under paragraph (d).

(d) An applicant denied registration may make a written request to the commissioner within 30 days of the commissioner's notice to appear before the advisory council and for the advisory council to review the commissioner's decision to deny registration. After reviewing the denial, the advisory council shall make a recommendation to the commissioner as to whether the denial must be affirmed. Each applicant is allowed only one request for review per registration period.

Subd. 2. **Registration prohibited.** (a) Except as provided in paragraph (b), the commissioner shall deny an application for registration if an applicant:

(1) has been convicted in this state of any of the following crimes or of equivalent crimes in another state:

(i) labor or sex trafficking under section 609.281, 609.282, 609.283, or 609.322;

(ii) criminal sexual conduct under sections 609.342 to 609.3451 or 609.3453; or

(iii) a violent crime as defined under section 611A.08, subdivision 6;

(2) is a registered sex offender under section 243.166;

(3) has been subject to disciplinary action under section 146A.09, if the commissioner determines that such denial is necessary to protect the public; or

(4) is charged with or under investigation for a complaint in this state or any other jurisdiction that would constitute a violation of statutes or rules established for massage therapy or Asian bodywork therapy registration in this state and the charge or complaint has not been resolved in favor of the applicant.

(b) The commissioner may establish criteria whereby an individual convicted of an offense listed in paragraph (a) may become registered if the criteria:

(1) utilize a rebuttable presumption that the applicant is not suitable for registration;

(2) provide a standard for overcoming the presumption; and

(3) require that a minimum of one year has elapsed since the applicant was released from incarceration or supervisory jurisdiction related to the offense.

(c) The commissioner shall not consider an application under paragraph (b) if the commissioner determines that the victim involved in the offense was a client of the applicant at the time of the offense.

History: *2026 c 115 art 3 s 12*

148.6369 GROUNDS FOR DISCIPLINARY ACTION.

Subdivision 1. **Grounds listed.** (a) The commissioner may deny, revoke, suspend, limit, or condition the registration of a registrant or may otherwise discipline a registrant. The fact that massage therapy or Asian bodywork therapy may be considered a less customary approach to health care must not by itself constitute the basis for disciplinary action.

(b) The following are grounds for disciplinary action regardless of whether injury to a client is established:

(1) failing to demonstrate the qualifications or to satisfy the requirements for registration under sections 148.636 to 148.6377 or rules of the commissioner. In the case of an applicant, the burden of proof is on the applicant to demonstrate the qualifications or satisfy the requirements;

(2) advertising in a false, fraudulent, deceptive, or misleading manner, including but not limited to:

(i) advertising or holding oneself out as a "registered massage therapist," "RMT," "registered Asian bodywork therapist," "RABT," or any abbreviation or derivation thereof to indicate such a title, when such registration is not valid or current for any reason;

(ii) advertising or holding oneself out as a "registered massage therapist," "registered Asian bodywork therapist," or any abbreviation or derivation thereof to indicate such a title, except if the individual holds a registration in another state or jurisdiction and does not provide services in Minnesota;

(iii) advertising a service, the provision of which would constitute a violation of sections 148.636 to 148.6377 or rules established by the commissioner; and

(iv) using fraud, deceit, or misrepresentation when communicating with the general public, health care providers, or other business professionals;

(3) falsifying information in a massage therapy or Asian bodywork therapy registration or renewal application; attempting to obtain registration, renewal, or reinstatement by fraud, deception, or misrepresentation; or aiding and abetting any of these acts;

(4) engaging in conduct with a client that is sexual or may reasonably be interpreted by the client as sexual, or engaging in any verbal behavior that is seductive or sexually demeaning to a client, or engaging in sexual exploitation of a client, without regard to who initiates such behaviors;

(5) committing an act of gross malpractice, negligence, or incompetency, or failing to practice massage therapy or Asian bodywork therapy with the level of care, skill, and treatment that is recognized by a registrant as being acceptable under similar conditions and circumstances;

(6) having an actual or potential inability to practice massage therapy or Asian bodywork therapy with reasonable skill and safety to clients by reason of illness, as a result of any mental or physical condition, or use of alcohol, drugs, chemicals, or any other material. Being adjudicated as mentally incompetent, mentally ill, a chemically dependent person, or a person dangerous to the public by a court of competent jurisdiction, inside or outside of this state, may be considered evidence of an inability to practice massage therapy or Asian bodywork therapy;

(7) being the subject of disciplinary action as a massage therapist or Asian bodywork therapist in another state or jurisdiction if the commissioner or advisory council determines that the cause of the disciplinary action would be a violation under this state's statutes or rules of the commissioner had the violation occurred in this state;

(8) failing to notify the commissioner of revocation or suspension of a credential, or any other disciplinary action taken by this or any other state, territory, or country, including any restrictions on the right to practice; or the surrender or voluntary termination of a credential during a commissioner investigation of a complaint, as part of a disciplinary order, or while under a disciplinary order;

(9) conviction of a crime, including a finding or verdict of guilt, an admission of guilt, or a no-contest plea, in any court in Minnesota or any other jurisdiction in the United States, reasonably related to engaging in massage therapy practices or Asian bodywork therapy practices. Conviction, as used in this clause, includes a conviction for an offense that, if committed in this state, would be deemed a felony, gross misdemeanor, or misdemeanor regardless of its designation elsewhere, or a criminal proceeding where a finding or verdict of guilty is made or returned but the adjudication of guilt is either withheld or not entered;

(10) if a registrant is on probation, failing to abide by terms of probation;

(11) practicing or offering to practice beyond the scope of the practice of massage therapy or Asian bodywork therapy;

(12) managing client records and information improperly, including but not limited to failing to maintain adequate client records, comply with a client's request made according to sections 144.291 to 144.298, or furnish a client record or report required by law;

(13) revealing a privileged communication from or relating to a client except when otherwise required or permitted by law;

(14) providing massage therapy services or Asian bodywork therapy services that are linked to the financial gain of a referral source;

(15) obtaining money, property, or services from a client, other than reasonable fees for services provided to the client, through the use of undue influence, harassment, duress, deception, or fraud;

(16) engaging in abusive or fraudulent billing practices, including violations of federal Medicare and Medicaid laws or state medical assistance laws;

(17) failing to consult with a client's health care provider who prescribed a course of massage therapy treatment or Asian bodywork therapy treatment if the treatment needs to be altered from the original written order to conform with standards in the massage therapy or Asian bodywork therapy field or the registrant's level of training or experience;

(18) failing to cooperate with an investigation of the commissioner or the commissioner's representatives, including failing to: respond fully and promptly to any question raised by or on behalf of the commissioner relating to the subject of the investigation; execute all releases requested by the commissioner; provide copies of client records as reasonably requested by the commissioner to assist in the commissioner's investigation; and appear at conferences or hearings scheduled by the commissioner or the commissioner's staff;

(19) interfering with an investigation or disciplinary proceeding, including by willful misrepresentation of facts or by the use of threats or harassment to prevent a person from providing evidence in a disciplinary proceeding or any legal action;

(20) violating a statute, rule, order, or agreement for corrective action that the commissioner issued or is otherwise authorized or empowered to enforce;

(21) aiding or abetting a person in violating sections 148.636 to 148.6377;

(22) failing to report to the commissioner other massage therapists and Asian bodywork therapists who commit violations of sections 148.636 to 148.6377; and

(23) failing to notify the commissioner in writing of the entry of a final judgment by a court of competent jurisdiction against the registrant for malpractice of massage therapy or Asian bodywork therapy, or any settlement by the registrant in response to charges or allegations of malpractice of massage therapy or Asian bodywork therapy. The notice must be provided to the commissioner within 60 days after the entry of a judgment or date of settlement, and must contain the name of the court, case number, and the names of all parties to the action.

Subd. 2. **Evidence.** In disciplinary actions alleging a violation of subdivision 1, a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency must be admissible into evidence without further authentication and must constitute prima facie evidence of the violation.

Subd. 3. **Examination; access to medical data.** (a) The commissioner may take the following actions if the commissioner has probable cause to believe that grounds for disciplinary action exist under subdivision 1, paragraph (b), clause (6).

(b) The commissioner may direct the applicant or registrant to submit to a mental or physical examination or substance use disorder evaluation. For the purpose of this subdivision, when an applicant or registrant is directed in writing by the commissioner to submit to a mental or physical examination or substance use disorder evaluation, that applicant or registrant is considered to have consented and to have waived all objections to admissibility on the grounds of privilege. Failure of the applicant or registrant to submit to an examination when directed constitutes an admission of the allegations against the applicant or registrant, unless the failure was due to circumstances beyond the applicant's or registrant's control, and the commissioner may enter a default and final order without taking testimony or allowing evidence to be presented. A registrant affected under this paragraph shall, at reasonable intervals, be given an opportunity to demonstrate that the registrant can resume the competent practice of massage therapy or Asian bodywork therapy with reasonable skill and safety to clients. Neither the record of proceedings nor the orders entered by the commissioner in a proceeding under this paragraph may be used against a registrant in any other proceeding.

(c) The commissioner may, notwithstanding section 13.384, 144.651, or 595.02, or any other law limiting access to medical or other health data, obtain medical data and health records relating to an applicant or registrant without the applicant's or registrant's consent. The medical data may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph (i); an insurance company; or a government agency, including the Department of Human Services and Direct Care and Treatment. A provider, insurance company, or government agency shall comply with any written request of the commissioner under this subdivision and is not liable in any action for damages for releasing the data requested by the commissioner if the data are released pursuant to a written request under this subdivision unless the information is false and the provider giving the information knew, or had reason to believe, the information was false. Information obtained under this subdivision is classified as private data on individuals as defined in section 13.02.

History: *2026 c 115 art 3 s 13*

148.6370 DISCIPLINARY ACTIONS.

Subdivision 1. **Forms of disciplinary action.** When the commissioner finds that grounds for disciplinary action exist under section 148.6369, subdivision 1, the commissioner may take one or more of the following actions:

(1) deny the registration;

(2) revoke the registration;

(3) suspend the registration;

(4) impose limitations on the practice of massage therapy or Asian bodywork therapy, including but not limited to limitation of scope of practice or a requirement to practice under supervision;

(5) impose conditions on the retention of a registration, including but not limited to imposing retraining or rehabilitation requirements or conditioning continued practice on a demonstration of knowledge or skills by appropriate examination, monitoring, or other review;

(6) impose a civil penalty not exceeding $10,000 for each separate violation, the amount of the civil penalty (i) to be fixed as to deprive the massage therapist or Asian bodywork therapist of any economic advantage gained by reason of the violation charged, (ii) to reimburse the commissioner for the cost of counsel, investigation, and proceeding, and (iii) to discourage repeated violations;

(7) order the registrant to provide unremunerated service;

(8) censure or reprimand the registrant; or

(9) any other action justified by the facts of the case.

Subd. 2. **Automatic suspension.** (a) Unless the commissioner orders otherwise, a registration is automatically suspended if:

(1) a guardian for the registrant is appointed by order of a court under sections 524.5-101 to 524.5-502;

(2) the registrant is committed by order of a court under chapter 253B; or

(3) the registrant is determined to be mentally incompetent, mentally ill, chemically dependent, or a person dangerous to the public by a court of competent jurisdiction within or outside this state.

(b) A registration suspended under this subdivision remains suspended until the registrant is restored to capacity by a court and, upon petition by the registrant, the suspension is terminated by the commissioner after a hearing or upon agreement between the commissioner and the registrant.

Subd. 3. **Temporary suspension.** In addition to any other remedy provided by law, the commissioner, acting through a person to whom the commissioner has delegated this authority and without a hearing, may temporarily suspend the registration of a massage therapist or Asian bodywork therapist if the commissioner's delegate finds that the registrant has violated a statute or rule that the commissioner is empowered to enforce and that continued practice would create a serious risk of harm to others. The suspension is in effect upon service of a written order on the registrant specifying the statute or rule violated. The order remains in effect until the commissioner issues a final order in the matter after a hearing or upon agreement between the commissioner and the registrant. Service of the order is effective if the order is served on the registrant or counsel of record personally or by first class mail. Within ten days of service of the order, the commissioner shall hold a hearing on the sole issue of whether there is a reasonable basis to continue, modify, or lift the suspension. Evidence presented by the commissioner or registrant shall be in affidavit form only. The registrant or the counsel of record may appear for oral argument. Within five working days after the hearing, the commissioner shall issue the commissioner's order and, if the suspension is continued, schedule a contested case hearing within 45 days after issuance of the order. The administrative law judge shall issue a report within 30 days after closing of the contested case hearing record. The commissioner shall issue a final order within 30 days after receipt of that report.

Subd. 4. **Hearings.** If the commissioner proposes to take action against the applicant or registrant as described in subdivision 1, the commissioner must first notify the applicant or registrant against whom the action is proposed to be taken and provide the applicant or registrant with an opportunity to request a hearing under the contested case provisions of chapter 14. If the applicant or registrant does not request a hearing by notifying the commissioner within 30 days after service of the notice of the proposed action, the commissioner may proceed with the action without a hearing.

Subd. 5. **Reissuance.** The commissioner may reinstate and reissue a registration, but as a condition may impose any disciplinary or corrective measure that the commissioner might originally have imposed. Any person whose registration has been revoked, suspended, or limited may have the registration reinstated when, in the discretion of the commissioner, the action is warranted, provided that the person shall be required by the commissioner to pay the costs of the proceedings resulting in the revocation, suspension, or limitation of the registration and reinstatement of the registration and to pay the fee for the current registration period. The cost of proceedings shall include but not be limited to the cost paid by the commissioner to the Court of Administrative Hearings and the Office of the Attorney General for legal and investigative services, the costs of a court reporter and witnesses, reproduction of records, and Department of Health staff time, travel, and expenses.

History: *2026 c 115 art 3 s 14*

148.6371 REPORTING OBLIGATIONS.

Subdivision 1. **Permission to report.** A person who has knowledge of any conduct constituting grounds for disciplinary action relating to massage therapy or Asian bodywork therapy under sections 148.636 to 148.6377 may report the violation to the commissioner.

Subd. 2. **Institutions.** A state agency, political subdivision, agency of a local unit of government, private agency, hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state shall report to the commissioner any action taken by the agency, institution, or organization or any of its administrators or medical or other committees to revoke, suspend, restrict, or condition a registrant's privilege to practice or treat clients in the institution or, as part of the organization, any denial of privileges or any other disciplinary action for conduct that might constitute grounds for disciplinary action under sections 148.636 to 148.6377. The institution, organization, or governmental entity shall also report the resignation of a registrant prior to the conclusion of any disciplinary action proceeding for conduct that might constitute grounds for disciplinary action under sections 148.636 to 148.6377 or prior to the commencement of formal charges but after the registrant had knowledge that formal charges were contemplated or were being prepared.

Subd. 3. **Professional societies.** A state or local professional society for massage therapists or Asian bodywork therapists shall report to the commissioner any termination, revocation, or suspension of membership or any other disciplinary action taken against a registrant. If the society has received a complaint that might be grounds for disciplinary action under sections 148.636 to 148.6377 against a member for whom the society has not taken any disciplinary action, the society shall report the complaint and the reason the society has not taken action on the complaint to the commissioner, or shall direct the complainant to the commissioner.

Subd. 4. **Licensed health professionals.** (a) For purposes of this subdivision, "client" means an individual receiving health services from a licensed health professional.

(b) A licensed health professional shall report to the commissioner personal knowledge of any conduct by a registrant that the licensed health professional reasonably believes constitutes grounds for disciplinary

action under sections 148.636 to 148.6377, including conduct indicating that the individual may be incompetent or may be mentally or physically unable to engage safely in the provision of services. If the information was obtained in the course of a client relationship, the client is a registrant, and the treating individual successfully counsels the client to limit or withdraw from practice to the extent required by the impairment, the commissioner may deem this limitation of or withdrawal from practice to be sufficient disciplinary action.

Subd. 5. **Insurers.** (a) Four times each year as prescribed by the commissioner, each insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause (13), that provided professional liability insurance to massage therapists or Asian bodywork therapists, or the Joint Underwriting Association under chapter 62I shall submit to the commissioner a report concerning the registrants against whom malpractice settlements or awards have been made. The report must contain at least the following information:

(1) the total number of malpractice settlements or awards made;

(2) the dates the malpractice settlements or awards were made;

(3) the allegations contained in the claims or complaints leading to the settlements or awards made;

(4) the dollar amount of each malpractice settlement or award;

(5) the regular address of the practice of each registrant against whom an award was made or with whom a settlement was made; and

(6) the name of each registrant against whom an award was made or with whom a settlement was made.

(b) In addition to the information specified in paragraph (a), the insurer shall submit to the commissioner any information, records, and files, including client charts and records, the insurer possesses that tend to substantiate a charge that a registrant may have engaged in conduct that violates sections 148.636 to 148.6377.

Subd. 6. **Courts.** The court administrator of district court or any other court of competent jurisdiction shall report to the commissioner any judgment or other determination of the court that adjudges or includes a finding that a registrant is mentally ill, mentally incompetent, guilty of a felony, guilty of a violation of federal or state narcotics laws or controlled substances act, or guilty of abuse or fraud under Medicare or Medicaid; that appoints a guardian of a registrant under sections 524.5-101 to 524.5-502; or that commits a registrant under chapter 253B.

Subd. 7. **Self-reporting.** A registrant shall report to the commissioner:

(1) any personal action that would require a report to be filed under subdivisions 2 to 5 by any person, health care facility, business, or organization;

(2) the revocation, suspension, restriction, limitation, or other disciplinary action against the registrant's license, certificate, registration, or right of practice in another state or jurisdiction for offenses that would subject the registrant to disciplinary action in this state; and

(3) the filing of charges regarding their license, certificate, registration, or right of practice in another state or jurisdiction.

Subd. 8. **Deadlines; forms.** Reports required in subdivisions 2 to 4, 6, and 7 must be submitted no later than 30 days after the reporter learns of the occurrence of the reportable event or transaction. The

commissioner may provide forms for the submission of reports required in this section, may require reports to be submitted on the forms provided, and may adopt rules necessary to ensure prompt and accurate reporting.

History: *2026 c 115 art 3 s 15*

148.6372 IMMUNITY.

Subdivision 1. **Reporting.** Any health care facility, business, organization, or person, other than the registrant who committed the violation, is immune from civil liability or criminal prosecution for, in good faith, submitting a report to the commissioner, for otherwise reporting to the commissioner violations or alleged violations of sections 148.636 to 148.6377, or for cooperating with an investigation of a report, except as provided in this subdivision. Any person who knowingly or recklessly makes a false report is liable in a civil suit for any damages suffered by the person or persons so reported and for any punitive damages set by the court or jury. An action requires clear and convincing evidence that the defendant made the statement with knowledge of falsity or with reckless disregard for its truth or falsity. The report or statement or any statement made in cooperation with an investigation or as part of a disciplinary proceeding is privileged except in an action brought under this subdivision.

Subd. 2. **Investigation.** The commissioner and employees of the Department of Health and other persons engaged in the investigation of violations and in the preparation, presentation, and management of and testimony pertaining to charges of violations of sections 148.636 to 148.6377 are immune from civil liability and criminal prosecution for any actions, transactions, or publications in the execution of, or relating to, their duties under sections 148.636 to 148.6377.

History: *2026 c 115 art 3 s 16*

148.6373 COOPERATION.

(a) A registrant who is the subject of an investigation by or on behalf of the commissioner shall cooperate fully with the investigation. Cooperation includes:

(1) responding fully and promptly to any question raised by or on behalf of the commissioner relating to the subject of the investigation;

(2) providing copies of client or other records in the registrant's possession, as reasonably requested by the commissioner, to assist the commissioner in the investigation; and

(3) appearing at conferences and hearings scheduled by the commissioner.

(b) The commissioner shall pay for copies requested. If the commissioner does not have a written consent from a client permitting access to the client's records, the registrant shall delete any data in the record that identify the client before providing data to the commissioner. The commissioner shall maintain any records obtained pursuant to this section as investigative data under chapter 13. The registrant shall not be excused from giving testimony or producing any documents, books, records, or correspondence on the grounds of self-incrimination, but the testimony or evidence may not be used against the registrant in any criminal case.

History: *2026 c 115 art 3 s 17*

148.6374 DISCIPLINARY RECORD ON JUDICIAL REVIEW.

Upon judicial review of any disciplinary action taken by the commissioner under sections 148.636 to 148.6377, the reviewing court shall seal the administrative record, except for the commissioner's final decision, and shall not make the administrative record available to the public.

History: *2026 c 115 art 3 s 18*

148.6375 EFFECT ON MUNICIPAL ORDINANCES.

Subdivision 1. **License authority.** Effective July 1, 2028, sections 148.636 to 148.6377 preempt the licensure and regulation of massage therapists or Asian bodywork therapists by a municipality, including, without limitation, conducting a criminal background investigation and examination of a massage therapist or Asian bodywork therapist, or applicant for a municipality's credential to practice massage therapy or Asian bodywork therapy.

Subd. 2. **Municipal regulation.** Sections 148.636 to 148.6377 do not limit a municipality from:

(1) requiring a massage therapy or Asian bodywork therapy establishment to obtain a business license or permit to conduct business in the municipality; or

(2) conducting a criminal background investigation on any owners of a massage therapy or Asian bodywork therapy establishment who are not registered massage therapists or registered Asian bodywork therapists.

History: *2026 c 115 art 3 s 19*

148.6376 MASSAGE THERAPY ADVISORY COUNCIL.

Subdivision 1. **Creation; membership.** (a) The Massage Therapy Advisory Council is created and is composed of five members appointed by the commissioner. All members must have resided in this state for at least three years immediately preceding appointment. The advisory council consists of:

(1) two public members, as defined in section 214.02; and

(2) three members who are registered under sections 148.636 to 148.6377, two of whom must be registered massage therapists.

(b) No more than one member of the advisory council may be an owner or administrator of a massage therapy education provider.

Subd. 2. **Administration.** The advisory council is established and administered under section 15.059.

Subd. 3. **Chair.** The advisory council shall elect a chair from among its members.

Subd. 4. **Duties.** The advisory council shall:

(1) advise the commissioner on establishing standards of practice and a code of ethics for registered massage therapists and Asian bodywork therapists;

(2) advise the commissioner on distributing information regarding massage therapy and Asian bodywork therapy practice standards;

(3) establish educational requirements, approve massage therapy and Asian bodywork therapy schools or programs, and conduct or provide for surveys of schools, programs, and courses; and

(4) perform other duties authorized for advisory councils under chapter 214, as directed by the commissioner.

Subd. 5. **Expiration.** Notwithstanding section 15.059, the advisory council does not expire.

History: *2026 c 115 art 3 s 20*

148.6377 FEES.

Subdivision 1. **Fees.** Fees are as follows:

(1) initial registration with application fee must not exceed $640.50;

(2) biennial registration renewal fee must not exceed $640.50;

(3) late fee, $50;

(4) annual inactive status, $50;

(5) inactive to active status reactivation, $50;

(6) temporary registration, $50; and

(7) returned check, $35.

Subd. 2. **Late renewal fee.** An application for registration renewal submitted after the deadline must be accompanied by a late fee in addition to the required fees.

Subd. 3. **Nonrefundable fees.** All of the fees in this section are nonrefundable.

Subd. 4. **Deposit.** Fees collected by the commissioner under this section must be deposited into the state government special revenue fund.

History: *2026 c 115 art 3 s 21*

OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

148.6401 SCOPE.

Sections 148.6401 to 148.645 apply to persons who are applicants for licensure, who are licensed, who use protected titles, or who represent that they are licensed as occupational therapy practitioners.

History: *2000 c 361 s 1; 1Sp2017 c 6 art 11 s 54; 1Sp2025 c 3 art 3 s 20*

148.6402 DEFINITIONS.

Subdivision 1. **Scope.** For the purpose of sections 148.6401 to 148.645, the following terms have the meanings given them.

Subd. 2. MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

Subd. 2a. **Accreditation Council for Occupational Therapy Education or ACOTE.** "Accreditation Council for Occupational Therapy Education" or "ACOTE" means the entity that accredits occupational

therapy education programs in the United States and its territories and establishes, approves, and administers educational standards ensuring consistency across all occupational therapy education.

Subd. 3. **Biennial licensure period.** "Biennial licensure period" means the two-year period for which licensure is effective.

Subd. 4. **Board.** "Board" means the Board of Occupational Therapy Practice established in section 148.6449.

Subd. 5. **Contact hour.** "Contact hour" means an instructional session of 60 minutes, excluding coffee breaks, registration, meals without a speaker, and social activities.

Subd. 5a. **Continuing competence.** "Continuing competence" means the process in which an occupational therapy practitioner develops and maintains the knowledge, critical reasoning, interpersonal skills, performance skills, and ethical practice necessary to perform their occupational therapy responsibilities.

Subd. 6. **Credential.** "Credential" means a license, permit, certification, registration, or other evidence of qualification or authorization to engage in the practice of occupational therapy issued by any authority.

Subd. 7. **Certification examination for occupational therapist.** "Certification examination for occupational therapist" means the examination sponsored by the National Board for Certification in Occupational Therapy for certification as a registered occupational therapist.

Subd. 8. **Certification examination for occupational therapy assistant.** "Certification examination for occupational therapy assistant" means the examination sponsored by the National Board for Certification in Occupational Therapy for certification as a certified occupational therapy assistant.

Subd. 9. **Delegate.** "Delegate" means to transfer to an occupational therapy assistant the authority to perform selected portions of an occupational therapy evaluation or treatment plan for a specific patient.

Subd. 10. MS 2018 [Repealed, 2020 c 79 art 2 s 26]

Subd. 11. MS 2018 [Repealed, 2019 c 50 art 1 s 130]

Subd. 12. MS 2018 [Repealed, 2019 c 50 art 1 s 130]

Subd. 12a. **Face-to-face supervision.** "Face-to-face supervision" means supervision occurring between a supervisor and a supervisee within each other's sight or presence. Face-to-face supervision includes real-time audio and video communication where the supervisor and supervisee can see each other and clearly visualize the services being provided.

Subd. 13. **Licensed health care professional.** "Licensed health care professional" means a person licensed in good standing in Minnesota to practice medicine, osteopathic medicine, chiropractic, podiatry, advanced practice registered nursing, dentistry, or as a licensed physician assistant in Minnesota.

Subd. 13a. **National Board for Certification in Occupational Therapy or NBCOT.** "National Board for Certification in Occupational Therapy" or "NBCOT" means the entity that administers the certification examination and provides initial and renewal board certification for occupational therapy practitioners providing services in the United States, or any successor entity performing the certification examination and initial and renewal board certification.

Subd. 14. **Occupational therapist.** "Occupational therapist" means an individual licensed to practice occupational therapy under sections 148.6401 to 148.645 who is responsible for and directs the evaluation

process, discharge planning process, development of intervention plans, and provision of occupational therapy services.

Subd. 15. MS 2018 [Repealed, 2020 c 79 art 2 s 26]

Subd. 16. **Occupational therapy assistant.** "Occupational therapy assistant" means an individual licensed to assist in the practice of occupational therapy under sections 148.6401 to 148.645 who works under the appropriate supervision of and in partnership with an occupational therapist, unless exempted under section 148.6432.

Subd. 16a. **Occupational therapy practitioner.** "Occupational therapy practitioner" means any individual licensed as either an occupational therapist or occupational therapy assistant under sections 148.6401 to 148.645.

Subd. 17. MS 2018 [Repealed, 2019 c 50 art 1 s 130]

Subd. 18. MS 2000 [Repealed, 2001 c 7 s 91]

Subd. 19. **License or licensed.** "License" or "licensed" means the act or status of a natural person who meets the requirements of sections 148.6401 to 148.645.

Subd. 20. **Licensee.** "Licensee" means a person who meets the requirements of sections 148.6401 to 148.645.

Subd. 21. **Licensure by equivalency.** "Licensure by equivalency" means a method of licensure described in section 148.6412 by which an individual who possesses a current credential from the National Board for Certification in Occupational Therapy may qualify for licensure.

Subd. 22. **Licensure by reciprocity.** "Licensure by reciprocity" means a method of licensure described in section 148.6415 by which an individual who possesses a credential from another jurisdiction may qualify for Minnesota licensure.

Subd. 22a. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 23. **Service competency.** (a) "Service competency" of an occupational therapy assistant in performing evaluation tasks means the ability of an occupational therapy assistant to obtain the same information as the supervising occupational therapist when evaluating a client's function.

(b) "Service competency" of an occupational therapy assistant in performing treatment procedures means the ability of an occupational therapy assistant to perform treatment procedures in a manner such that the outcome, documentation, and follow-up are equivalent to that which would have been achieved had the supervising occupational therapist performed the treatment procedure.

(c) "Service competency" of an occupational therapist means the ability of an occupational therapist to consistently perform an assessment task or intervention procedure with the level of skill recognized as satisfactory within the national practice standards of occupational therapy.

Subd. 24. MS 2018 [Repealed, 2019 c 50 art 1 s 130]

Subd. 25. **Temporary licensure.** "Temporary licensure" means a method of licensure described in section 148.6418, by which an individual who (1) has completed an approved or accredited education program but has not met the examination requirement; or (2) possesses a credential from another jurisdiction

or the National Board for Certification in Occupational Therapy but who has not submitted the documentation required by section 148.6420 may qualify for Minnesota licensure for a limited time period.

Subd. 26. MS 2018 [Repealed, 2019 c 50 art 1 s 130]

History: *2000 c 361 s 2; 2001 c 7 s 35,36; 2004 c 279 art 1 s 19; 2009 c 157 art 1 s 8,9; 2013 c 43 s 28; 2014 c 291 art 4 s 10; 2016 c 119 s 7; 1Sp2017 c 6 art 11 s 7,54; 2019 c 50 art 1 s 46,47; 2020 c 79 art 2 s 1,2; 1Sp2025 c 3 art 3 s 21-35*

148.6403 LICENSURE; PROTECTED TITLES AND RESTRICTIONS ON USE; EXEMPT PERSONS; SANCTIONS.

Subdivision 1. **Unlicensed practice prohibited.** A person must not engage in the practice of occupational therapy unless the person is licensed as an occupational therapy practitioner in accordance with sections 148.6401 to 148.645.

Subd. 2. **Protected titles and restrictions on use.** Use of the phrase "occupational therapy," "occupational therapist," or "occupational therapy assistant," or the initials "OT" or "OTA" alone or in combination with any other words or initials to form an occupational title, or to indicate or imply that the person is licensed by the state as an occupational therapist or occupational therapy assistant, is prohibited unless that person is licensed under sections 148.6401 to 148.645.

Subd. 3. **Use of "Minnesota licensed."** Use of the term "Minnesota licensed" in conjunction with titles protected under this section by any person is prohibited unless that person is licensed under sections 148.6401 to 148.645.

Subd. 4. **Persons licensed or certified in other jurisdictions.** A person who is licensed in Minnesota and licensed or certified in another jurisdiction may use the designation "licensed" or "certified" with a protected title only if the jurisdiction of licensure or certification is clearly indicated.

Subd. 5. **Exempt persons.** This section does not apply to:

(1) a person employed as an occupational therapy practitioner by the government of the United States or any agency of it. However, use of the protected titles under those circumstances is allowed only in connection with performance of official duties for the federal government;

(2) a student participating in supervised fieldwork or supervised coursework that is necessary to meet the requirements of section 148.6408, subdivision 1b, or 148.6410, subdivision 1b, if the person is designated by a title which clearly indicates the person's status as a student trainee. Any use of the protected titles under these circumstances is allowed only while the person is performing the duties of the supervised fieldwork or supervised coursework;

(3) a person who is credentialed under the law of another state that has credentialing requirements at least as stringent as the requirements of sections 148.6401 to 148.645; or

(4) a person who meets the requirements for certification as an occupational therapist registered (OTR) or a certified occupational therapy assistant (COTA), established by the National Board for Certification in Occupational Therapy; or

(5) an occupational therapy practitioner who possesses an active compact privilege under section 148.645.

Subd. 6. **Sanctions.** A person who practices occupational therapy or holds out as an occupational therapy practitioner by or through the use of any title described in subdivision 2 without prior licensure according

to sections 148.6401 to 148.645 is subject to sanctions or action against continuing the activity according to section 148.6448, chapter 214, or other statutory authority.

Subd. 7. **Exemption.** Nothing in sections 148.6401 to 148.645 shall prohibit the practice of any profession or occupation licensed or registered by the state by any person duly licensed or registered to practice the profession or occupation or to perform any act that falls within the scope of practice of the profession or occupation.

History: *2000 c 361 s 3; 2004 c 279 art 1 s 20; 1Sp2017 c 6 art 11 s 54; 2020 c 79 art 2 s 3-5; 1Sp2025 c 3 art 3 s 36,124*

148.6404 SCOPE OF PRACTICE.

(a) The practice of occupational therapy means the therapeutic use of everyday life occupations with individuals, groups, or populations for the purpose of enhancing or enabling participation in those occupations. The practice of occupational therapy promotes health and well-being through the use of occupational therapy services that includes screening, evaluation, intervention, and consultation to develop, recover, and maintain a client's:

(1) sensory integrative, neuromuscular, motor, emotional, motivational, cognitive, or psychosocial components of performance;

(2) daily living skills;

(3) feeding and swallowing skills;

(4) play and leisure skills;

(5) educational participation skills;

(6) functional performance and work participation skills;

(7) community mobility; and

(8) health and wellness.

(b) Occupational therapy services include but are not limited to:

(1) designing, fabricating, or applying rehabilitative technology, such as selected orthotic and prosthetic devices, and providing training in the functional use of these devices;

(2) designing, fabricating, or adapting assistive technology and providing training in the functional use of assistive devices;

(3) adapting environments using assistive technology such as environmental controls, wheelchair modifications, and positioning;

(4) applying physical agent, manual, and mechanical modalities in preparation for or as an adjunct to purposeful activity to meet established functional occupational therapy goals; and

(5) educating and training individuals, families, caregivers, groups, and populations.

(c) Occupational therapy services must be based on nationally established standards of practice.

History: *2000 c 361 s 4; 2014 c 291 art 4 s 11; 2020 c 79 art 2 s 6; 1Sp2025 c 3 art 3 s 37; 2026 c 88 art 1 s 67*

148.6405 LICENSURE APPLICATION REQUIREMENTS: PROCEDURES AND QUALIFICATIONS.

(a) An applicant for licensure must comply with the application requirements in section 148.6420. To qualify for licensure, an applicant must satisfy one of the requirements in sections 148.6408 to 148.6415, or section 148.645 and not be subject to denial of licensure under section 148.6448.

(b) A person who applies for temporary licensure must meet the requirements in section 148.6418.

(c) A person who applies for licensure under section 148.6408 or 148.6410 more than two years after the person's initial NBCOT certification was issued and who has not practiced in any jurisdiction must submit:

(1) a completed and signed application for licensure on forms provided by the board that meet the requirements of section 148.6420, subdivision 1, paragraph (a), clauses (1) and (2); and

(2) proof of a minimum of 24 continuing education contact hours by an occupational therapist applicant, or a minimum of 18 hours by an occupational therapy assistant applicant, completed within the two years proceeding the application and meeting the requirements of section 148.6443.

(d) A person who applies for licensure under section 148.6408 or 148.6410 after the person's initial NBCOT certification has expired must submit:

(1) a completed and signed application for licensure on forms provided by the board that meet the requirements of section 148.6420, subdivision 1, paragraph (a), clauses (1) and (2); and

(2) evidence of:

(i) completion of an occupational therapy refresher program that contains both theoretical and clinical components completed within the last year; or

(ii) current NBCOT certification.

History: *2000 c 361 s 5; 2004 c 279 art 1 s 21; 2009 c 157 art 1 s 10; 2010 c 274 s 4; 1Sp2017 c 6 art 11 s 8; 2020 c 79 art 2 s 7; 1Sp2025 c 3 art 3 s 38*

148.6408 QUALIFICATIONS FOR OCCUPATIONAL THERAPIST.

Subdivision 1. [Renumbered subd 1b]

Subd. 1a. **Qualifications.** To be licensed as an occupational therapist, an applicant must:

(1) satisfy the education and examination requirements of subdivisions 1b and 2; or

(2) satisfy the requirements for licensure by equivalency under section 148.6412 or licensure by reciprocity under section 148.6415 as applicable based on the current status of the applicant's NBCOT certification.

Subd. 1b. **Education required.** (a) An applicant who has received professional education in the United States or its possessions or territories must successfully complete all academic and fieldwork requirements

of an educational program for occupational therapists approved or accredited by the Accreditation Council for Occupational Therapy Education.

(b) An applicant who has received professional education outside the United States or its possessions or territories must successfully complete all academic and fieldwork requirements of an educational program for occupational therapists approved by a member association of the World Federation of Occupational Therapists.

Subd. 2. **Qualifying examination score required.** (a) An applicant must achieve a qualifying score on the certification examination for occupational therapists.

(b) The board shall determine the qualifying score for the certification examination for occupational therapists as recommended by the National Board for Certification in Occupational Therapy, or other national certification organization approved by the board.

(c) Applicants for licensure must:

(1) make arrangements to take the certification examination for occupational therapists;

(2) bear all expenses associated with taking the examination; and

(3) submit an application and other materials as required by the board under section 148.6420.

History: *2000 c 361 s 6; 1Sp2017 c 6 art 11 s 9; 1Sp2025 c 3 art 3 s 39,40,124; 2026 c 88 art 1 s 68*

148.6410 QUALIFICATIONS FOR OCCUPATIONAL THERAPY ASSISTANTS.

Subdivision 1. [Renumbered subd 1b]

Subd. 1a. **Qualifications.** To be licensed as an occupational therapist assistant, an applicant must:

(1) satisfy the education and examination requirements of subdivisions 1b and 2; or

(2) satisfy the requirements for licensure by equivalency under section 148.6412 or licensure by reciprocity under section 148.6415 as applicable based on the current status of the applicant's NBCOT certification.

Subd. 1b. **Education required.** An applicant must successfully complete all academic and fieldwork requirements of an occupational therapy assistant program approved or accredited by the Accreditation Council for Occupational Therapy Education.

Subd. 2. **Qualifying examination score required.** (a) An applicant for licensure must achieve a qualifying score on the certification examination for occupational therapy assistants.

(b) The board shall determine the qualifying score for the certification examination for occupational therapy assistants as recommended by the National Board for Certification in Occupational Therapy, or other national certification organization approved by the board.

(c) Applicants for licensure must:

(1) make all arrangements to take the certification examination for occupational therapy assistants;

(2) bear all expense associated with taking the examination; and

(3) submit an application and other materials as required by the board under section 148.6420.

History: *2000 c 361 s 7; 1Sp2017 c 6 art 11 s 10; 1Sp2025 c 3 art 3 s 41,42,124*

148.6412 LICENSURE BY EQUIVALENCY.

Subdivision 1. MS 2018 [Repealed, 2020 c 79 art 2 s 26]

Subd. 2. **Persons currently certified by NBCOT.** The board may license any person who holds current NBCOT certification as an occupational therapy practitioner. Nothing in this section limits the board's authority to deny licensure based upon the grounds for discipline in sections 148.6401 to 148.645.

Subd. 3. **Application procedures.** Applicants for licensure by equivalency must provide the application materials as required by section 148.6420, subdivision 1.

History: *2000 c 361 s 8; 1Sp2017 c 6 art 11 s 11; 2020 c 79 art 2 s 8; 1Sp2025 c 3 art 3 s 43,44*

148.6415 LICENSURE BY RECIPROCITY.

The board may license any person who does not hold current NBCOT certification but who holds a compact privilege or a current credential as an occupational therapy practitioner in the District of Columbia or a state or territory of the United States whose standards for credentialing are determined by the board to be equivalent to or exceed the requirements for licensure under section 148.6408 or 148.6410 as an occupational therapy practitioner. Nothing in this section limits the board's authority to deny licensure based upon the grounds for discipline in sections 148.6401 to 148.645. An applicant must provide:

(1) the application materials as required by section 148.6420, subdivision 1; and

(2) other information necessary to determine whether the credentialing standards of the jurisdiction that issued the credential are equivalent to or exceed the requirements for licensure under sections 148.6401 to 148.645.

History: *2000 c 361 s 9; 1Sp2017 c 6 art 11 s 12; 2020 c 79 art 2 s 9; 1Sp2025 c 3 art 3 s 45*

148.6418 TEMPORARY LICENSURE.

Subdivision 1. **Application.** The board shall issue temporary licensure as an occupational therapy practitioner to applicants who are not the subject of a disciplinary action or past disciplinary action, nor disqualified on the basis of items listed in section 148.6448, subdivision 1.

Subd. 2. **Procedures.** To be eligible for temporary licensure, an applicant must submit a completed application for temporary licensure on forms provided by the board, the fees required by section 148.6445, and one of the following:

(1) evidence of successful completion of the requirements in section 148.6408, subdivision 1b, or 148.6410, subdivision 1b;

(2) a copy of a current and unrestricted credential for the practice of occupational therapy as an occupational therapy practitioner in another jurisdiction; or

(3) a copy of a current and unrestricted certification from the National Board for Certification in Occupational Therapy stating that the applicant is certified as an occupational therapy practitioner.

Subd. 3. **Additional documentation.** Persons who are certified by the National Board for Certification in Occupational Therapy or credentialed by another jurisdiction must provide a statement with the application for temporary licensure stating that they are not the subject of a pending investigation or disciplinary action and have not been the subject of a disciplinary action in the past.

Subd. 4. **Supervision required.** An applicant who has graduated from an accredited occupational therapy program, as required by section 148.6408, subdivision 1b, or 148.6410, subdivision 1b, and who has not passed the examination required by section 148.6408, subdivision 2, or 148.6410, subdivision 2, must practice under the supervision of a licensed occupational therapist. The supervising therapist must, at a minimum, supervise the person working under temporary licensure in the performance of the initial evaluation, determination of the appropriate intervention plan, and periodic review and modification of the intervention plan. The supervising therapist must observe the person working under temporary licensure in order to ensure service competency in carrying out evaluation, intervention planning, and intervention implementation. The frequency of face-to-face collaboration between the person working under temporary licensure and the supervising therapist must be based on the condition of each patient or client, the complexity of intervention and evaluation procedures, and the proficiencies of the person practicing under temporary licensure. Following demonstrated service competency of the applicant, supervision must occur no less than every ten intervention days or every 30 calendar days, whichever occurs first. The occupational therapy practitioner working under temporary licensure must provide verification of supervision on the application form provided by the board. Supervising occupational therapists must have a minimum of six months of fully licensed practice to supervise a temporary licensee. The occupational therapy practitioner working under temporary licensure must notify the board before changing supervision.

Subd. 5. **Qualifying examination requirement; expiration and renewability.** (a) A person issued a temporary license pursuant to subdivision 2, clause (1), must demonstrate to the board within the temporary licensure period successful completion of the qualifying examination requirement under section 148.6408, subdivision 2, or section 148.6410, subdivision 2. A temporary license holder who fails the qualifying examination for a second time shall have their temporary license revoked effective upon notification to the temporary license holder of the examination score. It is the temporary license holder's obligation to submit to the board their qualifying examination scores and to refrain from practice if their temporary license is revoked. Failure to do so subjects the temporary license holder to disciplinary action pursuant to section 148.6448, subdivision 1, clause (6). The board must not issue a temporary license to a person with two or more certification examination failures.

(b) A temporary license expires six months from the date of issuance or on the date the board grants or denies licensure, whichever occurs first.

(c) A temporary license is not renewable.

History: *2000 c 361 s 10; 2002 c 228 s 1; 2010 c 274 s 5,6; 1Sp2017 c 6 art 11 s 13-16; 2020 c 79 art 2 s 10,11; 1Sp2025 c 3 art 3 s 46,124*

148.6420 APPLICATION REQUIREMENTS.

Subdivision 1. **Applications for initial licensure.** (a) An applicant for initial licensure must:

(1) submit a completed application for licensure on forms provided by the board and must supply all information and documentation requested on the application, including:

(i) the applicant's name, business address and business telephone number, primary email address, and home or mobile telephone number;

(ii) a description of the applicant's education and training, including the name and location of the occupational therapy program the applicant completed and a list of all other educational institutions attended;

(iii) the applicant's work history for the six years preceding the application;

(iv) a list of all credentials currently and previously held in Minnesota and other jurisdictions;

(v) a description of any jurisdiction's refusal to credential the applicant;

(vi) a description of all professional disciplinary actions initiated against the applicant in any jurisdiction;

(vii) information on any physical or mental condition or substance use disorder that impairs the person's ability to engage in the practice of occupational therapy with reasonable judgment or safety;

(viii) a description of any misdemeanor or felony charges or convictions;

(ix) a description of any state or federal court order, including a conciliation court judgment or a disciplinary order, related to the individual's occupational therapy practice;

(x) any legal information required under chapter 214;

(xi) either documentation to demonstrate the completion of the required education and examination requirements under section 148.6408, subdivisions 1b and 2, or 148.6410, subdivisions 1b and 2; for applicants for licensure by equivalency under section 148.6412, documentation of current NBCOT certification; for applicants for licensure by reciprocity under section 148.6415, documentation submitted directly by the appropriate commission or government body verifying the license or credential; or verification from the Compact Commission of the applicant's practice status in Compact Commission states;

(xii) all application fees required by section 148.6445;

(xiii) evidence of completing a criminal background check according to section 214.075; and

(xiv) a signed statement affirming that the information in the application is true and correct to the best of the applicant's knowledge and belief;

(2) submit additional information as requested by the board; and

(3) submit any additional information required for licensure by equivalency, licensure by reciprocity, licensure by compact privilege, and temporary licensure as specified in sections 148.6408 to 148.6418 and 148.645. An applicant applying under section 148.6418 is exempt from providing documentation related to a criminal background check under clause (1), item (xiii). An applicant applying under section 148.6418, subdivision 4, is exempt from providing documentation related to previously held licenses or credentials under clause (1), item (iv).

(b) The board must not verify the status of an applicant under paragraph (a), clause (1), item (xi), by using another jurisdiction's publicly available website unless the other jurisdiction fails to provide the requested documentation after the applicant provides documentation of making the request.

Subd. 2. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 3. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 4. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 5. **Action on applications for licensure.** (a) The board shall approve, approve with conditions, or deny licensure. The board shall act on an application for licensure according to paragraphs (b) to (d).

(b) The board shall determine if the applicant meets the requirements for licensure. The board may investigate information provided by an applicant to determine whether the information is accurate and complete.

(c) The board shall notify an applicant of action taken on the application and, if licensure is denied or approved with conditions, the grounds for the board's determination.

(d) An applicant denied licensure or granted licensure with conditions may make a written request to the board, within 30 days of the date of the board's determination, for reconsideration of the board's determination. Individuals requesting reconsideration may submit information which the applicant wants considered in the reconsideration. After reconsideration of the board's determination to deny licensure or grant licensure with conditions, the board shall determine whether the original determination should be affirmed or modified. An applicant is allowed no more than one request in any one biennial licensure period for reconsideration of the board's determination to deny licensure or approve licensure with conditions.

History: *2000 c 361 s 11; 2001 c 7 s 37,38; 1Sp2017 c 6 art 11 s 17-19; 2019 c 50 art 1 s 48; 2020 c 79 art 2 s 12-14; 2022 c 98 art 4 s 51; 1Sp2025 c 3 art 3 s 47*

148.6423 LICENSURE RENEWAL.

Subdivision 1. **Renewal requirements.** To be eligible for licensure renewal, a licensee must:

(1) submit a completed and signed application for licensure renewal on forms provided by the board, including:

(i) updated personal information, including the renewal applicant's name, business address and business telephone number, primary email address, and home or mobile telephone number;

(ii) information regarding any change to the renewal applicant's responses to section 148.6420, subdivision 1, paragraph (a), clause (1), items (v) to (ix);

(iii) a signed statement affirming that the information in the renewal application is true and correct to the best of the applicant's knowledge and belief; and

(iv) any legal information required under chapter 214;

(2) submit the renewal fee required under section 148.6445;

(3) if audited, submit proof of having met the continuing education requirement of section 148.6443; and

(4) submit additional information as requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 calendar days of the board's request.

Subd. 1a. **License period.** Following the initial license period, a license period begins on the first day of the month after the licensee's birth month and must be renewed biennially.

Subd. 2. **Renewal deadline.** (a) Except as provided in paragraph (c), licenses must be renewed every two years on or before the first day of the month after the licensee's birth month. Licensees must comply with the following procedures in paragraphs (b) to (e).

(b) Each license must state an expiration date. An application for licensure renewal must be received by the board on or before the expiration date.

(c) If the board changes the renewal schedule and the expiration date is less than two years, the fee and the continuing education contact hours to be reported at the next renewal must be prorated.

(d) An application for licensure renewal not received within the time required under paragraph (b) must be accompanied by a late fee in addition to the renewal fee specified by section 148.6445.

(e) Licensure renewals received after the expiration date must comply with the requirements of section 148.6425.

Subd. 3. **Licensure renewal notice.** At least 60 days before the expiration date in subdivision 2, the board must send or transmit a renewal notice to the licensee. The notice must include information about accessing the license renewal and fee schedule. The licensee's failure to receive notice does not relieve the licensee of the obligation to meet the renewal deadline and other requirements for licensure renewal.

Subd. 4. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 5. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 6. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to a licensee who was licensed before December 31, 2020, but whose license is not current as of December 31, 2020. When the licensee first renews the license after January 1, 2021, the conversion renewal cycle begins on the date the licensee applies for renewal and ends on the last day of the licensee's month of birth in the next year, except that if the last day of the licensee's month of birth is less than six months after the date the licensee applies for renewal, then the renewal period ends on the last day of the licensee's month of birth two years after the date of renewal.

Subd. 7. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 8. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 9. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

History: *2000 c 361 s 12; 1Sp2017 c 6 art 11 s 20; 2020 c 79 art 2 s 15; 1Sp2025 c 3 art 3 s 48-50*

148.6425 RENEWAL OF LICENSURE; AFTER EXPIRATION DATE.

Subdivision 1. **Removal of name from list.** The names of licensees who do not comply with the licensure renewal requirements of section 148.6423 on or before the expiration date shall be removed from the list of individuals authorized to practice occupational therapy and to use the protected titles in section 148.6403. The licensees must comply with the requirements of this section in order to regain licensed status.

Subd. 2. **Licensure renewal within one year after licensure expiration date.** A licensee whose application for licensure renewal is received after the licensure expiration date but within one year of the expiration date must submit the following:

(1) a completed and signed renewal application for licensure following lapse in licensed status on forms provided by the board, including:

(i) updated personal information, including the renewal applicant's name, business address and business telephone number, primary email address, and home or mobile telephone number;

(ii) information regarding any change to the renewal applicant's responses to section 148.6420, subdivision 1, paragraph (a), clause (1), items (v) to (ix);

(iii) a signed statement affirming that the information in the renewal application is true and correct to the best of the applicant's knowledge and belief;

(iv) information regarding any change to the renewal applicant's responses to section 148.6420, subdivision 1, paragraph (a), clause (1), item (xi);

(v) NBCOT verification of certification documentation; and

(vi) any legal information required under chapter 214;

(2) the renewal fee and the late fee required under section 148.6445;

(3) proof of having met the continuing education requirements in section 148.6443;

(4) an employment verification form; and

(5) additional information as requested by the board to clarify information in the application, including information to determine whether the licensee has engaged in conduct warranting disciplinary action as set forth in section 148.6448. The information must be submitted within 30 calendar days from the date of the board's request.

Subd. 3. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 4. **Licensure renewal within two years after license expiration date.** A licensee whose application for license renewal is received more than one year but less than two years after the expiration date must submit the following:

(1) a completed and signed renewal application for licensure following lapse in licensed status on forms provided by the board, including all information listed in subdivision 2, clause (1);

(2) the renewal fee and the late fee required under section 148.6445;

(3) proof of having met the continuing education requirements in section 148.6443;

(4) an employment verification form;

(5) evidence of completion of a criminal background check as required under section 214.075 and the associated fee; and

(6) additional information as requested by the board to clarify information in the application, including information to determine whether the licensee has engaged in conduct warranting disciplinary action as set forth in section 148.6448. The information must be submitted within 30 calendar days from the date of the board's request.

Subd. 5. **Expiration due to nonrenewal after two years.** The board shall not renew, reissue, reinstate, or restore a license that is not subject to a pending review, investigation, or disciplinary action and has not been renewed within one biennial renewal cycle of the license expiration. An individual whose license has expired under this subdivision for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for an initial license to practice occupational therapy in Minnesota.

History: *2000 c 361 s 13; 2001 c 7 s 39,40; 2003 c 118 s 2; 2008 c 189 s 14; 1Sp2017 c 6 art 11 s 21,22; 2020 c 79 art 2 s 16; 1Sp2025 c 3 art 3 s 51-53*

148.6428 CHANGE OF CONTACT INFORMATION OR EMPLOYMENT.

A licensee who changes a name, primary email address, address, employment, business address, or business telephone number must inform the board of the change within 30 calendar days from the effective date of the change. A change in name must be accompanied by a copy of a marriage certificate,

government-issued identification card, Social Security card, or court order. All notices or other correspondence served on a licensee by the board at the licensee's contact information on file with the board must be considered as having been received by the licensee.

History: *2000 c 361 s 14; 2004 c 279 art 1 s 22; 2008 c 189 s 15; 1Sp2017 c 6 art 11 s 23; 2020 c 79 art 2 s 17; 1Sp2025 c 3 art 3 s 54*

148.6430 MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

148.6431 JURISPRUDENCE EXAMINATION.

The board may require occupational therapy practitioners to take an open-book jurisprudence examination on state laws and rules regarding the practice of occupational therapy and occupational therapy assisting.

History: *1Sp2025 c 3 art 3 s 55*

148.6432 SUPERVISION OF OCCUPATIONAL THERAPY ASSISTANTS.

Subdivision 1. **Applicability.** If the professional standards identified in subdivision 1a permit an occupational therapist to delegate an evaluation, reevaluation, or treatment procedure, the occupational therapist must provide supervision consistent with this section.

Subd. 1a. **Delegation of duties.** (a) The occupational therapist may delegate to an occupational therapy assistant those portions of the client's evaluation, reevaluation, and intervention that, according to prevailing national practice standards, can be performed by an occupational therapy assistant.

(b) The occupational therapist is responsible for all duties delegated to the occupational therapy assistant.

(c) The occupational therapist may not delegate portions of an evaluation or reevaluation of a person whose condition is changing rapidly.

Subd. 2. **Evaluations.** The occupational therapist shall determine the frequency of evaluations and reevaluations for each client. The occupational therapy assistant shall inform the occupational therapist of the need for more frequent reevaluation if indicated by the client's condition or response to treatment. Before delegating a portion of a client's evaluation pursuant to subdivision 1a, the occupational therapist shall ensure the service competency of the occupational therapy assistant in performing the evaluation procedure and shall provide supervision consistent with the condition of the patient or client and the complexity of the evaluation procedure.

Subd. 3. **Intervention.** (a) The occupational therapist must determine the frequency and manner of supervision of an occupational therapy assistant performing intervention procedures delegated pursuant to subdivision 1a based on the condition of the patient or client, the complexity of the intervention procedure, and the service competency of the occupational therapy assistant.

(b) Face-to-face collaboration between the occupational therapist and the occupational therapy assistant must occur for all clients every ten intervention days or every 30 days, whichever comes first, during which time the occupational therapist is responsible for:

(1) planning and documenting an initial intervention plan and discharge from interventions;

(2) reviewing intervention goals, therapy programs, and client progress;

(3) supervising changes in the intervention plan;

(4) conducting or observing intervention procedures for selected clients and documenting appropriateness of intervention procedures. Clients must be selected based on the occupational therapy services provided to the client and the role of the occupational therapist and the occupational therapy assistant in those services; and

(5) ensuring the service competency of the occupational therapy assistant in performing delegated intervention procedures.

(c) Face-to-face collaboration must occur more frequently if necessary to meet the requirements of paragraph (a) or (b).

(d) The occupational therapist must document compliance with this subdivision in the client's file or chart.

Subd. 4. **Exception.** (a) The supervision requirements of this section do not apply to an occupational therapy assistant who:

(1) works in an activities program; and

(2) does not perform occupational therapy services.

(b) The occupational therapy assistant must meet all other applicable requirements of sections 148.6401 to 148.645.

History: *2000 c 361 s 16; 2014 c 291 art 4 s 13; 1Sp2017 c 6 art 11 s 54; 2020 c 79 art 2 s 19; 1Sp2025 c 3 art 3 s 56-60*

148.6435 COORDINATION OF SERVICES.

An occupational therapist must:

(1) collect information necessary to ensure that the provision of occupational therapy services are consistent with the client's physical and mental health status. The information required to make this determination may include, but is not limited to, contacting the client's licensed health care professional for health history, current health status, current medications, and precautions;

(2) refer a client to an appropriate health care, social service, or education practitioner if the client's condition requires services not within the occupational therapist's service competency or not within the practice of occupational therapy generally, or if the client's acuity warrants alternative care; and

(3) participate and cooperate in the coordination of occupational therapy services with other related services, as a member of the professional community serving the client.

History: *2000 c 361 s 17; 2020 c 79 art 2 s 20; 1Sp2025 c 3 art 3 s 61*

148.6438 RECIPIENT NOTIFICATION.

Subdivision 1. **Required notification.** (a) In the absence of a licensed health care provider referral or prior authorization, and before providing occupational therapy services for remuneration or expectation of payment from the client, an occupational therapist must provide the following notification to the client, parent, or guardian in a format meeting national accessibility standards and the needs of the client, parent, or guardian:

"Your health care provider, insurer, or plan may require a licensed health care provider referral or prior authorization and you may be obligated for partial or full payment for occupational therapy services rendered."

(b) Information other than this notification may be included as long as the notification remains conspicuous on the face of the document.

Subd. 2. **Evidence of recipient notification.** The occupational therapist is responsible for providing evidence of compliance with the recipient notification requirement of this section with documentation of the client, parent, or guardian agreement.

History: *2000 c 361 s 18; 2020 c 115 art 4 s 73; 2022 c 58 s 86; 1Sp2025 c 3 art 3 s 62*

148.6440 MS 2013 Supp [Repealed, 2014 c 291 art 4 s 59]

148.6443 CONTINUING EDUCATION REQUIREMENTS.

Subdivision 1. **General requirements.** (a) A licensed occupational therapist must obtain a minimum of 24 contact hours of continuing education in the two-year licensure period. A licensed occupational therapy assistant must obtain a minimum of 18 contact hours of continuing education in the two-year licensure period. All continuing education coursework must be obtained between the effective and expiration dates of the license. Licensees who are issued licenses for a period of less than two years must obtain a prorated number of contact hours required for licensure renewal based on the number of months licensed during the two-year licensure period.

(b) Each licensee is responsible for financing the cost of the licensee's continuing education activities.

Subd. 2. **Standards for determining qualified continuing education activities.** (a) To be accepted by the board, activities must be related to a licensee's current or anticipated roles and responsibilities as an occupational therapy practitioner and must directly or indirectly serve to protect the public by enhancing the licensee's continuing competence.

(b) Except as provided in subdivision 3, paragraph (d), in order to qualify as a continuing education activity, the activity must:

(1) constitute an organized program of learning;

(2) reasonably be expected to advance the knowledge and skills of the occupational therapy practitioner;

(3) be conducted by a sponsor approved by the American Occupational Therapy Association or by individuals who have education, training, and experience by reason of which the individuals should be considered experts on the subject matter of the activity; and

(4) be presented by a sponsor who has a mechanism to verify participation and maintains attendance records for a minimum of three years.

Subd. 3. **Activities qualifying for continuing education contact hours.** (a) The activities in this subdivision qualify for continuing education contact hours if they meet all other requirements of this section.

(b) A minimum of one-half of the required contact hours must be directly related to occupational therapy practice. The remaining contact hours may be related to occupational therapy practice, the delivery of occupational therapy services, or to the practitioner's current professional role.

(c) A licensee may obtain an unlimited number of contact hours in any two-year continuing education period through participation in the following:

(1) attendance at educational programs of annual conferences, lectures, panel discussions, workshops, in-service training, seminars, and symposiums;

(2) successful completion of college or university courses. The licensee must obtain a grade of at least a "C" or a pass in a pass/fail course in order to receive credit. One college credit equals six continuing education contact hours; or

(3) successful completion of courses that provide documentation that the course was completed and that meet the requirements in subdivision 2.

(d) A licensee may obtain a maximum of one-half of the required contact hours in any two-year continuing education period for:

(1) teaching continuing education or occupational therapy related courses that meet the requirements of this section. A licensee is entitled to earn a maximum of two contact hours as preparation time for each contact hour of presentation time. Contact hours may be claimed only once for teaching the same course in any two-year continuing education period. A course schedule or brochure must be maintained for audit;

(2) supervising occupational therapist or occupational therapy assistant students. A licensee may earn one contact hour for every eight hours of student supervision. Licensees must ensure they receive documentation regarding each student supervised and the dates and hours each student was supervised. Contact hours obtained by student supervision must be obtained by supervising students from an occupational therapy education program accredited by the Accreditation Council for Occupational Therapy Education; and

(3) engaging in research activities or outcome studies that are related to the practice of occupational therapy and associated with grants, postgraduate studies, or publications in professional journals or books.

(e) A licensee may obtain a maximum of two contact hours in any two-year continuing education period for continuing education activities in the following areas:

(1) personal skill topics: career burnout, communication skills, human relations, and similar topics;

(2) basic life support and CPR training; and

(3) participation for a minimum of one year on a professional committee or board.

Subd. 4. **Activities not qualifying for continuing education contact hours.** Credit must not be granted for the following activities: hospital patient rounds; entertainment or recreational activities; volunteering; noneducational association meetings; and employment orientation sessions and meetings, including but not limited to training required at the beginning of employment, annually, or routinely that is related to the employer's organization requirements.

Subd. 5. **Reporting continuing education contact hours.** Each licensee must use the continuing education reporting form to verify meeting the continuing education requirements of this section. The licensee must maintain documentation, including but not limited to a signed certificate, transcript, or similar evidence of participation in an activity. The documentation must include:

(1) the title of the continuing education activity;

(2) a brief description of the continuing education activity prepared by the presenter or sponsor;

(3) the name of the sponsor, presenter, or author;

(4) the location and attendance dates;

(5) the number of contact hours; and

(6) the licensee's name.

Subd. 6. **Auditing continuing education reports.** (a) The board may audit a percentage of the continuing education reports based on random selection. A licensee shall maintain all documentation required by this section for two years after the last day of the biennial licensure period in which the contact hours were earned.

(b) All renewal applications that are received after the expiration date may be subject to a continuing education report audit.

(c) Any licensee against whom a complaint is filed may be subject to a continuing education report audit.

(d) The licensee shall make the following information available to the board for auditing purposes:

(1) a copy of the completed continuing education reporting form for the continuing education reporting period that is the subject of the audit including all supporting documentation required by subdivision 5;

(2) documentation of university, college, or vocational school courses by a transcript and a course syllabus, listing in a course bulletin, or equivalent documentation that includes the course title, instructor's name, course dates, number of contact hours, and course content, objectives, or goals; and

(3) verification of attendance that meets the requirements of subdivision 5 by submitting:

(i) a certificate of attendance, or if a certificate is not available, other documentation from the presenter or a designee submitted directly to the board confirming the requirements; or

(ii) verification of self-study programs by a certificate of completion.

Subd. 7. **Deferral of continuing education requirements.** The board may defer all or part of the continuing education requirements of this section if the licensee submits a written request and provides satisfactory evidence to the board of illness, injury, financial hardship, family hardship, or other similar extenuating circumstances that preclude completion of the requirements during the licensure period. The request for a deferral must be in writing, state the circumstances that constitute hardship, state the period of time the licensee wishes to have the continuing education requirement deferred, and state the alternative measures that will be taken if a deferral is granted. The board must set forth, in writing, the reasons for granting or denying the deferral. Deferrals granted by the board must specify, in writing, the time limitation and required alternative measures to be taken by the licensee. A request for deferral must be denied if the board finds that the circumstances stated by the licensee do not support a claim of hardship, the requested time period for deferral is unreasonable, the alternative measures proposed by the licensee are not equivalent to the continuing education activity being deferred, or the request for deferral is not submitted to the board within 60 calendar days of the expiration date.

Subd. 8. **Penalties for noncompliance.** The board shall refuse to renew or grant, or shall suspend, condition, limit, or otherwise qualify the license of any person who the board determines has failed to comply with the continuing education requirements of this section. A licensee may request reconsideration of the board's determination of noncompliance or the penalty imposed under this section by making a written

request to the board within 30 calendar days of the date of notification to the applicant. Individuals requesting reconsideration may submit information that the licensee wants considered in the reconsideration.

History: *2000 c 361 s 20; 2004 c 279 art 1 s 23,24; 2006 c 267 art 2 s 11-13; 2008 c 189 s 17,18; 1Sp2017 c 6 art 11 s 24-27; 2019 c 50 art 1 s 49; 2020 c 79 art 2 s 21; 2022 c 55 art 1 s 41; 1Sp2025 c 3 art 3 s 63-68*

148.6445 FEES.

Subdivision 1. **Initial licensure fee.** The initial licensure fee for occupational therapists is $185. The initial licensure fee for occupational therapy assistants is $105.

Subd. 2. **Licensure renewal fee.** The biennial licensure renewal fee for occupational therapists is $185. The biennial licensure renewal fee for occupational therapy assistants is $105.

Subd. 2a. **Duplicate license fee.** The fee for a duplicate license is $30.

Subd. 3. **Late fee.** The fee for late submission of a renewal application is $50.

Subd. 4. **Temporary licensure fee.** The fee for temporary licensure is $75.

Subd. 5. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 5a. **Compact privilege fee.** The fee for interstate licensure compact privilege to practice is $150.

Subd. 6. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 7. **Verification to other states.** The fee for verification of licensure to other states is $25.

Subd. 7a. **Active mailing list.** The fee for the standard active licensee mailing list delivered electronically is $500.

Subd. 8. MS 2024 [Repealed, 1Sp2025 c 3 art 3 s 125]

Subd. 9. MS 2002 [Repealed, 1Sp2003 c 14 art 7 s 89]

Subd. 10. **Use of fees.** (a) All fees are nonrefundable. The board shall only use fees collected under this section for the purposes of administering this chapter. The legislature must not transfer money generated by these fees from the state government special revenue fund to the general fund.

(b) Licensure fees are for the exclusive use of the board and shall be established by the board not to exceed the nonrefundable amounts in this section.

Subd. 11. **Penalty fees.** (a) The penalty fee for practicing occupational therapy or using protected titles without a current license after the credential has expired and before it is renewed is the amount of the license renewal fee for any part of the first month, plus the license renewal fee for any part of any subsequent month up to 36 months.

(b) The penalty fee for applicants who engage in the unauthorized practice of occupational therapy or use protected titles before being issued a license is the amount of the license application fee for any part of the first month, plus the license application fee for any part of any subsequent month up to 36 months. This paragraph does not apply to applicants not qualifying for a license who engage in the unauthorized practice of occupational therapy.

(c) When an occupational therapy practitioner fails to submit a requested continuing education report by the due date with the correct number or type of hours in the correct time period the practitioner must pay either: (1) a $100 penalty fee and complete the missing contact hours within 30 calendar days from the date of the penalty fee notice; or (2) a $100 penalty fee and $20 for each missing contact hour, and complete the missing number of contact hours by the next reporting due date. "Missing" means not obtained between the effective and expiration dates of the license.

(d) Civil penalties and discipline incurred by licensees for conduct described in paragraph (a), (b), or (c) shall be recorded as nondisciplinary penalty fees. For conduct described in paragraph (a) or (b) exceeding six months, payment of a penalty fee does not preclude any disciplinary action reasonably justified by the individual case.

History: *2000 c 361 s 21; 1Sp2003 c 14 art 7 s 52; 2005 c 147 art 9 s 2; 2007 c 147 art 9 s 24,25; 2008 c 189 s 19; 2009 c 79 art 4 s 10; 2012 c 278 art 2 s 14; 1Sp2017 c 6 art 11 s 28,29; 1Sp2019 c 9 art 10 s 8-15; 2020 c 79 art 2 s 22; 1Sp2025 c 3 art 3 s 69,70*

148.6448 GROUNDS FOR DENIAL OF LICENSURE OR DISCIPLINE; INVESTIGATION PROCEDURES; DISCIPLINARY ACTIONS.

Subdivision 1. **Grounds for denial of licensure or discipline.** The board may deny an application for licensure, may approve licensure with conditions, or may discipline a licensee using any disciplinary actions listed in subdivision 3 on proof that the individual has:

(1) intentionally submitted false or misleading information to the board;

(2) obtained a license by means of fraud, misrepresentation, or concealment of material facts;

(3) failed, within 30 days, to provide information in response to a written request by the board;

(4) performed services of an occupational therapy practitioner in an incompetent manner or in a manner that falls below the community standard of care or national practice standards of care;

(5) failed to satisfactorily perform occupational therapy services during a period of temporary licensure;

(6) violated sections 148.6401 to 148.645;

(7) failed to perform services with reasonable judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental impairment;

(8) been convicted of violating any state or federal law, rule, or regulation that reasonably relates to the practice of occupational therapy;

(9) failed to report other licensees that have violated sections 148.6401 to 148.645;

(10) aided or abetted another person in violating any provision of sections 148.6401 to 148.645;

(11) been disciplined for conduct in the practice of an occupation by the state of Minnesota, another jurisdiction, or a national professional association, if any of the grounds for discipline are the same or substantially equivalent to those in sections 148.6401 to 148.645;

(12) not cooperated with the board in an investigation conducted according to subdivision 2;

(13) advertised in a manner that is false or misleading;

(14) engaged in dishonest, unethical, or unprofessional conduct in connection with the practice of occupational therapy that is likely to deceive, defraud, or harm the public;

(15) improperly managed client records, including but not limited to failure to maintain client records in a manner that meets community standards of care or nationally accepted practice standards;

(16) demonstrated a willful or careless disregard for the health, welfare, or safety of a client;

(17) inappropriately supervised or delegated or assigned tasks to an occupational therapy assistant, occupational therapy student, rehabilitation aide, or other licensed professional;

(18) performed medical diagnosis or provided intervention, other than occupational therapy, without being licensed to do so under the laws of this state;

(19) paid or promised to pay a commission or part of a fee to any person who contacts the occupational therapy practitioner for consultation or sends patients to the occupational therapy practitioner for intervention;

(20) engaged in an incentive payment arrangement, other than that prohibited by clause (19), that promotes occupational therapy overutilization, whereby the referring person or person who controls the availability of occupational therapy services to a client profits unreasonably as a result of client intervention;

(21) engaged in abusive or fraudulent billing practices;

(22) obtained money, property, or services from a consumer through the use of undue influence, high pressure sales tactics, harassment, duress, deception, or fraud;

(23) performed services for a client who had no possibility of benefiting from the services;

(24) failed to refer a client for medical evaluation when appropriate or when a client indicated symptoms associated with diseases that could be medically or surgically treated;

(25) engaged in conduct with a client that is sexual or may reasonably be interpreted by the client as sexual, or in any verbal behavior that is seductive or sexually demeaning to a patient;

(26) violated a federal or state court order, including a conciliation court judgment, or a disciplinary order issued by the board, related to the person's occupational therapy practice; or

(27) any other just cause related to the practice of occupational therapy.

Subd. 2. **Investigation of complaints.** The board may initiate an investigation upon receiving a complaint or other oral or written communication that alleges or implies that a person has violated sections 148.6401 to 148.645. In the receipt, investigation, and hearing of a complaint that alleges or implies a person has violated sections 148.6401 to 148.645, the board must follow the procedures in sections 214.10 and 214.103.

Subd. 3. **Disciplinary actions.** If the board finds that an occupational therapist or occupational therapy assistant should be disciplined according to subdivision 1, the board may take any one or more of the following actions:

(1) refuse to grant or renew licensure;

(2) approve licensure with conditions;

(3) revoke licensure;

(4) suspend licensure;

(5) any reasonable lesser action including, but not limited to, reprimand or restriction on licensure; or

(6) any action authorized by statute.

Subd. 4. **Effect of specific disciplinary action on use of title.** Upon notice from the board denying licensure renewal or upon notice that disciplinary actions have been imposed and the person is no longer entitled to practice occupational therapy and use the occupational therapy and licensed titles, the person shall cease to practice occupational therapy, to use titles protected by sections 148.6401 to 148.645, and to represent to the public that the person is licensed by the board.

Subd. 5. **Reinstatement requirements after disciplinary action.** A person who has had licensure suspended may request and provide justification for reinstatement following the period of suspension specified by the board. The requirements of sections 148.6423 and 148.6425 for renewing licensure and any other conditions imposed with the suspension must be met before licensure may be reinstated.

Subd. 6. **Authority to contract.** The board shall contract with the health professionals services program as authorized by sections 214.31 to 214.37 to provide these services to practitioners under this chapter. The health professionals services program does not affect the board's authority to discipline violations of sections 148.6401 to 148.645.

History: *2000 c 361 s 22; 2001 c 7 s 41; 2006 c 267 art 2 s 14; 1Sp2017 c 6 art 11 s 30; 2019 c 50 art 1 s 50; 2020 c 79 art 2 s 23,24; 1Sp2025 c 3 art 3 s 71-74*

148.6449 BOARD OF OCCUPATIONAL THERAPY PRACTICE.

Subdivision 1. **Creation.** The Board of Occupational Therapy Practice consists of 11 members appointed by the governor. The members are:

(1) five occupational therapists licensed under sections 148.6401 to 148.645;

(2) three occupational therapy assistants licensed under sections 148.6401 to 148.645; and

(3) three public members, including two members who have received occupational therapy services or have a family member who has received occupational therapy services, and one member who is a health care professional or health care provider licensed in Minnesota.

Subd. 2. **Qualifications of board members.** (a) The occupational therapy practitioners appointed to the board must represent a variety of practice areas and settings.

(b) At least three members of the board must be employed or reside outside the seven-county metropolitan area.

(c) Board members must not serve for more than two full consecutive terms.

(d) Interstate licensure compact privilege holders are not eligible to serve on the board.

Subd. 3. **Recommendations for appointment.** Prior to the end of the term of a member of the board, or within 60 days after a position on the board becomes vacant, the Minnesota Occupational Therapy Association and other interested persons and organizations may recommend to the governor members qualified to serve on the board. The governor may appoint members to the board from the list of persons recommended or from among other qualified candidates.

Subd. 4. **Officers.** The board shall biennially elect from its membership a chair, vice-chair, and secretary-treasurer. Each officer shall serve until a successor is elected.

Subd. 5. **Executive director.** The board shall appoint and employ an executive director who is not a member of the board. The employment of the executive director shall be subject to the terms described in section 214.04, subdivision 2a.

Subd. 6. **Terms; compensation; removal of members.** Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements shall be as provided in chapter 214. The provision of staff, administrative services, and office space; the review and processing of complaints; the setting of board fees; and other activities relating to board operations shall be conducted according to chapter 214.

Subd. 7. **Duties of the Board of Occupational Therapy Practice.** (a) The board shall:

(1) adopt and enforce rules and laws necessary for licensing occupational therapy practitioners;

(2) adopt and enforce rules for regulating the professional conduct of the practice of occupational therapy;

(3) issue licenses to qualified individuals in accordance with sections 148.6401 to 148.645;

(4) assess and collect fees for the issuance and renewal of licenses;

(5) educate the public about the requirements for licensing occupational therapy practitioners, educate occupational therapy practitioners about the rules of conduct, and enable the public to file complaints against applicants and licensees who may have violated sections 148.6401 to 148.645; and

(6) investigate individuals engaging in practices that violate sections 148.6401 to 148.645 and take necessary disciplinary, corrective, or other action according to section 148.6448.

(b) The board may adopt rules necessary to define standards or carry out the provisions of sections 148.6401 to 148.645. Rules shall be adopted according to chapter 14.

History: *1Sp2017 c 6 art 11 s 31; 2020 c 79 art 2 s 25; 1Sp2025 c 3 art 3 s 75-77*

148.645 OCCUPATIONAL THERAPY LICENSURE COMPACT.

ARTICLE I

TITLE

This statute shall be known and cited as the occupational therapist licensure compact.

ARTICLE II

DEFINITIONS

As used in this compact, and except as otherwise provided, the following definitions shall apply:

(A) "Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to United States Code, title 10, sections 1209 and 1211.

(B) "Adverse action" means any administrative, civil, equitable, or criminal action permitted by a state's laws which is imposed by a licensing board or other authority against an occupational therapist or occupational therapy assistant, including actions against an individual's license or compact privilege such as censure, revocation, suspension, probation, monitoring of the licensee, or restriction on the licensee's practice.

(C) "Alternative program" means a nondisciplinary monitoring process approved by an occupational therapy licensing board.

(D) "Compact privilege" means the authorization, which is equivalent to a license, granted by a remote state to allow a licensee from another member state to practice as an occupational therapist or practice as an occupational therapy assistant in the remote state under its laws and rules. The practice of occupational therapy occurs in the member state where the patient or client is located at the time of the patient or client encounter.

(E) "Continuing competence" or "continuing education" means a requirement, as a condition of license renewal, to provide evidence of participation in, and completion of, educational and professional activities relevant to practice or area of work.

(F) "Current significant investigative information" means investigative information that a licensing board, after an inquiry or investigation that includes notification and an opportunity for the occupational therapist or occupational therapy assistant to respond, if required by state law, has reason to believe is not groundless and, if proven true, would indicate more than a minor infraction.

(G) "Data system" means a repository of information about licensees, including but not limited to license status, investigative information, compact privileges, and adverse actions.

(H) "Encumbered license" means a license in which an adverse action restricts the practice of occupational therapy by the licensee or said adverse action has been reported to the National Practitioners Data Bank (NPDB).

(I) "Executive committee" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

(J) "Home state" means the member state that is the licensee's primary state of residence.

(K) "Impaired practitioner" means an individual whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions.

(L) "Investigative information" means information, records, or documents received or generated by an occupational therapy licensing board pursuant to an investigation.

(M) "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of occupational therapy in a state.

(N) "Licensee" means an individual who currently holds an authorization from the state to practice as an occupational therapist or as an occupational therapy assistant.

(O) "Member state" means a state that has enacted the compact.

(P) "Occupational therapist" means an individual who is licensed by a state to practice occupational therapy.

(Q) "Occupational therapy assistant" means an individual who is licensed by a state to assist in the practice of occupational therapy.

(R) "Occupational therapy," "occupational therapy practice," and "the practice of occupational therapy" mean the care and services provided by an occupational therapist or an occupational therapy assistant as set forth in the member state's statutes and regulations.

(S) "Occupational therapy compact commission" or "commission" means the national administrative body whose membership consists of all states that have enacted the compact.

(T) "Occupational therapy licensing board" or "licensing board" means the agency of a state that is authorized to license and regulate occupational therapists and occupational therapy assistants.

(U) "Primary state of residence" means the state, also known as the home state, in which an occupational therapist or occupational therapy assistant who is not active duty military declares a primary residence for legal purposes as verified by driver's license, federal income tax return, lease, deed, mortgage, or voter registration or other verifying documentation as further defined by commission rules.

(V) "Remote state" means a member state other than the home state where a licensee is exercising or seeking to exercise the compact privilege.

(W) "Rule" means a regulation promulgated by the commission that has the force of law.

(X) "State" means any state, commonwealth, district, or territory of the United States of America that regulates the practice of occupational therapy.

(Y) "Single-state license" means an occupational therapist or occupational therapy assistant license issued by a member state that authorizes practice only within the issuing state and does not include a compact privilege in any other member state.

(Z) "Telehealth" means the application of telecommunication technology to deliver occupational therapy services for assessment, intervention, or consultation.

ARTICLE III

STATE PARTICIPATION IN THE COMPACT

(A) To participate in the compact, a member state shall:

(1) license occupational therapists and occupational therapy assistants;

(2) participate fully in the commission's data system, including but not limited to using the commission's unique identifier as defined in rules of the commission;

(3) have a mechanism in place for receiving and investigating complaints about licensees;

(4) notify the commission, in compliance with the terms of the compact and rules, of any adverse action or the availability of investigative information regarding a licensee;

(5) implement or utilize procedures for considering the criminal history records of applicants for an initial compact privilege. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records;

(i) A member state shall, within a time frame established by the commission, require a criminal background check for a licensee seeking or applying for a compact privilege whose primary state of residence is that member state by receiving the results of the Federal Bureau of Investigation criminal record search, and shall use the results in making licensure decisions.

(ii) Communication between a member state, the commission, and among member states regarding the verification of eligibility for licensure through the compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member state under Public Law 92-544;

(6) comply with the rules of the commission;

(7) utilize only a recognized national examination as a requirement for licensure pursuant to the rules of the commission; and

(8) have continuing competence or education requirements as a condition for license renewal.

(B) A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the compact and rules.

(C) Member states may charge a fee for granting a compact privilege.

(D) A member state shall provide for the state's delegate to attend all occupational therapy compact commission meetings.

(E) Individuals not residing in a member state shall continue to be able to apply for a member state's single-state license as provided under the laws of each member state. However, the single-state license granted to these individuals shall not be recognized as granting the compact privilege in any other member state.

(F) Nothing in this compact shall affect the requirements established by a member state for the issuance of a single-state license.

ARTICLE IV

COMPACT PRIVILEGE

(A) To exercise the compact privilege under the terms and provisions of the compact, the licensee shall:

(1) hold a license in the home state;

(2) have a valid United States Social Security number or national practitioner identification number;

(3) have no encumbrance on any state license;

(4) be eligible for a compact privilege in any member state in accordance with Article IV, (D), (F), (G), and (H);

(5) have paid all fines and completed all requirements resulting from any adverse action against any license or compact privilege, and two years have elapsed from the date of such completion;

(6) notify the commission that the licensee is seeking the compact privilege within a remote state or states;

(7) pay any applicable fees, including any state fee, for the compact privilege;

(8) complete a criminal background check in accordance with Article III, (A)(5). The licensee shall be responsible for the payment of any fee associated with the completion of a criminal background check;

(9) meet any jurisprudence requirements established by the remote state or states in which the licensee is seeking a compact privilege; and

(10) report to the commission adverse action taken by any nonmember state within 30 days from the date the adverse action is taken.

(B) The compact privilege is valid until the expiration date of the home state license. The licensee must comply with the requirements of Article IV, (A), to maintain the compact privilege in the remote state.

(C) A licensee providing occupational therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

(D) Occupational therapy assistants practicing in a remote state shall be supervised by an occupational therapist licensed or holding a compact privilege in that remote state.

(E) A licensee providing occupational therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, or take any other necessary actions to protect the health and safety of its citizens. The licensee may be ineligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

(F) If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

(1) the home state license is no longer encumbered; and

(2) two years have elapsed from the date on which the home state license is no longer encumbered in accordance with Article IV, (F)(1).

(G) Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of Article IV, (A), to obtain a compact privilege in any remote state.

(H) If a licensee's compact privilege in any remote state is removed, the individual may lose the compact privilege in any other remote state until the following occur:

(1) the specific period of time for which the compact privilege was removed has ended;

(2) all fines have been paid and all conditions have been met;

(3) two years have elapsed from the date of completing requirements for Article IV, (H)(1) and (2); and

(4) the compact privileges are reinstated by the commission and the compact data system is updated to reflect reinstatement.

(I) If a licensee's compact privilege in any remote state is removed due to an erroneous charge, privileges shall be restored through the compact data system.

(J) Once the requirements of Article IV, (H), have been met, the licensee must meet the requirements in Article IV, (A), to obtain a compact privilege in a remote state.

ARTICLE V

OBTAINING A NEW HOME STATE LICENSE BY VIRTUE OF COMPACT PRIVILEGE

(A) An occupational therapist or occupational therapy assistant may hold a home state license, which allows for compact privileges in member states, in only one member state at a time.

(B) If an occupational therapist or occupational therapy assistant changes their primary state of residence by moving between two member states:

(1) the occupational therapist or occupational therapy assistant shall file an application for obtaining a new home state license by virtue of a compact privilege, pay all applicable fees, and notify the current and new home state in accordance with applicable rules adopted by the commission;

(2) upon receipt of an application for obtaining a new home state license by virtue of compact privilege, the new home state shall verify that the occupational therapist or occupational therapy assistant meets the pertinent criteria outlined in Article IV via the data system, without need for primary source verification except for:

(i) an FBI fingerprint-based criminal background check if not previously performed or updated pursuant to applicable rules adopted by the commission in accordance with Public Law 92-544;

(ii) other criminal background checks as required by the new home state; and

(iii) submission of any requisite jurisprudence requirements of the new home state;

(3) the former home state shall convert the former home state license into a compact privilege once the new home state has activated the new home state license in accordance with applicable rules adopted by the commission;

(4) notwithstanding any other provision of this compact, if the occupational therapist or occupational therapy assistant cannot meet the criteria in Article IV, the new home state shall apply its requirements for issuing a new single-state license; and

(5) the occupational therapist or the occupational therapy assistant shall pay all applicable fees to the new home state in order to be issued a new home state license.

(C) If an occupational therapist or occupational therapy assistant changes their primary state of residence by moving from a member state to a nonmember state, or from a nonmember state to a member state, the state criteria shall apply for issuance of a single-state license in the new state.

(D) Nothing in this compact shall interfere with a licensee's ability to hold a single-state license in multiple states; however, for the purposes of this compact, a licensee shall have only one home state license.

(E) Nothing in this compact shall affect the requirements established by a member state for the issuance of a single-state license.

ARTICLE VI

ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

Active duty military personnel, or their spouses, shall designate a home state where the individual has a current license in good standing. The individual may retain the home state designation during the period the service member is on active duty. Subsequent to designating a home state, the individual shall only change their home state through application for licensure in the new state or through the process described in Article V.

ARTICLE VII

ADVERSE ACTIONS

(A) A home state shall have exclusive power to impose adverse action against an occupational therapist's or occupational therapy assistant's license issued by the home state.

(B) In addition to the other powers conferred by state law, a remote state shall have the authority, in accordance with existing state due process law, to:

(1) take adverse action against an occupational therapist's or occupational therapy assistant's compact privilege within that member state; and

(2) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence. Subpoenas issued by a licensing board in a member state for the attendance and testimony of witnesses or the production of evidence from another member state shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before that court. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state in which the witnesses or evidence are located.

(C) For purposes of taking adverse action, the home state shall give the same priority and effect to reported conduct received from a member state as it would if the conduct had occurred within the home state. In so doing, the home state shall apply its own state laws to determine appropriate action.

(D) The home state shall complete any pending investigations of an occupational therapist or occupational therapy assistant who changes their primary state of residence during the course of the investigations. The home state, where the investigations were initiated, shall also have the authority to take appropriate action and shall promptly report the conclusions of the investigations to the compact commission data system. The occupational therapy compact commission data system administrator shall promptly notify the new home state of any adverse actions.

(E) A member state, if otherwise permitted by state law, may recover from the affected occupational therapist or occupational therapy assistant the costs of investigations and disposition of cases resulting from any adverse action taken against that occupational therapist or occupational therapy assistant.

(F) A member state may take adverse action based on the factual findings of the remote state, provided that the member state follows its own procedures for taking the adverse action.

(G) Joint Investigations:

(1) In addition to the authority granted to a member state by its respective state occupational therapy laws and regulations or other applicable state law, any member state may participate with other member states in joint investigations of licensees.

(2) Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact.

(H) If an adverse action is taken by the home state against an occupational therapist's or occupational therapy assistant's license, the occupational therapist's or occupational therapy assistant's compact privilege in all other member states shall be deactivated until all encumbrances have been removed from the state license. All home state disciplinary orders that impose adverse action against an occupational therapist's or occupational therapy assistant's license shall include a statement that the occupational therapist's or

occupational therapy assistant's compact privilege is deactivated in all member states during the pendency of the order.

(I) If a member state takes adverse action, the member state shall promptly notify the administrator of the data system. The administrator of the data system shall promptly notify the home state of any adverse actions by remote states.

(J) Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action.

ARTICLE VIII

ESTABLISHMENT OF THE OCCUPATIONAL THERAPY COMPACT COMMISSION

(A) The compact member states hereby create and establish a joint public agency known as the occupational therapy compact commission:

(1) The commission is an instrumentality of the compact states.

(2) Except as provided under paragraph (I), venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in this compact shall be construed to be a waiver of sovereign immunity.

(B) Membership, Voting, and Meetings:

(1) Each member state shall have and be limited to one delegate selected by that member state's licensing board.

(2) The delegate shall be either:

(i) a current member of the licensing board who is an occupational therapist, occupational therapy assistant, or public member; or

(ii) an administrator of the licensing board.

(3) Any delegate may be removed or suspended from office as provided by the law of the state from which the delegate is appointed.

(4) The member state board shall fill any vacancy occurring in the commission within 90 days.

(5) Each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication.

(6) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

(7) The commission shall establish by rule a term of office for delegates.

(C) The commission shall have the following powers and duties:

(1) establish a code of ethics for the commission;

(2) establish the fiscal year of the commission;

(3) establish bylaws;

(4) maintain its financial records in accordance with the bylaws;

(5) meet and take such actions as are consistent with the provisions of this compact and the bylaws;

(6) promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all member states;

(7) bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state occupational therapy licensing board to sue or be sued under applicable law shall not be affected;

(8) purchase and maintain insurance and bonds;

(9) borrow, accept, or contract for services of personnel, including but not limited to employees of a member state;

(10) hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(11) accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services, and receive, utilize, and dispose of the same; provided that at all times the commission shall avoid any appearance of impropriety or conflict of interest;

(12) lease, purchase, accept appropriate gifts or donations of, or otherwise own, hold, improve, or use any property, real, personal, or mixed; provided that at all times the commission shall avoid any appearance of impropriety;

(13) sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

(14) establish a budget and make expenditures;

(15) borrow money;

(16) appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, and consumer representatives, and other interested persons as may be designated in this compact and the bylaws;

(17) provide and receive information from, and cooperate with, law enforcement agencies;

(18) establish and elect an executive committee; and

(19) perform other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of occupational therapy licensure and practice.

(D) The Executive Committee:

(1) The executive committee shall have the power to act on behalf of the commission according to the terms of this compact.

(2) The executive committee shall be composed of nine members:

(i) seven voting members who are elected by the commission from the current membership of the commission;

(ii) one ex-officio, nonvoting member from a recognized national occupational therapy professional association; and

(iii) one ex-officio, nonvoting member from a recognized national occupational therapy certification organization.

(3) The ex-officio members will be selected by their respective organizations.

(4) The commission may remove any member of the executive committee as provided in the bylaws.

(5) The executive committee shall meet at least annually.

(6) The executive committee shall have the following duties and responsibilities:

(i) recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact member states such as annual dues, and any commission compact fee charged to licensees for the compact privilege;

(ii) ensure compact administration services are appropriately provided, contractual or otherwise;

(iii) prepare and recommend the budget;

(iv) maintain financial records on behalf of the commission;

(v) monitor compact compliance of member states and provide compliance reports to the commission;

(vi) establish additional committees as necessary; and

(vii) perform other duties as provided in rules or bylaws.

(E) Meetings of the Commission:

(1) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article X.

(2) The commission or the executive committee or other committees of the commission may convene in a closed, nonpublic meeting if the commission or executive committee or other committees of the commission must discuss:

(i) noncompliance of a member state with its obligations under the compact;

(ii) the employment, compensation, discipline, or other matters, practices, or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

(iii) current, threatened, or reasonably anticipated litigation;

(iv) negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

(v) accusing any person of a crime or formally censuring any person;

(vi) disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(vii) disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(viii) disclosure of investigative records compiled for law enforcement purposes;

(ix) disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or

(x) matters specifically exempted from disclosure by federal or member state statute.

(3) If a meeting, or portion of a meeting, is closed pursuant to this provision, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision.

(4) The commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken, and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

(F) Financing of the Commission:

(1) The commission shall pay, or provide for the payment of, the reasonable expenses of its establishment, organization, and ongoing activities.

(2) The commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services.

(3) The commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff, which must be in a total amount sufficient to cover its annual budget as approved by the commission each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all member states.

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state.

(5) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant, and the report of the audit shall be included in and become part of the annual report of the commission.

(G) Qualified Immunity, Defense, and Indemnification:

(1) The members, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person.

(2) The commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining their own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional or willful or wanton misconduct.

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

(H) Notwithstanding paragraph (G), clause (1), the liability of the executive director, employees, or representatives of the interstate commission, acting within the scope of their employment or duties, may not exceed the limits of liability set forth under the constitution and laws of this state for state officials, employees, and agents. This paragraph expressly incorporates section 3.736, and neither expands nor limits the rights and remedies provided under that statute.

(I) Except for a claim alleging a violation of this compact, a claim against the commission, its executive director, employees, or representatives alleging a violation of the constitution and laws of this state may be brought in any county where the plaintiff resides. Nothing in this paragraph creates a private right of action.

(J) Nothing in this compact shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws.

ARTICLE IX

DATA SYSTEM

(A) The commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

(B) A member state shall submit a uniform data set to the data system on all individuals to whom this compact is applicable, utilizing a unique identifier, as required by the rules of the commission, including:

(1) identifying information;

(2) licensure data;

(3) adverse actions against a license or compact privilege;

(4) nonconfidential information related to alternative program participation;

(5) any denial of application for licensure and the reason or reasons for such denial;

(6) other information that may facilitate the administration of this compact, as determined by the rules of the commission; and

(7) current significant investigative information.

(C) Current significant investigative information and other investigative information pertaining to a licensee in any member state will only be available to other member states.

(D) The commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

(E) Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

(F) Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

ARTICLE X

RULEMAKING

(A) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this Article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(B) The commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the compact. Notwithstanding the foregoing, in the event the commission exercises its rulemaking authority in a manner that is beyond the scope of the purposes of the compact, or the powers granted hereunder, then such an action by the commission shall be invalid and have no force and effect.

(C) If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

(D) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

(E) Prior to promulgation and adoption of a final rule or rules by the commission, and at least 30 days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) on the website of the commission or other publicly accessible platform; and

(2) on the website of each member state occupational therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

(F) The notice of proposed rulemaking shall include:

(1) the proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

(2) the text of the proposed rule or amendment and the reason for the proposed rule;

(3) a request for comments on the proposed rule from any interested person; and

(4) the manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

(G) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(H) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(1) at least 25 persons;

(2) a state or federal governmental subdivision or agency; or

(3) an association or organization having at least 25 members.

(I) If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing:

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) All hearings will be recorded. A copy of the recording will be made available on request.

(4) Nothing in this Article shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this Article.

(J) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

(K) If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

(L) The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

(M) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing; provided that the usual rulemaking procedures provided in the compact and in this Article shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

(1) meet an imminent threat to public health, safety, or welfare;

(2) prevent a loss of commission or member state funds;

(3) meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

(4) protect public health and safety.

(N) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

ARTICLE XI

OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(A) Oversight:

(1) The executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities, or actions of the commission.

(3) The commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

(B) Default, Technical Assistance, and Termination:

(1) If the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(i) provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the commission; and

(ii) provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(3) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states.

(4) A state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination.

(5) The commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.

(6) The defaulting state may appeal the action of the commission by petitioning the United States District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

(C) Dispute Resolution:

(1) Upon request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states.

(2) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

(D) Enforcement:

(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

(2) By majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event that judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

(3) The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

ARTICLE XII

DATE OF IMPLEMENTATION OF THE INTERSTATE COMMISSION FOR OCCUPATIONAL THERAPY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENT

(A) The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

(B) Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

(C) Any member state may withdraw from this compact by enacting a statute repealing the same:

(1) A member state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's occupational therapy licensing board to comply with the investigative and adverse action reporting requirements of this compact prior to the effective date of withdrawal.

(D) Nothing contained in this compact shall be construed to invalidate or prevent any occupational therapy licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

(E) This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

ARTICLE XIII

CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any member state or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any member state, the compact shall remain in full force and effect as to the remaining member states and in full force and effect as to the member state affected as to all severable matters.

ARTICLE XIV

BINDING EFFECT OF COMPACT AND OTHER LAWS

(A) A licensee providing occupational therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

(B) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the compact.

(C) Any laws in a member state in conflict with the compact are superseded to the extent of the conflict.

(D) Any lawful actions of the commission, including all rules and bylaws promulgated by the commission, are binding upon the member states.

(E) All agreements between the commission and the member states are binding in accordance with their terms.

(F) In the event any provision of the compact exceeds the constitutional limits imposed on the legislature of any member state, the provision shall be ineffective to the extent of the conflict with the constitutional provision in question in that member state.

History: *2024 c 127 art 27 s 1*

148.6450 MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

PHYSICAL THERAPISTS

148.65 DEFINITIONS.

Subdivision 1. **Physical therapy.** As used in sections 148.65 to 148.78 the term "physical therapy" means the evaluation or treatment or both of any person by the employment of physical measures and the use of therapeutic exercises and rehabilitative procedures, with or without assistive devices, for the purpose of preventing, correcting, or alleviating a physical or mental disability. Physical measures shall include but shall not be limited to heat or cold, air, light, water, electricity and sound. Physical therapy includes evaluation other than medical diagnosis, treatment planning, treatment, documentation, performance of appropriate tests and measurement, interpretation of orders or referrals, instruction, consultative services, and supervision of supportive personnel. "Physical therapy" does not include the practice of medicine as defined in section 147.081, or the practice of chiropractic as defined in section 148.01.

Subd. 2. **Physical therapist.** "Physical therapist" means a person licensed by the board who practices physical therapy as defined in sections 148.65 to 148.78.

Subd. 3. **Physical therapist assistant.** "Physical therapist assistant" means a person licensed by the board who provides physical therapy under the direction and supervision of a physical therapist, and who performs physical therapy interventions and assists with coordination, communication, documentation, and patient-client-related instruction.

Subd. 4. **Physical therapy aide.** "Physical therapy aide" means a person, working under the direct supervision of a physical therapist, who is not a physical therapist assistant as defined in subdivision 3, who performs tasks as provided under section 148.706.

Subd. 5. **Student physical therapist.** "Student physical therapist" means a person in a professional educational program, approved by the board under section 148.705, who is satisfying supervised clinical education requirements by performing physical therapy under the direct supervision of a licensed physical therapist. "Direct supervision" means that the physical therapist is physically present and immediately available for supervision. Telecommunications does not meet the requirement of direct supervision.

Subd. 6. **Student physical therapist assistant.** "Student physical therapist assistant" means a person in a physical therapist assistant educational program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) or a recognized comparable national accrediting agency approved by the board. The student physical therapist assistant, under the direct supervision of the physical therapist, or the direct supervision of the physical therapist and physical therapist assistant team, performs physical therapy interventions and assists with coordination, communication, documentation, and patient-client-related instruction. "Direct supervision" means the physical therapist or physical therapist assistant when supervising a student physical therapist assistant as part of a physical therapist and physical therapist assistant team is physically present and immediately available to provide instruction to the student physical therapist assistant. Telecommunications does not meet the requirement of direct supervision.

Subd. 7. **Supportive personnel.** "Supportive personnel" means a physical therapist assistant and a physical therapy aide.

Subd. 8. **Licensee.** "Licensee" means a person licensed as a physical therapist or a physical therapist assistant.

Subd. 9. **Licensed health care professional or licensed health care provider.** "Licensed health care professional" or "licensed health care provider" means a person licensed in good standing in Minnesota to practice medicine, osteopathic medicine, chiropractic, podiatry, dentistry, or advanced practice nursing.

History: *1951 c 479 s 1; 1980 c 412 s 1; 1985 c 182 s 1; 1987 c 384 art 2 s 1; 2005 c 147 art 2 s 1-5; 2007 c 123 s 14-16; 2008 c 199 s 1; 2013 c 125 art 1 s 32; 2016 c 119 s 7; 2026 c 115 art 10 s 1,2*

148.66 STATE BOARD OF PHYSICAL THERAPY, DUTIES.

The state Board of Physical Therapy established under section 148.67 shall administer sections 148.65 to 148.78. As used in sections 148.65 to 148.78, "board" means the state Board of Physical Therapy.

The board shall:

(1) adopt rules necessary to administer and enforce sections 148.65 to 148.78;

(2) administer, coordinate, and enforce sections 148.65 to 148.78;

(3) evaluate the qualifications of applicants;

(4) issue subpoenas, examine witnesses, and administer oaths;

(5) conduct hearings and keep records and minutes necessary to the orderly administration of sections 148.65 to 148.78;

(6) investigate persons engaging in practices that violate sections 148.65 to 148.78; and

(7) adopt rules under chapter 14 prescribing a code of ethics for licensees.

History: *1951 c 479 s 2; 1991 c 106 s 6; 1999 c 245 art 9 s 48*

148.67 STATE BOARD OF PHYSICAL THERAPY; MEMBERSHIP APPOINTMENTS, VACANCIES, REMOVALS.

Subdivision 1. **Board of Physical Therapy appointed.** The governor shall appoint a state Board of Physical Therapy to administer sections 148.65 to 148.78, regarding the qualifications and examination of physical therapists and physical therapist assistants. The board shall consist of 11 members, citizens and residents of the state of Minnesota, composed of five physical therapists, one licensed and registered doctor of medicine, two physical therapist assistants, and three public members. The physical therapist members and the physical therapist assistant members must be licensed in this state and have at least five years' experience in physical therapy practice, physical therapy administration, or physical therapy education. The five years' experience must immediately precede appointment. Membership terms, compensation of members, removal of members, filling of membership vacancies, and fiscal year and reporting requirements shall be as provided in sections 214.07 to 214.09. The provision of staff, administrative services, and office space; the review and processing of complaints; the setting of board fees; and other provisions relating to board operations shall be as provided in chapter 214. Each member of the board shall file with the secretary of state the constitutional oath of office before beginning the term of office.

Subd. 2. **Recommendations for appointment.** Prior to the end of the term of a member of the board, or within 60 days after a position on the board becomes vacant, the Minnesota chapter of the American Physical Therapy Association and other interested persons and organizations may recommend to the governor

members qualified to serve on the board. The governor may appoint members to the board from the list of persons recommended or from among other qualified candidates.

History: *1951 c 479 s 3; 1975 c 136 s 20; 1976 c 222 s 66; 1976 c 239 s 71; 1980 c 412 s 2; 1991 c 106 s 6; 1999 c 245 art 9 s 49; 2007 c 123 s 17; 2008 c 277 art 1 s 18*

148.68 MS 1974 [Repealed, 1975 c 136 s 77]

148.69 MS 1974 [Repealed, 1975 c 136 s 77]

148.691 OFFICERS; EXECUTIVE DIRECTOR.

Subdivision 1. **Officers of the board.** The board shall elect from its members a president, a vice-president, and a secretary-treasurer. Each shall serve for one year or until a successor is elected and qualifies. The board shall appoint and employ an executive secretary. A majority of the board, including one officer, constitutes a quorum at a meeting.

Subd. 2. **Board authority to hire.** The board may employ persons needed to carry out its work.

Subd. 3. MS 2006 [Repealed, 2007 c 123 s 137]

History: *1999 c 245 art 9 s 50; 2000 c 284 s 3*

148.699 PHYSICAL THERAPY LICENSURE COMPACT.

The physical therapy licensure compact is enacted into law and entered into with all other jurisdictions legally joining in the compact in the form substantially specified in this section.

ARTICLE I

TITLE

This statute shall be known and cited as the physical therapy licensure compact.

ARTICLE II

DEFINITIONS

As used in this compact, and except as otherwise provided, the following terms have the meanings given them.

(a) "Active duty military" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to United States Code, title 10, chapters 1209 and 1211.

(b) "Adverse action" means disciplinary action taken by a physical therapy licensing board based upon misconduct, unacceptable performance, or a combination of both.

(c) "Alternative program" means a nondisciplinary monitoring or practice remediation process approved by a physical therapy licensing board. Alternative program includes but is not limited to substance abuse issues.

(d) "Compact privilege" means the authorization granted by a remote state to allow a licensee from another member state to practice as a physical therapist or work as a physical therapist assistant in the remote

state under its laws and rules. The practice of physical therapy occurs in the member state where the patient or client is located at the time of the patient or client encounter.

(e) "Continuing competence" means a requirement, as a condition of license renewal, to provide evidence of participation in, or completion of, educational and professional activities relevant to practice or area of work.

(f) "Data system" means a repository of information about licensees, including examination, licensure, investigative, compact privilege, and adverse action.

(g) "Encumbered license" means a license that a physical therapy licensing board has limited in any way.

(h) "Executive board" means a group of directors elected or appointed to act on behalf of, and within the powers granted to them by, the commission.

(i) "Home state" means the member state that is the licensee's primary state of residence.

(j) "Investigative information" means information, records, and documents received or generated by a physical therapy licensing board pursuant to an investigation.

(k) "Jurisprudence requirement" means the assessment of an individual's knowledge of the laws and rules governing the practice of physical therapy in a state.

(l) "Licensee" means an individual who currently holds an authorization from the state to practice as a physical therapist or to work as a physical therapist assistant.

(m) "Member state" means a state that has enacted the compact.

(n) "Party state" means any member state in which a licensee holds a current license or compact privilege or is applying for a license or compact privilege.

(o) "Physical therapist" means an individual who is licensed by a state to practice physical therapy.

(p) "Physical therapist assistant" means an individual who is licensed or certified by a state and who assists the physical therapist in selected components of physical therapy.

(q) "Physical therapy," "physical therapy practice," or "the practice of physical therapy" means the care and services provided by or under the direction and supervision of a licensed physical therapist.

(r) "Physical Therapy Compact Commission" or "commission" means the national administrative body whose membership consists of all states that have enacted the compact.

(s) "Physical therapy licensing board" or "licensing board" means the agency of a state that is responsible for the licensing and regulation of physical therapists and physical therapist assistants.

(t) "Remote state" means a member state other than the home state where a licensee is exercising or seeking to exercise the compact privilege.

(u) "Rule" means a regulation, principle, or directive promulgated by the commission that has the force of law.

(v) "State" means any state, commonwealth, district, or territory of the United States that regulates the practice of physical therapy.

ARTICLE III

STATE PARTICIPATION IN THE COMPACT

(a) To participate in the compact, a state must:

(1) participate fully in the commission's data system, including using the commission's unique identifier as defined in rules;

(2) have a mechanism in place for receiving and investigating complaints about licensees;

(3) notify the commission, in compliance with the terms of the compact and rules, of any adverse action or the availability of investigative information regarding a licensee;

(4) fully implement a criminal background check requirement, within a time frame established by rule, by receiving the results of the Federal Bureau of Investigation record search on criminal background checks and use the results in making licensure decisions in accordance with paragraph (b);

(5) comply with the rules of the commission;

(6) utilize a recognized national examination as a requirement for licensure pursuant to the rules of the commission; and

(7) have continuing competence requirements as a condition for license renewal.

(b) Upon adoption of this compact, the member state shall have the authority to obtain biometric-based information from each physical therapy licensure applicant and submit this information to the Federal Bureau of Investigation for a criminal background check in accordance with United States Code, title 28, section 534, and United States Code, title 42, section 14616.

(c) A member state shall grant the compact privilege to a licensee holding a valid unencumbered license in another member state in accordance with the terms of the compact and rules.

(d) Member states may charge a fee for granting a compact privilege.

ARTICLE IV

COMPACT PRIVILEGE

(a) To exercise the compact privilege under the terms and provisions of the compact, the licensee shall:

(1) hold a license in the home state;

(2) have no encumbrance on any state license;

(3) be eligible for a compact privilege in any member state in accordance with paragraphs (d), (g), and (h);

(4) have not had any adverse action against any license or compact privilege within the previous two years;

(5) notify the commission that the licensee is seeking the compact privilege within a remote state or states;

(6) pay any applicable fees, including any state fee, for the compact privilege;

(7) meet any jurisprudence requirements established by the remote state or states in which the licensee is seeking a compact privilege; and

(8) report to the commission adverse action taken by any nonmember state within 30 days from the date the adverse action is taken.

(b) The compact privilege is valid until the expiration date of the home license. The licensee must comply with the requirements of paragraph (a) to maintain the compact privilege in the remote state.

(c) A licensee providing physical therapy in a remote state under the compact privilege shall function within the laws and regulations of the remote state.

(d) A licensee providing physical therapy in a remote state is subject to that state's regulatory authority. A remote state may, in accordance with due process and that state's laws, remove a licensee's compact privilege in the remote state for a specific period of time, impose fines, or take any other necessary actions to protect the health and safety of its citizens. The licensee is not eligible for a compact privilege in any state until the specific time for removal has passed and all fines are paid.

(e) If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

(1) the home state license is no longer encumbered; and

(2) two years have elapsed from the date of the adverse action.

(f) Once an encumbered license in the home state is restored to good standing, the licensee must meet the requirements of paragraph (a) to obtain a compact privilege in any remote state.

(g) If a licensee's compact privilege in any remote state is removed, the individual shall lose the compact privilege in any remote state until the following occur:

(1) the specific period of time for which the compact privilege was removed has ended;

(2) all fines have been paid; and

(3) two years have elapsed from the date of the adverse action.

(h) Once the requirements of paragraph (g) have been met, the licensee must meet the requirements in paragraph (a) to obtain a compact privilege in a remote state.

ARTICLE V

ACTIVE DUTY MILITARY PERSONNEL OR THEIR SPOUSES

A licensee who is active duty military or is the spouse of an individual who is active duty military may designate one of the following as the home state:

(1) home of record;

(2) permanent change of station (PCS) state; or

(3) state of current residence if different than the PCS state or home of record.

ARTICLE VI

ADVERSE ACTIONS

(a) A home state shall have exclusive power to impose adverse action against a license issued by the home state.

(b) A home state may take adverse action based on the investigative information of a remote state, so long as the home state follows its own procedures for imposing adverse action.

(c) Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the member state's laws. Member states must require licensees who enter any alternative programs in lieu of discipline to agree not to practice in any other member state during the term of the alternative program without prior authorization from such other member state.

(d) Any member state may investigate actual or alleged violations of the statutes and rules authorizing the practice of physical therapy in any other member state in which a physical therapist or physical therapist assistant holds a license or compact privilege.

(e) A remote state shall have the authority to:

(1) take adverse actions as set forth in article IV, paragraph (d), against a licensee's compact privilege in the state;

(2) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a physical therapy licensing board in a party state for the attendance and testimony of witnesses, or the production of evidence from another party state, shall be enforced in the latter state by any court of competent jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses or evidence are located; and

(3) if otherwise permitted by state law, recover from the licensee the costs of investigations and disposition of cases resulting from any adverse action taken against that licensee.

(f) In addition to the authority granted to a member state by its respective physical therapy practice act or other applicable state law, a member state may participate with other member states in joint investigations of licensees.

(g) Member states shall share any investigative, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact.

ARTICLE VII

ESTABLISHMENT OF THE PHYSICAL THERAPY COMPACT COMMISSION

(a) The compact member states hereby create and establish a joint public agency known as the Physical Therapy Compact Commission:

(1) the commission is an instrumentality of the compact states;

(2) except as provided under paragraph (h), venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings; and

(3) nothing in this compact shall be construed to be a waiver of sovereign immunity.

(b) Membership, voting, and meetings:

(1) each member state shall have and be limited to one delegate selected by that member state's licensing board;

(2) the delegate shall be a current member of the licensing board who is a physical therapist, physical therapist assistant, public member, or the board administrator;

(3) each delegate shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission;

(4) a delegate shall vote in person or by such other means as provided in the bylaws. The bylaws may provide for delegates' participation in meetings by telephone or other means of communication;

(5) any delegate may be removed or suspended from office as provided by the laws of the state from which the delegate is appointed;

(6) the member state board shall fill any vacancy occurring in the commission;

(7) the commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws;

(8) all meetings shall be open to the public and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in article IX;

(9) the commission or the executive board or other committees of the commission may convene in a closed, nonpublic meeting if the commission or executive board or other committees of the commission must discuss:

(i) noncompliance of a member state with its obligations under the compact;

(ii) the employment, compensation, discipline, or other matters, practices, or procedures related to specific employees or other matters related to the commission's internal personnel practices and procedures;

(iii) current, threatened, or reasonably anticipated litigation;

(iv) negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;

(v) accusing any person of a crime or formally censuring any person;

(vi) disclosure of trade secrets or commercial or financial information that is privileged or confidential;

(vii) disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(viii) disclosure of investigative records compiled for law enforcement purposes;

(ix) disclosure of information related to any investigative reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact; or

(x) matters specifically exempted from disclosure by federal or member state statute;

(10) if a meeting, or portion of a meeting, is closed pursuant to this provision, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision; and

(11) the commission shall keep minutes that fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release by a majority vote of the commission or order of a court of competent jurisdiction.

(c) The commission shall have the following powers and duties:

(1) establish the fiscal year of the commission;

(2) establish bylaws;

(3) maintain its financial records in accordance with the bylaws;

(4) meet and take such actions as are consistent with the provisions of this compact and the bylaws;

(5) promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all member states;

(6) bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state physical therapy licensing board to sue or be sued under applicable law shall not be affected;

(7) purchase and maintain insurance and bonds;

(8) borrow, accept, or contract for services of personnel, including but not limited to employees of a member state;

(9) hire employees; elect or appoint officers; fix compensation; define duties; grant such individuals appropriate authority to carry out the purposes of the compact; and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(10) accept any and all appropriate donations and grants of money, equipment, supplies, materials, and services and receive, utilize, and dispose of the same, provided that at all times the commission shall avoid any appearance of impropriety or conflict of interest;

(11) lease; purchase; accept appropriate gifts or donations of; or otherwise to own, hold, improve, or use any property, real, personal, or mixed, provided that at all times the commission shall avoid any appearance of impropriety;

(12) sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property real, personal, or mixed;

(13) establish a budget and make expenditures;

(14) borrow money;

(15) appoint committees, including standing committees composed of members, state regulators, state legislators or their representatives, consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

(16) provide and receive information from, and cooperate with, law enforcement agencies;

(17) establish and elect an executive board; and

(18) perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of physical therapy licensure and practice.

(d) The executive board:

(1) the executive board shall have the power to act on behalf of the commission according to the terms of this compact;

(2) the executive board shall be composed of nine members as follows:

(i) seven voting members who are elected by the commission from the current membership of the commission;

(ii) one ex officio, nonvoting member from the recognized national physical therapy professional association; and

(iii) one ex officio, nonvoting member from the recognized membership organization of the physical therapy licensing boards;

(3) the ex officio members must be selected by their respective organizations;

(4) the commission may remove any member of the executive board as provided in the bylaws;

(5) the executive board shall meet at least annually; and

(6) the executive board shall have the following duties and responsibilities:

(i) recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact member states such as annual dues, and any commission compact fee charged to licensees for the compact privilege;

(ii) ensure compact administration services are appropriately provided, contractual or otherwise;

(iii) prepare and recommend the budget;

(iv) maintain financial records on behalf of the commission;

(v) monitor compact compliance of member states and provide compliance reports to the commission;

(vi) establish additional committees as necessary; and

(vii) other duties as provided in rules or bylaws.

(e) Financing of the commission:

(1) the commission shall pay, or provide for the payment of, the reasonable expenses of the commission's establishment, organization, and ongoing activities;

(2) the commission may accept any and all appropriate revenue sources, donations, and grants of money, equipment, supplies, materials, and services;

(3) the commission may levy on and collect an annual assessment from each member state or impose fees on other parties to cover the cost of the operations and activities of the commission and the commission's staff, which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission, which shall promulgate a rule binding upon all member states;

(4) the commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the member states, except by and with the authority of the member state; and

(5) the commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under the commission's bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the commission.

(f) Qualified immunity, defense, and indemnification:

(1) the members, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities, provided that nothing in this paragraph shall be construed to protect any such person from suit or liability for any damage, loss, injury, or liability caused by the intentional or willful or wanton misconduct of that person;

(2) the commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel, and provided further that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person; and

(3) the commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission did not result from the intentional or willful or wanton misconduct of that person.

(g) Notwithstanding paragraph (f), clause (1), the liability of the executive director, employees, or representatives of the interstate commission, acting within the scope of their employment or duties, may not exceed the limits of liability set forth under the constitution and laws of this state for state officials, employees, and agents. This paragraph expressly incorporates section 3.736, and neither expands nor limits the rights and remedies provided under that statute.

(h) Except for a claim alleging a violation of this compact, a claim against the commission, its executive director, employees, or representatives alleging a violation of the constitution and laws of this state may be brought in any county where the plaintiff resides. Nothing in this paragraph creates a private right of action.

(i) Nothing in this compact shall be construed as a limitation on the liability of any licensee for professional malpractice or misconduct, which shall be governed solely by any other applicable state laws.

ARTICLE VIII

DATA SYSTEM

(a) The commission shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

(b) Notwithstanding any other provision of state law to the contrary, a member state shall submit a uniform data set to the data system on all individuals to whom this compact is applicable as required by the rules of the commission, including:

(1) identifying information;

(2) licensure data;

(3) adverse actions against a license or compact privilege;

(4) nonconfidential information related to alternative program participation;

(5) any denial of application for licensure and the reason or reasons for the denial; and

(6) other information that may facilitate the administration of this compact, as determined by the rules of the commission.

(c) Investigative information pertaining to a licensee in any member state will only be available to other party states.

(d) The commission shall promptly notify all member states of any adverse action taken against a licensee or an individual applying for a license. Adverse action information pertaining to a licensee in any member state will be available to any other member state.

(e) Member states contributing information to the data system may designate information that may not be shared with the public without the express permission of the contributing state.

(f) Any information submitted to the data system that is subsequently required to be expunged by the laws of the member state contributing the information shall be removed from the data system.

ARTICLE IX

RULEMAKING

(a) The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

(b) If a majority of the legislatures of the member states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact within four years of the date of adoption of the rule, then such rule shall have no further force and effect in any member state.

(c) Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

(d) Prior to promulgation and adoption of a final rule or rules by the commission and at least 30 days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) on the website of the commission or other publicly accessible platform; and

(2) on the website of each member state physical therapy licensing board or other publicly accessible platform or the publication in which each state would otherwise publish proposed rules.

(e) The notice of proposed rulemaking shall include:

(1) the proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

(2) the text of the proposed rule or amendment and the reason for the proposed rule;

(3) a request for comments on the proposed rule from any interested person; and

(4) the manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

(f) Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

(g) The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(1) at least 25 persons;

(2) a state or federal governmental subdivision or agency; or

(3) an association having at least 25 members.

(h) If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing. If the hearing is held via electronic means, the commission shall publish the mechanism for access to the electronic hearing:

(1) all persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing;

(2) hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing;

(3) all hearings will be recorded. A copy of the recording will be made available on request; and

(4) nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.

(i) Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

(j) If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

(k) The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

(l) Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

(1) meet an imminent threat to public health, safety, or welfare;

(2) prevent a loss of commission or member state funds;

(3) meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

(4) protect public health and safety.

(m) The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

ARTICLE X

OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(a) Oversight:

(1) the executive, legislative, and judicial branches of state government in each member state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law;

(2) all courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a member state pertaining to the subject matter of this compact which may affect the powers, responsibilities, or actions of the commission; and

(3) the commission shall be entitled to receive service of process in any such proceeding and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

(b) Default, technical assistance, and termination:

(1) if the commission determines that a member state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(i) provide written notice to the defaulting state and other member states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the commission; and

(ii) provide remedial training and specific technical assistance regarding the default;

(2) if a state in default fails to cure the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the member states, and all rights, privileges, and benefits conferred by this compact may be terminated on the effective date of termination. A cure of the default does not relieve the offending state of obligations or liabilities incurred during the period of default;

(3) termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be given by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the member states;

(4) a state that has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations that extend beyond the effective date of termination;

(5) the commission shall not bear any costs related to a state that is found to be in default or that has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state; and

(6) the defaulting state may appeal the action of the commission by petitioning the United States District Court for the District of Columbia or the federal district where the commission has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

(c) Dispute resolution:

(1) upon request by a member state, the commission shall attempt to resolve disputes related to the compact that arise among member states and between member and nonmember states; and

(2) the commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes as appropriate.

(d) Enforcement:

(1) the commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact;

(2) by majority vote, the commission may initiate legal action in the United States District Court for the District of Columbia or the federal district where the commission has its principal offices against a member state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees; and

(3) the remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

ARTICLE XI

DATE OF IMPLEMENTATION OF THE INTERSTATE COMPACT FOR PHYSICAL THERAPY PRACTICE AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

(a) The compact shall come into effect on the date on which the compact statute is enacted into law in the tenth member state. The provisions, which become effective at that time, shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

(b) Any state that joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule that has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

(c) Any member state may withdraw from this compact by enacting a statute repealing the same:

(1) a member state's withdrawal shall not take effect until six months after enactment of the repealing statute; and

(2) withdrawal shall not affect the continuing requirement of the withdrawing state's physical therapy licensing board to comply with the investigative and adverse action reporting requirements of this compact prior to the effective date of withdrawal.

(d) Nothing contained in this compact shall be construed to invalidate or prevent any physical therapy licensure agreement or other cooperative arrangement between a member state and a nonmember state that does not conflict with the provisions of this compact.

(e) This compact may be amended by the member states. No amendment to this compact shall become effective and binding upon any member state until it is enacted into the laws of all member states.

ARTICLE XII

CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. The provisions of this compact shall be severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or the applicability thereof to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability thereof to any government, agency, person, or circumstance shall not be affected thereby. If this compact shall be held contrary to the constitution of any party state, the compact shall remain in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to all severable matters.

History: *2024 c 127 art 28 s 1*

148.70 APPLICANTS, QUALIFICATIONS.

The Board of Physical Therapy must:

(1) establish the qualifications of applicants for licensing and continuing education requirements for renewal of licensure;

(2) provide for and conduct all examinations following satisfactory completion of all didactic requirements;

(3) determine the applicants who successfully pass the examination; and

(4) duly license an applicant after the applicant has presented evidence satisfactory to the board that the applicant has met all requirements for licensure as a physical therapist or physical therapist assistant.

History: *1951 c 479 s 6; 1973 c 725 s 17; 1975 c 136 s 21; 1980 c 412 s 3; 1986 c 444; 1988 c 549 s 1; 1991 c 106 s 6; 1995 c 18 s 10; 1999 c 245 art 9 s 51; 2007 c 123 s 18*

148.705 APPLICATION.

Subdivision 1. **Form; fee.** An applicant for licensure as a physical therapist or physical therapist assistant shall submit a written application on forms provided by the board together with the appropriate fee in the amount set by the board. No portion of the fee is refundable. No applicant will be approved to sit for the national examination until the application is complete, as determined by the board.

Subd. 2. **Contents of application.** (a) The application must include the following information:

(1) evidence satisfactory to the board that the applicant has met the educational requirements of section 148.721 or 148.722 as demonstrated by a certified copy of a transcript;

(2) recommendations by two physical therapists registered or licensed to practice physical therapy in the United States or Canada attesting to the applicant's ethical and moral character;

(3) a recent full-face photograph of the applicant attached to the application with the affidavit on the form completed and notarized;

(4) a record of the applicant's high school, college, and board-approved physical therapy school education listing the names, locations, dates of attendance, and diplomas, degrees, or certificates awarded;

(5) a record of the applicant's postgraduate work and military service;

(6) a listing of the United States jurisdictions, and countries in which the applicant is currently licensed or registered, or has been in the past, including the applicant's license or registration certificate number, the date the license or registration was obtained, and the method by which the license or registration was received;

(7) a record of the applicant's current and previous physical therapy practice experience;

(8) a record of disciplinary action taken on past complaints, refusal of licensure or registration, or denial of examination eligibility by another state board or physical therapy society against the applicant;

(9) a record of the applicant's personal use or administration of any controlled substances and any treatment for alcohol or drug abuse;

(10) a record by the applicant of any disease, illness, or injury that impairs the applicant's ability to practice physical therapy;

(11) a record of any convictions for crimes related to the practice of physical therapy, felonies, gross misdemeanors, and crimes involving moral turpitude;

(12) a listing of any memberships in a physical therapy professional association;

(13) the applicant's name and address;

(14) the applicant's Social Security number, alien registration card number, or tax identification number, whichever is applicable;

(15) completed copies of credentials verification forms provided by the board; and

(16) any information deemed necessary by the board to evaluate the applicant.

(b) A person who has previously practiced in another state shall submit the following information for the five-year period of active practice preceding the date of filing application in this state:

(1) the name and address of the person's professional liability insurer in the other state; and

(2) the number, date, and disposition of any malpractice settlement or award made to a plaintiff relating to the quality of services provided.

History: *1980 c 412 s 4; 1999 c 245 art 9 s 52; 2007 c 123 s 19*

148.706 PHYSICAL THERAPIST ASSISTANTS, AIDES, AND STUDENTS.

Subdivision 1. **Supervision.** (a) Every physical therapist who uses the services of a physical therapist assistant or physical therapy aide for the purpose of assisting in the practice of physical therapy is responsible for functions performed by the assistant or aide while engaged in such assistance. The physical therapist shall direct duties to the physical therapist assistant and assign tasks to the physical therapy aide in accordance with subdivision 2.

(b) A licensed physical therapist may supervise no more than two physical therapist assistants at any time. A physical therapist supervising physical therapist assistants is not required to be on site, but must be easily available by telecommunications.

(c) Physical therapists who instruct student physical therapists and student physical therapist assistants are responsible for the functions performed by the students and shall supervise the students as provided under section 148.65, subdivisions 5 and 6. A physical therapist supervising a student physical therapist must have direct contact with the patient during at least every second treatment session by the student physical therapist. A physical therapist or physical therapist assistant as part of a physical therapist and physical therapist assistant team who is supervising a student physical therapist assistant must have direct contact with the patient during at least every second treatment session by the student physical therapist assistant.

Subd. 2. **Direction of duties.** The physical therapist is authorized to direct patient treatment procedures only to a physical therapist assistant who has sufficient didactic and clinical preparation. The physical therapist may not direct the following activities to a physical therapist assistant or to other supportive personnel: initial patient examination and evaluation, development and modification of the plan of care, and initial or final documentation.

Subd. 3. **Observation of and collaboration with physical therapist assistants.** When a physical therapist directs components of a patient's treatment to a physical therapist assistant, a physical therapist must do the following at least every six treatment sessions that the physical therapist assistant provides services:

(1) observe a portion of the patient treatment session with the physical therapist assistant, either in person or remotely via telehealth; and

(2) document a collaborative discussion with the physical therapist assistant and the continued appropriateness of the plan of care.

Subd. 4. **Observation of physical therapy aides.** The physical therapist must observe the patient's status before and after the treatment administered by a physical therapy aide. The physical therapy aide may perform tasks related to preparation of patient and equipment for treatment, housekeeping, transportation, clerical duties, departmental maintenance, and selected treatment procedures. The tasks must be performed under the direct supervision of a physical therapist who is readily available for advice, instruction, or immediate assistance.

History: *1980 c 412 s 11; 1986 c 444; 2005 c 147 art 2 s 6; 2007 c 123 s 20; 2026 c 115 art 10 s 3-5*

148.71 TEMPORARY PERMITS.

Subdivision 1. MS 2006 [Repealed, 2007 c 123 s 137]

Subd. 2. **Issuance.** (a) The board may, upon completion of the application prescribed by the board and payment of a fee set by the board, issue a temporary permit to practice physical therapy under supervision to an applicant for licensure as a physical therapist or physical therapist assistant who meets the educational requirements of section 148.721 or 148.722 and qualified for admission to examination for licensing as a physical therapist or physical therapist assistant. A temporary permit may be issued only once and cannot be renewed. It expires 90 days after the next examination for licensing given by the board or on the date on which the board, after examination of the applicant, grants or denies the applicant a license to practice, whichever occurs first. A temporary permit expires on the first day the board begins its next examination for license after the permit is issued if the holder does not submit to examination on that date. The holder of a temporary permit to practice under supervision may practice physical therapy as defined in section 148.65 if the entire practice is under the supervision of a person holding a valid license to practice physical therapy in this state. The supervision shall be direct, immediate, and on premises.

(b) An applicant from another state who is licensed or otherwise registered in good standing as a physical therapist by that state and meets the requirements for licensing under section 148.721 does not require supervision to practice physical therapy while holding a temporary permit in this state. The temporary permit remains valid only until the meeting of the board at which the application for licensing is considered.

Subd. 3. **Foreign-educated physical therapists; temporary permits.** (a) The Board of Physical Therapy may issue a temporary permit to a foreign-educated physical therapist who:

(1) is enrolled in a supervised physical therapy traineeship that meets the requirements under paragraph (b);

(2) has completed a physical therapy education program equivalent to that under section 148.721, and has provided to the board a Foreign Credentialing Commission on Physical Therapy (FCCPT) comprehensive credentials evaluation (Type I certificate) or FCCPT educational credentials review demonstrating completion of the program;

(3) has achieved a passing score according to section 148.725, subdivision 3, on the test of English as a foreign language or an alternate equivalent examination, as determined by the board; and

(4) has paid a nonrefundable fee set by the board.

A foreign-educated physical therapist must have the temporary permit before beginning a traineeship.

(b) A supervised physical therapy traineeship must:

(1) be at least six months;

(2) be at a board-approved facility;

(3) provide a broad base of clinical experience to the foreign-educated physical therapist including a variety of physical agents, therapeutic exercises, evaluation procedures, and patient diagnoses;

(4) be supervised by a physical therapist who has at least three years of clinical experience and is licensed under subdivision 1; and

(5) be approved by the board before the foreign-educated physical therapist begins the traineeship.

(c) A temporary permit is effective on the first day of a traineeship and expires 90 days after the next examination for licensing given by the board following successful completion of the traineeship or on the date on which the board, after examination of the applicant, grants or denies the applicant a license to practice, whichever occurs first.

(d) A foreign-educated physical therapist must successfully complete a traineeship to be licensed as a physical therapist under subdivision 1. The traineeship may be waived for a foreign-educated physical therapist who is licensed or otherwise registered in good standing in another state and has successfully practiced physical therapy in that state under the supervision of a licensed or registered physical therapist for at least six months at a facility that meets the requirements under paragraph (b), clauses (2) and (3).

(e) A temporary permit will not be issued to a foreign-educated applicant who has been issued a temporary permit for longer than six months in any other state.

History: *1951 c 479 s 7; 1980 c 412 s 5; 1988 c 557 s 4; 1991 c 106 s 6; 1993 c 21 s 11,12; 1999 c 245 art 9 s 53; 2002 c 379 art 1 s 51; 2007 c 123 s 21; 2009 c 86 art 1 s 20*

148.715 FEES.

The fees charged by the board are fixed at the following rates:

(1) application fee for physical therapists and physical therapist assistants, $100;

(2) annual licensure for physical therapists and physical therapist assistants, $60;

(3) licensure renewal late fee, $20;

(4) temporary permit, $25;

(5) duplicate license or registration, $20;

(6) certification letter, $25;

(7) education or training program approval, $100;

(8) report creation and generation, $60 per hour billed in quarter-hour increments with a quarter-hour minimum; and

(9) examination administration:

(i) half day, $50; and

(ii) full day, $80.

History: *2007 c 123 s 36; 2007 c 147 art 9 s 26*

148.72 MS 2006 [Repealed, 2007 c 123 s 137]

148.721 EDUCATIONAL REQUIREMENTS FOR LICENSED PHYSICAL THERAPIST.

Subdivision 1. **Accredited program.** All applicants for licensure as a physical therapist must complete a course in physical therapy education accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) or which meets the accreditation requirements of CAPTE, as determined by the board.

Subd. 2. **General education.** In addition to completion of the accredited program required in subdivision 1, applicants must complete an additional 60 academic semester credits or its quarter equivalent from an institution of higher education that is accredited by a regional accrediting organization. Coursework used to satisfy this requirement may not have been earned as part of the accredited program requirement of subdivision 1.

History: *2007 c 123 s 22*

148.722 EDUCATIONAL REQUIREMENTS FOR LICENSED PHYSICAL THERAPIST ASSISTANT.

All applicants for licensure as a physical therapist assistant must graduate from a physical therapist assistant educational program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE) or meet its standards, as determined by the board.

History: *2007 c 123 s 23*

148.723 EXAMINATION FOR LICENSED PHYSICAL THERAPIST.

Subdivision 1. **National test.** All applicants for licensure as a physical therapist must take and pass the National Physical Therapy Examination (NPTE) administered by the Federation of State Boards of Physical Therapy (FSBPT) or an alternate national examination determined by the board to be equivalent. For purposes of this section, passing scores are defined in subdivisions 2 and 3.

Subd. 2. **Examinations taken on or before July 1, 1995.** The passing score for qualifying examinations taken prior to July 1, 1995, is one standard deviation below the mean of all persons taking the examination.

Subd. 3. **Examinations taken after July 1, 1995.** The passing score for qualifying examinations taken after July 1, 1995, shall be based on objective, numerical standards established by the administering testing agency.

History: *2007 c 123 s 24*

148.724 EXAMINATION FOR LICENSED PHYSICAL THERAPIST ASSISTANT.

Subdivision 1. **National test.** All applicants for licensure as a physical therapist assistant must take and pass the National Physical Therapy Examination (NPTE) for physical therapist assistants administered by the Federation of State Boards of Physical Therapy (FSBPT) or an alternate national examination determined by the board to be equivalent. For purposes of this section, passing scores are defined in subdivisions 2 and 3.

Subd. 2. **Examinations taken on or before July 1, 1995.** The passing score for qualifying examinations taken prior to July 1, 1995, is one standard deviation below the mean of all persons taking the examination.

Subd. 3. **Examinations taken after July 1, 1995.** The passing score for qualifying examinations taken after July 1, 1995, shall be based on objective, numerical standards established by the administering testing agency.

Subd. 4. MS 2007 Supp [Expired, 2007 c123 s 25]

History: *2007 c 123 s 25; 2023 c 25 s 52*

148.725 REQUIREMENTS FOR FOREIGN-EDUCATED APPLICANTS.

Subdivision 1. **Scope and documentation.** An applicant for licensure who is a foreign-educated physical therapist must fulfill the requirements in subdivisions 2 to 5, providing certified English translations of board-required relevant documentation.

Subd. 2. **Education evaluation.** The applicant must present evidence of completion of physical therapy schooling equivalent to that required in section 148.721 by having a Type I comprehensive credentials evaluation or educational credentials review performed by the Foreign Credentialing Commission on Physical Therapy (FCCPT). The evaluation must be sent directly to the board from the FCCPT. The applicant shall be responsible for the expenses incurred as a result of the evaluation.

Subd. 3. **English test.** If not completed as part of the FCCPT Type I comprehensive credentials evaluation, the applicant must demonstrate English language proficiency by taking the test of English as a foreign language examination (TOEFL) and achieving a passing score as established by the board, or a passing score on a comparable nationally recognized examination approved by the board. For purposes of this subdivision, the passing score adopted by the board shall be applied prospectively.

Subd. 4. **Experience.** The applicant must have practiced satisfactorily for at least six months under the supervision of a licensed physical therapist at a board-approved facility. A facility that offers such practice must provide a broad base of experience including a variety of physical agents, therapeutic exercises, evaluation procedures, and patient diagnoses. Supervision must be provided by a licensed physical therapist with at least three years of clinical experience. A proposed outline of clinical experiences must be approved by the board before the facility begins offering the experience.

Subd. 5. **Examination.** The applicant must satisfactorily complete the board-approved examination as stated in section 148.723.

History: *2007 c 123 s 26; 2009 c 86 art 1 s 21; 2017 c 40 art 1 s 36*

148.73 RENEWALS.

Every licensed physical therapist and physical therapist assistant shall, before January 1 each year, apply to the board for an extension of a license and pay a fee in the amount set by the board. The extension of the license is contingent upon demonstration that the continuing education requirements set by the board under section 148.70 have been satisfied. For purposes of this section, the continuing education requirements for physical therapist assistants are the same as those for physical therapists.

History: *1951 c 479 s 9; 1959 c 282 s 1; 1961 c 323 s 1; 1980 c 412 s 7; 1986 c 444; 1988 c 549 s 2; 1999 c 245 art 9 s 57; 2007 c 123 s 27*

148.735 CANCELLATION OF LICENSE IN GOOD STANDING.

Subdivision 1. **Board approval; reporting.** A physical therapist or physical therapist assistant holding an active license to practice physical therapy in the state may, upon approval of the board, be granted license cancellation if the board is not investigating the person as a result of a complaint or information received or if the board has not begun disciplinary proceedings against the person. Such action by the board shall be reported as a cancellation of a license in good standing.

Subd. 2. **Fees nonrefundable.** A physical therapist or physical therapist assistant who receives board approval for license cancellation is not entitled to a refund of any license fees paid for the licensure year in which cancellation of the license occurred.

Subd. 3. **New license after cancellation.** If a physical therapist or physical therapist assistant who has been granted board approval for license cancellation desires to resume the practice of physical therapy in Minnesota, that physical therapist or physical therapist assistant must obtain a new license by applying for licensure and fulfilling the requirements then in existence for obtaining an initial license to practice physical therapy in Minnesota.

History: *2005 c 147 art 2 s 7; 2007 c 123 s 28*

148.736 CANCELLATION OF CREDENTIALS UNDER DISCIPLINARY ORDER.

Subdivision 1. **Board approval; reporting.** A physical therapist or physical therapist assistant whose right to practice is under suspension, condition, limitation, qualification, or restriction by the board may be granted cancellation of credentials by approval of the board. Such action by the board shall be reported as cancellation while under discipline. Credentials, for purposes of this section, means board authorized documentation of the privilege to practice physical therapy.

Subd. 2. **Fees nonrefundable.** A physical therapist or physical therapist assistant who receives board approval for credential cancellation is not entitled to a refund of any fees paid for the credentialing year in which cancellation of the credential occurred.

Subd. 3. **New credential after cancellation.** If a physical therapist or physical therapist assistant who has been granted board approval for credential cancellation desires to resume the practice of physical therapy in Minnesota, that physical therapist or physical therapist assistant must obtain a new credential by applying to the board and fulfilling the requirements then in existence for obtaining an initial credential to practice physical therapy in Minnesota.

History: *2005 c 147 art 2 s 8; 2007 c 123 s 29; 2008 c 277 art 1 s 19,20*

148.737 CANCELLATION OF LICENSE FOR NONRENEWAL.

The Board of Physical Therapy shall not renew, reissue, reinstate, or restore a license that has lapsed on or after January 1, 2006, and has not been renewed within two annual license renewal cycles starting January 1, 2008. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for an initial license to practice physical therapy in Minnesota.

History: *2005 c 147 art 2 s 9*

148.74 RULES.

The board may adopt rules needed to carry out sections 148.65 to 148.78.

History: *1951 c 479 s 10; 1977 c 305 s 45; 1980 c 412 s 8; 1985 c 248 s 70; 1988 c 549 s 3; 1999 c 245 art 9 s 58; 2007 c 123 s 30*

148.741 APPLICABILITY OF RULES.

Minnesota Rules, parts 5601.0100 to 5601.3200, apply both to physical therapists and physical therapist assistants, except parts 5601.1300; 5601.2000; 5601.3200, subpart 2, item D; and 5601.3200, subpart 5, only apply to physical therapists.

History: *2007 c 123 s 135; 2013 c 125 art 1 s 33; 2016 c 158 art 1 s 68*

148.745 MS 2006 [Repealed, 2007 c 123 s 137]

148.75 DISCIPLINARY ACTION.

(a) The board may impose disciplinary action specified in paragraph (b) against an applicant or licensee whom the board, by a preponderance of the evidence, determines:

(1) has violated a statute, rule, order, or agreement for corrective action that the board issued or is otherwise authorized or empowered to enforce;

(2) is unable to practice physical therapy with reasonable skill and safety by reason of any mental or physical illness or condition, including deterioration through the aging process or loss of motor skills, or use of alcohol, drugs, narcotics, chemicals, or any other type of material;

(3) has been convicted of or has pled guilty or nolo contendere to a felony or other crime, an element of which is dishonesty or fraud, or has been shown to have engaged in acts or practices tending to show that the applicant or licensee is incompetent or has engaged in conduct reflecting adversely on the applicant's or licensee's ability or fitness to engage in the practice of physical therapy;

(4) has been convicted of violating any state or federal narcotic law;

(5) has obtained or attempted to obtain a license or approval of continuing education activities, or passed an examination, by fraud or deception;

(6) has engaged in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;

(7) has engaged in gross negligence in the practice of physical therapy as a physical therapist;

(8) has treated human ailments by physical therapy after an initial 90-day period of patient admittance to treatment has lapsed, except by the order or referral of a person licensed in this state in the practice of medicine as defined in section 147.081, the practice of chiropractic as defined in section 148.01, the practice of podiatry as defined in section 153.01, or the practice of dentistry as defined in section 150A.05, or the practice of advance practice nursing as defined in section 148.171, subdivision 3, when orders or referrals are made in and whose license is in collaboration with a physician, chiropractor, podiatrist, or dentist, and whose license is in good standing; or when a previous diagnosis exists indicating an ongoing condition warranting physical therapy treatment, subject to periodic review defined by board of physical therapy rule.

The 90-day limitation of treatment by a physical therapist without an order or referral does not apply to prevention, wellness, education, or exercise;

(9) for a physical therapist licensed less than one year, has treated human ailments, without referral, by physical therapy treatment without first having practiced one year in collaboration with a physical therapist with more than one year of experience or under a physician's orders or referrals as verified by the board's records;

(10) has failed to consult with the patient's licensed health care provider, or licensed health care professional, who prescribed the physical therapy treatment if the treatment is altered by the physical therapist from the original written order. The provision does not include written orders to "evaluate and treat";

(11) has inappropriately delegated to a physical therapist assistant or inappropriately assigned tasks to an aide, or inadequately supervised a student physical therapist, physical therapist assistant, student physical therapist assistant, or a physical therapy aide;

(12) has practiced as a physical therapist performing medical diagnosis, the practice of medicine as defined in section 147.081, or the practice of chiropractic as defined in section 148.01;

(13) has failed to comply with a reasonable request to obtain appropriate clearance for mental or physical conditions that would interfere with the ability to practice physical therapy, and that may be potentially harmful to patients;

(14) has divided fees with, or paying or promising to pay a commission or part of the fee to, any person who contacts the physical therapist for consultation or sends patients to the physical therapist for treatment;

(15) has engaged in an incentive payment arrangement, other than that prohibited by clause (14), that tends to promote physical therapy overuse, that allows the referring person or person who controls the availability of physical therapy services to a client to profit unreasonably as a result of patient treatment;

(16) has failed to refer to a licensed health care professional a patient whose medical condition has been determined by the physical therapist to be beyond the scope of practice of a physical therapist;

(17) has failed to report to the board other licensees who violate this section;

(18) has engaged in the practice of physical therapy under lapsed or nonrenewed credentials;

(19) has had a license, certificate, charter, registration, privilege to take an examination, or other similar authority denied, revoked, suspended, canceled, limited, reprimanded, or otherwise disciplined, or not renewed for cause in any jurisdiction; or has surrendered or voluntarily terminated a license or certificate during a board investigation of a complaint, as part of a disciplinary order, or while under a disciplinary order;

(20) has been subject to a corrective action or similar action in another jurisdiction or by another regulatory authority; or

(21) has failed to cooperate with an investigation of the board, including responding fully and promptly to any question raised by or on behalf of the board relating to the subject of the investigation, executing all releases requested by the board, providing copies of patient records, as reasonably requested by the board to assist it in its investigation, and appearing at conferences or hearings scheduled by the board or its staff.

(b) If grounds for disciplinary action exist under paragraph (a), the board may take one or more of the following actions:

(1) deny the application for licensure;

(2) deny the renewal of the license;

(3) revoke the license;

(4) suspend the license;

(5) impose limitations or conditions on the licensee's practice of physical therapy, including the: (i) limitation of scope of practice to designated field specialties; (ii) imposition of retraining or rehabilitation requirements; (iii) requirement of practice under supervision; or (iv) conditioning of continued practice on demonstration of knowledge or skills by appropriate examination, monitoring, or other review of skill and competence;

(6) impose a civil penalty not to exceed $10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the physical therapist of any economic advantage gained by reason of the violation charged, to discourage similar violations, or to reimburse the board for the cost of the investigation and proceeding including, but not limited to, fees paid for services provided by the Court of Administrative Hearings, legal and investigative services provided by the Office of the Attorney General, court reporters, witnesses, reproduction of records, board members' per diem compensation, board staff time, and travel costs and expenses incurred by board staff and board members;

(7) order the licensee to provide unremunerated service;

(8) censure or reprimand the licensee; or

(9) any other action as allowed by law and justified by the facts of the case.

(c) A license to practice as a physical therapist or physical therapist assistant is automatically suspended if (1) a guardian of the licensee is appointed by order of a court pursuant to sections 524.5-101 to 524.5-502, for reasons other than the minority of the licensee; or (2) the licensee is committed by order of a court pursuant to chapter 253B. The license remains suspended until the licensee is restored to capacity by a court and, upon petition by the licensee, the suspension is terminated by the Board of Physical Therapy after a hearing.

History: *1951 c 479 s 11; 1967 c 119 s 1; 1969 c 6 s 27; 1969 c 927 s 7; 1974 c 61 s 1; 1974 c 406 s 23; 1980 c 412 s 9; 1982 c 581 s 24; 1985 c 182 s 2; 1986 c 444; 1987 c 384 art 2 s 1; 1988 c 549 s 4; 1991 c 106 s 6; 1991 c 199 art 2 s 1; 1Sp1994 c 1 art 2 s 11; 1999 c 245 art 9 s 60; 2004 c 146 art 3 s 9; 2005 c 147 art 2 s 10; 2007 c 123 s 31; 2008 c 199 s 2; 2025 c 39 art 2 s 68*

148.754 EXAMINATION; ACCESS TO MEDICAL DATA.

(a) If the board has probable cause to believe that a licensee comes under section 148.75, paragraph (a), clause (2), it may direct the licensee to submit to a mental or physical examination. For the purpose of this paragraph, every licensee is deemed to have consented to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physicians' testimony or examination reports on the ground that they constitute a privileged communication. Failure of the licensee to submit to an examination when directed constitutes an admission of the allegations against the person, unless the failure was due to circumstances beyond the person's control, in which case a default and final order may be entered without the taking of testimony or presentation of evidence. A licensee affected under this paragraph shall, at reasonable intervals, be given an opportunity to demonstrate

that the person can resume the competent practice of physical therapy with reasonable skill and safety to the public.

(b) In any proceeding under paragraph (a), neither the record of proceedings nor the orders entered by the board shall be used against a licensee in any other proceeding.

(c) In addition to ordering a physical or mental examination, the board may, notwithstanding section 13.384, 144.651, or any other law limiting access to medical or other health data, obtain medical data and health records relating to a licensee or applicant without the person's or applicant's consent if the board has probable cause to believe that the person comes under paragraph (a). The medical data may be requested from a provider, as defined in section 144.291, subdivision 2, paragraph (i), an insurance company, or a government agency, including the Department of Human Services and Direct Care and Treatment. A provider, insurance company, or government agency shall comply with any written request of the board under this paragraph and is not liable in any action for damages for releasing the data requested by the board if the data are released pursuant to a written request under this paragraph, unless the information is false and the provider giving the information knew, or had reason to believe, the information was false. Information obtained under this paragraph is classified as private under sections 13.01 to 13.87.

History: *2005 c 147 art 2 s 11; 2007 c 123 s 32; 2007 c 147 art 10 s 15; 2020 c 83 art 2 s 10; 2025 c 38 art 3 s 19*

148.755 TEMPORARY SUSPENSION OF LICENSE.

In addition to any other remedy provided by law, the board may, without a hearing, temporarily suspend the license of a licensee if the board finds that the licensee has violated a statute or rule which the board is empowered to enforce and continued practice by the licensee would create a serious risk of harm to the public. The suspension shall take effect upon written notice to the licensee, specifying the statute or rule violated. The suspension shall remain in effect until the board issues a final order in the matter after a hearing. At the time it issues the suspension notice, the board shall schedule a disciplinary hearing to be held pursuant to the Administrative Procedure Act, chapter 14. The licensee shall be provided with at least 20 days' notice of any hearing held pursuant to this section. The hearing shall be scheduled to begin no later than 30 days after the issuance of the suspension order.

History: *2005 c 147 art 2 s 12; 2007 c 123 s 33*

148.76 PROHIBITED CONDUCT.

Subdivision 1. **Licensure required.** No person shall:

(1) provide physical therapy unless the person is licensed as a physical therapist or physical therapist assistant under sections 148.65 to 148.78;

(2) use the title of physical therapist without a license as a physical therapist or use the title physical therapist assistant without a license as a physical therapist assistant issued under sections 148.65 to 148.78;

(3) in any manner hold out as a physical therapist, or use in connection with the person's name the words or letters Physical Therapist, Physiotherapist, Physical Therapy Technician, Registered Physical Therapist, Licensed Physical Therapist, PT, PTT, RPT, LPT, or any letters, words, abbreviations or insignia indicating or implying that the person is a physical therapist, without a license as a physical therapist issued under sections 148.65 to 148.78. To do so is a gross misdemeanor;

(4) in any manner hold out as a physical therapist assistant, or use in connection with the person's name the words or letters Physical Therapist Assistant, P.T.A., or any letters, words, abbreviations, or insignia indicating or implying that the person is a physical therapist assistant, without a license as a physical therapist assistant under sections 148.65 to 148.78. To do so is a gross misdemeanor; or

(5) employ fraud or deception in applying for or securing a license as a physical therapist or physical therapist assistant.

Nothing in sections 148.65 to 148.78 prohibits a person licensed or registered in this state under another law from carrying out the therapy or practice for which the person is duly licensed or registered.

Subd. 2. **Prohibitions.** (a) No physical therapist may:

(1) treat human ailments by physical therapy after an initial 90-day period of patient admittance to treatment has lapsed, except by the order or referral of a person licensed in this state to practice medicine as defined in section 147.081, the practice of chiropractic as defined in section 148.01, the practice of podiatry as defined in section 153.01, the practice of dentistry as defined in section 150A.05, or the practice of advanced practice nursing as defined in section 62A.15, subdivision 3a, when orders or referrals are made in collaboration with a physician, chiropractor, podiatrist, or dentist, and whose license is in good standing; or when a previous diagnosis exists indicating an ongoing condition warranting physical therapy treatment, subject to periodic review defined by Board of Physical Therapy rule. The 90-day limitation of treatment by a physical therapist without an order or referral does not apply to prevention, wellness, education, or exercise;

(2) use any chiropractic manipulative technique whose end is the chiropractic adjustment of an abnormal articulation of the body; and

(3) treat human ailments other than by physical therapy unless duly licensed or registered to do so under the laws of this state.

(b) No physical therapist licensed less than one year may treat human ailments, without referral, by physical therapy treatment without first having practiced one year in collaboration with a physical therapist with more than one year of experience or under a physician's orders or referrals as verified by the board's records.

History: *1951 c 479 s 12; 1980 c 412 s 10; 1985 c 182 s 3; 1986 c 444; 1988 c 549 s 5; 1991 c 106 s 6; 1991 c 199 art 2 s 1; 1998 c 317 s 10; 1999 c 245 art 9 s 61; 2007 c 123 s 34; 2008 c 199 s 3*

148.77 VIOLATIONS.

Any person violating the provisions of section 148.76 is guilty of a gross misdemeanor.

History: *1951 c 479 s 13; 1980 c 412 s 12*

148.775 MS 2006 [Repealed, 2007 c 123 s 137]

148.78 PROSECUTION, ALLEGATIONS.

In the prosecution of any person for violation of sections 148.65 to 148.78 as specified in section 148.76, it shall not be necessary to allege or prove want of a valid license as a physical therapist or physical therapist assistant, but shall be a matter of defense to be established by the accused.

History: *1951 c 749 s 14; 1980 c 412 s 13; 1999 c 245 art 9 s 62; 2007 c 123 s 35*

ATHLETIC TRAINERS

148.7801 CITATION.

Sections 148.7801 to 148.7815 may be cited as the "Minnesota Athletic Trainers Act."

History: *1993 c 232 s 2*

148.7802 DEFINITIONS.

Subdivision 1. **Applicability.** The definitions in this section apply to this chapter.

Subd. 2. **Approved continuing education program.** "Approved continuing education program" means a continuing education program that meets the maintenance of competence requirements in section 148.7812 and is approved by the board.

Subd. 3. **Approved education program.** "Approved education program" means an education program offered by an accredited university, college, or other postsecondary institution that, at the time the student completes the program, makes the student eligible to attain national certification as an athletic trainer from the Board of Certification for the Athletic Trainer or its recognized successor.

Subd. 4. MS 2024 [Repealed, 2026 c 115 art 2 s 6]

Subd. 5. MS 2024 [Repealed, 2026 c 115 art 2 s 6]

Subd. 6. **Athletic trainer.** "Athletic trainer" means a person who engages in athletic training under section 148.7806 and is licensed under section 148.7808. Athletic trainers practice in health care settings and serve patient populations as identified by the Board of Certification for the Athletic Trainer or its recognized successor and by approved education programs.

Subd. 6a. **Athletic training.** "Athletic training" means the following actions performed for the purpose of treating emergent, acute, and chronic injuries and nonorthopedic conditions and performed within the professional training and experience provided by an approved education program and included in an athletic trainer credentialing examination:

(1) risk reduction, wellness, and health literacy;

(2) assessment, evaluation, and diagnosis;

(3) critical incident management;

(4) therapeutic intervention; and

(5) health care administration and professional responsibility.

Subd. 7. **Board.** "Board" means the Board of Medical Practice.

Subd. 8. **Credential.** "Credential" means a license, permit, certification, registration, or other evidence of qualification or authorization to practice as an athletic trainer in this state or any other state.

Subd. 9. **Credentialing examination.** "Credentialing examination" means an examination administered by the Board of Certification for the Athletic Trainer or its recognized successor.

Subd. 10. **Primary employment site.** "Primary employment site" means the institution, organization, corporation, or sports team where the athletic trainer is employed for the practice of athletic training.

Subd. 11. **Primary physician.** "Primary physician" means a licensed medical physician who serves as a medical consultant to an athletic trainer.

History: *1993 c 232 s 3; 2014 c 291 art 4 s 14,15; 2018 c 143 s 1-4; 2019 c 50 art 1 s 51; 2026 c 115 art 2 s 1,2*

148.7803 PROHIBITED PRACTICE OR USE OF TITLES; PENALTY.

Subdivision 1. **License required.** No person shall engage in athletic training without first being licensed under sections 148.7801 to 148.7815. A person engages in athletic training if the person performs or offers to perform athletic training as defined in section 148.7806.

Subd. 2. **Designation.** (a) A person shall not use in connection with the person's name or in any form of advertising, professional literature, or billing that relates to the person's occupation or profession as an athletic trainer, the words or letters registered athletic trainer; licensed athletic trainer; Minnesota registered athletic trainer; athletic trainer; AT; LAT; ATR; or any words, letters, abbreviations, or insignia indicating or implying that the person is an athletic trainer, without being licensed as an athletic trainer under sections 148.7801 to 148.7815.

(b) Any person who is exempt from licensure under subdivision 3 must not use any of the titles identified in paragraph (a), or any description stating or implying that they are engaged in the practice of athletic training or that they are licensed to engage in the practice of athletic training.

Subd. 3. **Exceptions.** (a) Nothing in sections 148.7801 to 148.7815 shall be construed to prohibit the practice of any profession or occupation licensed or registered by the state or to perform any act that falls within the scope of practice of the licensed or registered profession or occupation.

(b) Nothing in sections 148.7801 to 148.7815 shall be construed to require an athletic trainer license for:

(1) a student engaged in athletic training as part of an accredited athletic training program if the student is under the direct supervision of a licensed athletic trainer and is identified as an "athletic training student"; or

(2) an athletic trainer as a member of the United States armed forces while performing duties incident to duty.

Subd. 4. **Penalty.** A person who violates this section is guilty of a misdemeanor and subject to section 214.11.

History: *1993 c 232 s 4; 2014 c 291 art 4 s 16; 2018 c 143 s 5*

148.7804 POWERS OF THE BOARD.

The board, acting under the advice of the Athletic Trainers Advisory Council, shall issue all licenses and shall exercise the following powers and duties:

(1) adopt rules necessary to implement sections 148.7801 to 148.7815;

(2) prescribe license application forms, license forms, protocol forms, and other necessary forms;

(3) approve a licensure examination;

(4) keep a complete record of licensed athletic trainers, prepare a current official listing of the names and addresses of licensed athletic trainers, and make a copy of the list available to any person requesting it upon payment of a copying fee established by the board;

(5) keep a permanent record of all its proceedings; and

(6) establish the duties of, and employ, clerical personnel.

History: *1993 c 232 s 5; 2018 c 143 s 6*

148.7805 ATHLETIC TRAINERS ADVISORY COUNCIL.

Subdivision 1. **Membership.** The Athletic Trainers Advisory Council is created and is composed of eight members appointed by the board. The advisory council consists of:

(1) two public members as defined in section 214.02;

(2) three members who are licensed athletic trainers, one being both a licensed physical therapist and licensed athletic trainer as submitted by the Minnesota American Physical Therapy Association;

(3) two members who are medical physicians licensed by the state and have experience with athletic training and sports medicine; and

(4) one member who is a doctor of chiropractic licensed by the state and has experience with athletic training and sports injuries.

Subd. 2. **Administration.** The advisory council is established and administered under section 15.059.

Subd. 3. **Duties.** The advisory council shall:

(1) advise the board regarding standards for athletic trainers;

(2) distribute information regarding athletic trainer standards;

(3) advise the board on enforcement of sections 148.7801 to 148.7815;

(4) review license applications and license renewal applications and make recommendations to the board;

(5) review complaints in accordance with sections 214.10 and 214.13, subdivision 6;

(6) review investigation reports of complaints and recommend to the board whether disciplinary action should be taken;

(7) advise the board regarding evaluation and treatment protocols;

(8) advise the board regarding approval of continuing education programs; and

(9) perform other duties authorized for advisory councils under chapter 214, as directed by the board.

History: *1993 c 232 s 6; 2000 c 260 s 25; 2014 c 286 art 8 s 20; 2014 c 291 art 4 s 17; 2018 c 143 s 7,8*

148.7806 ATHLETIC TRAINING.

(a) An athletic trainer shall perform athletic training under the supervision of, on the prescription of, and in collaboration with, a primary physician:

(1) who is licensed in Minnesota to practice medicine, as defined in section 147.081; and

(2) whose license is in good standing.

(b) An athletic trainer must use therapeutic interventions within the training and experience of the athletic trainer according to section 148.7802, subdivision 6a, for the treatment and rehabilitation of patients.

(c) The primary physician shall establish evaluation and treatment protocols to be used by the athletic trainer. The primary physician shall record the protocols on a form prescribed by the board. The protocol form must be updated yearly at the athletic trainer's license renewal time and kept on file by the athletic trainer.

(d) At the primary employment site, an athletic trainer may evaluate and treat a patient who was not previously diagnosed for not more than 30 days from the date of the initial evaluation and treatment. Prevention, wellness, education, exercise, and reconditioning are not considered treatment. This paragraph does not apply to a person who is referred for treatment by a person licensed in this state to practice medicine as defined in section 147.081; to practice chiropractic as defined in section 148.01; to practice physical therapy as defined in section 148.65, except as provided in paragraph (f); to practice podiatry as defined in section 153.01; or to practice dentistry as defined in section 150A.05, and whose license is in good standing.

(e) An athletic trainer:

(1) may organize and administer an athletic training program, including but not limited to educating and counseling patients;

(2) must monitor the signs, symptoms, general behavior, and general physical response of a patient to treatment and rehabilitation, including but not limited to whether the signs, symptoms, reactions, behavior, or general response show abnormal characteristics that require a change in the plan of care or a referral; and

(3) must make suggestions to the primary physician or other treating provider for a modification in the treatment and rehabilitation of a patient based on the indicators in clause (2).

(f) In a clinical, corporate, and physical therapy setting, when the service provided is, or is represented as being, physical therapy, an athletic trainer may work only under the direct supervision of a physical therapist as defined in section 148.65.

History: *1993 c 232 s 7; 2018 c 143 s 9; 2026 c 115 art 2 s 3*

148.7807 LIMITATIONS ON PRACTICE.

(a) An athletic trainer must not practice or claim to practice medicine as defined in section 147.081; acupuncture as defined in section 147B.01; chiropractic as defined in section 148.01; physical therapy as defined in section 148.65, except as provided under section 148.7806, paragraph (f); podiatry as defined in section 153.01; occupational therapy as defined in section 148.6404; or any other licensed or registered health care profession, unless the athletic trainer also holds the appropriate license or registration to practice that profession.

(b) If an athletic trainer determines that a patient's medical condition is outside the scope of practice of that athletic trainer, the athletic trainer must refer the patient to a person licensed in this state to practice medicine as defined in section 147.081; to practice chiropractic as defined in section 148.01; to practice physical therapy as defined in section 148.65, except as provided under section 148.7806, paragraph (f); to practice podiatry as defined in section 153.01; or to practice dentistry as defined in section 150A.05, and whose license is in good standing and in accordance with established evaluation and treatment protocols. An athletic trainer shall modify or terminate treatment of a patient that is not beneficial to the patient, or that is not tolerated by the patient.

History: *1993 c 232 s 8; 2026 c 115 art 2 s 4*

148.7808 LICENSURE; REQUIREMENTS.

Subdivision 1. **Licensure.** The board may issue an athletic trainer license to applicants who meet the requirements under this section. An applicant for licensure as an athletic trainer shall:

(1) pay a fee under section 148.7815;

(2) file a written application on a form, provided by the board, that includes:

(i) the applicant's name, Social Security number, home address and telephone number, business address and telephone number, and business setting;

(ii) evidence satisfactory to the board of current national credentialing as a certified athletic trainer by the Board of Certification for the Athletic Trainer or its recognized successor;

(iii) educational background;

(iv) credentials held in this state or in other jurisdictions;

(v) a description of any jurisdiction's refusal to credential the applicant;

(vi) a description of all professional disciplinary actions initiated against the applicant in any jurisdiction;

(vii) any history of drug or alcohol abuse, and any misdemeanor or felony conviction;

(viii) additional information as requested by the board;

(ix) the applicant's signature on a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief; and

(x) the applicant's signature on a waiver authorizing the board to obtain access to the applicant's records in this state or any other state in which the applicant has completed an education program approved by the board, engaged in the practice of athletic training, or held other professional credentials;

(3) if the applicant holds or has held a credential as an athletic trainer in another jurisdiction, provide verification from the credentialing body in each jurisdiction that the applicant holds or has held a credential for the practice of athletic training; and

(4) if the applicant holds or has held a credential as another health professional in this state or another jurisdiction, provide verification from the credentialing body for that profession that the applicant holds or has held a credential for the practice of that profession.

Subd. 2. MS 2012 [Repealed, 2014 c 291 art 4 s 59]

Subd. 3. MS 2016 [Repealed, 2018 c 143 s 26]

Subd. 4. MS 2016 [Repealed, 2018 c 143 s 26]

Subd. 5. MS 2016 [Repealed, 2018 c 143 s 26]

History: *1993 c 232 s 9; 1999 c 33 s 7,8; 2014 c 291 art 4 s 18,19; 2018 c 143 s 10,25*

148.7809 LICENSE RENEWAL.

Subdivision 1. **Requirements for license renewal.** An athletic trainer license issued under section 148.7808 expires annually. To renew a license, an athletic trainer shall pay a fee as required by section 148.7815 and complete a renewal application on a form provided by the board that includes:

(1) the athletic trainer's name, Minnesota athletic trainer license number, home address and telephone number, business address and telephone number, and business setting;

(2) work history for the past year, including the average number of hours worked per week;

(3) a report of any change in status since initial licensure or previous license renewal;

(4) evidence satisfactory to the board of having met the continuing education requirements of section 148.7812;

(5) the athletic trainer's signature on a statement that a current copy of the protocol form is on file at the athletic trainer's primary employment site;

(6) any history of drug or alcohol abuse, and any misdemeanor or felony conviction; and

(7) any disciplinary action on any credential held in this state or in another jurisdiction.

Subd. 2. **License renewal notice.** The board shall annually send out a renewal notice to an athletic trainer's last known address on file with the board. The notice shall include an application for license renewal and notice of the fees required for renewal. An athletic trainer who does not receive a renewal notice must still meet the requirements for license renewal under this section.

Subd. 3. **Renewal deadline.** (a) An application for renewal of licensure must be postmarked on or before July 1 of each year. If the postmark is illegible, the application is considered timely if received in the board office by the third working day after July 1.

(b) An application for renewal of licensure submitted after the deadline date must include a late fee under section 148.7815.

Subd. 4. **Licensure following lapse of licensed status for two years or less.** (a) In order to regain licensed status, an athletic trainer whose license has lapsed for two years or less must:

(1) apply for license renewal under subdivision 1;

(2) document compliance with the continuing education requirements in section 148.7812 since the athletic trainer's initial licensure or last renewal; and

(3) submit the fees required by section 148.7815 for the period the athletic trainer was not licensed, including the fee for late renewal.

(b) The board shall not renew, reissue, reinstate, or restore a license that has lapsed after June 30, 1999, and has not been renewed within two annual renewal cycles starting July 1, 2001. An athletic trainer whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for an initial license.

History: *1993 c 232 s 10; 2001 c 31 s 2; 2018 c 143 s 11-13,25*

148.781 CENTRAL SERVICE TECHNICIAN.

Subdivision 1. **Application.** This section applies to persons who perform the functions of a central service technician in a health care facility.

Subd. 2. **Definitions.** For purposes of this section, the following terms have the meanings given:

(1) "central service technician" means a person who decontaminates, inspects, assembles, packages, and sterilizes reusable medical instruments or devices used by a health care facility;

(2) "health care facility" means a hospital or ambulatory surgical center; and

(3) "health care practitioner" means an individual regulated by a health-related licensing board as defined in section 214.01, subdivision 2, or by the commissioner of health under sections 148.511 to 148.5198, to the extent the individual provides services in a health care facility and the tasks of a central service technician are within the individual's scope of practice. Health care practitioner includes an intern, resident, or fellow who performs or assists with surgery.

Subd. 3. **Requirements for central service technician.** (a) A health care facility shall employ or otherwise retain the services of a central service technician only if the central service technician:

(1) has successfully passed a nationally accredited examination for central service technicians and holds and maintains one of the following credentials administered by a nationally accredited central service technician credentialing organization: a certified registered central service technician credential, a certified endoscope reprocessor credential, a certified sterile processing and distribution technician credential, or a certified flexible endoscope reprocessor credential; or

(2) provides evidence that the person was employed by or was retained as a central service technician by a health care facility on or before December 31, 2027.

(b) A central service technician who does not meet the requirements of paragraph (a), clause (1), shall have 24 months from the date of hire to obtain a certified registered central service technician credential, a certified endoscope reprocessor credential, a certified sterile processing and distribution technician credential, or a certified flexible endoscope reprocessor credential.

(c) A person who qualifies to operate as a central service technician in a health care facility under paragraph (a) must annually complete ten hours of continuing education credits to remain qualified to operate as a central service technician. The continuing education required under this paragraph must be related to the functions of a central service technician.

(d) Nothing in this subdivision shall prohibit the following persons from performing the tasks or functions of a central service technician:

(1) a health care practitioner;

(2) a person who holds or maintains a registration, certification, or license by a nationally accredited credentialing organization to perform health care services; or

(3) a student or intern performing the functions of a central service technician under the direct supervision of a health care practitioner as part of the student's or intern's training or internship.

(e) A health care facility shall, upon the written request of a central service technician, verify in writing the central service technician's dates of employment or the contract period during which the central service technician provided services to the health care facility.

History: *1Sp2025 c 3 art 2 s 33*

148.7810 BOARD ACTION ON APPLICATIONS.

Subdivision 1. **Verification of application information.** The board or advisory council, with the approval of the board, may verify information provided by an applicant for licensure under section 148.7808 and license renewal under section 148.7809 to determine whether the information is accurate and complete.

Subd. 2. **Notification of board action.** Within 120 days of receipt of the application, the board shall notify each applicant in writing of the action taken on the application.

Subd. 3. **Request for hearing by applicant denied licensure.** An applicant denied licensure shall be notified of the determination, and the grounds for it, and may request a hearing on the determination under Minnesota Rules, part 5615.0300, by filing a written statement of issues with the board within 20 days after receipt of the notice from the board. After the hearing, the board shall notify the applicant in writing of its decision.

History: *1993 c 232 s 11; 2018 c 143 s 14,15*

148.7811 CHANGE OF ADDRESS.

A licensed athletic trainer must notify the board, in writing, within 30 days of a change of address.

History: *1993 c 232 s 12; 2018 c 143 s 16*

148.7812 CONTINUING EDUCATION REQUIREMENTS.

Subdivision 1. **Board of Certification for the Athletic Trainer requirements.** An athletic trainer shall meet the professional development requirements of the Board of Certification for the Athletic Trainer in order to maintain Board of Certification for the Athletic Trainer certification. These requirements may be met through a board-approved continuing education program.

Subd. 2. **Approved programs.** The board shall approve a continuing education program that has been approved for maintenance of competence by the Board of Certification for the Athletic Trainer or its recognized successor.

Subd. 3. MS 2016 [Repealed, 2018 c 143 s 26]

Subd. 4. **Verification of continuing education requirements.** The board shall periodically select a random sample of athletic trainers and require the athletic trainers to show evidence to the board of having completed the continuing education requirements attested to by the athletic trainer. Either the athletic trainer or state or national organizations that maintain continuing education records may provide to the board documentation of attendance at a continuing education program.

Subd. 5. MS 2016 [Repealed, 2018 c 143 s 26]

History: *1993 c 232 s 13; 2014 c 291 art 4 s 20; 2018 c 143 s 17-19*

148.7813 DISCIPLINARY PROCESS.

Subdivision 1. MS 2012 [Repealed, 2014 c 291 art 4 s 59]

Subd. 2. MS 2012 [Repealed, 2014 c 291 art 4 s 59]

Subd. 3. MS 2012 [Repealed, 2014 c 291 art 4 s 59]

Subd. 4. MS 2012 [Repealed, 2014 c 291 art 4 s 59]

Subd. 5. **Discipline; reporting.** For the purposes of this chapter, licensed athletic trainers and applicants are subject to sections 147.091 to 147.162.

History: *1993 c 232 s 14; 2014 c 291 art 4 s 21; 2018 c 143 s 20*

148.7814 APPLICABILITY.

Sections 148.7801 to 148.7815 do not apply to an athletic trainer who is in Minnesota temporarily with an individual or group that is participating in a specific athletic event or series of athletic events if the athletic trainer is licensed, certified, or registered by another state or county, or is certified as an athletic trainer by the Board of Certification or the board's recognized successor.

History: *1993 c 232 s 15; 2014 c 291 art 4 s 22; 2026 c 115 art 2 s 5*

148.7815 FEES.

Subdivision 1. **Fees.** (a) The board shall establish fees as follows:

(1) application fee, $50;

(2) annual license fee, $100;

(3) athletic trainer certification fee, $25;

(4) athletic trainer duplicate license fee, $20;

(5) late fee, $15;

(6) duplicate license or registration fee, $20;

(7) certification letter fee, $25;

(8) verification fee, $25;

(9) education or training program approval fee, $100;

(10) report creation and generation fee, $60 per hour billed in quarter-hour increments with a quarter-hour minimum; and

(11) examination administrative fee:

(i) half day, $50; and

(ii) full day, $80.

(b) The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Subd. 2. **Proration of fees.** The board may prorate the initial annual fee for licensure under section 148.7808. Athletic trainers licensed under section 148.7808 are required to pay the full fee upon license renewal.

Subd. 3. **Penalty for a late application for license renewal.** The penalty for late submission of a license renewal application under section 148.7809 is $15.

Subd. 4. **Nonrefundable fees.** The fees in this section are nonrefundable.

History: *1993 c 232 s 16; 1999 c 33 s 9,10; 2018 c 143 s 21; 2019 c 8 art 7 s 10; 1Sp2019 c 9 art 10 s 16*

PSYCHOLOGISTS

148.79 MS 1971 [Repealed, 1973 c 685 s 14; 1976 c 2 s 67]

148.80 MS 1971 [Repealed, 1973 c 685 s 14]

148.81 MS 1971 [Repealed, 1973 c 685 s 14; 1974 c 406 s 91]

148.82 MS 1971 [Repealed, 1973 c 685 s 14]

148.83 MS 1971 [Repealed, 1973 c 685 s 14]

148.84 MS 1971 [Repealed, 1973 c 685 s 14]

148.85 MS 1971 [Repealed, 1973 c 685 s 14; 1976 c 2 s 67]

148.86 MS 1971 [Repealed, 1973 c 685 s 14]

148.87 MS 1974 [Repealed, 1976 c 2 s 66]

148.88 CITATION.

Sections 148.88 to 148.98 and the rules adopted under them shall be cited as the "Minnesota Psychology Practice Act."

History: *1973 c 685 s 1; 1Sp1981 c 4 art 1 s 81; 1991 c 255 s 3; 1996 c 424 s 2*

148.881 DECLARATION OF POLICY.

The practice of psychology in Minnesota affects the public health, safety, and welfare. The regulations in the Minnesota Psychology Practice Act as enforced by the Board of Psychology protect the public through licensure and regulation to promote access to safe, ethical, and competent psychological services.

History: *1991 c 255 s 4; 1996 c 424 s 3; 1Sp2017 c 6 art 11 s 32*

148.89 DEFINITIONS.

Subdivision 1. **Applicability.** For the purposes of sections 148.88 to 148.98, the following terms have the meanings given them.

Subd. 2. **Board of Psychology or board.** "Board of Psychology" or "board" means the board established under section 148.90.

Subd. 2a. **Client.** "Client" means a direct recipient of psychological services within the context of a professional relationship that may include a child, adolescent, adult, couple, family, group, organization, community, or other entity. The client may be the person requesting the psychological services or the direct recipient of the services.

Subd. 2b. **Credentialed.** "Credentialed" means having a license, certificate, charter, registration, or similar authority to practice in an occupation regulated by a governmental board or agency.

Subd. 2c. **Designated supervisor.** "Designated supervisor" means a qualified individual who is identified and assigned by the primary supervisor to provide additional supervision and training to an individual who is obtaining required predegree supervised professional experience or postdegree supervised psychological employment.

Subd. 2d. **Direct services.** "Direct services" means the delivery of preventive, diagnostic, assessment, or therapeutic intervention services where the primary purpose is to benefit a client who is the direct recipient of the service.

Subd. 2e. **Full-time employment.** "Full-time employment" means a minimum of 35 clock hours per week.

Subd. 3. **Independent practice.** "Independent practice" means the practice of psychology without supervision.

Subd. 3a. **Jurisdiction.** "Jurisdiction" means the United States, United States territories, or Canadian provinces or territories.

Subd. 4. **Licensee.** "Licensee" means a person who is licensed by the board.

Subd. 4a. **Provider or provider of services.** "Provider" or "provider of services" means any individual who is regulated by the board.

Subd. 4b. **Primary supervisor.** "Primary supervisor" means a psychologist licensed in Minnesota or other qualified individual who provides the principal supervision to an individual who is obtaining required predegree supervised professional experience or postdegree supervised psychological employment.

Subd. 5. **Practice of psychology.** "Practice of psychology" means the observation, description, evaluation, interpretation, prediction, or modification of human behavior by the application of psychological principles, methods, or procedures for the purpose of preventing, eliminating, evaluating, assessing, or predicting symptomatic, maladaptive, or undesired behavior; applying psychological principles in legal settings; and enhancing interpersonal relationships, work, life and developmental adjustment, personal and organizational effectiveness, behavioral health, and mental health. The practice of psychology includes, but is not limited to, the following services, regardless of whether the provider receives payment for the services:

(1) psychological research and teaching of psychology subject to the exemptions in section 148.9075;

(2) psychological testing and the evaluation or assessment of personal characteristics, such as intelligence, personality, cognitive, physical and emotional abilities, skills, interests, aptitudes, and neuropsychological functioning;

(3) counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy;

(4) diagnosis, treatment, and management of mental or emotional disorders or disabilities, substance use disorders, disorders of habit or conduct, and the psychological aspects of physical illness, accident, injury, or disability;

(5) psychoeducational evaluation, therapy, and remediation;

(6) consultation with physicians, other health care professionals, and clients regarding available treatment options, including medication, with respect to the provision of care for a specific client;

(7) provision of direct services to individuals or groups for the purpose of enhancing individual and organizational effectiveness, using psychological principles, methods, and procedures to assess and evaluate individuals on personal characteristics for individual development or behavior change or for making decisions about the individual; and

(8) supervision and consultation related to any of the services described in this subdivision.

Subd. 6. MS 1994 [Repealed, 1996 c 424 s 24]

Subd. 7. MS 1994 [Repealed, 1996 c 424 s 24]

Subd. 8. MS 1994 [Repealed, 1996 c 424 s 24]

Subd. 9. **Telesupervision.** "Telesupervision" means the clinical supervision of psychological services through a synchronous audio and video format where the supervisor is not physically in the same facility as the supervisee.

History: *1973 c 685 s 2; 1991 c 255 s 5; 1993 c 206 s 13; 1996 c 424 s 4,5; 1999 c 109 s 1-4; 2000 c 363 s 1-3; 2003 c 122 s 2; 2005 c 147 art 3 s 1; 2009 c 159 s 37; 2017 c 89 art 2 s 20; 1Sp2017 c 6 art 11 s 33*

148.90 BOARD OF PSYCHOLOGY.

Subdivision 1. **Board of Psychology.** (a) The Board of Psychology is created with the powers and duties described in this section. The board has 11 members who consist of:

(1) four individuals licensed as licensed psychologists who have doctoral degrees in psychology;

(2) two individuals licensed as licensed psychologists who have master's degrees in psychology;

(3) two psychologists, not necessarily licensed, who have doctoral degrees in psychology representing different training programs in psychology; and

(4) three public members.

(b) After the date on which fewer than 30 percent of the individuals licensed by the board as licensed psychologists qualify for licensure under section 148.907, subdivision 3, paragraph (b), vacancies filled under paragraph (a), clause (2), shall be filled by an individual with either a master's or doctoral degree in psychology licensed or qualified to be licensed as a licensed psychologist.

(c) After the date on which fewer than 15 percent of the individuals licensed by the board as licensed psychologists qualify for licensure under section 148.907, subdivision 3, paragraph (b), vacancies under paragraph (a), clause (2), shall be filled by an individual with either a master's or doctoral degree in psychology licensed or qualified to be licensed as a licensed psychologist.

Subd. 2. **Members.** (a) The members of the board shall:

(1) be appointed by the governor;

(2) be residents of the state;

(3) serve for not more than two consecutive terms;

(4) designate the officers of the board; and

(5) administer oaths pertaining to the business of the board.

(b) A public member of the board shall represent the public interest and shall not:

(1) be a psychologist or have engaged in the practice of psychology;

(2) be an applicant or former applicant for licensure;

(3) be a member of another health profession and be licensed by a health-related licensing board as defined under section 214.01, subdivision 2; the commissioner of health; or licensed, certified, or registered by another jurisdiction;

(4) be a member of a household that includes a psychologist; or

(5) have conflicts of interest or the appearance of conflicts with duties as a board member.

(c) At the time of their appointments, at least two members of the board must reside outside of the seven-county metropolitan area.

(d) At the time of their appointments, at least two members of the board must be members of:

(1) a community of color; or

(2) an underrepresented community, defined as a group that is not represented in the majority with respect to race, ethnicity, national origin, sexual orientation, gender identity, or physical ability.

Subd. 3. **Terms; compensation; removal of members.** Membership terms, compensation of members, removal of members, the filling of membership vacancies, and fiscal year and reporting requirements shall be as provided in chapter 214. The provision of staff, administrative services and office space; the review and processing of complaints; the setting of board fees; and other activities relating to board operations shall be conducted according to chapter 214.

Subd. 4. MS 1974 [Repealed, 1975 c 136 s 77]

Subd. 5. MS 1974 [Repealed, 1975 c 136 s 77]

History: *1973 c 685 s 3; 1975 c 136 s 22,23; 1975 c 271 s 6; 1976 c 222 s 67; 1982 c 424 s 130; 1991 c 199 art 1 s 43; 1991 c 255 s 6; 1996 c 424 s 6,7; 2005 c 147 art 3 s 2; 2010 c 199 s 2; 1Sp2017 c 6 art 11 s 34,35; 1Sp2021 c 7 art 4 s 1*

148.905 DUTIES OF THE BOARD.

Subdivision 1. **General.** The board shall:

(1) adopt and enforce rules for licensing psychologists and for regulating their professional conduct;

(2) adopt and enforce rules of conduct governing the practice of psychology;

(3) adopt and implement rules for examinations which shall be held at least once a year to assess applicants' knowledge and skills. The examinations may be written or oral or both, and may be administered by the board or by institutions or individuals designated by the board. Before the adoption and implementation of a new national examination, the board must consider whether the examination:

(i) demonstrates reasonable reliability and external validity;

(ii) is normed on a reasonable representative and diverse national sample; and

(iii) is intended to assess an applicant's education, training, and experience for the purpose of public protection;

(4) issue licenses to individuals qualified under sections 148.907, 148.909, 148.915, and 148.916, according to the procedures for licensing in Minnesota Rules;

(5) issue copies of the rules for licensing to all applicants;

(6) establish and maintain annually a register of current licenses;

(7) establish and collect fees for the issuance and renewal of licenses and other services by the board. Fees shall be set to defray the cost of administering the provisions of sections 148.88 to 148.98 including costs for applications, examinations, enforcement, materials, and the operations of the board;

(8) educate the public on the requirements for licenses issued by the board and on the rules of conduct;

(9) enable the public to file complaints against applicants or licensees who may have violated the Psychology Practice Act;

(10) adopt and implement requirements for continuing education; and

(11) establish or approve programs that qualify for professional psychology continuing educational credit. The board may hire consultants, agencies, or professional psychological associations to establish and approve continuing education courses.

Subd. 2. **Additional powers.** The board may adopt rules necessary to define standards or to carry out the provisions of sections 148.88 to 148.98. Rules shall be adopted according to chapter 14.

History: *1991 c 255 s 7; 1993 c 206 s 14; 1996 c 424 s 8; 1Sp2017 c 6 art 11 s 36*

148.9051 PSYCHOLOGY INTERJURISDICTIONAL COMPACT (PSYPACT).

The psychology interjurisdictional compact is enacted into law and entered into with all other jurisdictions legally joining in it in the form substantially specified in this section.

ARTICLE I

PURPOSE

Whereas, states license psychologists, in order to protect the public through verification of education, training, and experience and ensure accountability for professional practice;

Whereas, this compact is intended to regulate the day to day practice of telepsychology by psychologists across state boundaries in the performance of their psychological practice as assigned by an appropriate authority;

Whereas, this compact is intended to regulate the temporary in-person, face-to-face practice of psychology by psychologists across state boundaries for 30 days within a calendar year in the performance of their psychological practice as assigned by an appropriate authority;

Whereas, this compact is intended to authorize state psychology regulatory authorities to afford legal recognition, in a manner consistent with the terms of the compact, to psychologists licensed in another state;

Whereas, this compact recognizes that states have a vested interest in protecting the public's health and safety through their licensing and regulation of psychologists and that such state regulation will best protect public health and safety;

Whereas, this compact does not apply when a psychologist is licensed in both the home and receiving states; and

Whereas, this compact does not apply to permanent in-person, face-to-face practice; it does allow for authorization of temporary psychological practice.

Consistent with these principles, this compact is designed to achieve the following purposes and objectives:

(1) increase public access to professional psychological services by allowing for telepsychological practice across state lines as well as temporary in-person, face-to-face services into a state where the psychologist is not licensed to practice psychology;

(2) enhance the states' ability to protect the public's health and safety, especially client and patient safety;

(3) encourage the cooperation of compact states in the areas of psychology licensure and regulation;

(4) facilitate the exchange of information between compact states regarding psychologist licensure, adverse actions, and disciplinary history;

(5) promote compliance with the laws governing psychological practice in each compact state; and

(6) invest all compact states with the authority to hold licensed psychologists accountable through the mutual recognition of compact state licenses.

ARTICLE II

DEFINITIONS

As used in this compact, the following terms have the meanings given them.

A. "Adverse action" means any action taken by a state psychology regulatory authority which finds a violation of a statute or regulation that is identified by the state psychology regulatory authority as discipline and is a matter of public record.

B. "Association of State and Provincial Psychology Boards" or "ASPPB" means the recognized membership organization composed of state and provincial psychology regulatory authorities responsible for the licensure and registration of psychologists throughout the United States and Canada.

C. "Authority to practice interjurisdictional telepsychology" means a licensed psychologist's authority to practice telepsychology, within the limits authorized under this compact, in another compact state.

D. "Bylaws" means those bylaws established by the Psychology Interjurisdictional Compact Commission pursuant to Article X for its governance or for directing and controlling its actions and conduct.

E. "Client" and "patient" mean the recipient of psychological services, including psychological services that are delivered in the context of health care, corporate, supervision, or consulting services.

F. "Commissioner" means the voting representative appointed by each state psychology regulatory authority pursuant to Article X.

G. "Compact state" means a state, the District of Columbia, or a United States territory that has enacted this compact legislation and which has not withdrawn pursuant to Article XIII, section C, or been terminated pursuant to Article XII, section B.

H. "Coordinated Licensure Information System" also referred to as "coordinated database" means an integrated process for collecting, storing, and sharing information on psychologists' licensure and enforcement activities related to psychology licensure laws, which is administered by the recognized membership organization composed of state and provincial psychology regulatory authorities.

I. "Confidentiality" means data or information is not made available or disclosed to unauthorized persons or processes.

J. "Day" means any part of a day in which psychological work is performed.

K. "Distant state" means the compact state where a psychologist is physically present to provide temporary in-person, face-to-face psychological services, not through the use of telecommunications technologies.

L. "E.Passport" means a certificate issued by the ASPPB that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

M. "Executive Board" means a group of directors elected or appointed to act on behalf of and within the powers granted to them by the commission.

N. "Home state" means a compact state where a psychologist is licensed to practice psychology. If the psychologist is licensed in more than one compact state and is practicing under the authorization to practice interjurisdictional telepsychology, the home state is the compact state where the psychologist is physically present when the telepsychological services are delivered. If the psychologist is licensed in more than one compact state and is practicing under the temporary authorization to practice, the home state is any compact state where the psychologist is licensed.

O. "Identity history summary" means a summary of information retained by the FBI, or other designee with similar authority, in connection with arrests and, in some instances, federal employment, naturalization, or military service.

P. "In-person, face-to-face" means interactions in which the psychologist and the client or patient are in the same physical space and does not include interactions that may occur through the use of telecommunication technologies.

Q. "Interjurisdictional Practice Certificate" or "IPC" means a certificate issued by ASPPB that grants temporary authority to practice based on notification to the state psychology regulatory authority of the intention to practice temporarily and the verification of the psychologist's qualifications for such practice.

R. "License" means authorization by a state psychology regulatory authority to engage in the independent practice of psychology, which would be unlawful without the authorization.

S. "Noncompact state" means any state which is not at the time a compact state.

T. "Psychologist" means an individual licensed for the independent practice of psychology.

U. "Psychology Interjurisdictional Compact Commission" also referred to as "commission" means the national administration of which all compact states are members.

V. "Receiving state" means a compact state where the client or patient is physically located when the telepsychological services are delivered.

W. "Rule" means a written statement by the Psychology Interjurisdictional Compact Commission that is promulgated pursuant to Article XI and is of general applicability and implements, interprets, or prescribes a policy or provision of the compact, or an organizational, procedural, or practice requirement of the commission, and that has the force and effect of a statutory law in a compact state, and that includes the amendment, repeal, or suspension of an existing rule.

X. "Significant investigatory information" means:

(1) investigative information that a state psychology regulatory authority, after a preliminary inquiry that includes notification and an opportunity to respond if required by state law, has reason to believe, if proven true, would indicate more than a violation of state statute or ethics code and that would be considered more substantial than a minor infraction; or

(2) investigative information that indicates the psychologist represents an immediate threat to public health and safety regardless of whether the psychologist has been notified and had an opportunity to respond.

Y. "State" means a state, commonwealth, territory, or possession of the United States; or the District of Columbia.

Z. "State psychology regulatory authority" means the board, office, or other agency with the legislative mandate to license and regulate the practice of psychology.

AA. "Telepsychology" means the provision of psychological services using telecommunication technologies.

BB. "Temporary authorization to practice" means a licensed psychologist's authority to conduct temporary in-person, face-to-face practice, within the limits authorized under this compact, in another compact state.

CC. "Temporary in-person, face-to-face practice" means a psychologist is physically present, and not through the use of telecommunications technologies, in the distant state to provide for the practice of psychology for 30 days within a calendar year and is based on notification to the distant state.

ARTICLE III

HOME STATE LICENSURE

A. The home state shall be a compact state where a psychologist is licensed to practice psychology.

B. A psychologist may hold one or more compact state licenses at a time. If the psychologist is licensed in more than one compact state, the home state is the compact state where the psychologist is physically present when the services are delivered as authorized by the authority to practice interjurisdictional telepsychology under the terms of this compact.

C. Any compact state may require a psychologist not previously licensed in a compact state to obtain and retain a license to be authorized to practice in the compact state under circumstances not authorized by the authority to practice interjurisdictional telepsychology under the terms of this compact.

D. Any compact state may require a psychologist to obtain and retain a license to be authorized to practice in a compact state under circumstances not authorized by temporary authorization to practice under the terms of this compact.

E. A home state's license authorizes a psychologist to practice in a receiving state under the authority to practice interjurisdictional telepsychology only if the compact state:

(1) currently requires the psychologist to hold an active E.Passport;

(2) has a mechanism in place for receiving and investigating complaints about licensed individuals;

(3) notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;

(4) requires an identity history summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the FBI or other designee with similar authority, no later than ten years after activation of the compact; and

(5) complies with the bylaws and rules of the commission.

F. A home state's license grants temporary authorization to practice to a psychologist in a distant state only if the compact state:

(1) currently requires the psychologist to hold an active IPC;

(2) has a mechanism in place for receiving and investigating complaints about licensed individuals;

(3) notifies the commission, in compliance with the terms herein, of any adverse action or significant investigatory information regarding a licensed individual;

(4) requires an identity history summary of all applicants at initial licensure, including the use of the results of fingerprints or other biometric data checks compliant with the requirements of the FBI or other designee with similar authority, no later than ten years after activation of the compact; and

(5) complies with the bylaws and rules of the commission.

ARTICLE IV

COMPACT PRIVILEGE TO PRACTICE TELEPSYCHOLOGY

A. Compact states shall recognize the right of a psychologist, licensed in a compact state in conformance with Article III, to practice telepsychology in other compact states (receiving states) in which the psychologist is not licensed, under the authority to practice interjurisdictional telepsychology as provided in the compact.

B. To exercise the authority to practice interjurisdictional telepsychology under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

(1) hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:

(a) regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

(b) a foreign college or university deemed to be equivalent to item (a) by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service;

(2) hold a graduate degree in psychology that meets the following criteria:

(a) the program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

(b) the psychology program must stand as a recognizable, coherent, organizational entity within the institution;

(c) there must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(d) the program must consist of an integrated, organized sequence of study;

(e) there must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(f) the designated director of the program must be a psychologist and a member of the core faculty;

(g) the program must have an identifiable body of students who are matriculated in that program for a degree;

(h) the program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

(i) the curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for a master's degree; and

(j) the program includes an acceptable residency as defined by the rules of the commission;

(3) possess a current, full, and unrestricted license to practice psychology in a home state which is a compact state;

(4) have no history of adverse action that violates the rules of the commission;

(5) have no criminal record history reported on an identity history summary that violates the rules of the commission;

(6) possess a current, active E.Passport;

(7) provide attestations in regard to areas of intended practice, conformity with standards of practice, competence in telepsychology technology; criminal background; and knowledge and adherence to legal requirements in the home and receiving states, and provide a release of information to allow for primary source verification in a manner specified by the commission; and

(8) meet other criteria as defined by the rules of the commission.

C. The home state maintains authority over the license of any psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology.

D. A psychologist practicing into a receiving state under the authority to practice interjurisdictional telepsychology will be subject to the receiving state's scope of practice. A receiving state may, in accordance with that state's due process law, limit or revoke a psychologist's authority to practice interjurisdictional telepsychology in the receiving state and may take any other necessary actions under the receiving state's applicable law to protect the health and safety of the receiving state's citizens. If a receiving state takes action, the state shall promptly notify the home state and the commission.

E. If a psychologist's license in any home state, another compact state, or any authority to practice interjurisdictional telepsychology in any receiving state, is restricted, suspended, or otherwise limited, the E.Passport shall be revoked and therefore the psychologist shall not be eligible to practice telepsychology in a compact state under the authority to practice interjurisdictional telepsychology.

ARTICLE V

COMPACT TEMPORARY AUTHORIZATION TO PRACTICE

A. Compact states shall also recognize the right of a psychologist, licensed in a compact state in conformance with Article III, to practice temporarily in other compact states or distant states in which the psychologist is not licensed, as provided in the compact.

B. To exercise the temporary authorization to practice under the terms and provisions of this compact, a psychologist licensed to practice in a compact state must:

(1) hold a graduate degree in psychology from an institute of higher education that was, at the time the degree was awarded:

(a) regionally accredited by an accrediting body recognized by the U.S. Department of Education to grant graduate degrees, or authorized by Provincial Statute or Royal Charter to grant doctoral degrees; or

(b) a foreign college or university deemed to be equivalent to item (a) by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES) or by a recognized foreign credential evaluation service;

(2) hold a graduate degree in psychology that meets the following criteria:

(a) the program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Such a program must specify in pertinent institutional catalogues and brochures its intent to educate and train professional psychologists;

(b) the psychology program must stand as a recognizable, coherent, organizational entity within the institution;

(c) there must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines;

(d) the program must consist of an integrated, organized sequence of study;

(e) there must be an identifiable psychology faculty sufficient in size and breadth to carry out its responsibilities;

(f) the designated director of the program must be a psychologist and a member of the core faculty;

(g) the program must have an identifiable body of students who are matriculated in that program for a degree;

(h) the program must include supervised practicum, internship, or field training appropriate to the practice of psychology;

(i) the curriculum shall encompass a minimum of three academic years of full-time graduate study for doctoral degrees and a minimum of one academic year of full-time graduate study for a master's degree; and

(j) the program includes an acceptable residency as defined by the rules of the commission;

(3) possess a current, full, and unrestricted license to practice psychology in a home state which is a compact state;

(4) have no history of adverse action that violate the rules of the commission;

(5) have no criminal record history that violates the rules of the commission;

(6) possess a current, active IPC;

(7) provide attestations in regard to areas of intended practice and work experience and provide a release of information to allow for primary source verification in a manner specified by the commission; and

(8) meet other criteria as defined by the rules of the commission.

C. A psychologist practicing into a distant state under the temporary authorization to practice shall practice within the scope of practice authorized by the distant state.

D. A psychologist practicing in a distant state under the temporary authorization to practice will be subject to the distant state's authority and law. A distant state may, in accordance with that state's due process law, limit or revoke a psychologist's temporary authorization to practice in the distant state and may take any other necessary actions under the distant state's applicable law to protect the health and safety of the distant state's citizens. If a distant state takes action, the state shall promptly notify the home state and the commission.

E. If a psychologist's license in any home state, another compact state, or any temporary authorization to practice in any distant state, is restricted, suspended, or otherwise limited, the IPC shall be revoked and the psychologist shall not be eligible to practice in a compact state under the temporary authorization to practice.

ARTICLE VI

CONDITIONS OF TELEPSYCHOLOGY PRACTICE IN A RECEIVING STATE

A psychologist may practice in a receiving state under the authority to practice interjurisdictional telepsychology only in the performance of the scope of practice for psychology as assigned by an appropriate state psychology regulatory authority, as defined in the rules of the commission, and under the following circumstances:

(1) the psychologist initiates a client or patient contact in a home state via telecommunications technologies with a client or patient in a receiving state; and

(2) according to other conditions regarding telepsychology as determined by rules promulgated by the commission.

ARTICLE VII

ADVERSE ACTIONS

A. A home state shall have the power to impose adverse action against a psychologist's license issued by the home state. A distant state shall have the power to take adverse action on a psychologist's temporary authorization to practice within that distant state.

B. A receiving state may take adverse action on a psychologist's authority to practice interjurisdictional telepsychology within that receiving state. A home state may take adverse action against a psychologist based on an adverse action taken by a distant state regarding temporary in-person, face-to-face practice.

C. If a home state takes adverse action against a psychologist's license, that psychologist's authority to practice interjurisdictional telepsychology is terminated and the E.Passport is revoked. Furthermore, that psychologist's temporary authorization to practice is terminated and the IPC is revoked.

(1) All home state disciplinary orders which impose adverse action shall be reported to the commission in accordance with the rules promulgated by the commission. A compact state shall report adverse actions in accordance with the rules of the commission.

(2) In the event discipline is reported on a psychologist, the psychologist will not be eligible for telepsychology or temporary in-person, face-to-face practice in accordance with the rules of the commission.

(3) Other actions may be imposed as determined by the rules promulgated by the commission.

D. A home state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a receiving state as it would if such conduct had occurred by a licensee within the home state. In such cases, the home state's law shall control in determining any adverse action against a psychologist's license.

E. A distant state's psychology regulatory authority shall investigate and take appropriate action with respect to reported inappropriate conduct engaged in by a psychologist practicing under temporary authorization to practice which occurred in that distant state as it would if such conduct had occurred by a licensee within the home state. In such cases, the distant state's law shall control in determining any adverse action against a psychologist's temporary authorization to practice.

F. Nothing in this compact shall override a compact state's decision that a psychologist's participation in an alternative program may be used in lieu of adverse action and that such participation shall remain nonpublic if required by the compact state's law. Compact states must require psychologists who enter any alternative programs to not provide telepsychology services under the authority to practice interjurisdictional telepsychology or provide temporary psychological services under the temporary authorization to practice in any other compact state during the term of the alternative program.

G. No other judicial or administrative remedies shall be available to a psychologist in the event a compact state imposes an adverse action pursuant to paragraph C.

ARTICLE VIII

ADDITIONAL AUTHORITIES INVESTED IN A COMPACT STATE'S PSYCHOLOGY REGULATORY AUTHORITY

A. In addition to any other powers granted under state law, a compact state's psychology regulatory authority shall have the authority under this compact to:

(1) issue subpoenas, for both hearings and investigations, which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a compact state's psychology regulatory authority for the attendance and testimony of witnesses, and the production of evidence from another compact

state shall be enforced in the latter state by any court of competent jurisdiction, according to that court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing state psychology regulatory authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the state where the witnesses or evidence are located; and

(2) issue cease and desist or injunctive relief orders to revoke a psychologist's authority to practice interjurisdictional telepsychology or temporary authorization to practice.

B. During the course of any investigation, a psychologist may not change the psychologist's home state licensure. A home state psychology regulatory authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The home state psychology regulatory authority shall promptly report the conclusions of such investigations to the commission. Once an investigation has been completed, and pending the outcome of the investigation, the psychologist may change the psychologist's home state licensure. The commission shall promptly notify the new home state of any such decisions as provided in the rules of the commission. All information provided to the commission or distributed by compact states pursuant to the psychologist shall be confidential, filed under seal, and used for investigatory or disciplinary matters. The commission may create additional rules for mandated or discretionary sharing of information by compact states.

ARTICLE IX

COORDINATED LICENSURE INFORMATION SYSTEM

A. The commission shall provide for the development and maintenance of a coordinated licensure information system, coordinated database, and reporting system containing licensure and disciplinary action information on all psychologists to whom this compact is applicable in all compact states as defined by the rules of the commission.

B. Notwithstanding any other provision of state law to the contrary, a compact state shall submit a uniform data set to the coordinated database on all licensees as required by the rules of the commission, including:

(1) identifying information;

(2) licensure data;

(3) significant investigatory information;

(4) adverse actions against a psychologist's license;

(5) an indicator that a psychologist's authority to practice interjurisdictional telepsychology and temporary authorization to practice is revoked;

(6) nonconfidential information related to alternative program participation information;

(7) any denial of application for licensure and the reasons for the denial; and

(8) other information which may facilitate the administration of this compact, as determined by the rules of the commission.

C. The coordinated database administrator shall promptly notify all compact states of any adverse action taken against or significant investigative information on any licensee in a compact state.

D. Compact states reporting information to the coordinated database may designate information that may not be shared with the public without the express permission of the compact state reporting the information.

E. Any information submitted to the coordinated database that is subsequently required to be expunged by the law of the compact state reporting the information shall be removed from the coordinated database.

ARTICLE X

ESTABLISHMENT OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION

A. The compact states hereby create and establish a joint public agency known as the Psychology Interjurisdictional Compact Commission.

(1) The commission is a body politic and an instrumentality of the compact states.

(2) Venue is proper and judicial proceedings by or against the commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the commission is located. The commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings.

(3) Nothing in this compact shall be construed to be a waiver of sovereign immunity.

B. Membership, voting, and meetings:

(1) The commission shall consist of one voting representative appointed by each compact state who shall serve as that state's commissioner. The state psychology regulatory authority shall appoint its delegate. This delegate shall be empowered to act on behalf of the compact state. This delegate shall be limited to:

(a) executive director, executive secretary, or similar executive;

(b) current member of the state psychology regulatory authority of a compact state; or

(c) designee empowered with the appropriate delegate authority to act on behalf of the compact state.

(2) Any commissioner may be removed or suspended from office as provided by the law of the state from which the commissioner is appointed. Any vacancy occurring in the commission shall be filled in accordance with the laws of the compact state in which the vacancy exists.

(3) Each commissioner shall be entitled to one vote with regard to the promulgation of rules and creation of bylaws and shall otherwise have an opportunity to participate in the business and affairs of the commission. A commissioner shall vote in person or by other means as provided in the bylaws. The bylaws may provide for commissioners' participation in meetings by telephone or other means of communication.

(4) The commission shall meet at least once during each calendar year. Additional meetings shall be held as set forth in the bylaws.

(5) All meetings shall be open to the public, and public notice of meetings shall be given in the same manner as required under the rulemaking provisions in Article XI.

(6) The commission may convene in a closed, nonpublic meeting if the commission must discuss:

(a) non-compliance of a compact state with its obligations under the compact;

(b) employment, compensation, discipline, or other personnel matters, practices or procedures related to specific employees, or other matters related to the commission's internal personnel practices and procedures;

(c) current, threatened, or reasonably anticipated litigation against the commission;

(d) negotiation of contracts for the purchase or sale of goods, services, or real estate;

(e) accusation against any person of a crime or formally censuring any person;

(f) disclosure of trade secrets or commercial or financial information which is privileged or confidential;

(g) disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;

(h) disclosure of investigatory records compiled for law enforcement purposes;

(i) disclosure of information related to any investigatory reports prepared by or on behalf of or for use of the commission or other committee charged with responsibility for investigation or determination of compliance issues pursuant to the compact; or

(j) matters specifically exempted from disclosure by federal and state statute.

(7) If a meeting, or portion of a meeting, is closed pursuant to this provision, the commission's legal counsel or designee shall certify that the meeting may be closed and shall reference each relevant exempting provision. The commission shall keep minutes which fully and clearly describe all matters discussed in a meeting and shall provide a full and accurate summary of actions taken by any person participating in the meeting and the reasons therefore, including a description of the views expressed. All documents considered in connection with an action shall be identified in such minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the commission or order of a court of competent jurisdiction.

C. The commission shall, by a majority vote of the commissioners, prescribe bylaws and rules to govern its conduct as may be necessary or appropriate to carry out the purposes and exercise the powers of the compact, including but not limited to:

(1) establishing the fiscal year of the commission;

(2) providing reasonable standards and procedures:

(a) for the establishment and meetings of other committees; and

(b) governing any general or specific delegation of any authority or function of the commission;

(3) providing reasonable procedures for calling and conducting meetings of the commission, ensuring reasonable advance notice of all meetings and providing an opportunity for attendance of such meetings by interested parties, with enumerated exceptions designed to protect the public's interest, the privacy of individuals of such proceedings, and proprietary information, including trade secrets. The commission may meet in closed session only after a majority of the commissioners vote to close a meeting to the public in whole or in part. As soon as practicable, the commission must make public a copy of the vote to close the meeting revealing the vote of each commissioner with no proxy votes allowed;

(4) establishing the titles, duties, authority, and reasonable procedures for the election of the officers of the commission;

(5) providing reasonable standards and procedures for the establishment of the personnel policies and programs of the commission. Notwithstanding any civil service or other similar law of any compact state, the bylaws shall exclusively govern the personnel policies and programs of the commission;

(6) promulgating a code of ethics to address permissible and prohibited activities of commission members and employees;

(7) providing a mechanism for concluding the operations of the commission and the equitable disposition of any surplus funds that may exist after the termination of the compact after the payment and reserving of all of its debts and obligations;

(8) the commission shall publish its bylaws in a convenient form and file a copy thereof and a copy of any amendment thereto, with the appropriate agency or officer in each of the compact states;

(9) the commission shall maintain its financial records in accordance with the bylaws; and

(10) the commission shall meet and take such actions as are consistent with the provisions of this compact and the bylaws.

D. The commission shall have the following powers:

(1) the authority to promulgate uniform rules to facilitate and coordinate implementation and administration of this compact. The rules shall have the force and effect of law and shall be binding in all compact states;

(2) to bring and prosecute legal proceedings or actions in the name of the commission, provided that the standing of any state psychology regulatory authority or other regulatory body responsible for psychology licensure to sue or be sued under applicable law shall not be affected;

(3) to purchase and maintain insurance and bonds;

(4) to borrow, accept, or contract for services of personnel, including but not limited to employees of a compact state;

(5) to hire employees, elect or appoint officers, fix compensation, define duties, grant such individuals appropriate authority to carry out the purposes of the compact, and establish the commission's personnel policies and programs relating to conflicts of interest, qualifications of personnel, and other related personnel matters;

(6) to accept any and all appropriate donations and grants of money; donations of equipment, supplies, materials, and services; and receive, utilize, and dispose of the same provided that at all times the commission shall strive to avoid any appearance of impropriety or conflict of interest;

(7) to lease, purchase, accept appropriate gifts or donations of, or otherwise to own, hold, improve, or use any property, real, personal, or mixed; provided that at all times the commission shall strive to avoid any appearance of impropriety;

(8) to sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property, real, personal, or mixed;

(9) to establish a budget and make expenditures;

(10) to borrow money;

(11) to appoint committees, including advisory committees comprised of members, state regulators, state legislators or their representatives, and consumer representatives, and such other interested persons as may be designated in this compact and the bylaws;

(12) to provide and receive information from, and to cooperate with, law enforcement agencies;

(13) to adopt and use an official seal; and

(14) to perform such other functions as may be necessary or appropriate to achieve the purposes of this compact consistent with the state regulation of psychology licensure, temporary in-person, face-to-face practice, and telepsychology practice.

E. The Executive Board:

The elected officers shall serve as the Executive Board, which shall have the power to act on behalf of the commission according to the terms of this compact.

(1) The Executive Board shall be comprised of six members:

(a) five voting members who are elected by the commission from the current membership of the commission; and

(b) one ex-officio, nonvoting member from the recognized membership organization composed of state and provincial psychology regulatory authorities.

(2) The ex-officio member must have served as staff or member on a state psychology regulatory authority and will be selected by its respective organization.

(3) The commission may remove any member of the Executive Board as provided in the bylaws.

(4) The Executive Board shall meet at least annually.

(5) The Executive Board shall have the following duties and responsibilities:

(a) recommend to the entire commission changes to the rules or bylaws, changes to this compact legislation, fees paid by compact states such as annual dues, and any other applicable fees;

(b) ensure compact administration services are appropriately provided, contractual or otherwise;

(c) prepare and recommend the budget;

(d) maintain financial records on behalf of the commission;

(e) monitor compact compliance of member states and provide compliance reports to the commission;

(f) establish additional committees as necessary; and

(g) other duties as provided in rules or bylaws.

F. Financing of the commission:

(1) The commission shall pay, or provide for the payment of the reasonable expenses of its establishment, organization, and ongoing activities.

(2) The commission may accept any and all appropriate revenue sources including donations and grants of money, and donations of equipment, supplies, materials, and services.

(3) The commission may levy on and collect an annual assessment from each compact state or impose fees on other parties to cover the cost of the operations and activities of the commission and its staff which must be in a total amount sufficient to cover its annual budget as approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated based upon a formula to be determined by the commission which shall promulgate a rule binding upon all compact states.

(4) The commission shall not incur obligations of any kind prior to securing the funds adequate to meet the same; nor shall the commission pledge the credit of any of the compact states, except by and with the authority of the compact state.

(5) The commission shall keep accurate accounts of all receipts and disbursements. The receipts and disbursements of the commission shall be subject to the audit and accounting procedures established under its bylaws. However, all receipts and disbursements of funds handled by the commission shall be audited yearly by a certified or licensed public accountant and the report of the audit shall be included in and become part of the annual report of the commission.

G. Qualified immunity, defense, and indemnification:

(1) The members, officers, executive director, employees, and representatives of the commission shall be immune from suit and liability, either personally or in their official capacity, for any claim for damage to or loss of property or personal injury or other civil liability caused by or arising out of any actual or alleged act, error, or omission that occurred, or that the person against whom the claim is made had a reasonable basis for believing occurred, within the scope of commission employment, duties, or responsibilities; provided that nothing in this paragraph shall be construed to protect any such person from suit and liability for any damage, loss, injury, or liability caused by the intentional, willful, or wanton misconduct of that person.

(2) The commission shall defend any member, officer, executive director, employee, or representative of the commission in any civil action seeking to impose liability arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that the person against whom the claim is made had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that nothing herein shall be construed to prohibit that person from retaining his or her own counsel; and provided further, that the actual or alleged act, error, or omission did not result from that person's intentional, willful, or wanton misconduct.

(3) The commission shall indemnify and hold harmless any member, officer, executive director, employee, or representative of the commission for the amount of any settlement or judgment obtained against that person arising out of any actual or alleged act, error, or omission that occurred within the scope of commission employment, duties, or responsibilities, or that such person had a reasonable basis for believing occurred within the scope of commission employment, duties, or responsibilities; provided that the actual or alleged act, error, or omission did not result from the intentional, willful, or wanton misconduct of that person.

ARTICLE XI

RULEMAKING

A. The commission shall exercise its rulemaking powers pursuant to the criteria set forth in this article and the rules adopted thereunder. Rules and amendments shall become binding as of the date specified in each rule or amendment.

B. If a majority of the legislatures of the compact states rejects a rule, by enactment of a statute or resolution in the same manner used to adopt the compact, then such rule shall have no further force and effect in any compact state.

C. Rules or amendments to the rules shall be adopted at a regular or special meeting of the commission.

D. Prior to promulgation and adoption of a final rule or rules by the commission, and at least 60 days in advance of the meeting at which the rule will be considered and voted upon, the commission shall file a notice of proposed rulemaking:

(1) on the website of the commission; and

(2) on the website of each compact state's psychology regulatory authority or the publication in which each state would otherwise publish proposed rules.

E. The notice of proposed rulemaking shall include:

(1) the proposed time, date, and location of the meeting in which the rule will be considered and voted upon;

(2) the text of the proposed rule or amendment and the reason for the proposed rule;

(3) a request for comments on the proposed rule from any interested person; and

(4) the manner in which interested persons may submit notice to the commission of their intention to attend the public hearing and any written comments.

F. Prior to adoption of a proposed rule, the commission shall allow persons to submit written data, facts, opinions, and arguments, which shall be made available to the public.

G. The commission shall grant an opportunity for a public hearing before it adopts a rule or amendment if a hearing is requested by:

(1) at least 25 persons who submit comments independently of each other;

(2) a governmental subdivision or agency; or

(3) a duly appointed person in an association that has at least 25 members.

H. If a hearing is held on the proposed rule or amendment, the commission shall publish the place, time, and date of the scheduled public hearing.

(1) All persons wishing to be heard at the hearing shall notify the executive director of the commission or other designated member in writing of their desire to appear and testify at the hearing not less than five business days before the scheduled date of the hearing.

(2) Hearings shall be conducted in a manner providing each person who wishes to comment a fair and reasonable opportunity to comment orally or in writing.

(3) No transcript of the hearing is required, unless a written request for a transcript is made, in which case the person requesting the transcript shall bear the cost of producing the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subsection shall not preclude the commission from making a transcript or recording of the hearing if it so chooses.

(4) Nothing in this section shall be construed as requiring a separate hearing on each rule. Rules may be grouped for the convenience of the commission at hearings required by this section.

I. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the commission shall consider all written and oral comments received.

J. The commission shall, by majority vote of all members, take final action on the proposed rule and shall determine the effective date of the rule, if any, based on the rulemaking record and the full text of the rule.

K. If no written notice of intent to attend the public hearing by interested parties is received, the commission may proceed with promulgation of the proposed rule without a public hearing.

L. Upon determination that an emergency exists, the commission may consider and adopt an emergency rule without prior notice, opportunity for comment, or hearing, provided that the usual rulemaking procedures provided in the compact and in this section shall be retroactively applied to the rule as soon as reasonably possible, in no event later than 90 days after the effective date of the rule. For the purposes of this provision, an emergency rule is one that must be adopted immediately in order to:

(1) meet an imminent threat to public health, safety, or welfare;

(2) prevent a loss of commission or compact state funds;

(3) meet a deadline for the promulgation of an administrative rule that is established by federal law or rule; or

(4) protect public health and safety.

M. The commission or an authorized committee of the commission may direct revisions to a previously adopted rule or amendment for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the commission. The revision shall be subject to challenge by any person for a period of 30 days after posting. The revision may be challenged only on grounds that the revision results in a material change to a rule. A challenge shall be made in writing, and delivered to the chair of the commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the commission.

ARTICLE XII

OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight:

(1) The executive, legislative, and judicial branches of state government in each compact state shall enforce this compact and take all actions necessary and appropriate to effectuate the compact's purposes and intent. The provisions of this compact and the rules promulgated hereunder shall have standing as statutory law.

(2) All courts shall take judicial notice of the compact and the rules in any judicial or administrative proceeding in a compact state pertaining to the subject matter of this compact which may affect the powers, responsibilities, or actions of the commission.

(3) The commission shall be entitled to receive service of process in any such proceeding, and shall have standing to intervene in such a proceeding for all purposes. Failure to provide service of process to the commission shall render a judgment or order void as to the commission, this compact, or promulgated rules.

B. Default, technical assistance, and termination:

(1) If the commission determines that a compact state has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated rules, the commission shall:

(a) provide written notice to the defaulting state and other compact states of the nature of the default, the proposed means of remedying the default, and any other action to be taken by the commission; and

(b) provide remedial training and specific technical assistance regarding the default.

(2) If a state in default fails to remedy the default, the defaulting state may be terminated from the compact upon an affirmative vote of a majority of the compact states, and all rights, privileges, and benefits conferred by this compact shall be terminated on the effective date of termination. A remedy of the default does not relieve the offending state of obligations or liabilities incurred during the period of default.

(3) Termination of membership in the compact shall be imposed only after all other means of securing compliance have been exhausted. Notice of intent to suspend or terminate shall be submitted by the commission to the governor, the majority and minority leaders of the defaulting state's legislature, and each of the compact states.

(4) A compact state which has been terminated is responsible for all assessments, obligations, and liabilities incurred through the effective date of termination, including obligations which extend beyond the effective date of termination.

(5) The commission shall not bear any costs incurred by the state which is found to be in default or which has been terminated from the compact, unless agreed upon in writing between the commission and the defaulting state.

(6) The defaulting state may appeal the action of the commission by petitioning the United States District Court for the state of Georgia or the federal district where the compact has its principal offices. The prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

C. Dispute resolution:

(1) Upon request by a compact state, the commission shall attempt to resolve disputes related to the compact which arise among compact states and between compact and noncompact states.

(2) The commission shall promulgate a rule providing for both mediation and binding dispute resolution for disputes that arise before the commission.

D. Enforcement:

(1) The commission, in the reasonable exercise of its discretion, shall enforce the provisions and rules of this compact.

(2) By majority vote, the commission may initiate legal action in the United States District Court for the state of Georgia or the federal district where the compact has its principal offices against a compact state in default to enforce compliance with the provisions of the compact and its promulgated rules and bylaws. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing member shall be awarded all costs of such litigation, including reasonable attorney fees.

(3) The remedies herein shall not be the exclusive remedies of the commission. The commission may pursue any other remedies available under federal or state law.

ARTICLE XIII

DATE OF IMPLEMENTATION OF THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT COMMISSION AND ASSOCIATED RULES, WITHDRAWAL, AND AMENDMENTS

A. The compact shall come into effect on the date on which the compact is enacted into law in the seventh compact state. The provisions which become effective at that time shall be limited to the powers granted to the commission relating to assembly and the promulgation of rules. Thereafter, the commission shall meet and exercise rulemaking powers necessary to the implementation and administration of the compact.

B. Any state which joins the compact subsequent to the commission's initial adoption of the rules shall be subject to the rules as they exist on the date on which the compact becomes law in that state. Any rule which has been previously adopted by the commission shall have the full force and effect of law on the day the compact becomes law in that state.

C. Any compact state may withdraw from this compact by enacting a statute repealing the same.

(1) A compact state's withdrawal shall not take effect until six months after enactment of the repealing statute.

(2) Withdrawal shall not affect the continuing requirement of the withdrawing state's psychology regulatory authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

D. Nothing contained in this compact shall be construed to invalidate or prevent any psychology licensure agreement or other cooperative arrangement between a compact state and a noncompact state which does not conflict with the provisions of this compact.

E. This compact may be amended by the compact states. No amendment to this compact shall become effective and binding upon any compact state until it is enacted into the law of all compact states.

ARTICLE XIV

CONSTRUCTION AND SEVERABILITY

This compact shall be liberally construed so as to effectuate the purposes thereof. If this compact shall be held contrary to the constitution of any state member thereto, the compact shall remain in full force and effect as to the remaining compact states.

ARTICLE XV

LIABILITY

(Not Effective, 2021 c 27 s 2)

History: *2021 c 27 s 1*

148.906 MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

148.907 LICENSED PSYCHOLOGIST.

Subdivision 1. **Unlicensed, nonexempt practice prohibited.** No person shall engage in the independent practice of psychology unless that person is licensed as a licensed psychologist or is exempt under section 148.9075.

Subd. 2. **Requirements for licensure as licensed psychologist.** To become licensed by the board as a licensed psychologist, an applicant shall comply with the following requirements:

(1) pass an examination in psychology;

(2) pass a professional responsibility examination on the practice of psychology;

(3) pass any other examinations as required by board rules;

(4) pay nonrefundable fees to the board for applications, processing, testing, renewals, and materials;

(5) attained the age of majority, be of good moral character, and have no unresolved disciplinary action or complaints pending in the state of Minnesota or any other jurisdiction;

(6) earned a doctoral degree with a major in psychology from a regionally accredited educational institution meeting the standards the board has established by rule; and

(7) completed at least one full year or the equivalent in part time of postdoctoral supervised psychological employment in no less than 12 months and no more than 60 months. If the postdoctoral supervised psychological employment goes beyond 60 months, the board may grant a variance to this requirement.

Subd. 3. **Master's level licensure as licensed psychologist after August 1, 1991.** (a) A person licensed in this state as a licensed consulting psychologist or a licensed psychologist before August 1, 1991, qualifies for licensure as a licensed psychologist, as described in subdivision 2, at the time of license renewal.

(b) Providing all other licensure requirements have been satisfactorily met, the board shall grant licensure as a licensed psychologist to a person who:

(1) before November 1, 1991, entered a graduate program at a regionally accredited educational institution granting a master's or doctoral degree with a major in psychology which meets the standards the board has established by rule;

(2) before December 31, 1997, earned a master's degree or a master's equivalent in a doctoral program at a regionally accredited educational institution and complied with requirements of subdivision 2, clauses (1) to (5), except that the nonrefundable fees for licensure are payable at the time an application for licensure is submitted; and

(3) before December 31, 1998, completed at least one full year or the equivalent in part time of post-master's supervised psychological employment.

(c) Notwithstanding paragraph (b), the board shall not grant licensure as a licensed psychologist under this subdivision unless the applicant demonstrates that the applicant was a resident of Minnesota on October 31, 1992, and meets all the requirements for licensure under this subdivision.

Subd. 4. **Converting from master's to doctoral level licensure.** To convert from licensure as a licensed psychologist at the master's or master's equivalent level to licensure at the doctoral level, a licensed psychologist shall have:

(1) completed an application provided by the board;

(2) had an official transcript documenting the conferral of the doctoral degree sent directly from the educational institution to the board;

(3) paid a nonrefundable fee;

(4) successfully completed one full year or the equivalent in part time of supervised psychological employment, which shall not include a predoctoral internship, after earning a master's degree or a master's equivalent in a doctoral program;

(5) successfully completed a predoctoral internship meeting the standards the board has established by rule; and

(6) earned a doctoral degree with a major in psychology from a regionally accredited educational institution meeting the standards the board has established by rule.

Subd. 5. MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

History: *1996 c 424 s 10; 1997 c 102 s 1-3; 1997 c 134 s 1,2; 2005 c 147 art 3 s 3; 1Sp2017 c 6 art 11 s 37,38*

148.9075 EXEMPTIONS TO LICENSE REQUIREMENT.

Subdivision 1. **General.** (a) Nothing in sections 148.88 to 148.98 shall prevent members of other professions or occupations from performing functions for which they are competent and properly authorized by law. The following individuals are exempt from the licensure requirements of the Minnesota Psychology Practice Act, provided they operate in compliance with the stated exemption:

(1) individuals licensed by a health-related licensing board as defined under section 214.01, subdivision 2, or by the commissioner of health;

(2) individuals authorized as mental health practitioners as defined under section 245.462, subdivision 17; and

(3) individuals authorized as mental health professionals under section 245.462, subdivision 18.

(b) Any of these individuals must not hold themselves out to the public by any title or description stating or implying they are licensed to engage in the practice of psychology unless they are licensed under sections 148.88 to 148.98 or are using a title in compliance with section 148.96.

Subd. 2. **Business or industrial organization.** Nothing in sections 148.88 to 148.98 shall prevent the use of psychological techniques by a business or industrial organization for its own personnel purposes or by an employment agency or state vocational rehabilitation agency for the evaluation of the agency's clients prior to a recommendation for employment. However, a representative of an industrial or business firm or corporation may not sell, offer, or provide psychological services as specified in section 148.89, unless the services are performed or supervised by an individual licensed under sections 148.88 to 148.98.

Subd. 3. **School psychologist.** (a) Nothing in sections 148.88 to 148.98 shall be construed to prevent a person who holds a license or certificate issued by the Professional Educator Licensing and Standards Board in accordance with chapters 122A and 129 from practicing school psychology within the scope of employment if authorized by a board of education or by a private school that meets the standards prescribed by the Professional Educator Licensing and Standards Board, or from practicing as a school psychologist within the scope of employment in a program for children with disabilities.

(b) Any person exempted under this subdivision shall not offer psychological services to any other individual, organization, or group for remuneration, monetary or otherwise, unless the person is licensed by the Board of Psychology under sections 148.88 to 148.98.

Subd. 4. **Clergy or religious officials.** Nothing in sections 148.88 to 148.98 shall be construed to prevent recognized religious officials, including ministers, priests, rabbis, imams, Christian Science practitioners, and other persons recognized by the board, from conducting counseling activities that are within the scope of the performance of their regular recognizable religious denomination or sect, as defined in current federal tax regulations, if the religious official does not refer to the official's self as a psychologist and the official remains accountable to the established authority of the religious denomination or sect.

Subd. 5. **Teaching and research.** Nothing in sections 148.88 to 148.98 shall be construed to prevent a person employed in a secondary, postsecondary, or graduate institution from teaching and conducting research in psychology within an educational institution that is recognized by a regional accrediting organization or by a federal, state, county, or local government institution, agency, or research facility, so long as:

(1) the institution, agency, or facility provides appropriate oversight mechanisms to ensure public protections; and

(2) the person is not providing direct clinical services to a client or clients as defined in sections 148.88 to 148.98.

Subd. 6. **Psychologist in disaster or emergency relief.** Nothing in sections 148.88 to 148.98 shall be construed to prevent a psychologist sent to this state for the sole purpose of responding to a disaster or emergency relief effort of the state government, the federal government, the American Red Cross, or other disaster or emergency relief organization as long as the psychologist is not practicing in Minnesota longer than 30 days and the sponsoring organization can certify the psychologist's assignment to this state. The board or its designee, at its discretion, may grant an extension to the 30-day time limitation of this subdivision.

Subd. 7. **Psychological consultant.** A license under sections 148.88 to 148.98 is not required by a nonresident of the state, serving as an expert witness, organizational consultant, presenter, or educator on a limited basis provided the person is appropriately trained, educated, or has been issued a license, certificate, or registration by another jurisdiction.

Subd. 8. **Students.** Nothing in sections 148.88 to 148.98 shall prohibit the practice of psychology under qualified supervision by a practicum psychology student, a predoctoral psychology intern, or an individual who has earned a doctoral degree in psychology and is in the process of completing their postdoctoral supervised psychological employment. A student trainee or intern shall use the titles as required under section 148.96, subdivision 3.

Subd. 9. **Other professions.** Nothing in sections 148.88 to 148.98 shall be construed to authorize a person licensed under sections 148.88 to 148.98 to engage in the practice of any profession regulated under Minnesota law, unless the individual is duly licensed or registered in that profession.

History: *2017 c 89 art 2 s 21; 1Sp2017 c 5 art 12 s 22; 1Sp2017 c 6 art 11 s 39*

148.9077 RELICENSURE.

A former licensee may apply to the board for licensure after complying with all laws and rules required for applicants for licensure that were in effect on the date the initial Minnesota license was granted. The former licensee must verify to the board that the former licensee has not engaged in the practice of psychology in this state since the last date of active licensure, except as permitted under statutory licensure exemption, and must submit a fee for relicensure.

History: *1Sp2017 c 6 art 11 s 40*

148.908 MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

148.909 LICENSURE FOR VOLUNTEER PRACTICE.

Subdivision 1. **Application.** Retired providers who are or were licensed, certified, or registered to practice psychology in any jurisdiction may apply to the board for licensure to practice psychology as a licensed psychologist-volunteer provided the applicant meets the following requirements and the requirements in subdivision 2:

(1) submits to the board a notarized application for licensure as a licensed psychologist-volunteer;

(2) is of good moral character and has no complaints or corrective or disciplinary action pending in any jurisdiction;

(3) if not currently licensed by the board, passes the most recent version of the professional responsibility examination administered by the board and pays the fee associated with sitting for the examination; and

(4) pays the nonrefundable fee for licensure established in subdivision 8.

Subd. 2. **Education requirements.** An applicant who was formerly licensed by the board must meet the education, training, and experience requirements that were in place at the time of the original license. An applicant who was not formerly licensed by the board must meet the current requirements for licensure.

Subd. 3. **Pro bono service.** A provider licensed under this section shall only provide psychological services on a pro bono basis and shall not receive a commission, rebate, or remuneration, directly or indirectly, except that a provider may accept reimbursement for reasonable expenses incurred due to the provision of volunteer psychological services.

Subd. 4. **Documentation of status.** A provider licensed under this section shall receive a license documenting that they are licensed for volunteer practice.

Subd. 5. **Designation of license.** In addition to the descriptions allowed in section 148.96, providers granted licensure under this section shall use the designation "LP-V" to designate licensed psychologist-volunteer.

Subd. 6. **Return to previous licensure status.** Providers licensed under this section who request to return to their previous licensure status may do so upon submission of a written application provided by the board and payment of the applicable licensure fee. Providers may not concurrently hold a license as a licensed psychologist and a license as a licensed psychologist-volunteer.

Subd. 7. MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

Subd. 8. **Fees.** The fee for licensure as a licensed psychologist-volunteer shall be 50 percent of the fee for licensure as a licensed psychologist. A provider licensed under this section shall not be subject to special board fees.

Subd. 9. **Violation.** A provider licensed under this section is subject to all of the provisions in the Minnesota Psychology Practice Act, violation of which is grounds for disciplinary action in accordance with section 148.941.

History: *1997 c 102 s 4; 2005 c 147 art 3 s 6; 2010 c 199 s 3*

148.91 MS 1994 [Repealed, 1996 c 424 s 24]

148.9105 EMERITUS REGISTRATION.

Subdivision 1. **Application.** Retired providers who are licensed or were formerly licensed to practice psychology in the state according to the Minnesota Psychology Practice Act may apply to the board for psychologist emeritus registration if they declare that they are retired from the practice of psychology in Minnesota, have not been the subject of disciplinary action in any jurisdiction, and have no unresolved complaints in any jurisdiction. Retired providers shall complete the necessary forms provided by the board and pay a onetime, nonrefundable fee of $150 at the time of application.

Subd. 2. **Status of registrant.** Emeritus registration is not a license to provide psychological services as defined in the Minnesota Psychology Practice Act. The registrant shall not engage in the practice of psychology.

Subd. 3. **Change to active status.** Emeritus registrants who request a change to active licensure status shall meet the requirements for relicensure following termination in the Minnesota Psychology Practice Act. Master's level emeritus registrants who request licensure at the doctoral level shall comply with current licensure requirements.

Subd. 4. **Documentation of status.** A provider granted emeritus registration shall receive a document certifying that emeritus status has been granted by the board and that the registrant has completed the registrant's active career as a psychologist licensed in good standing with the board.

Subd. 5. **Representation to public.** In addition to the descriptions allowed in section 148.96, subdivision 3, paragraph (e), former licensees who have been granted emeritus registration may represent themselves as "psychologist emeritus" but shall not represent themselves or allow themselves to be represented to the public as "licensed" or otherwise as current licensees of the board.

Subd. 6. **Continuing education requirements.** The continuing education requirements of the Minnesota Psychology Practice Act do not apply to emeritus registrants.

Subd. 7. **Renewal or special fees.** An emeritus registrant is not subject to license renewal or special fees.

History: *2003 c 122 s 3; 1Sp2017 c 6 art 11 s 41-43*

148.911 CONTINUING EDUCATION.

(a) Upon application for license renewal, a licensee shall provide the board with satisfactory evidence that the licensee has completed continuing education requirements established by the board. Continuing education programs shall be approved under section 148.905, subdivision 1, clause (10). The board shall establish by rule the number of continuing education training hours required each year and may specify subject or skills areas that the licensee shall address.

(b) At least four of the required continuing education hours must be on increasing the knowledge, understanding, self-awareness, and practice skills to competently address the psychological needs of individuals from diverse socioeconomic and cultural backgrounds. Topics include but are not limited to:

(1) understanding culture, its functions, and strengths that exist in varied cultures;

(2) understanding clients' cultures and differences among and between cultural groups;

(3) understanding the nature of social diversity and oppression;

(4) understanding cultural humility; and

(5) understanding human diversity, meaning individual client differences that are associated with the client's cultural group, including race, ethnicity, national origin, religious affiliation, language, age, gender, gender identity, physical and mental capabilities, sexual orientation, and socioeconomic status.

History: *1991 c 255 s 9; 1996 c 424 s 12; 2018 c 182 art 1 s 38; 1Sp2021 c 7 art 4 s 2*

148.915 RECIPROCITY.

(a) The board may grant a license to an applicant who meets the following requirements:

(1) submits to the board a notarized application for licensure as a licensed psychologist by reciprocity;

(2) at the time of application, is licensed, certified, or registered to practice psychology in another state or jurisdiction, and has been for at least two consecutive years immediately preceding the date of application;

(3) has a doctoral degree in psychology, which formed the basis for current licensure in another state or jurisdiction;

(4) is of good moral character and has no pending complaints or active disciplinary or corrective actions in any jurisdiction; and

(5) passes the Professional Responsibility Examination administered by the board and pays the fee associated with sitting for the examination.

(b) If by the laws of any state or the rulings or decisions of the appropriate officers or boards thereof, any burden, obligation, requirement, disqualification, or disability is put upon licensed psychologists licensed and in good standing in this state, affecting the right of these licensed psychologists to be registered or licensed in that state, then the same or like burden, obligation, requirement, disqualification, or disability may be put upon the licensure in this state of licensed psychologists licensed in that state.

History: *1996 c 424 s 13; 1999 c 109 s 5; 2010 c 199 s 4; 2018 c 143 s 22*

148.916 GUEST LICENSURE.

Subdivision 1. **Generally.** (a) A nonresident of the state of Minnesota who is not seeking licensure in this state and who has been issued a license, certificate, or registration by another jurisdiction to practice psychology and who intends to practice in Minnesota for more than 30 days shall apply to the board for guest licensure. The psychologist's practice in Minnesota is limited to no more than nine consecutive months per calendar year. Application under this section shall be made no less than 30 days prior to the expected date of practice in Minnesota and shall be subject to approval by the board or its designee.

(b) To be eligible for licensure under this section, the applicant must:

(1) have a license, certification, or registration to practice psychology from another jurisdiction;

(2) have a doctoral degree in psychology from a regionally accredited institution;

(3) be of good moral character;

(4) have no pending complaints or active disciplinary or corrective actions in any jurisdiction;

(5) pass a professional responsibility examination designated by the board; and

(6) pay a fee to the board.

Subd. 1a. **Applicants for licensure.** (a) An applicant who is seeking licensure in this state, and who, at the time of application, is licensed, certified, or registered to practice psychology in another jurisdiction at the doctoral level may apply to the board for guest licensure in order to begin practicing psychology in this state while their application is being processed if the applicant is of good moral character and has no complaints, corrective, or disciplinary action pending in any jurisdiction.

(b) Application under this subdivision shall be made no less than 30 days prior to the expected date of practice in this state, and must be made concurrently or after submission of an application for licensure as a licensed psychologist if applicable. Applications under this subdivision are subject to approval by the board or its designee. The board shall charge a fee for guest licensure under this subdivision.

(c) A guest license issued under this subdivision shall be valid for one year from the date of issuance, or until the board has either issued a license or has denied the applicant's application for licensure, whichever is earlier. Guest licenses issued under this subdivision may be renewed annually until the board has denied the applicant's application for licensure.

Subd. 2. **Psychological consultations.** Notwithstanding subdivision 1, a nonresident of the state of Minnesota, who is not seeking licensure in this state, may serve as an expert witness, organizational consultant, presenter, or educator without obtaining guest licensure, provided the person is appropriately trained, educated, or has been issued a license, certificate, or registration by another jurisdiction.

Subd. 3. **Disaster or emergency relief workers.** The requirements of subdivision 1 do not apply to psychologists sent to this state for the sole purpose of responding to a disaster or emergency relief effort of this state government, the federal government, the American Red Cross, or other disaster or emergency relief organization as long as the psychologist is not practicing in Minnesota for longer than 30 days and the American Red Cross, disaster or emergency relief organization, or government can certify the psychologist's assignment in this state. The board or its designee, at its discretion, may grant an extension to the 30-day time limitation of this subdivision.

Subd. 4. **Prohibitions and sanctions.** A person's privilege to practice under this section is subject to the prohibitions and sanctions for unprofessional or unethical conduct contained in Minnesota laws and rules.

History: *1996 c 424 s 14; 2005 c 147 art 3 s 7; 2010 c 199 s 5,6; 1Sp2017 c 6 art 11 s 44,45*

148.92 MS 1990 [Repealed, 1991 c 255 s 20]

148.921 Subdivision 1. MS 1994 [Repealed, 1996 c 424 s 24]

Subd. 2. MS 1995 Supp [Repealed, 1996 c 424 s 24]

Subd. 3. MS 1994 [Repealed, 1996 c 424 s 24]

148.925 SUPERVISION.

Subdivision 1. **Supervision.** For the purpose of meeting the requirements of the Minnesota Psychology Practice Act, supervision means documented in-person consultation that employs a collaborative relationship that has both facilitative and evaluative components with the goal of enhancing the professional competence and science, and practice-informed professional work of the supervisee. Supervision may include telesupervision between primary or designated supervisors and the supervisee. The supervision shall be adequate to assure the quality and competence of the activities supervised. Supervisory consultation shall

include discussions on the nature and content of the practice of the supervisee, including, but not limited to, a review of a representative sample of psychological services in the supervisee's practice.

Subd. 2. **Postdegree supervised psychological employment.** Postdegree supervised psychological employment means required paid or volunteer work experience and postdegree training of an individual seeking to be licensed as a licensed psychologist that involves the professional oversight by a primary supervisor and satisfies the supervision requirements in the Minnesota Psychology Practice Act.

Subd. 3. **Individuals qualified to provide supervision.** Supervision of an applicant for licensure as a licensed psychologist shall be provided by an individual:

(1) who is a psychologist licensed in Minnesota with a doctoral degree and competence both in supervision in the practice of psychology and in the activities being supervised;

(2) who has a doctoral degree with a major in psychology, who is employed by a regionally accredited educational institution or is employed by a federal, state, county, or local government institution, agency, or research facility, and who has competence both in supervision in the practice of psychology and in the activities being supervised, provided the supervision is being provided and the activities being supervised occur within that regionally accredited educational institution or federal, state, county, or local government institution, agency, or research facility;

(3) who is licensed or certified as a psychologist in another jurisdiction and who has competence both in supervision in the practice of psychology and in the activities being supervised;

(4) who is a psychologist licensed in Minnesota who was licensed before August 1, 1991, with competence both in supervision in the practice of psychology and in the activities being supervised; or

(5) who, in the case of a designated supervisor, is a master's or doctorally prepared mental health professional.

Subd. 4. MS 2016 [Repealed by amendment, 1Sp2017 c 6 art 11 s 46]

Subd. 5. **Supervisory consultation for an applicant for licensure as a licensed psychologist.** Supervision of an applicant for licensure as a licensed psychologist must total 100 hours and must include two hours per week of regularly scheduled in-person consultations. For full-time experience, one hour must be with the primary supervisor on an individual basis. The remaining hour may be with a designated supervisor. The board may approve an exception to the weekly supervision requirement for a week when the supervisor was ill or otherwise unable to provide supervision. The board may prorate the two hours per week of supervision for individuals preparing for licensure on a part-time basis. Supervised psychological employment does not qualify for licensure when the supervisory consultation is not adequate as described in subdivision 1, or in the board rules. The board shall not require a supervisee to have more than two hours of supervision per week for the purpose of obtaining a license, unless the supervisee is making up missed hours as permitted by the board.

Subd. 6. **Services provided by individuals preparing for licensure.** Individuals preparing for licensure as a licensed psychologist during their postdegree supervised psychological experience may perform any of the services specified in section 148.89, if the services are performed as part of their training.

Subd. 7. MS 2016 [Repealed by amendment, 1Sp2017 c 6 art 11 s 46]

History: *1991 c 255 s 11; 1992 c 513 art 6 s 31-33; 1993 c 206 s 17; 1996 c 424 s 15; 1997 c 134 s 4; 1999 c 109 s 6; 2000 c 363 s 4-8; 2003 c 122 s 4; 2005 c 147 art 3 s 8; 1Sp2017 c 6 art 11 s 46; 2018 c 143 s 23,24*

148.93 MS 1994 [Repealed, 1996 c 424 s 24]

148.94 MS 1974 [Repealed, 1976 c 222 s 209]

148.941 DISCIPLINARY ACTION; INVESTIGATION; PENALTY FOR VIOLATION.

Subdivision 1. **Generally.** Except as otherwise described in this section, all hearings shall be conducted under chapter 14.

Subd. 2. **Grounds for disciplinary action; forms of disciplinary action.** (a) The board may impose disciplinary action as described in paragraph (b) against an applicant or licensee whom the board, by a preponderance of the evidence, determines:

(1) has violated a statute, rule, or order that the board issued or is empowered to enforce;

(2) has engaged in fraudulent, deceptive, or dishonest conduct, whether or not the conduct relates to the practice of psychology, that adversely affects the person's ability or fitness to practice psychology;

(3) has engaged in unprofessional conduct or any other conduct which has the potential for causing harm to the public, including any departure from or failure to conform to the minimum standards of acceptable and prevailing practice without actual injury having to be established;

(4) has been convicted of or has pled guilty or nolo contendere to a felony or other crime, an element of which is dishonesty or fraud, or has been shown to have engaged in acts or practices tending to show that the applicant or licensee is incompetent or has engaged in conduct reflecting adversely on the applicant's or licensee's ability or fitness to engage in the practice of psychology;

(5) has employed fraud or deception in obtaining or renewing a license, in requesting approval of continuing education activities, or in passing an examination;

(6) has had a license, certificate, charter, registration, privilege to take an examination, or other similar authority denied, revoked, suspended, canceled, limited, reprimanded, or otherwise disciplined, or not renewed for cause in any jurisdiction; or has surrendered or voluntarily terminated a license or certificate during a board investigation of a complaint, as part of a disciplinary order, or while under a disciplinary order;

(7) has been subject to a corrective action or similar action in another jurisdiction or by another regulatory authority;

(8) has failed to meet any requirement for the issuance or renewal of the person's license. The burden of proof is on the applicant or licensee to demonstrate the qualifications or satisfy the requirements for a license under the Psychology Practice Act;

(9) has failed to cooperate with an investigation of the board as required under subdivision 4;

(10) has demonstrated an inability to practice psychology with reasonable skill and safety to clients due to any mental or physical illness or condition; or

(11) has engaged in fee splitting. This clause does not apply to the distribution of revenues from a partnership, group practice, nonprofit corporation, or professional corporation to its partners, shareholders, members, or employees if the revenues consist only of fees for services performed by the licensee or under a licensee's administrative authority. This clause also does not apply to the charging of a general membership fee by a licensee or applicant to health care providers, as defined in sections 144.291 to 144.298, for participation in a referral service, provided that the licensee or applicant discloses in advance to each referred client the financial nature of the referral arrangement. Fee splitting includes, but is not limited to:

(i) paying, offering to pay, receiving, or agreeing to receive a commission, rebate, or remuneration, directly or indirectly, primarily for the referral of clients;

(ii) dividing client fees with another individual or entity, unless the division is in proportion to the services provided and the responsibility assumed by each party;

(iii) referring an individual or entity to any health care provider, as defined in sections 144.291 to 144.298, or for other professional or technical services in which the referring licensee or applicant has a significant financial interest unless the licensee has disclosed the financial interest in advance to the client; and

(iv) dispensing for profit or recommending any instrument, test, procedure, or device that for commercial purposes the licensee or applicant has developed or distributed, unless the licensee or applicant has disclosed any profit interest in advance to the client.

(b) If grounds for disciplinary action exist under paragraph (a), the board may take one or more of the following actions:

(1) refuse to grant or renew a license;

(2) revoke a license;

(3) suspend a license;

(4) impose limitations or conditions on a licensee's practice of psychology, including, but not limited to, limiting the scope of practice to designated competencies, imposing retraining or rehabilitation requirements, requiring the licensee to practice under supervision, or conditioning continued practice on the demonstration of knowledge or skill by appropriate examination or other review of skill and competence;

(5) censure or reprimand the licensee;

(6) refuse to permit an applicant to take the licensure examination or refuse to release an applicant's examination grade if the board finds that it is in the public interest; or

(7) impose a civil penalty not exceeding $7,500 for each separate violation. The amount of the penalty shall be fixed so as to deprive the applicant or licensee of any economic advantage gained by reason of the violation charged, to discourage repeated violations, or to recover the board's costs that occur in bringing about a disciplinary order. For purposes of this clause, costs are limited to legal, paralegal, and investigative charges billed to the board by the Attorney General's Office, witness costs, consultant and expert witness fees, and charges attendant to the use of an administrative law judge.

(c) In lieu of or in addition to paragraph (b), the board may require, as a condition of licensure, termination of suspension, reinstatement of license, examination, or release of examination grades, that the applicant or licensee:

(1) submit to a quality review, as specified by the board, of the applicant's or licensee's ability, skills, or quality of work;

(2) complete to the satisfaction of the board educational courses specified by the board; and

(3) reimburse to the board all costs incurred by the board that are the result of a provider failing, neglecting, or refusing to fully comply, or not complying in a timely manner, with any part of the remedy section of a stipulation and consent order or the corrective action section of an agreement for corrective action. For purposes of this clause, costs are limited to legal, paralegal, and investigative charges billed to the board by the Attorney General's Office, witness costs, consultant and expert witness fees, and charges attendant to the use of an administrative law judge.

(d) Service of the order is effective if the order is served on the applicant, licensee, or counsel of record personally or by mail to the most recent address provided to the board for the licensee, applicant, or counsel of record. The order shall state the reasons for the entry of the order.

Subd. 3. **Temporary suspension of license.** (a) In addition to any other remedy provided by law, the board may temporarily suspend the credentials of a licensee after conducting a preliminary inquiry to determine if the board reasonably believes that the licensee has violated a statute or rule that the board is empowered to enforce and continued practice by the licensee would create an imminent risk of harm to others.

(b) The order may prohibit the licensee from engaging in the practice of psychology in whole or in part and may condition the end of a suspension on the licensee's compliance with a statute, rule, or order that the board has issued or is empowered to enforce.

(c) The order shall give notice of the right to a hearing pursuant to this subdivision and shall state the reasons for the entry of the order.

(d) Service of the order is effective when the order is served on the licensee personally or by certified mail which is complete upon receipt, refusal, or return for nondelivery to the most recent address provided to the board for the licensee.

(e) At the time the board issues a temporary suspension order, the board shall schedule a hearing to be held before its own members which shall begin no later than 60 days after issuance of the temporary suspension order or within 15 working days of the date of the board's receipt of a request for hearing by a licensee on the sole issue of whether there is a reasonable basis to continue, modify, or lift the temporary suspension. This hearing is not subject to chapter 14. Evidence presented by the board or the licensee shall be in affidavit form only. The licensee or counsel of record may appear for oral argument.

(f) Within five working days of the hearing, the board shall issue its order and, if the suspension is continued, schedule a contested case hearing within 30 days of the issuance of the order. Notwithstanding chapter 14, the administrative law judge shall issue a report within 30 days after closing the contested case hearing record. The board shall issue a final order within 30 days of receipt of the administrative law judge's report.

Subd. 4. **Cooperation of applicants or licensees with investigations.** (a) An applicant or licensee of the board who is the subject of an investigation or who is questioned in connection with an investigation by or on behalf of the board shall cooperate fully with the investigation. Cooperation includes responding fully and promptly to any question raised by or on behalf of the board relating to the subject of the investigation, executing all releases requested by the board, providing copies of client records, as reasonably requested by

the board to assist it in its investigation, and appearing at conferences or hearings scheduled by the board or its staff.

(b) If the board does not have a written consent from a client permitting access to the client's records, the licensee may delete any data in the record which identify the client before providing it to the board. The board shall maintain any records obtained pursuant to this section as investigative data pursuant to chapter 13.

Subd. 5. **Evidence of past sexual conduct.** In a proceeding for the suspension or revocation of a license or other disciplinary action for unethical or unprofessional conduct involving sexual contact with a client or former client, the board or administrative law judge shall not consider evidence of the client's previous sexual conduct nor shall any reference to this conduct be made during the proceedings or in the findings, except by motion of the client, unless the evidence would be admissible under applicable provisions of section 609.347, subdivision 3.

Subd. 6. **Violation.** It is unlawful for any person who is not a natural person to engage in the practice of psychology or misrepresent themselves as a psychologist or psychological practitioner. Natural persons who engage in the unlicensed practice of psychology or who misrepresent themselves as psychologists or psychological practitioners are guilty of a gross misdemeanor.

Subd. 7. **Limitation period.** (a) For complaints against providers received by the board after July 31, 2001, a board proceeding against a provider must not be instituted unless it is begun within seven years from the date of some portion of the alleged misconduct that is complained of.

(b) The following are exceptions to the limitation period in paragraph (a):

(1) complaints alleging a violation of subdivision 2, paragraph (a), clauses (2), (4), (5), and (6);

(2) complaints alleging sexual intercourse or other physical intimacies with a client, or any verbal or physical behavior that is sexually seductive or sexually demeaning to the client; or complaints alleging sexual intercourse or other physical intimacies with a former client, or any verbal or physical behavior that is sexually demeaning to the former client, for a period of two years following the date of the last professional contact with the former client, whether or not the provider has formally terminated the professional relationship. Physical intimacies include handling of the breasts, genital areas, buttocks, or thighs of either sex by either the provider or the client.

(c) If a complaint is received by the board less than 12 months from the expiration of the limitation period in paragraph (a), the limitation period is extended for a period of 12 months from the date the complaint is received by the board.

(d) If alleged misconduct is complained of that involves a client who is a minor, the limitation period in paragraph (a) does not begin until the minor reaches the age of 18.

(e) For purposes of this subdivision only, "proceeding" means the service of a notice of conference, or in cases in which a notice of conference was not served, a notice of hearing.

Subd. 8. **Mental, physical, or substance use disorder examination or evaluation.** (a) If the board has probable cause to believe that an individual who is regulated by the board has demonstrated an inability to practice psychology with reasonable skill and safety to clients due to any mental or physical illness or condition, the board may direct the individual to submit to an independent mental, physical, or substance use disorder examination or evaluation. For the purpose of this subdivision, an individual regulated by the board is deemed to have consented to submit to the examination or evaluation when directed to do so by

written notice by the board and to have waived all objections to the admissibility of the examiner's or evaluator's testimony or reports on the grounds that the same constitutes a privileged communication. Failure to submit to an examination or evaluation without just cause, as determined by the board, shall authorize the board to consider the allegations as true for the purposes of further action by the board. Such action may include an application being denied, a license being suspended, or a default and final order being entered without the taking of testimony or presentation of evidence, other than evidence that may be submitted by affidavit that explains why the individual did not submit to the examination or evaluation.

(b) An individual regulated by the board who is affected under this subdivision shall, at reasonable intervals, be given an opportunity to demonstrate that the individual is fit to resume the competent practice of psychology with reasonable skill and safety to the public.

(c) In a proceeding under this subdivision, neither the record of the proceedings nor the orders entered by the board is admissible, is subject to subpoena, or may be used against the individual regulated by the board in any proceeding not commenced by the board.

(d) Information obtained under this subdivision is classified as private under section 13.02, subdivision 12.

History: *1993 c 206 s 18; 1996 c 424 s 16-19; 1997 c 134 s 5; 1999 c 109 s 7,8; 2000 c 363 s 9; 2001 c 66 s 1,2; 2003 c 122 s 5; 2005 c 147 art 3 s 9; 2007 c 147 art 10 s 15; 2022 c 98 art 4 s 51; 2026 c 115 art 12 s 3*

148.95 MS 1992 [Repealed, 1993 c 206 s 25]

148.951 MS 1994 [Repealed, 1996 c 424 s 24]

148.952 IMMUNITY.

(a) Any person, health care facility, business, or organization is immune from civil liability and criminal prosecution for reporting in good faith to the board violations or alleged violations of the Psychology Practice Act.

(b) Any person, health care facility, business, or organization is immune from civil liability and criminal prosecution for cooperating with the board in good faith in the investigation of violations or alleged violations of the Psychology Practice Act.

(c) Consultants, advisors, and experts retained by the board for the investigation of alleged violations and for the preparation, presentation, and provision of testimony pertaining to allegations, charges, or violations of the Psychology Practice Act are immune from civil liability and criminal prosecution for any actions, transactions, or publications made in good faith in the execution of, or relating to, their duties on behalf of the board.

(d) Paragraphs (a) and (b) do not apply to a person whose report pertains to the person's own conduct.

History: *1999 c 109 s 9*

148.96 PRESENTATION TO PUBLIC.

Subdivision 1. **Requirements for professional identification.** All licensees, when representing themselves in activities relating to the practice of psychology, including in written materials or advertising, shall identify the academic degree upon which their licensure is based, as well as their level of licensure. Individuals licensed on the basis of the equivalent of a master's degree in a doctoral program shall similarly

use the designation "M. Eq." to identify the educational status on which their licensure is based, as well as their level of licensure.

Subd. 2. **Disclosure of education.** At the initial meeting, a licensee shall display or make available to each new client accurate information about the qualifications and competencies of the licensee, in accordance with regulations of the board.

Subd. 3. **Requirements for representations to public.** (a) Unless licensed under sections 148.88 to 148.98, except as provided in paragraphs (b) through (e), persons shall not represent themselves or permit themselves to be represented to the public by:

(1) using any title or description of services incorporating the words "psychology," "psychological," "psychological practitioner," or "psychologist"; or

(2) representing that the person has expert qualifications in an area of psychology.

(b) Psychologically trained individuals who are employed by an educational institution recognized by a regional accrediting organization, by a federal, state, county, or local government institution, agency, or research facility, may represent themselves by the title designated by that organization provided that the title does not indicate that the individual is credentialed by the board.

(c) A psychologically trained individual from an institution described in paragraph (b) may offer lecture services and is exempt from the provisions of this section.

(d) A person who is preparing for the practice of psychology under supervision in accordance with board statutes and rules may be designated as a "psychological intern," "psychology fellow," "psychological trainee," or by other terms clearly describing the person's training status.

(e) Former licensees who are completely retired from the practice of psychology may represent themselves using the descriptions in paragraph (a), clauses (1) and (2), but shall not represent themselves or allow themselves to be represented as current licensees of the board.

Subd. 4. MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

Subd. 5. MS 2016 [Repealed, 1Sp2017 c 6 art 11 s 56]

History: *1973 c 685 s 9; 1986 c 444; 1991 c 255 s 14; 1996 c 424 s 20; 1997 c 102 s 5,6; 1998 c 397 art 11 s 3; 1999 c 109 s 10; 2000 c 260 s 26; 2005 c 147 art 3 s 10; 1Sp2017 c 6 art 11 s 47*

148.965 TEST SECURITY.

Notwithstanding section 144.292, subdivisions 2 and 5, a provider shall not be required to provide copies of psychological tests, test materials, or scoring keys to any individual who has completed a test, or to an individual not qualified to administer, score, and interpret the test, if the provider reasonably determines that access would compromise the objectivity, fairness, or integrity of the testing process for the individual or others. If the provider makes this determination, the provider shall, at the discretion of the individual who has completed the test, release the information either to another provider who is qualified to administer, score, and interpret the test or instead furnish a summary of the test results to the individual or to a third party designated by the individual.

History: *1999 c 58 s 1; 2007 c 147 art 10 s 15*

148.97 MS 1994 [Repealed, 1996 c 424 s 24]

148.975 DUTY TO WARN; LIMITATION ON LIABILITY; VIOLENT BEHAVIOR OF PATIENT.

Subdivision 1. **Definitions.** (a) The definitions in this subdivision apply to this section.

(b) "Other person" means an immediate family member or someone who personally knows the client and has reason to believe the client is capable of and will carry out the serious, specific threat of harm to a specific, clearly identified or identifiable victim.

(c) "Reasonable efforts" means communicating the serious, specific threat to the potential victim and if unable to make contact with the potential victim, communicating the serious, specific threat to the law enforcement agency closest to the potential victim or the client.

(d) For purposes of this section, "licensee" includes practicum psychology students, predoctoral psychology interns, and individuals who have earned a doctoral degree in psychology and are in the process of completing their postdoctoral supervised psychological employment in order to qualify for licensure.

Subd. 2. **Duty to warn.** The duty to predict, warn of, or take reasonable precautions to provide protection from, violent behavior arises only when a client or other person has communicated to the licensee a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim. If a duty to warn arises, the duty is discharged by the licensee if reasonable efforts, as defined in subdivision 1, paragraph (c), are made to communicate the threat.

Subd. 3. **Liability standard.** If no duty to warn exists under subdivision 2, then no monetary liability and no cause of action may arise against a licensee for failure to predict, warn of, or take reasonable precautions to provide protection from, a client's violent behavior.

Subd. 4. **Disclosure of confidences.** Good faith compliance with the duty to warn shall not constitute a breach of confidence and shall not result in monetary liability or a cause of action against the licensee.

Subd. 5. **Continuity of care.** Nothing in subdivision 2 shall be construed to authorize a licensee to terminate treatment of a client as a direct result of a client's violent behavior or threat of physical violence unless the client is referred to another practitioner or appropriate health care facility.

Subd. 6. **Exception.** This section does not apply to a threat to commit suicide or other threats by a client to harm the client, or to a threat by a client who is adjudicated mentally ill and dangerous under chapter 253B.

Subd. 7. **Optional disclosure.** Nothing in section 148.975 shall be construed to prohibit a licensee from disclosing confidences to third parties in a good faith effort to warn against or take precautions against a client's violent behavior or threat to commit suicide for which a duty to warn does not arise.

Subd. 8. **Limitation on liability.** No monetary liability and no cause of action, or disciplinary action by the board may arise against a licensee for disclosure of confidences to third parties, for failure to disclose confidences to third parties, or for erroneous disclosure of confidences to third parties in a good faith effort to warn against or take precautions against a client's violent behavior or threat of suicide for which a duty to warn does not arise.

History: *1986 c 380 s 1; 1996 c 424 s 21; 2016 c 163 art 3 s 2*

148.976 MS 1996 [Repealed, 1998 c 254 art 1 s 48]

148.98 RULES OF CONDUCT.

The board shall adopt rules of conduct to govern an applicant's or licensee's practices or behavior. The board shall publish the rules in the State Register and file the rules with the secretary of state at least 30 days prior to the effective date of the rules. The rules of conduct shall include, but are not limited to, the principles in paragraphs (a) to (c).

(a) Applicants or licensees shall recognize the boundaries of their competence and the limitations of their techniques and shall not offer services or use techniques that fail to meet usual and customary professional standards.

(b) An applicant or licensee who engages in practice shall assist clients in obtaining professional help for all important aspects of the client's problems that fall outside the boundaries of the applicant's or licensee's competence.

(c) Applicants or licensees shall not claim either directly or by implication professional qualifications that differ from their actual qualifications, nor shall they misrepresent their affiliations with any institution, organization, or individual, nor lead others to assume affiliations that do not exist.

History: *1973 c 685 s 11; 1976 c 222 s 72; 1986 c 444; 1991 c 255 s 16; 1993 c 206 s 19; 1996 c 424 s 22*

148.981 FEES.

Subdivision 1. **Licensing fees.** The nonrefundable fees for licensure shall be established by the board, not to exceed the following amounts:

(1) application for admission to national standardized examination, $150;

(2) application for professional responsibility examination, $150;

(3) application for licensure as a licensed psychologist, $500;

(4) renewal of license for a licensed psychologist, $500;

(5) late renewal of license for a licensed psychologist, $250;

(6) application for converting from master's to doctoral level licensure, $150;

(7) application for guest licensure, $150;

(8) certificate replacement fee, $25;

(9) mailing and duplication fee, $5;

(10) statute and rule book fee, $10;

(11) verification fee, $20; and

(12) fee for optional preapproval of postdoctoral supervision, $50.

Subd. 2. **Continuing education sponsor fee.** A sponsor applying for approval of a continuing education activity pursuant to Minnesota Rules, part 7200.3830, subpart 2, shall submit with the application a fee to be established by the board, not to exceed $80 for each activity.

History: *1Sp2019 c 9 art 10 s 17*

148.99 Subdivision 1. MS 1974 [Repealed, 1976 c 222 s 209]

Subd. 2. MS 1974 [Expired]

CERTIFIED DOULAS

148.995 DEFINITIONS.

Subdivision 1. **Applicability.** The definitions in this section apply to sections 148.995 to 148.997.

Subd. 2. **Certified doula.** "Certified doula" means an individual who has received a certification to perform doula services from the International Childbirth Education Association, the Doulas of North America (DONA), the Association of Labor Assistants and Childbirth Educators (ALACE), Birthworks, the Childbirth and Postpartum Professional Association (CAPPA), Childbirth International, the International Center for Traditional Childbearing, Commonsense Childbirth, Inc., Modern Doula Education (MDE), or an organization designated by the commissioner under section 148.9965.

Subd. 3. **Commissioner.** "Commissioner" means the commissioner of health.

Subd. 4. **Doula services.** "Doula services" means continuous emotional and physical support throughout labor and birth, and intermittently during the prenatal and postpartum periods.

History: *2007 c 147 art 9 s 27; 2009 c 159 s 38,39; 2014 c 291 art 4 s 23; 1Sp2021 c 7 art 4 s 3*

148.996 REGISTRY.

Subdivision 1. **Establishment.** The commissioner of health shall maintain a registry of certified doulas who have met the requirements listed in subdivision 2.

Subd. 2. **Qualifications.** The commissioner shall include on the registry any individual who:

(1) submits an application on a form provided by the commissioner. The form must include the applicant's name, address, and contact information;

(2) submits evidence of maintaining a current certification from one of the organizations listed in section 148.995, subdivision 2, or from an organization designated by the commissioner under section 148.9965; and

(3) pays the fees required under section 148.997.

Subd. 3. **Criminal background check.** The commissioner shall conduct a criminal background check by reviewing the Bureau of Criminal Apprehension's website. If the review indicates that an applicant has been engaged in criminal behavior, the commissioner shall indicate this on the registry and provide a link to the Bureau of Criminal Apprehension's website.

Subd. 4. **Renewal.** Inclusion on the registry maintained by the commissioner is valid for three years, provided the doula meets the requirement in subdivision 2, clause (2), during the entire period. At the end of the three-year period, the certified doula may submit a new application to remain on the doula registry by meeting the requirements described in subdivision 2.

Subd. 5. **Public access.** The commissioner shall provide a link to the registry on the Department of Health's website.

Subd. 6. **Removal from registry.** (a) If the commissioner determines that a doula included on the registry does not meet the requirement in subdivision 2, clause (2), the commissioner shall notify the affected doula that the doula no longer meets the requirement in subdivision 2, clause (2), specify steps the doula must take to maintain inclusion on the registry, and specify the effect of failing to take such steps. The commissioner must provide this notice by first class mail to the address on file with the commissioner for the affected doula.

(b) Following the provision of notice under paragraph (a), the commissioner shall remove from the registry any doula who no longer meets the requirement in subdivision 2, clause (2), and who does not take the steps specified by the commissioner to maintain inclusion on the registry.

History: *2007 c 147 art 9 s 28; 2014 c 291 art 4 s 24; 1Sp2021 c 7 art 4 s 4-6*

148.9965 DESIGNATION OF DOULA CERTIFICATION ORGANIZATIONS BY COMMISSIONER.

Subdivision 1. **Review and designation by commissioner.** The commissioner shall periodically review the doula certification organizations listed in section 148.995, subdivision 2, or designated by the commissioner under this section. The commissioner may: (1) designate additional organizations from which individuals, if maintaining current doula certification from such an organization, are eligible for inclusion on the registry of certified doulas; and (2) remove the designation of a doula certification organization previously designated by the commissioner.

Subd. 2. **Designation.** A doula certification organization seeking designation under this section shall provide the commissioner with evidence that the organization satisfies designation criteria established by the commissioner. If the commissioner designates a doula certification organization under this section, the commissioner shall provide notice of the designation by publication in the State Register and on the Department of Health website for the registry of certified doulas and shall specify the date after which a certification by the organization authorizes a doula certified by the organization to be included on the registry.

Subd. 3. **Removal of designation.** (a) The commissioner may remove the designation of a doula certification organization previously designated by the commissioner under this section upon a determination by the commissioner that the organization does not meet the commissioner's criteria for designation. If the commissioner removes a designation, the commissioner shall provide notice of the removal by publication in the State Register and shall specify the date after which a certification by the organization no longer authorizes a doula certified by the organization to be included on the registry.

(b) Following removal of a designation, the Department of Health website for the registry of certified doulas shall be modified to reflect the removal.

History: *1Sp2021 c 7 art 4 s 7*

148.997 FEES.

Subdivision 1. **Fees.** (a) The application fee is $185.

(b) The criminal background check fee is $15.

Subd. 2. **Nonrefundable fees.** The fees in this section are nonrefundable.

Subd. 3. **Deposit.** Fees received under sections 148.995 to 148.997 shall be deposited in the state government special revenue fund.

History: *2007 c 147 art 9 s 29; 1Sp2017 c 6 art 10 s 121*

BEHAVIOR ANALYSTS

148.9981 DEFINITIONS.

Subdivision 1. **Scope.** For the purposes of sections 148.9981 to 148.9995, the terms in this section have the meanings given.

Subd. 2. **Accredited school or educational program.** "Accredited school or educational program" means a school, university, college, or other postsecondary education program that, at the time the student completes the program, is accredited by a regional accrediting association whose standards are substantially equivalent to those of the North Central Association of Colleges and Postsecondary Education Institutions or an accrediting association that evaluates schools of behavior analysis, psychology, or education for inclusion of the education, practicum, and core function standards.

Subd. 3. **Advisory council.** "Advisory council" means the Behavior Analyst Advisory Council established in section 148.9994.

Subd. 4. **Board.** "Board" means the Board of Psychology established in section 148.90.

Subd. 5. **Certifying entity.** "Certifying entity" means the Behavior Analyst Certification Board, Inc., or a successor organization or other organization approved by the board in consultation with the advisory council.

Subd. 6. **Client.** "Client" means an individual who is the recipient of behavior analysis services. Client also means "patient" as defined in section 144.291, subdivision 2, paragraph (g).

Subd. 7. **Licensed behavior analyst.** "Licensed behavior analyst" or "behavior analyst" means an individual who holds a valid license issued under sections 148.9981 to 148.9995 to engage in the practice of applied behavior analysis.

Subd. 8. **Licensee.** "Licensee" means an individual who holds a valid license issued under sections 148.9981 to 148.9995.

Subd. 9. **Practice of applied behavior analysis.** (a) "Practice of applied behavior analysis" means the design, implementation, and evaluation of social, instructional, and environmental modifications to produce socially significant improvements in human behavior. The practice of applied behavior analysis includes the empirical identification of functional relations between behavior and environmental factors, known as functional behavioral assessment and analysis. Applied behavior analysis interventions are based on scientific research, direct and indirect observation, and measurement of behavior and environment and utilize contextual factors, motivating operations, antecedent stimuli, positive reinforcement, and other procedures to help individuals develop new behaviors, increase or decrease existing behaviors, and emit behaviors under specific social, instructional, and environmental conditions.

(b) The practice of applied behavior analysis does not include the diagnosis of psychiatric or mental health disorders, psychological testing, neuropsychology, psychotherapy, cognitive therapy, sex therapy, hypnotherapy, psychoanalysis, or psychological counseling.

History: *2024 c 127 art 19 s 1*

148.9982 DUTIES OF THE BOARD OF PSYCHOLOGY.

Subdivision 1. **General.** The board, in consultation with the advisory council, must:

(1) adopt and enforce standards for licensure, licensure renewal, and the regulation of behavior analysts;

(2) issue licenses to qualified individuals under sections 148.9981 to 148.9995;

(3) carry out disciplinary actions against licensed behavior analysts;

(4) educate the public about the existence and content of the regulations for behavior analyst licensing to enable consumers to file complaints against licensees who may have violated laws or rules the board is empowered to enforce; and

(5) collect license fees for behavior analysts as specified under section 148.9995.

Subd. 2. **Rulemaking.** The board, in consultation with the advisory council, may adopt rules necessary to carry out the provisions of sections 148.9981 to 148.9995.

History: *2024 c 127 art 19 s 2*

148.9983 REQUIREMENTS FOR LICENSURE.

Subdivision 1. **General.** An individual seeking licensure as a behavior analyst must complete and submit a written application on forms provided by the board together with the appropriate fee as specified under section 148.9995.

Subd. 2. **Requirements for licensure.** An applicant for licensure as a behavior analyst must submit evidence satisfactory to the board that the applicant:

(1) has a current and active national certification as a board-certified behavior analyst issued by the certifying entity; or

(2) has completed the equivalent requirements for certification by the certifying entity, including satisfactorily passing a psychometrically valid examination administered by a nationally accredited credentialing organization.

Subd. 3. **Background investigation.** The applicant must complete a background check pursuant to section 214.075.

History: *2024 c 127 art 19 s 3*

148.9984 LICENSE RENEWAL REQUIREMENTS.

Subdivision 1. **Biennial renewal.** A license must be renewed every two years.

Subd. 2. **License renewal notice.** At least 60 calendar days before the renewal deadline date, the board must mail a renewal notice to the licensee's last known address on file with the board. The notice must include instructions for accessing an online application for license renewal, the renewal deadline, and notice of fees required for renewal. The licensee's failure to receive notice does not relieve the licensee of the obligation to meet the renewal deadline and other requirements for license renewal.

Subd. 3. **Renewal requirements.** (a) To renew a license, a licensee must submit to the board:

(1) a completed and signed application for license renewal;

(2) the license renewal fee as specified under section 148.9995; and

(3) evidence satisfactory to the board that the licensee holds a current and active national certification as a behavior analyst from the certifying entity or otherwise meets renewal requirements as established by the board, in consultation with the advisory council.

(b) The application for license renewal and fee must be postmarked or received by the board by the end of the day on which the license expires or the following business day if the expiration date falls on a Saturday, Sunday, or holiday. A renewal application that is not completed and signed, or that is not accompanied by the correct fee, is void and must be returned to the licensee.

Subd. 4. **Pending renewal.** If a licensee's application for license renewal is postmarked or received by the board by the end of the business day on the expiration date of the license or the following business day if the expiration date falls on a Saturday, Sunday, or holiday, the licensee may continue to practice after the expiration date while the application for license renewal is pending with the board.

Subd. 5. **Late renewal fee.** If the application for license renewal is postmarked or received after the expiration date of the license or the following business day if the expiration date falls on a Saturday, Sunday, or holiday, the licensee must pay a biennial renewal late fee as specified by section 148.9995, in addition to the renewal fee, before the licensee's application for license renewal will be considered by the board.

History: *2024 c 127 art 19 s 4*

148.9985 EXPIRED LICENSE.

(a) Within 30 days after the renewal date, a licensee who has not renewed their license must be notified by letter, sent to the last known address of the licensee in the board's file, that the renewal is overdue and that failure to pay the current fee and current biennial renewal late fee within 60 days after the renewal date will result in termination of the license.

(b) The board must terminate the license of a licensee whose license renewal is at least 60 days overdue and to whom notification has been sent as provided in paragraph (a). Failure of a licensee to receive notification is not grounds for later challenge of the termination. The former licensee must be notified of the termination by letter within seven days after board action, in the same manner as provided in paragraph (a).

(c) Notwithstanding paragraph (b), the board retains jurisdiction over a former licensee for complaints received after termination of a license regarding conduct that occurred during licensure.

History: *2024 c 127 art 19 s 5*

148.9986 PROHIBITED PRACTICE OR USE OF TITLES; PENALTY.

Subdivision 1. **Practice.** Effective January 1, 2025, an individual must not engage in the practice of applied behavior analysis unless the individual is licensed under sections 148.9981 to 148.9995 as a behavior analyst or is exempt under section 148.9987. A psychologist licensed under sections 148.88 to 148.981 who practices behavior analysis is not required to obtain a license as a behavior analyst under sections 148.9981 to 148.9995.

Subd. 2. **Use of titles.** (a) An individual must not use a title incorporating the words "licensed behavior analyst," or "behavior analyst," or use any other title or description stating or implying that they are licensed or otherwise qualified to practice applied behavior analysis, unless that person holds a valid license under sections 148.9981 to 148.9995.

(b) Notwithstanding paragraph (a), a licensed psychologist who practices applied behavior analysis within the psychologist's scope of practice may use the title "behavior analyst," but must not use the title "licensed behavior analyst" unless the licensed psychologist holds a valid license as a behavior analyst issued under sections 148.9981 to 148.9995.

Subd. 3. **Penalty.** An individual who violates this section is guilty of a misdemeanor.

History: *2024 c 127 art 19 s 6*

148.9987 EXCEPTIONS TO LICENSE REQUIREMENT.

(a) Sections 148.9981 to 148.9995 must not be construed to prohibit or restrict:

(1) the practice of an individual who is licensed to practice psychology in the state or an individual who is providing psychological services under the supervision of a licensed psychologist in accordance with section 148.925;

(2) the practice of any other profession or occupation licensed, certified, or registered by the state by an individual duly licensed, certified, or registered to practice the profession or occupation or to perform any act that falls within the scope of practice of the profession or occupation;

(3) an individual who is employed by a school district from providing behavior analysis services as part of the individual's employment with the school district, so long as the individual does not provide behavior analysis services to any person or entity other than as an employee of the school district or accept remuneration for the provision of behavior analysis services outside of the individual's employment with the school district;

(4) an employee of a program licensed under chapter 245D from providing the services described in section 245D.091, subdivision 1;

(5) teaching behavior analysis or conducting behavior analysis research if the teaching or research does not involve the direct delivery of behavior analysis services;

(6) providing behavior analysis services by an unlicensed supervisee or trainee under the authority and direction of a licensed behavior analyst and in compliance with the licensure and supervision standards required by law or rule;

(7) a family member or guardian of the recipient of behavior analysis services from performing behavior analysis services under the authority and direction of a licensed behavior analyst; or

(8) students or interns enrolled in an accredited school or educational program, or participating in a behavior analysis practicum, from engaging in the practice of applied behavior analysis while supervised by a licensed behavior analyst or instructor of an accredited school or educational program. These individuals must be designated as a behavior analyst student or intern.

(b) Notwithstanding paragraph (a), a licensed psychologist may supervise an unlicensed supervisee, trainee, student, or intern who is engaged in the practice of behavior analysis if the supervision is authorized under the Minnesota Psychology Practice Act.

History: *2024 c 127 art 19 s 7*

148.9988 NONTRANSFERABILITY OF LICENSES.

A behavior analyst license is not transferable.

History: *2024 c 127 art 19 s 8*

148.9989 DUTY TO MAINTAIN CURRENT INFORMATION.

All licensees and applicants for licensure must notify the board within 30 days of the occurrence of:

(1) a change of name, address, place of employment, or home or business telephone number; or

(2) a change in any other application information.

History: *2024 c 127 art 19 s 9*

148.999 DISCIPLINE; REPORTING.

For purposes of sections 148.9981 to 148.9995, behavior analysts are subject to the provisions of sections 148.941, 148.952 to 148.965, and 148.98.

History: *2024 c 127 art 19 s 10*

148.9991 COMPETENT PROVISION OF SERVICES.

Subdivision 1. **Limits on practice.** Behavior analysts must limit practice to the client populations and services for which the behavior analysts have competence or for which the behavior analysts are developing competence.

Subd. 2. **Developing competence.** When a behavior analyst is developing competence in a service, method, or procedure, or is developing competence to treat a specific client population, the behavior analyst must obtain professional education, training, continuing education, consultation, supervision or experience, or a combination thereof, necessary to demonstrate competence.

Subd. 3. **Limitations.** A behavior analyst must recognize the limitations to the scope of practice of applied behavior analysis. When the needs of a client appear to be outside the behavior analyst's scope of practice, the behavior analyst must inform the client that there may be other professional, technical, community, and administrative resources available to the client. A behavior analyst must assist with identifying resources when it is in the best interest of a client to be provided with alternative or complementary services.

Subd. 4. **Burden of proof.** Whenever a complaint is submitted to the board involving a violation of this section, the burden of proof is on the behavior analyst to demonstrate that the elements of competence have been reasonably met.

History: *2024 c 127 art 19 s 11*

148.9992 DUTY TO WARN; LIMITATION ON LIABILITY; VIOLENT BEHAVIOR OF PATIENT.

Subdivision 1. **Definitions.** (a) For the purposes of this section, the terms in this subdivision have the meanings given.

(b) "Other person" means an immediate family member or someone who personally knows the client and has reason to believe the client is capable of and will carry out a serious, specific threat of harm to a specific, clearly identified or identifiable victim.

(c) "Reasonable efforts" means communicating a serious, specific threat to the potential victim and, if unable to make contact with the potential victim, communicating the serious, specific threat to the law enforcement agency closest to the potential victim or the client.

(d) "Licensee" has the meaning given in section 148.9981 and includes behavior analysis students, interns, and unlicensed supervisees who are participating in a behavior analysis practicum or enrolled in an accredited school or educational program.

Subd. 2. **Duty to warn.** The duty to predict, warn of, or take reasonable precautions to provide protection from violent behavior arises only when a client or other person has communicated to the licensee a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim. If a duty to warn arises, the duty is discharged by the licensee if reasonable efforts are made to communicate the threat.

Subd. 3. **Liability standard.** If no duty to warn exists under subdivision 2, then no monetary liability and no cause of action may arise against a licensee for failure to predict, warn of, or take reasonable precautions to provide protection from a client's violent behavior.

Subd. 4. **Disclosure of confidences.** Good faith compliance with the duty to warn must not constitute a breach of confidence and must not result in monetary liability or a cause of action against the licensee.

Subd. 5. **Continuity of care.** Subdivision 2 must not be construed to authorize a licensee to terminate treatment of a client as a direct result of a client's violent behavior or threat of physical violence unless the client is referred to another practitioner or appropriate health care facility.

Subd. 6. **Exception.** This section does not apply to a threat to commit suicide or other threats by a client to harm the client, or to a threat by a client who is adjudicated as a person who has a mental illness and is dangerous to the public under chapter 253B.

Subd. 7. **Optional disclosure.** This section must not be construed to prohibit a licensee from disclosing confidences to third parties in a good faith effort to warn or take precautions against a client's violent behavior or threat to commit suicide for which a duty to warn does not arise.

Subd. 8. **Limitation on liability.** No monetary liability and no cause of action or disciplinary action by the board may arise against a licensee for disclosure of confidences to third parties, for failure to disclose confidences to third parties, or for erroneous disclosure of confidences to third parties in a good faith effort to warn against or take precautions against a client's violent behavior or threat of suicide for which a duty to warn does not arise.

History: *2024 c 127 art 19 s 12*

148.9993 INFORMED CONSENT.

Subdivision 1. **Obtaining informed consent for services.** A behavior analyst must obtain informed consent from the client or the client's legal guardian before initiating services. The informed consent must be in writing, signed by the client, and include, at a minimum, the following:

(1) consent for the behavior analyst to engage in activities that directly affect the client;

(2) the goals, purposes, and procedures of the proposed services;

(3) the factors that may impact the duration of the proposed services;

(4) the applicable fee schedule for the proposed services;

(5) the significant risks and benefits of the proposed services;

(6) the behavior analyst's limits under section 148.9991, including, if applicable, information that the behavior analyst is developing competence in the proposed service, method, or procedure, and alternatives to the proposed service, if any; and

(7) the behavior analyst's responsibilities if the client terminates the service.

Subd. 2. **Updating informed consent.** If there is a substantial change in the nature or purpose of a service, the behavior analyst must obtain a new informed consent from the client.

Subd. 3. **Emergency or crisis services.** Informed consent is not required when a behavior analyst is providing emergency or crisis services. If services continue after the emergency or crisis has abated, informed consent must be obtained.

History: *2024 c 127 art 19 s 13*

148.9994 BEHAVIOR ANALYST ADVISORY COUNCIL.

Subdivision 1. **Membership.** The Behavior Analyst Advisory Council is created and composed of five members appointed by the board. The advisory council consists of:

(1) one public member as defined in section 214.02;

(2) three members who are licensed behavior analysts; and

(3) one member who is a licensed psychologist and, to the extent practicable, who practices applied behavior analysis.

Subd. 2. **Administration.** The advisory council is established and administered under section 15.059, except that the advisory council does not expire.

Subd. 3. **Duties.** The advisory council must:

(1) advise the board regarding standards for behavior analysts;

(2) assist with the distribution of information regarding behavior analyst standards;

(3) advise the board on enforcement of sections 148.9981 to 148.9995;

(4) review license applications and license renewal applications and make recommendations to the board;

(5) review complaints and complaint investigation reports and make recommendations to the board on whether disciplinary action should be taken and, if applicable, what type;

(6) advise the board regarding evaluation and treatment protocols; and

(7) perform other duties authorized for advisory councils under chapter 214 as directed by the board to ensure effective oversight of behavior analysts.

History: *2024 c 127 art 19 s 14*

148.9995 FEES.

Subdivision 1. **Fees.** All applicants and licensees must pay fees as follows:

(1) application fee, $225;

(2) license renewal fee, $225;

(3) inactive license renewal fee, $125;

(4) biennial renewal late fee, $100;

(5) inactive license renewal late fee, $100; and

(6) supervisor application processing fee, $225.

Subd. 2. **Nonrefundable fees.** All fees in this section are nonrefundable.

Subd. 3. **Deposit of fees.** Fees collected by the board under this section must be deposited in the state government special revenue fund.

History: *2024 c 127 art 19 s 15*