

DEPARTMENT OF REGULATORY AGENCIES

Colorado Medical Board

MEDICAL RULES AND REGULATIONS

3 CCR 713-1

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

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1.5 RULES AND REGULATIONS RELATING TO THE UNITED STATES MEDICAL LICENSING EXAMINATION, THE COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION-USA, AND THE FEDERAL LICENSURE EXAMINATION

- A. Basis: The authority for the promulgation of these rules and regulations by the Colorado Medical Board ("Board") is set forth in sections 12-20-204(1) and 12240-106(1)(a), 12-240-115, and 12240-110(1)(a), (b) and (c), C.R.S.
- B. Purpose: The purpose of the rules and regulations is to set forth administrative guidelines for eligibility and acceptance of examinations as required by section 12-240-110(1), C.R.S. These Rules are not meant to preclude acceptance of any licensing exam previously approved by the board.
- C. The Board authorizes the following examinations as satisfying the required examinations identified in section 12-240-110(1)(b), C.R.S.
 - 1. The United States Medical Licensing Examination ("USMLE"), administered by the National Board of Medical Examiners;
 - 2. The Comprehensive Osteopathic Medical Licensing Examination-USA ("COMLEX-USA"), administered by the National Board of Osteopathic Medical Examiners;
 - 3. The Federal Licensure Examination ("FLEX"), administered by the Federation of State Medical Boards.
- D. Additional examinations approved by the Board, for the purpose of satisfying the required examinations identified in Section 12-240-110(1)(a), C.R.S. include:
 - 1. Medical Council of Canada Qualifying Examination ("MCCQE"), Part I, along with conferral of the Licentiate of the Medical Council of Canada ("LMCC").

To be eligible for USMLE Step 3 or COMLEX-USA Level 3, applicant must have:

- 1. Obtained the degree of Medical Doctor ("M.D.") or Doctor of Osteopathic Medicine ("D.O."); and,
 - 2. Successfully completed both USMLE Steps 1 and 2 or COMLEX-USA Level 1 and 2.
- E. To be eligible to sit for the USMLE Step 3 or COMLEX-USA Level 3, an applicant must be serving in, or have completed, one year of postgraduate training in a program of graduate medical

education accredited by the Accreditation Council for Graduate Medical Education (“ACGME”) of the American Medical Association (“AMA”) or the American Osteopathic Association (“AOA”).

- F. An examinee who fails USMLE Step 3 or COMLEX-USA Level 3 may be reexamined at any subsequent examination upon payment of the required fee.
- G. In order to be eligible for licensure, an applicant must successfully complete USMLE Steps 1, 2, and 3 or COMLEX-USA Levels 1, 2, 3, within ten years of the date the applicant first sat for any step of the USMLE or any level of the COMLEX, irrespective of whether the applicant passed said step or level. .
 - 1. Upon applicant’s showing of good cause, the Board may waive the time requirements set forth in this paragraph (G). Any such waiver shall be based upon the circumstances relating to the particular individual’s application. The decision to grant or deny such a waiver shall be in the sole discretion of the board.
- H. A failure of any USMLE step or COMLEX-USA level, regardless of the jurisdiction in which the examination was administered, shall be considered a failure of that step for purposes of Colorado licensure and shall be considered for purposes of determining compliance with the requirements of paragraph (D) above.
- I. The USMLE examination is designed to supersede and replace the FLEX over time.
 - 1. For those medical students and physicians who may have already successfully completed part of the FLEX or National Board Examination sequence, the Board designates the following combinations of examinations, and passing score for each, which shall be considered comparable to the existing examinations. In order to meet the examination requirement for licensure, the examination sequence combinations illustrated above must be successfully completed no later than January 1, 2000.

NBME Part I (passing score = 75) or USMLE Step 1 (passing score = 75)

NBME Part II (passing score = 75) or USMLE Step 2 (passing score = 75)

NBME Part III (passing score = 75) or USMLE Step 3 (passing score = 75)

Or

FLEX Component 1 (passing score = 75) plus USMLE Step 3 (passing score = 75)

Or

NBME Part I (passing score = 75) or USMLE Step 1 (passing score = 75)

plus

NBME Part II (passing score = 75)

or

USMLE Step 2 (passing score = 75)

plus

FLEX Component 2 (passing score = 75)

2. For those applicants who successfully completed the FLEX, the Board finds the following minimum scores required to meet the requirements of section 12-240-110(1), C.R.S.:

DATE OF EXAM	ACCEPTED SCORES
Before June 1985	75% weighted average; passed in one sitting; no scrambling or replacement of scores.
Between June 1985 and December 1993	75 each component; both components must be passed within 7 years

Effective: 5/30/93; Revised:1/30/95; Revised: 5/30/95; Revised: 12/1/95; Revised: 9/30/98; Revised 6/30/00; Revised 12/30/00; Revised 11/15/02, Effective 1/30/03; Revised 8/19/10, Effective 10/15/10; Revised 5/22/14, Effective 7/15/14; Revised 8/20/15, Effective 10/15/15

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1.6 LICENSURE AND SUPERVISION OF DISTINGUISHED FOREIGN TEACHING PHYSICIANS

- A. Basis: The authority for promulgation of these rules by the Colorado Medical Board (“Board”) is set forth in sections 24-4-103, 12-20-204(1), 12-240-106(1)(a), and 12-240-111, C.R.S.
- B. Purpose: These rules have been adopted by the Board to specify standards related to the qualification and supervision of distinguished foreign teaching physicians and to clarify application requirements for this license type.
- C. A physician who meets the conditions set forth in section 12-240-111, C.R.S., of the Medical Practice Act and the qualification standards and application requirements set forth in this Rule may be granted a distinguished foreign teaching physician license to practice medicine in this state at the discretion of the Board. When determining whether an applicant is eligible for this license type, the Board shall in the exercise of its discretion, consider the following Qualification Standards.

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1.29 REGARDING SUBSTANCE USE PREVENTION TRAINING FOR LICENSE RENEWAL, REACTIVATION, OR REINSTATEMENT

- A. Basis: The general authority for promulgation of these rules and regulations by the Colorado Medical Board (“Board”) is set forth in sections 12-20-204(1), 12240-106(1)(a), and 12-30-114(1), C.R.S.

- B. These Rules are adopted by the Board pursuant to section 12-30-114, C.R.S., in order to require physicians and physician assistants to complete training to demonstrate competency in preventing substance abuse and/or to demonstrate competency in treating patients with substance use disorders.
- C. Every physician and physician assistant is required to complete at least two cumulative hours of training per renewal period in order to demonstrate competency regarding the topics/areas specified in section 12-30-114(1)(a), C.R.S.
- D. Training, for the purposes of this section includes, but is not limited to, relevant continuing education courses; self-study of relevant scholarly articles or relevant policies/guidelines; peer review proceedings that involve opioid prescribing; relevant volunteer service; attendance at a relevant conference (or portion of a conference); teaching a relevant class/course; or participation in a relevant presentation, such as with your practice. All such training must cover or be related to the topics specified in section 12-30-114(1)(a), C.R.S.
- E. The Board shall exempt a physician or physician assistant from the requirements of this section who qualifies for either exemption set forth in section 12-30-114(1)(b), C.R.S.
- F. This section shall apply to any application for reinstatement of an expired license pursuant to Rule 1.8 or reactivation of an inactive license.
- G. Applicants for license renewal, reactivation, or reinstatement shall attest during the application process to either their compliance with this substance abuse training requirement or their exemption from the requirement for training, as specified in section (C) of this Rule.
- H. The Board may audit compliance with this section. Physicians and physician assistants must submit documentation of their compliance with this substance abuse training requirement or basis for their exemption, upon request by the Board.

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1.33 RULES AND REGULATIONS REGARDING CONTINUING MEDICAL EDUCATION FOR PHYSICIANS

- A. Basis: The general authority for promulgation of these rules and regulations by the Colorado Medical Board ("Board") is set forth in sections 12-20-202, 12-20-204(1), 12-240-106(1)(a), 12-240-110, 12-240-120(1), 12-240-130, 12-240-130.5(7) and 12-240-141(5), C.R.S.
- B. Purpose: The purpose of these rules is to effectuate the requirements for licensees to comply with continuing medical education requirements set forth in section 12-240-130.5, C.R.S.C.
Renewal, Reinstatement and Reactivation:
 1. Pursuant to the requirements of sections 12-240-130.5, C.R.S. and 12-30-114, C.R.S., on and after January 1, 2026, the Board will not issue a license until the applicant attests that the licensee or applicant is in compliance with the required continuing medical education and that the licensee or applicant is aware of penalties for noncompliance.
 2. In order to ensure the continuing competence of a licensed physician, a licensed physician must complete 30 credit hours of approved Continuing Medical Education (CME) during each biennial renewal cycle. A licensed physician must attest to completion of approved CME during renewal, reinstatement or reactivation of their license. Courses must be taken through a continuing education provider recognized by the Board.

3. This requirement does not apply to a licensee placing their license into inactive status or renewing such status. It only applies if renewing a license in active status or reinstating or reactivating a license pursuant to this section (C)(4) of this Rule.
 4. A licensee with an expired license of less than two years or who has inactivated the license for less than two years is required to attest to the completion of the required 30 credit hours of CME for the previous renewal cycle prior to reinstating/reactivating their license and may not apply those hours to the next renewal cycle.
 5. On the renewal notice, a physician must certify under penalty of perjury compliance with the CME requirements, unless the Board has approved a CME waiver or an extension.
 6. For licensees with a date of licensure within the twenty-four-month period preceding the conclusion of biennial renewal cycle, the 30 credit hours of CME will be proportionately adjusted as follows based on the date of licensure:
 - a. 18-20 months prior to renewal cycle conclusion: 22 CME credit hours.
 - b. 12-18 months prior to renewal cycle conclusion: 15 CME credit hours.
 - c. 6-12 months prior to renewal cycle conclusion: 10 CME credit hours.
 - d. 4-6 months prior to renewal cycle conclusion: 5 CME credit hours.
 - e. Applicants who are approved for licensure within 120 days of the expiration date of the current licensure cycle will be automatically licensed through the end of the following licensure cycle. Such licensees will be required to complete the 30 CME credit hour requirement before the expiration of their first licensure cycle.
 7. Failure to provide the required verification of completion upon request by the Board shall be considered unprofessional conduct by the Board and may result in disciplinary action.
 8. The requirements of this section 1.33 apply to any licensee seeking renewal, reinstatement, or reactivation in active status.
 9. Any excess CME credit hours above the minimum educational requirement in any applicable renewal cycle may not be 'carried over' in order to meet the minimum CME requirements in any succeeding renewal cycle. A licensee shall only count CME hours completed during any given licensure cycle toward that cycle's CME requirement.
- D. Courses approved by the Board:
1. Programs that are accredited by the Accreditation Council of Continuing Medical Education (ACCME) that qualify for AMA PRA Category 1 credit(s).
 2. Be a program required in order to maintain national board certification, as defined at section 12-240-130.5(2)(e), C.R.S., not including a program self-claimed or self-documented by the physician.
 3. Programs which qualify for prescribed credit from the American Academy of Family Physicians (AAFP).
 4. Be an approved program of the American Osteopathic Association.

- a. The Board interprets such programs as those which are accredited and qualify for AOA category 1-A credits.

E. CME Topics

- 1. If a physician is required to undertake education to comply with section 12-30-114, C.R.S. and Board Rule 1.29(C) then coursework completed through programs recognized in Section D of this Rule counts toward the physician's requirement to complete continuing medical education.
- 2. A physician has discretion to self-select the topics for the remainder of their CME requirements.

F. Requirement to Maintain Transcript of Certificates of Attendance

Pursuant to section 12-240-131(7)(a), C.R.S., a physician must maintain transcripts and/or certificates of completion for all completed CME courses for at least two renewal cycles after the CME was completed. The records shall document the licensee's course attendance and participation, and shall include, at a minimum, the course sponsor, title, date(s), hours, and the course verification of completion certificate or form.

G. Audit for CME Compliance

- 1. At the conclusion of each renewal cycle, licensees may be subject to a Board audit to verify compliance with CME requirements. Licensees shall assist the Board in its audit by providing timely and complete responses to the Board's inquiries. Pursuant to section 12-240-121(1)(ii), it constitutes unprofessional conduct for failing, without reasonable cause, to comply with the continuing medical education requirement.

H. Requesting a CME Waiver

- 1. A physician may request a waiver if the physician is unable to complete the minimum CME requirements due to health, military service, or undue hardship. If the application for CME waiver is denied by the Board, the physician may be allowed to renew their license one time; however, the physician will be required to make up the deficient hours over the next renewal period and document to the Board 60 hours by the end of the renewal period.
- 2. If needed, a physician should request a waiver approximately three months prior to the license expiration. All requests are reviewed on an individual basis and may be subject to verification of the physician's inability to comply.

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Editor's Notes

History

Entire rule eff. 10/15/2010.

Entire rule repealed eff. 07/15/2013.

Entire rule recodified from rules 3 CCR 713-2, 3 CCR 713-7, 3 CCR 713-8, 3 CCR 713-11, 3 CCR 713-12, 3 CCR 713-17, 3 CCR 713-18, 3 CCR 713-20, 3 CCR 713-22, 3 CCR 713-26, 3 CCR 713-28, 3 CCR 713-29, 3 CCR 713-30, 3 CCR 713-31, 3 CCR 713-32, 3 CCR 713-33, 3 CCR 713-36, 3 CCR 713-38, 3 CCR 713-39, 3 CCR 713-40, 3 CCR 713-41, 3 CCR 713-42, 3 CCR

713-43, 3 CCR 713-44, 3 CCR 713-47, 3 CCR 713-48, 3 CCR 713-49, 3 CCR 713-50 eff.
07/15/2023.

Rule 1.15 emer. rule eff. 08/17/2023.

Rule 1.32 emer. rule eff. 10/01/2023.

Rules 1.15, 1.32 eff. 10/15/2023.

Rule 1.5 D.1 eff. 07/15/2025.

Rules 1.9.B, 1.9.C.2.c, 1.9.G, 1.15.B, 1.15.C.3.b, 1.15.F, 1.33 emer. rules eff. 02/26/2026.

Rules 1.5 A, 1.5 G, 1.28, 1.31, Appendix C eff. 04/30/2026.

Rule 1.33 eff. 04/30/2026.

Rules 1.9 B-C, 1.9 G, 1.15 B-C, 1.15 F eff. 04/30/2026.