TITLE 11
LEGISLATIVE RULE
BOARD OF MEDICINE

SERIES 6
CONTINUING EDUCATION FOR PHYSICIANS AND PODIATRIC PHYSICIANS

§11-6-1. General.

1.1. Scope. -- These legislative rules address minimum requirements for continuing education satisfactory to the Board for physicians and podiatric physicians.

1.2. Authority. -- W. Va. Code §§ 30-1-7a and 30-3-7.

1.3. Filing Date. -- April 27, 2026.

1.4. Effective Date. -- July 1, 2026.

1.5. Sunset Provision -- This rule shall terminate and have no further force or effect upon August 1, 2031.

§11-6-2. Definitions.

Definitions set forth in 11 CSR 1A are hereby incorporated by reference.

2.1. “ABMS” means American Board of Medical Specialties.

2.2. “Board” means the West Virginia Board of Medicine.

2.3. “Chronic pain” means pain that has persisted after reasonable medical efforts have been made to relieve the pain or cure its cause and that has continued, either continuously or episodically, for longer than three continuous months. For purposes of this rule, “chronic pain” does not include pain associated with a terminal condition or illness or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition or illness.

2.4. “Controlled substances” means drugs that are classified by federal or state law in Schedules I, II, III, IV or V, as defined in W. Va. Code § 60A-2-204 through 212.

2.5. “Licensee” means a physician or podiatric physician licensed pursuant to the provisions of W. Va. Code § 30 -3-1 et seq. and the provisions of 11 CSR 1A.

2.6. “Maintenance of certification” and “continuing certification program” mean an ongoing process of education and assessment for continuing professional development and certification implemented by the twenty four member boards of the ABMS pursuant to the ABMS’s Standards for Continuing Certification. By participating in continuing certification certified physicians maintain board certification and improve practice performance in six core competencies: professionalism, patient care and procedural skills, medical knowledge, practice based learning and improvement, interpersonal and communication skills, and systems based practice.

2.7. "Opioid" means controlled substance medications which are natural and semi-synthetic derivatives of the opium poppy, as well as similar synthetic compounds that have analgesic or pain relieving properties because of their effects in the central nervous system. Opioids include, but are not limited to, codeine, morphine, hydromorphone, hydrocodone, oxycodone, methadone, and fentanyl.

2.8. "Reactivation" means re-licensure of an eligible former licensee who has not held a license issued by the Board for more than one year immediately preceding the request for reactivation.

2.9. "Reinstatement" means re-licensure of an eligible former licensee whose license automatically expired or was subject to a non-disciplinary voluntary surrender less than one year prior to the request for reinstatement.

2.10. "Renewal applicant" means a licensee who is seeking to renew a license issued by the Board.

2.11. "Reporting period" means the two-year period preceding the renewal deadline for a license issued by the Board. Continuing education satisfactory to the Board must be obtained in each reporting period.

2.12. "Risk Assessment and Responsible Prescribing of Controlled Substances" means drug diversion training, best-practice prescribing of controlled substances training, and training on prescribing and administering an opioid antagonist which includes all of the following components:

2.12.1. Risk Assessment and responding to drug diversion and drug seeking behavior including:

2.12.1.a. Tools for conducting routine patient assessments for risk factors associated with drug diversion, misuse or abuse and identification of substance use disorder treatment referral resources;

2.12.1.b. West Virginia statistics on prescription drug abuse and resulting deaths;

2.12.1.c. Identification of diversion and drug seeking tactics and behaviors;

2.12.1.d. Best practices for assessing, treating and referring patients suspected of drug seeking behavior, diversion or substance use disorder;

2.12.1.e. Introduction to Medication for Opioid Use Disorder (MOUD) and training on the effectiveness of MOUD treatment including the use of full opioid agonist, partial opioid agonist, and opioid antagonists; and

2.12.1.f. Training on the impacts of stigma on treatment effectiveness including the concept of addiction as a chronic disease.

2.12.2. Responsible prescribing of controlled substances, including:

2.12.2.a. Compliance with state and federal controlled substances laws and rules, including the Opioid Reduction Act;

2.12.2.b. Registering with and utilization of the West Virginia Controlled Substances Monitoring Program established in West Virginia Code Chapter 60A, Article 9;

2.12.2.c. Epidemiology of chronic pain in West Virginia and misuse of opioids;

2.12.2.d. Indication for opioids in chronic pain treatment including general characteristics, toxicities and drug interactions;

2.12.2.e. Examination of patient evaluation and risk assessment and tools to assess risk and monitor benefits;

2.12.2.f. Initiation and ongoing management of chronic pain patients treated with opioid based therapies, including treatment objectives; monitoring and periodic review; referrals and consultations; informed consent; prescription of controlled substance agreements, urine screens and pill counts; patient education on safe use, storage and disposal of opioids; discontinuation of opioids for pain due to lack of benefits or increased risks; documentation and medical records;

2.12.2.g. Presentation of a case study of a patient with chronic pain; and

2.12.2.h. Best practices for managing patients with active prescriptions for more than one controlled substance.

2.12.3. Training on prescribing and administering an opioid antagonist.

2.13. "Website" or "Board's website" means the set of related web pages operated by or on behalf of the West Virginia Board of Medicine located at the domain name wvbom.wv.gov, or at any successor domain name published by the Board.

§11-6-3. Mandatory Continuing Education on Risk Assessment and Responsible Prescribing of Controlled Substances.

3.1. Mandatory Continuing Education Activity for Physicians and Podiatric Physicians Upon Initial Licensure -- Within one year of receiving an initial license to practice medicine and surgery or podiatry by the Board a licensee shall complete three hours of training in a Board-approved course on Risk Assessment and Responsible Prescribing of Controlled Substances. This requirement is waived for licensees who do not prescribe, administer, or dispense any controlled substances whatsoever pursuant to a West Virginia license. Completion of a Board-approved course on Risk Assessment and Responsible Prescribing of Controlled Substances during the initial year of licensure may be allocated towards a licensee's biennial continuing education obligation for the renewal period during which the course was completed.

§11-6-4. Periodic Continuing Education Satisfactory to the Board.

4.1. Physicians. -- Successful completion continuing medical education satisfactory to the Board during the preceding two-year period is required for the biennial renewal of a medical license.

Types and categories of continuing medical education satisfactory to the Board for physicians are:

4.1.1. Successful completion, during the reporting period, of a minimum of 50 hours of continuing medical education designated as Category I by the AMA or the American Academy of Family Physicians.

4.1.1.a. At least 30 hours of the required 50 hours must be related to the physician's area or areas of medical specialty.

4.1.1.b. With acceptable documentation from the institution or school, a licensee may claim up to 20 hours of the required 50 hours of continuing medical education credit, on a one hour credit per one hour of activity basis, for engaging in any of the following activities during the reporting period: teaching medical education courses for medical students; lecturing to medical students, residents, or licensed physicians; or serving as a preceptor to medical students or medical residents.

4.1.2. Passing a certification or recertification examination of one of the ABMS member boards and receiving certification or recertification from said board during the reporting period. Certification or recertification from any board other than one of the ABMS member boards does not satisfy the Board's continuing medical education requirement.

4.1.3. Successful involvement during the reporting period in maintenance of certification or another continuing certification program implemented by an ABMS member board. Current successful involvement in maintenance of certification or another continuing certification program implemented by any board other than one of the ABMS member boards does not satisfy the Board's continuing medical education requirement.

4.1.4. Successful completion during the reporting period of a minimum of 12 months of an ACGME approved post-graduate training program or fellowship.

There are no other types or categories of continuing medical education satisfactory to the Board for physicians.

4.2. Podiatric physicians. -- Successful completion of continuing podiatric education satisfactory to the Board during the preceding two-year period is required for the biennial renewal of a podiatric license.

Types and categories of continuing podiatric education activity satisfactory to the Board for podiatric physicians are:

4.2.1. Successful completion, during the reporting period, of a minimum of 50 hours of continuing podiatric education:

4.2.1.a. Approved by the APMA or Council on Podiatric Medical Education;

4.2.1.b. Presented or sponsored by any of the podiatry colleges in the United States;

4.2.1.c. Designated as Category I by the AMA or the American Academy of Family Physicians; or

4.2.1.d. Presented or sponsored by the West Virginia Podiatric Medical Association.

4.2.2. With acceptable documentation from the institution or school, a licensee may claim up to 20 hours of the required 50 hours of continuing podiatric education credit, on a one hour credit per one hour of activity basis, for engaging in any of the following activities during the reporting period: teaching podiatric education courses for medical or podiatric students; lecturing on podiatric medicine to medical or podiatric students, residents, and/or licensed physicians or podiatric physicians; or serving as a preceptor to podiatric students or medical residents.

4.2.3. Passing a certification or recertification examination of the American Board of Podiatric Medicine or the American Board of Foot and Ankle Surgery, and receiving certification or recertification from said board during the reporting period.

4.2.4. Successful completion during the reporting period of a minimum of 12 months of graduate clinical training in a program approved by the Council on Podiatric Medical Education or the Colleges of Podiatric Medicine.

There are no other types or categories of continuing podiatric education activity satisfactory to the Board.

4.3. Other than as specifically set forth herein, in calculating continuing education activities, one hour equals 60 minutes of activity or instruction.

§11-6-5. Certification of Successful Completion of Continuing Education Requirements.

5.1. Certification. -- A renewal applicant shall, as a condition of licensure renewal, certify his or her successful completion of all required continuing education during the reporting period.

5.2. Form of Certification. -- The Board shall include a certification of successful completion of required continuing education on its biennial renewal application. The certification shall require the renewal applicant to:

5.2.1. Certify successful completion of all required continuing education;

5.2.2. Attest to the truthfulness and accuracy of the renewal applicant's statements regarding continuing education activities;

5.2.3. Acknowledge that any license issued based upon the renewal application is based upon the truth and accuracy of the applicant's statements and that if false information is submitted in the application, such act constitutes good cause for the revocation of the renewal applicant's license to practice in the State of West Virginia; and

5.2.4. Sign and date the certification.

5.3. Timely Submission of Certification. -- At the beginning of each renewal application period, the Board shall publish the renewal deadline on its website. A continuing education certification is timely if it is received by the Board prior to the renewal deadline.

5.4. A license shall automatically expire if the certification required by this section is not submitted to the Board by the renewal deadline. An automatically expired license shall remain expired until a licensee successfully seeks reinstatement or reactivation of license.

§11-6-6. Recordkeeping, Audits and Written Documentation of Successful Completion of Continuing Education Requirements.

6.1. Records. -- A licensee shall maintain accurate records of all continuing education he or she has completed. Continuing education records shall be maintained for a period of six years.

6.2. Audits. -- The Board may conduct such audits and investigations as it considers necessary to assure compliance with continuing education requirements and to verify the accuracy of a renewal applicant's certification of continuing education.

6.3. Production of Written Documentation. -- Upon written request of the Board to a licensee's preferred mailing address or e-mail address of record with the Board, a licensee shall, within 30 days, submit written documentation satisfactory to the Board corroborating the licensee's renewal application certification of continuing education compliance.

6.4. Failure or Refusal to Provide Written Documentation. -- Failure or refusal of a licensee to provide written documentation requested by the Board as set forth in subsection 6.3. of this rule is prima facie evidence of renewing a license to practice medicine or podiatry by fraudulent misrepresentation and the licensee is subject to disciplinary proceedings under W. Va. Code §30-3-14.

6.5. Inactive License. -- A licensee who holds an inactive license and who makes a written request to the Board for an active license shall submit written documentation of successful completion of a minimum of 50 hours of continuing education as required in section 4 of this rule. The Board shall not consider a change of status request from an inactive to an active license until all written documentation accompanied by a certification in accordance with section 5 of this rule is submitted to and approved by the Board.

6.6. Reinstatement Applicants. -- As a part of a reinstatement application, an eligible applicant shall certify his or her completion of all required continuing education for the previous reporting period, and shall submit written documentation satisfactory to the Board corroborating the applicant's certification of continuing education compliance.

6.7. Reactivation applicants. -- An eligible applicant seeking reactivation of licensure shall submit a reactivation application packet, which includes an initial licensure application accompanied by any corroborating documentation or verifications required by the Board for reactivation applicants, the reactivation application fee, and one of the following:

6.7.1. Certification and written documentation of successful completion of continuing education for the reporting period associated with the applicant's last period of licensure with the Board;

6.7.2. Certification and written documentation of successful completion of 50 hours of continuing education satisfactory to the Board within the two-year period preceding the application submission date; or

6.7.3. An attestation by the applicant that he or she holds an active status license in another state which requires the periodic completion of a minimum number of continuing education hours as a condition of continued licensure, and that the applicant is currently compliant with all such continuing education requirements.

§11-6-7. Board Approval of Risk Assessment and Responsible Prescribing of Controlled Substances Courses.

7.1. The requirements to complete a minimum of three hours of training on Risk Assessment and Responsible Prescribing of Controlled Substances set forth in section three of this rule requires successful completion of a Board-approved course.

7.2. The Board shall maintain and publish on its website a current list of all educational activities which have been approved by the Board to satisfy the Risk Assessment and Responsible Prescribing of Controlled Substances continuing education requirement.

7.3. To obtain Board approval that an educational activity satisfies the Risk Assessment and Responsible Prescribing of Controlled Substances requirement, a provider or sponsor shall submit a written request to the Board at least 30 days in advance of the educational activity:

7.3.1. Identifying the provider, sponsor, all presenters and the full name of the educational activity for which Board approval is sought;

7.3.2. Identifying all dates and locations that the educational activity will be offered;

7.3.3. Confirming that the educational activity includes all required training components which are set forth in subsection 2.12;

7.3.4. Verifying that the training provider will maintain a record of attendance of each individual who successfully completes the educational activity; and

7.3.5. Providing sufficient documentation of the course content and objectives to permit the Board to evaluate whether approval should be granted.

7.4. Board-approval for a proposed continuing education activity is valid for a period of one year. If additional dates or locations of a Board-approved training are offered within the approval period, the course sponsor or presenter shall notify the Board of the date and location of all such additional course offerings.

7.5. To obtain approval in a subsequent year for an updated educational activity which was previously approved pursuant to this section, a provider or sponsor shall submit a written request to the Board at least 30 days in advance of the educational activity:

7.5.1. Identifying full name of the educational activity which was previously approved and any changes to the name for the updated course;

7.5.2. Identifying all dates and locations that the updated educational activity will be offered;

7.5.3. Confirming that the updated educational activity includes all required training components which are set forth in subsection 2.12;

7.5.4. Verifying that the training provider will maintain a record of attendance of each individual who successfully completes the educational activity; and

7.5.5. Providing sufficient documentation of the course content and objectives to permit the Board to evaluate whether approval should be granted.

7.6. Board staff shall respond to all requests submitted pursuant to this section, in writing, within 20 days of receipt of the request.