

REPUBLIC OF PALAU BOARD OF HEALTH PROFESSIONS REGULATIONS

ARTICLE I GENERAL PROVISIONS

1.1 Authority

These regulations have been duly adopted and are hereby promulgated by the Palau Board of Health Professions within the Ministry of Health pursuant to the authority of the Palau Health Professionals Licensing Act (RPPL 5-42) with the approval of the President of Palau, in compliance with the Administrative Procedure Act, 6 PNC, Chapter 1, and shall have the force and effect of law upon adoption and approval.

1.2 Scope of Authority

Pursuant to RPPL 5-42, the Board of Health Professions has the following authority:

- (a) Enforce qualification for licensing;
- (b) Develop and enforce reasonable standards for health professional practice qualified education;
- (c) Examine, license, and renew the licenses of duly qualified individuals;
- (d) Develop standards for continued competency of licensees;
- (e) Collect data regarding health professions;
- (f) Implement a disciplinary process;
- (g) Regulate the manner in which health professionals announce their practice to the public;
- (h) Issue limited, temporary, or provisional licenses to practice a health profession temporarily subject to restricted terms and conditions as the Board may impose;
- (i) Annually notify all licensees and certificate holders about changes in laws and regulations regarding health professions practice;
- (j) Submit an annual report to the Minister;
- (k) Maintain records of its proceedings;
- (l) Provide consultation and conduct conferences, forums, studies and research on health professions practice and education;
- (m) Join organizations that develop or regulate licensing and certification examination and promote the improvement of the legal standards of the practice of the various health professions for the protection of the public health, safety and welfare;

- (n) Require that certain health professionals obtain malpractice insurance prior to obtaining a license; and
- (o) Any other duties and functions which are consistent with the provisions of this Act.

1.3 Purpose

These regulations are intended to implement the Palau Health Professionals Licensing Act (RPPL 5-42) by regulating the practices of health professionals in the Republic of Palau. The purpose of these regulations is to license, certify and discipline health care professions and to identify professional standards and to ensure the highest quality of health care for, and protection of, the people of Palau.

1.4 Definitions

In these regulations, unless the context otherwise clearly requires, the following terms shall have the following meanings:

- (a) “Board” means the Board of Health Professions.
- (b) “Minister” means the Minister of Health of the Republic of Palau.
- (c) “Health Professional” means any profession listed in RPPL 5-42.
- (d) “Health Profession” means any profession practiced by a health professional.
- (e) “Licensee” means the holder of a document permitting the practice of a health profession as describe above.
- (f) “Applicant” means an individual applying for licensure.
- (g) “License” means a current document permitting the practice of a health profession as specified under RPPL 5-42 and these Regulations.
- (h) “Lapsed License” means the termination of an individual's privilege to practice a health profession due to the individual's failure to renew the license within a specified time.
- (i) “Reinstatement” means the procedure of restoring or re-establishing a license to practice a health profession.
- (j) “Standard” means an authoritative statement established by regulation, a professional society, or prevailing practice.

ARTICLE 2

LICENSURE OF HEALTH PROFESSIONS REQUIRED

2.1 Licenure Required

No person shall practice medicine, surgery, dentistry, nursing, behavioral health or in any other medical or health related field, including the field of alternative medicine, such as acupuncture, Chinese herbal medicine and others, in the Republic of Palau, unless duly licensed or exempt therefrom by the Board of Health Professions in accordance with the provisions of these regulations, except in an intern or apprentice type relationship under approved supervision. Any person who holds a license to practice a health profession in Palau that is valid on the effective

date of the Palau Health Professionals Licensing Act (RPPL 5-42) shall be deemed to be licensed and shall be eligible for renewal of such license under the provisions and standards prescribed in the Act.

2.2 Professions affected by Licensure/Titles and Abbreviations

- (a) Licensure is required for the following health professions in Palau and
- (b) Pursuant to RPPL 5-42, only those persons who hold a license to practice a health profession in Palau shall have the right to use the appropriate titles or abbreviations as part of their provision of services:

Physicians

- (1) M.D. (Doctor of Medicine)
- (2) M.O. (Medical Officer)
- (3) D.O. (Doctor of Osteopathy)
- (4) M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery)
- (5) D.C.H.M.S. (Diploma of Community Health, Medicine and Surgery)
- (6) D.C. (Doctor of Chiropractic)

Dentistry

- (1) D.M.D. (Doctor of Medicine in Dentistry)
- (2) D.D.S. (Doctor of Dental Surgery)
- (3) B.D.S. (Bachelor of Dental Surgery)
- (4) L.D.A. (Licensed Dental Assistant)
- (5) D.N. (Dental Nurse)
- (6) L.D.T. (Licensed Dental Therapist)
- (7) R.D.H. (Registered Dental Hygienist)

Nurses

- (1) R.N. (Registered Nurse)
- (2) L.P.N. (Licensed Practical Nurse)
- (3) A.N.P. (Advanced Nurse Practitioner)
- (4) C.N.A. (Certified Nurse Anesthetist)
- (5) C.N.M. (Certified Nurse Midwife)
- (6) Women's Health Care Nurse Practitioner
- (7) A.P.N. (Advanced practical nurses), formerly Licensed Health Aide (LHA)

Behavioral Health Professionals

- (1) Ph.D. (Clinical Psychologist)
- (2) MA., M.S. (Counselor)
- (3) B.S.W., B.S., B.A., M.S.W., M.S., Ph.D., L.C.S.W. (Social Worker)
- (4) Certified Addictions Counselor
- (5) Psychiatric Technician

Physician Assistants

- (1) P.A. (Physician Assistant)
- (2) Medex (Medex)
- (3) A.M.O. (Assistant Medical Officer)
- (4) E.M.T. (Emergency Medical Technician)

Pharmacy Professionals

- (1) R.P. (Pharmacist)
- (2) Pharmacy Technologist
- (3) Pharmacy Technician

Laboratory Professionals

- (1) Laboratory Technologist
- (2) Laboratory Technician

X-Ray and Dental Professionals

- (1) X-Ray Technologist
- (2) X-Ray Technician
- (3) Dental Technologist
- (4) Dental Technician
- (5) Dental Hygienist

Environmental Health Professionals (formerly called Sanitarian)

- (1) Environmental Health Specialist (formerly Sanitarian)
- (2) Environmental Health Technician

Therapists

- (1) P.T. (Physiotherapist)
- (2) O.T. (Occupational Therapist)
- (3) M.T. (Music Therapist)

Acupuncturists

- (1) C.A. (Certified Acupuncturist)
- (2) Lic. Ac. (Licensed Acupuncturist)

Dietician

- (1) R.D. (Registered Dietician)

2.3 Palauan Traditional Healing Excluded

Licensure will not be required for Palauan traditional healers in their field of healing medicine.

ARTICLE 3
GENERAL REQUIREMENTS FOR PROFESSIONAL LICENSURE

- 3.1 The Board has established the following criteria for the licensing of Health Professions. The Board has the authority to add additional professions or to delete existing professions requiring licensure in the Republic of Palau.
- 3.2 The Board has the authority to add, change or delete the requirements necessary for licensure of the individual health profession.
- 3.3 The Board has the authority to add, change or delete the Continuing Clinical Education (CCE) requirements for the renewal of the individual licenses.
- 3.4 All candidates for licensure shall be proficient in the Palauan language, or the English language if a graduate of a foreign health professional education program. If a candidate is from a foreign health education program where English is not the primary language, the candidate shall demonstrate proof of fluency in either the English or the Palauan language sufficient to practice and communicate in his or her particular health profession as determined by the Board.
- 3.5 Candidates shall have clear, professional records.
- 3.6 Candidates must have been engaged in their select field of health profession within one (1) year prior to the date of application for licensure, or otherwise show proof of recent Continuing Clinical Education Credits or attendance at a “Refresher Course” or any other evidence sufficient to the Board’s satisfaction that applicant remains qualified to practice his or her health profession.
- 3.7 All candidates for licensure shall meet the educational and/or examination requirements of the health professions for which licensure is sought and shall file an application with the Board of Health Professions with the appropriate documentary evidence to support the request for licensure.
- 3.8 All transcripts submitted to the Board of Health Professions shall be in English or an official English translation.
- 3.9 All licensure application shall be accompanied by the requisite fee for the license requested. No application will be processed without the applicable fee accompanying the request for licensure. All such fees will be non-refundable.
- 3.10 An applicant shall have committed no acts or omissions, which are grounds for disciplinary action as set forth in RPPL 5-42, unless the Board has found after investigation that sufficient restitution has been made.

ARTICLE 4 LICENSURE QUALIFICATIONS

An applicant for a professional license shall have fulfilled all the general provisions of the requirements set out in Article 1, of these regulations and have completed the educational qualification set out below:

4.1 Physicians: Licensure and Educational requirements

The term “Physician” shall include: Doctor of Medicine (M.D.), Medical Officer (M.O.), Doctor of Osteopathy (D.O.), Bachelor of Medicine and Bachelor of Surgery (M.B.B.S.), or a graduate holding a Diploma of Community Health, Medicine, and Surgery (D.C.H.M.S.).

Physician

A candidate for licensure shall file an application, showing proof of the following qualifications:

- (a) Graduate from an AMA approved Medical School or a graduate from an equivalent institution approved by the Board of Health Professions or a graduate from an institution listed in the WHO Directory
- (b) Have documentary evidence of having received a degree from this institution
- (c) Records of all educational schools attended
- (d) Proof of internship or post- graduate training or supervised clinical training

4.2 Dentistry

The term “Dentist” shall include: Doctor of Medicine in Dentistry (D.M.D), Doctor of Dental Surgery (D.D.S.) and Bachelor of Dental Surgery (B.D.S.). The Board of Health Professions shall require the following from each candidate for licensure:

- (a) Graduation from a school of Dentistry accredited by the American Dental Association Commission on Dental Accreditation or
- (b) Having graduated from a School of Dentistry as approved by the Board of Health Professions and completed a recognized internship program.

4.3 Nurses

The term “nurse” shall apply to the following nursing professions: Registered Nurse (R.N.), Licensed Practical Nurse (L.P.N.), Women's Health Care Nurse Practitioner, Advanced Family Nurse Practitioner (A.N.P.), Certified Nurse Anesthetist (C.N.A.), Certified Nurse Midwife (C.N.M.), Advanced Practical Nurse (A.P.N.), formerly also called Licensed Health Aide (LHA) and others.

4.4 Registered Nurse

An applicant shall submit an application form showing that he/she is a

- (a) Graduate of a nursing education program which prepares for the level of, a registered nurse licensure and is accredited by an authorized agency within its jurisdiction
- (b) Provide an official transcript from the nursing education program sent directly to the Board of Health or Licensing Committee.
- (c) Applicant shall have passed to the Board's satisfaction the required examination for a registered nursing license in a state or country whose jurisdiction is acceptable to the Board.
- (d) or applicant shall hold a current license to practice the profession of a registered nurse in a jurisdiction acceptable to the Board .

4.5 Advanced Nurse Practitioner

This term refers to a registered nurse with certification in an area of advanced practice nursing, such as Nurse Practitioner, Nurse Midwife or Nurse Anesthetist and others.

An advanced nurse practitioner shall apply for licensure as a Registered Nurse and for certification as an advanced nurse practitioner and shall supply for endorsement these additional requirements in his/her application:

- (a) proof of licensure as a Registered Nurse, and
- (b) proof of certification from a national certifying organization in a designated area of advanced practice. It is up to the Board to recognize the national certification bodies that exercise responsibility for
 - (1) approving the basic educational course of study in the specialty area
 - (2) examining graduates of the course of study addressing the issue of ongoing competency.

4.6 Practical Nurses

An applicant shall submit an application form showing

- (a) that he or she is a graduate from a nursing program which prepares for the level of a practical nurse licensure and is accredited by an authorized agency within its jurisdiction
- (b) provide an official transcript from the nursing education program sent directly to the Board of Health or to the Licensing Committee
- (c) Applicant shall have passed to the Board's satisfaction the required examination for a practical nursing license in a jurisdiction or country recognized by the Board, or
- (d) Applicant shall hold a current license to practice the profession of a practical nurse in a jurisdiction acceptable to the Board.

4.7 Advanced Practical Nurses (A.P.N.) (formerly Licensed Health Aide)

- (a) This term refers. to a practical nurse with advanced training and prescription authority. Applicant for an Advanced Practical Nursing license shall be, a licensed practical nurse who, additionally, has advanced training and whose performance is based on approved protocols under the direction of a registered nurse or with consultation of a medical officer in providing health services, including the authority to give prescription medication, to outlying communities, served by a dispensary or super dispensary, but where otherwise there is no health or medical assistance or guidance available except through radio contact.
- (b) For prescription authority to be granted by the Board, an advanced practical nurse shall have completed an approved protocol of education in pharmacology and clinical management of drug therapy within a two-year period immediately prior to the date of application for an advanced practical nurse license.

4.8 Other Professional Licenses

For licensing of other health professions, including health professions in alternative medicine, an applicant shall

- (a) be a graduate of a health profession program or the equivalent as approved by the Board
- (b) be a graduate of an educational program which prepares students for the level of licensing sought and which is approved by the Board
- (c) fulfilled all other requirements set out Article 3.

**ARTICLE 5
CRITERIA FOR GETTING LICENSE**

5.1 Types of License

There shall be two modes of licensing consisting of licensure by registration or licensure by endorsement.

- (a) Licensing by registration shall consist of a registration phase (phase 1) and a clinical competency evaluation (phase 2)

Phase 1. Registration Requirements:

For licensing by registration, an applicant shall:

- (1) Be a graduate of a health professions program or the equivalent as approved by the Board
- (2) Be a graduate of an educational program which prepares students for the level of licensing being sought and which is approved by the Board
- (3) Be proficient in the Palauan language, or the English language if a graduate of a foreign health professional education program, and
- (4) Have committed no acts or omissions which are grounds for disciplinary action as set forth in the Palau Health Professional Licensing Act, RPPL 5-42, or these Regulations, unless the Board has found after investigation that sufficient restitution has been made.

Documents Required

Applicants may apply for licensure by registration by submitting the following documents:

- (1) A completed written application form and the required fee
- (2) An official transcript sent directly to the Board of Health Professions by the health education program that graduated the applicant
- (3) Documents verifying that applicant has completed all the licensure qualifications set out in Article 4 of these Regulations.
- (4) Two letters of recommendation given by physicians or health professionals in similar professions as that of applicant, or by other qualified persons who have known applicant on a professional basis or by the applicant's teachers or other faculty members of an institution of learning at which the applicant was enrolled.

Applicants who qualify for licensure pursuant to the registration phase of these regulations shall be granted the right to work in their specific health profession for a six (6)-month probationary period under a provisional licensure.

Phase 2. Clinical Competency Evaluation

Applicant shall undergo a six (6) months probationary period, which may include the following: direct supervision by a health professional of the same category, an oral or written test, and/or an on-site evaluation of performance. At the successful completion of the six (6)-month probationary period, the Board of Health Professions shall issue a regular license, valid for two (2) years.

Early termination of probation

The Board or its licensing committee may consider a request for early termination of the probationary period upon satisfactory completion of a three (3) month period of probation. This request should be made to the Board or the Committee in writing and should be supported by the recommendation of a person in charge of evaluating the clinical competency of the applicant.

Review after six months

At the end of the six-(6) month probationary period, the Board or licensing committee shall evaluate the clinical competency of the applicant. If it deems the Board that the applicant has demonstrated a sufficient skill level, the Board shall issue a license. If the applicant has not demonstrated a skill level sufficient for the granting of a license but the Board deems that this situation can be remedied to the Board's satisfaction, the Board may revoke applicant's provisional license and substitute it with a limited license and request such remedial action as the Board sees fit. If the Board deems that the applicant has demonstrated a skill level qualifying the applicant for a license different from that being applied for, the Board may issue a license for the skill level so demonstrated rather than the license for which the applicant applied. If the Board is of the opinion that the applicant has not demonstrated a skill level sufficient for the granting of any professional health license, the Board may revoke applicant's provisional license. This action of the Board shall be final.

Action of the Board following Six-Month Review

Subsequent to the evaluation of the applicant's clinical competency and skill level following the six (6)-month probationary period, the Board may:

- (1) Grant license
- (2) Deny license
- (3) Grant applicant a license different from the one applied for
- (4) Revoke applicant's provisional license and give applicant a limited license under such circumstances as applicant's need to increase English proficiency or applicant's need to take additional or remedial courses of study.

(b) Licensure by Endorsement

A health professional who is currently licensed to practice his or her health profession in another jurisdiction and who fulfills the educational requirements set out by these regulations may apply for licensure by

endorsement by submitting the following documents:

- (1) A completed written application form and the required fee,
- (2) An official transcript sent directly to the Board of Health Professions by the health education program that graduated the applicant
- (3) Proof of licensure in all jurisdictions that applicant is licensed
- (4) If licensed as a physician or dentist, applicant shall produce a certificate that he/she is a member in good standing within the particular health profession for which licensure is sought within all jurisdictions that applicant is licensed.
- (5) Two letters of recommendation given by other physicians, or by health professionals in similar professions as that of applicant or other qualified persons who have known the applicant on a professional basis or by the applicant's teachers or other members of an institution of learning at which the applicant was enrolled or associated with.

5.2 Authority of Board to grant License different than applied for

If the Board is of the opinion that applicant has not fulfilled the skill level for the license applied for, but has satisfactorily demonstrated a skill level qualifying the applicant for a different license, the Board may issue a license for the skill level so demonstrated.

5.3 Limited License

When an applicant does not meet the requirements of the registration phase, special consideration may be given by the Board, including the issuance of a limited license, under such circumstances as:

- (1) Applicant needs to increase English proficiency.
- (2) Applicant is waiting for official transcript or proof of licensure from the jurisdiction where applicant is presently licensed
- (3) Applicant needs to take an additional or remedial course of study in order to qualify for a license.
- (4) Other measures that the Board or Committee may deem necessary.

5.4 Temporary License

The Board has the authority to issue a six (6) month temporary license to a health professional in the following instances:

- (1) The applicant submits proof that he or she is licensed in another jurisdiction and wishes to practice in Palau for a period not to exceed six months.

- (2) To allow the applicant to practice when the applicant is applying for licensure by endorsement and is awaiting results of licensure in a foreign jurisdiction.
- (3) To allow the applicant to practice when the applicant is a recent graduate of a health education program, is applying to the Board for licensure, and is awaiting complete documentation for the application.
- (4) Consultants or other health professionals performing volunteer services in the Republic of Palau shall apply to the Board for temporary licenses and shall receive expedited review upon submitting proof of licensure in another jurisdiction.

Temporary licenses shall not be renewed.

The granting or denial of a temporary license is completely in the Board's discretion and the Board's decision regarding the granting or withholding of such temporary license is final.

All health professionals holding a temporary license have the same rights and responsibilities as health professionals holding a permanent license.

5.5 Renewal of License

The period of validity of any health professional license, except a temporary, provisional or limited license, shall be for two (2) years. Licenses shall be renewed twice per year, which shall be on the first day of the months of April and October. All existing licenses coming up for renewal shall remain in effect beyond their present expiration date until the next renewal date that is closest to the licensee's birthday. The validity of a temporary, provisional or limited license shall not exceed the time period of six (6) months and cannot be renewed on a temporary, provisional or limited basis.

A licensee shall be given notice of the renewal by the Licensing Committee forty-five (45) days in advance of the renewal date.

Documentation Required

A renewal license shall be issued to a health professional who

- (a) submits the appropriate application form and renewal fee
- (b) shows proof of completion of the Continuing Clinical Education Requirements, if indicated.

Failure to renew one's license shall result in forfeiture of the right to practice the health profession in Palau, regardless of the reason given for such failure. Such licensee cannot practice his or her health profession in Palau until properly reinstated pursuant to Article 5.6.

5.6 Reinstatement of lapsed license

A licensee who has allowed his/her license to lapse by failure to renew may apply for reinstatement. The Committee/Board shall renew a lapsed license when satisfied that the Continuing Clinical Education requirements have been met and the application form and appropriate licensing fee have been submitted.

5.7 Inactive Status

- (a). Upon written request to the Board, a health professional in good standing may have his or her license placed on an inactive list. No reason is required for such a request.
- (b) At renewal time, a licensee may check the appropriate box on the licensure renewal application, indicating that the licensee wants to go on inactive status. No reason for such a request is required.
- (c) After being placed on the inactive list, the licensee is not allowed to practice his or her health profession. A licensee who continues to practice in the Republic of Palau with an inactive license shall be subject to disciplinary action by the Board and may forfeit his/her right to be returned to a future active status upon request.
- (d) There are no Continuing Clinical Education requirements during the period of inactivity and no renewal fee shall be required during this period.
- (e) A licensee can request his or her license to be restored to an active status upon written request to the Board accompanied by the appropriate renewal fee and documentation of having obtained the prerequisite hours of Continuing Clinical Education credits.

5.8 Replacement License

A licensee who has lost his or her license may apply for a replacement license for an administrative fee.

ARTICLE 6 COMMITTEES

6.1 General Provisions

To effectively facilitate its work, fulfill its duties, and exercise its powers, the Board may establish standing and ad hoc committees, including, but not limited, to licensing, education, investigation and quality management committees.

6.2 Licensing Committees

There shall be three standing Licensing Committees responsible for reviewing or directing the review of the qualifications of applicants for licensure

- (a) Licensing Committee for Nursing, including but not limited to registered nursing licensed practical nursing and advanced practical nurses.
- (b) Licensing Committee for Medicine, including but not limited to physicians, dentists, psychologists, psychiatrists, pharmacists, chiropractors and alternative health practitioners.
- (c) Licensing Committee for Allied Health Professionals, including but not limited to laboratory and x-ray technicians, physical therapists, environmental health professionals and others.

6.3 Duties of the Licensing Committee

The Licensing Committees shall review and evaluate the qualifications of each applicant applying for the initial licensure and, in connection therewith, make recommendations to the Board of Health Professions.

At the time of licensure renewal, the Committee shall review the qualifications, credentials, performance and professional competence of the applicants and make recommendations to the Board of Health Professions regarding renewal of licensure.

In connection with all application for licensure and renewal for licensure, the applicant shall have the burden of producing the information requested for an adequate evaluation of the applicant's qualification and suitability for the licensure sought and of satisfying any additional requests for information.

The applicant shall deliver a completely filled-in, signed and dated application and supporting documents to the Licensing Committee and advance payment of fees involved. The Licensing Committee shall expeditiously seek to collect or verify the references, documents and other evidence submitted in support of the application.

The Licensing Committee shall review the application, evaluate and verify the supporting documentation and other relevant information and make its recommendation to the Board of Health Professions. The Committee may elect to interview the applicant and seek additional information.

The Licensing Committee shall meet as often as necessary.

6.4 Investigative Committee

An investigative committee shall be responsible for reviewing any complaint referred to it by the Board in order to determine the validity of the complaint and making its recommendation to the Board. In performing its duties, the Committee shall have all the powers granted to it by the Board to compel co-operation and the provisions of information by individuals and institutions.

6.5 The Chairperson of the Board shall appoint the chairperson of the Investigative Committee as an ad hoc Committee. The Chairperson of the Investigative Committee shall then appoint the other Committee members. A Committee shall consist of not less than three members.

6.6 Other Committees

Other standing and ad hoc committees may be named by the Board as the need arises. Such committees may include, but are not limited to, a continuing education committee, a quality management committee and other advisory committees as the need requires.

ARTICLE 7

ACTION BY THE BOARD TAKEN UPON APPLICATION FOR LICENSURE

7.1 Following application for licensure, the Board has the following options:

- (a) Following review of all documents and recommendation of the Licensing Committee, the Board arrives at a favorable determination regarding the

applicant's request for Licensure.

- (b) If the review by the Board and the recommendation of the Licensing Committee is adverse to the applicant, the Board of Health Professions shall promptly inform the applicant by written notice, and the applicant shall be given a copy of the statement of the reasons for denying the application.
- (c) Subsequent to receiving an adverse notification regarding licensure, an applicant has thirty (30) days notice following the date of receipt of the notification to request an interview with the Board of Health Professions.
- (d) At the interview the applicant may present any documentation or information that may challenge the validity of the criteria, which were used to evaluate the application.
- (e) If the Board determines no change in the adverse decision, the applicant shall be notified by written notice. The decision by the Board shall be final.

ARTICLE 8 CONTINUING EDUCATION

8.1 A renewal license shall be issued to a licensed health professional who submits the required fee and evidence of satisfactory completion of the required amount of Continuing Clinical Education Credits obtained during the two-year licensing period prior to the renewal date. The amount of the required hours shall be determined by the Board.

8.2 One Continuing Clinical Education Credit equals one contact hour of continuing medical/health education.

8.3 Contact Hour

- (a) A contact hour for the purpose of continuing medical education is a minimum of 50 minutes of actual organized instruction.
- (b) Academic credit may be converted to contact hours as follows:
 - One quarter of academic credit equals 10 contact hours
 - One semester of academic credit equals 15 contact hours.Contact hours shall only be given for study in a health or health-related field.

8.4 Alternate Means of qualifying for Continuing Education Credits

- (a) Authoring or contributing to an article, book or publication related to health care, amounting to no less than the required hours of contact time.
- (b) Home Study:
 - Fifty percent (50%) of the required continuing education study may be obtained through a home study course approved by the licensee's professional organization or the Board of Health Professions.

8.5 All Continuing Clinical Education Credits to be approved by Board

In order to receive credit for continuing education contact hours, all education credits shall be approved by the Board.

8.6 Keeping Records for four Years

The licensee shall retain in his or her records the completed Continuing Clinical Education Forms with all the supporting documentation showing attendance at a continuous education program for a period of four years following the renewal of the license.

8.7 Random Audits

The Board may conduct a random audit of its active licensees to determine compliance. The licensees selected for the audit shall provide the appropriate documentation showing compliance with the continuing education requirements within thirty (30) days of receiving notification of the audit.

8.8 A licensee who is unable to complete the required number of Continuing Clinical Education hours shall not have his or her license renewed until he/she submits evidence, satisfactory to the Board, of completion of all required continuing education hours and pays the required fee.

8.9 Falsification of Credentials

The falsification of reports of continuing education courses, seminars, workshops and completed hours by any licensee shall be grounds to initiate a formal investigative proceeding to have the license revoked.

8.10 Exemption from Continuing Clinical Education Credits

For the purposes of exempting a licensee from meeting the Continuing Clinical Education requirements in a licensing period, extenuating circumstances are those circumstances beyond a licensee's control, that prevent the licensee from meeting the continuing education requirements. Extenuating circumstances include the licensee's debilitating or long-term personal illness or injury and the debilitating or long-term illness or injury of a member of the licensee's immediate family.

ARTICLE 9 UNPROFESSIONAL CONDUCT

9.1 Unprofessional conduct means an act or omission by an applicant or licensee that does not conform to the generally accepted standards of practice for the profession for which the applicant seeks license or which the licensee is authorized to practice.

Unprofessional conduct includes but is not limited to the following:

- (a) Gross negligence in the practice that the licensee is authorized to practice.
- (b) Repeated failure to adhere to minimum standards of practice in the profession that the licensee is authorized to practice.
- (c) Intentionally or negligently causing physical or emotional harm to a patient.
- (d) Practicing a profession without a required license or with a lapsed, expired or inactive license.

- (e) Engaging in fraud, misrepresentation, or deceit when applying for a license or when aiding others applying for a license or when making entries into a patient's record.
- (f) Impersonating her licensed practitioner or health care professional.
- (g) Permitting or allowing one's license to be used by another person for the practice of the profession that the licensee is authorized to practice.
- (h) Using or being under the influence of alcoholic beverages, or using or being under the influence of illegal drugs which impair judgment while practicing the professions that the licensee is authorized to practice.
- (i) Licensee is habitually intoxicated or addicted to or dependent on alcohol or other habit forming drugs or is a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects.
- (j) Unauthorized removal of narcotics, drugs, supplies, or equipment from any health care facility, school, institution or work place location.
- (k) Failing to prepare and maintain accurate, complete and legible records in accordance with generally accepted standard of practice and to make those records available to the Board for investigative purposes.
- (l) Intentionally or negligently releasing or disclosing confidential patient information. This provision does not apply to the disclosure that is necessary to prevent an imminent risk of harm to the patient or others.
- (m) Conviction of a felony or a crime involving moral turpitude, including but not limited to homicide, manslaughter, assault, including sexual assault, rape, molestation of minors,
- (n) Any conduct described above that occurred in another licensing jurisdiction and is related to the applicant or licensee's qualifications to practice.
- (o) The licensee is guilty of any conduct likely to deceive, defraud or harm the public or any member thereof.
- (p) Willfully refusing to provide information or records as requested or required by the Board or its [sic] Committee pursuant to an investigation or the enforcement of a statute or regulation.

ARTICLE 10

PROFESSIONAL INCOMPETENCE

Professional incompetence, as used in these regulations, means lacking sufficient knowledge, skills or professional judgment in that professional field in which the licensee engages, to a degree likely to endanger the health and welfare of the patients.

ARTICLE 11
CORRECTIVE ACTION

11.1 Board oversees Investigation and Disciplinary Action

The Board oversees the investigation of complaints with respect to violations of laws and regulations governing the practice of health professions and, if indicated, appropriate disciplinary action is imposed. The Board may also call for the creation of an ad hoc Committee to investigate and then recommend appropriate action to the Board.

11.2 Notice of Investigation

The Board or the ad hoc committee shall send a letter to the health practitioner to be investigated notifying him of the issues under investigation. The healthcare practitioner under investigation shall be given an opportunity to provide information in a manner and upon such terms deemed appropriate to the Board or the ad hoc committee.

11.3 Criteria for Initiation

When reliable information indicates that a health professional may have exhibited acts or demeanor or conduct, either within or outside the hospital or medical environment reasonably likely to be

- (a) detrimental to patient safety or to the delivery of quality patient care,
- (b) unethical or considered to be evidence of Unprofessional Conduct as described in Article 9 above,
- (c) below applicable professional standards,
- (d) in violation of any laws of the Republic of Palau,

a request for an investigation or action against such health professional may be initiated by the Board of Health Professions.

11.4 Monitoring and Education

The Board may choose to counsel, educate, issue letters of warning or censure in the course of carrying out its duty without initiating formal corrective action. Comments, suggestions and warnings may be issued orally or in writing. Any informal actions, monitoring or counseling shall be documented in the health professional's file.

11.5 Investigation - Ad Hoc Committee

If the Board concludes that an investigation is warranted, it shall direct an investigation to be undertaken. The Board may conduct the investigation itself or may assign the task to an ad hoc committee. The committee shall promptly investigate the matter and forward a written report on the findings from the investigation and may include recommendations for appropriate corrective action.

A health professional who is being investigated shall be notified that an investigation is being conducted and shall be given an opportunity to provide information in a manner and upon such terms as the Board or Committee deems appropriate. The investigating body may, but is not obligated to, interview the persons involved.

The individual under investigation may either attend the investigative meeting or respond in writing, should he or she so desire. The individual investigated may have an attorney present at the investigative meeting provided that the individual gives prior notice of this intention.

11.6 Action by the Board upon completion of investigation

As soon as practicable after the conclusion of the investigation, the Board of Health Professions shall take action, which may include the following:

- (a) Determines that no action should be taken and, if there was no credible evidence for the complaint in the first instance, clearly documenting these findings in the file of the health professional.
- (b) Issuing a letter of warning, admonition, reprimand or censure. The health professional receiving such letter of reprimand or censure may make a written response, which shall be placed in the licensee's file.
- (c) Suspending, limiting, restricting or revoking a license
- (d) Taking all other action deemed appropriate under the circumstances, including but not limited to the following:
 - (1) Request for restitution payable to an injured party, if applicable
 - (2) Referral for criminal prosecution
 - (3) Levying of civil monetary penalties as it deems to be appropriate to the Board but not to exceed \$1,000 per initial violation or \$10,000 for each subsequent violation.
- (e) The Board may at any time within its discretion terminate the investigative process.

11.7 Subsequent Action

- (a) In the event that no corrective action is required, or a letter of warning, admonition, reprimand or censure should be issued, that decision by the Board shall be final.
- (b) If the Board decides that formal disciplinary action is indicated against a health professional, the health professional shall have the right within thirty (30) days of receipt of the Board's determination to request a hearing before such disciplinary action is instituted. The Board shall not act until the health professional has waived the hearing rights or invoked the hearing rights and the matter is set for a hearing. The health professional is deemed to have waived his or her hearing right unless the health professional has invoked such right and requested a hearing within thirty (30) days of receipt of the Board's decision.

11.8 Confidentiality

All corrective action and recommendations that are not subject to public record shall be kept confidential. The Committee shall release information to the individual of the progress of the investigation.

11.9 Procedures and Conduct for Hearings

Upon written request, the Board shall hold a disciplinary hearing before instituting formal disciplinary action.

- (a) Disciplinary hearings shall be closed to the public
- (b) All parties to the hearing shall be given notice of the hearing, including

- (1) the time, place and nature of the hearing;
 - (2) a short and plain statement of the matters asserted,
 - (3) the names and addresses of all parties and other persons to whom notice has been given
 - (4) particular sections of the statutes and regulations involved
- (c) At the hearing, the health professional, and such other persons as the Board may permit, shall each have the right to be heard, to present evidence, to confront all adverse witnesses, and to be represented by counsel of or his or her own choosing, but if represented by counsel, the Board shall receive notice of such representation at least ten (10) days in advance of the hearing.
- (d) Records
- Records at the hearing shall include:
- (1) evidence received or considered
 - (2) staff memoranda or data submitted to the Board in connection with the consideration of the case
 - (3) pleadings, motion and interim rulings
 - (4) statement of matters officially noticed
 - (5) decisions, opinions or reports made to the Board.
- Documentary evidence may be received by both parties in the form of copies, if the original is not available, or upon agreement between the parties. Upon request, parties shall be given an opportunity to compare the copies with the original.
- (e) Parties may conduct cross-examination required for a full and true disclosure of the facts.

11.10 Final Decision

The Board shall reach a final decision, which shall be in writing or stated in the records. A final decision shall include findings of fact and conclusions of law. Findings of fact shall be accompanied by a concise and explicit statement of the underlying facts supporting the findings. A copy of the decision shall be delivered or mailed to the health professional so affected by the action and to his or her attorney of record.

11.11 When Decision will take Effect

Except in cases of willful misconduct by a health professional, or except as otherwise provided by law, no revocation, suspension, annulment, or withdrawal of any license or certification is lawful unless the Board gave written notice to the health professional of facts or conduct which warrant the intended action and, if applicable, the health professional so affected was given an opportunity to show compliance with all lawful requirements for the retention of the license or certificate. If the Board finds that the public health, safety, or welfare requires emergency summary suspension of a license or certificate and incorporates its findings in its order, with a statement of the nature of the danger, summary suspension of a license or certificate may be ordered pending proceedings for revocation or other action. The proceedings shall be promptly instituted and determined.

11.12 Judicial Review

A health professional who is aggrieved by a final decision of the Board is entitled to a judicial review of the decision.. The above regulations do not limit utilization of the scope of judicial review as provided for by law. The filing of a petition for judicial review does not stay the enforcement of the Board's decision. The Board may grant, or the reviewing court may order, a stay upon appropriate terms.

ARTICLE 12 IMMUNITY FROM LIABILITY

12.1 Immunity of Board

Each member of the Board of Health Professions shall be exempt from liability for damages or other relief for any action taken, decisions, statements or recommendation made within the scope of their duties as members of the Board to the fullest extent permitted by law.

12.2 Immunity of Members of Committees

- (a) All members of a committee shall have immunity from liability while acting within the course and scope of their duties as committee members.
- (b) Any professional review committee authorized by the Board, any witness appearing before the committee, a hearing officer, or a professional review committee shall be immune from suit in any civil action taken by a licensee who is a subject of an investigation or review proceeding.

12.3 Indemnity

If a current or former member of the Board or a committee or other persons having served the Board or a committee requests the Republic to defend him or her against any claim or action arising out of any act, omission, proceeding, conduct or decision related to his or her duties undertaken or performed in good faith and in the scope of the function of the Board and if the person requesting the defense cooperates in good faith in the defense of the claim or action, the Republic shall provide a defense and shall pay any resulting judgment, compromise or settlement.

ARTICLE 13
EFFECTIVE DATE

13.1 Effective Date of the Regulation

Subject to approval of the President of the Republic of Palau, or lack thereof, these regulations shall take effect thirty (30) days after their adoption.

13.2 Certification of Adoption and Approval

I, the undersigned Minister of Health, certify that these Regulations have been promulgated in accordance with the provisions of the Palau Health Professionals Licensing Act, RPPL 5-42, and in compliance with the Administrative Procedure Act, Title 6 of the Palau National Code, and have on this _____ 27th _____ day of _____ January _____ 2003, adopted them as required by law.

/s/
Sandra S. Pierantozzi, Vice President
Minister of Health, Republic of Palau

Adoption and Approval

The foregoing Regulations having been presented to me on this date of adoption as required by law, are hereby approved on this _____ 28th _____ day of _____ January _____, 2003, at Koror, Republic of Palau.

/s/
Tommy Remengesau
President, Republic of Palau