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10.32.11.01

.01 Scope.

A. This chapter governs the practice of respiratory care.

B. This chapter does not prohibit any respiratory care student who is currently enrolled in an approved respiratory care educational program from performing any of the procedures described in this chapter as part of that program's respiratory care clinical curriculum.

C. This chapter does not prohibit an individual from practicing a health occupation that the individual is authorized to practice under the Health Occupations Article, Annotated Code of Maryland.

D. This chapter does not apply to an individual employed by the federal government as a respiratory care practitioner while the individual is practicing within the scope of that employment.

E. This chapter does not apply to an individual practicing respiratory care who is licensed by and residing in another jurisdiction if:

- (1) The individual is participating in the transportation of a patient from that individual's jurisdiction of licensure into Maryland;*
- (2) The individual practices respiratory care only during the transportation of the patient;*
- (3) The individual does not practice respiratory care on another individual who is not the patient being transported into Maryland; and*
- (4) The individual does not practice respiratory care in Maryland for more than a total of 14 days within a calendar year.*

10.32.11.02

02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "AARC" means the American Association for Respiratory Care.

(2) "Accredited respiratory care education program" means a program accredited by the Commission on Accreditation for Respiratory Care or its successor.

(3) "Applicant" means an individual who applies to the State Board of Physicians for licensure as a respiratory care practitioner.

(4) "Board" means the State Board of Physicians.

(5) "Clinical supervision" means the responsibility of a respiratory care practitioner to exercise on-site or immediately available direction for respiratory care departments, the provision of any respiratory care services, licensed respiratory care practitioners, or students practicing respiratory care.

(6) "Collaboration" means a respiratory care practitioner practicing in association with and under the direction of a physician to plan and implement a regimen of care.

(7) "Committee" means the Respiratory Care Professional Standards Committee of the Board.

(8) "Disciplinary panel" means a panel established under Health Occupations Article, §14-401, Annotated Code of Maryland, which:

(a) Is composed of 11 Board members; and

(b) Addresses:

(i) Complaints and disciplinary actions against licensed physicians and allied health professionals; and

(ii) Postdisciplinary licensure reinstatements.

(9) "Licensee" means a licensed respiratory care practitioner.

(10) "Mechanical ventilation" means utilizing positive or negative pressure to provide inspiratory support by invasive or noninvasive means.

(11) "National Certifying Board" means the National Board for Respiratory Care, Inc. or its successor.

(12) "Physician" means an individual licensed to practice medicine in Maryland.

(13) "Practice of respiratory care" means the diagnostic evaluation, care and treatment, management, and rehabilitation of patients who have deficiencies and abnormalities which affect the pulmonary system and associated aspects of the cardiopulmonary and other systems.

(14) "Respiratory care practitioner" means an individual licensed by the Board to practice respiratory care.

(15) "Supervision" means the responsibility of a physician to exercise on-site or immediately available direction for a licensed respiratory care practitioner performing delegated medical acts.

10.32.11.04

.04 Committee.

A. The Board shall establish a Respiratory Care Professional Standards Committee composed of the following individuals:

- (1) Three licensed respiratory care practitioners;
- (2) One licensed physician whose specialty is thoracic surgery;
- (3) One licensed physician whose specialty is pulmonary medicine;
- (4) One licensed physician whose specialty is anesthesiology; and
- (5) One consumer member who meets the requirements specified in Health Occupations Article, §14-5A-06(b), Annotated Code of Maryland.

B. Chair.

(1) The Committee shall elect a chair from among its members.

(2) The chair shall serve for 2 years.

C. Tenure.

- (1) The term of a member is 3 years.
- (2) A member continues to serve until a successor is appointed.
- (3) A member appointed after a term has begun serves only for the rest of the term and until a successor has been appointed.
- (4) A member may not serve more than 2 consecutive terms.

D. Vacancy.

(1) If a vacancy occurs as to a member, the Board shall appoint a new member to serve, as provided in this regulation.

(2) The successor member shall only serve for the remainder of the term, unless reappointed.

E. Quorum.

(1) A majority of the members then serving on the Committee is a quorum.

(2) Business may not be conducted at a Committee meeting unless there is a quorum.

F. The Committee may develop and make recommendations to the Board in any matters related to the regulation of the practice of respiratory care.

~~(1) Code of ethics for the practice of respiratory care;~~

~~(2) If requested, standards of care for the practice of respiratory care;~~

~~(3) Requirements for licensure of a respiratory care practitioner;~~

~~(4) Requirements for continuing education of a respiratory care practitioner; and~~

~~(5) Any other matters related to the practice of respiratory care.~~

G. Removal. Upon the recommendation of the chairman, the Board, by a majority, may vote to remove any member of the Committee for:

(1) Neglect of duty;

(2) Malfeasance;

(3) Misfeasance;

(4) Misconduct; or

(5) Incompetency.

10.32.11.06

.06 Qualifications for Licensure as a Respiratory Care Practitioner.

A. An individual shall be licensed by the Board if the individual meets the requirements of §B of this regulation.

B. An individual shall be licensed by the Board if the individual:

- (1) Is 18 years old or older;
- (2) Is of good moral character;
- (3) Demonstrates spoken and written competency in English by any of the following:
 - (a) Graduation from a recognized English-speaking high school or undergraduate or graduate school after at least 3 years of enrollment;
 - (b) Graduation from a recognized English-speaking professional school; or
 - (c) Receipt of a grade of:
 - (i) At least 79 on the Internet-based Test of English as a Foreign Language; and
 - (ii) At least 26 on the "Speaking" section of the Internet-based Test of English as a Foreign Language;
- (4) Graduated from an accredited respiratory care educational program; and
- (5) Have active certification by the National Certifying Board as at least one of the following:
 - (a) Certified respiratory therapist; or
 - (b) Registered respiratory therapist.

C. An individual shall submit a completed application form, which includes the following information:

- (1) Chronological list of all activities beginning with the date the applicant graduated from high school through the date of application, accounting for:
 - (a) All periods of time, including each job held; and

(b) Any other activity engaged in, including all periods of unemployment;

(2) Any physical or mental condition that currently impairs the applicant's ability to practice respiratory care;

(3) Any action by a state licensing or disciplinary board or a comparable body in the armed services, denying an application for licensure, reinstatement, or renewal for a health care occupational license;

(4) Any health professional license for which the applicant has applied if the application was withdrawn for reasons that would be grounds for disciplinary action;

(5) Any action taken against the applicant's license by a state licensing or disciplinary board, or a comparable body in the armed services, including but not limited to:

(a) Limitations of practice;

(b) Required education;

(c) Admonishment;

(d) Reprimand;

(e) Suspension; or

(f) Revocation;

(6) Any investigation or charges brought against the applicant by a state licensing or disciplinary board or comparable body in the armed services;

(7) Copies of:

(a) State licensing or disciplinary board charges;

(b) Final orders; or

(c) Adverse or disciplinary actions;

(8) Any investigation or charge brought against the applicant by:

(a) A hospital;

(b) A related institution;

(c) An alternative health care system; or

(d) Any other employer;

(9) Any limitation or loss in privileges by:

(a) A hospital;

(b) A related health care facility;

(c) An alternative health care system; or

(d) Any other employer;

(10) Copies of the complaints, pleadings, and judgments in all malpractice claims;

(11) Copies of all arrests, court orders, orders of probation, certificates or letters of completion, or both, of any mandatory program or disciplinary actions, including final orders for driving while intoxicated or driving while under the influence of a chemical substance or medication;

(12) A plea of guilty or nolo contendere, a conviction, or receipt of probation before judgment for a criminal act; and

(13) A plea of guilty or nolo contendere, a conviction, or receipt of probation before judgment for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances.

D. An applicant shall pay the required application fee.

~~E. An applicant shall submit a passport-size color photograph.~~

F. On forms supplied by the Board, an applicant shall agree to release to the Board all relevant information from appropriate individuals, other institutions, and government agencies including, but not limited to:

(1) The National Practitioner Data Bank;

(2) Hospitals; and

(3) Any other licensing body.

G. An applicant for licensure shall inform the Board by certified mail, return receipt requested, within 30 days of the occurrence or notification of any of the circumstances listed in §B of this regulation.

H. If reasonable questions regarding an applicant's physical, mental, or professional competency have been raised by the information provided on the application, the Board may request additional information regarding the applicant's competency from the chief of staff of a hospital where the applicant has practiced.

I. If an applicant has not passed the National Certifying Board exam for credentialing as a Certified Respiratory Therapist or a Registered Respiratory Therapist within the 5 years immediately preceding the applicant's application and has not practiced respiratory care for at least 3 of the past 5 years, the Board may require the applicant to take and pass one of those exams as part of the application process.

10.32.11.07

.07 Examination.

A. A disciplinary panel may require an applicant for licensure or a licensee to submit to one or more physical, mental, or other examinations, by a physician or evaluation program for treatment of impaired respiratory care practitioners, or both, chosen by a disciplinary panel to determine the applicant's ability to practice respiratory care.

B. The Board shall pay the costs of the evaluations required in §A of this regulation.

10.32.11.10

.10 Standard of Care.

A. In evaluating the standard of care for the practice of a licensed respiratory care practitioner, the Board adopts and incorporates by reference the National Clinical Practice Guidelines published by AARC.

B. If a particular practice issue has not yet been addressed in the AARC guidelines, the Board may consult with the Maryland/District of Columbia Society for Respiratory Care or any licensed respiratory care practitioner to determine whether a respiratory care practitioner being investigated by the Board is practicing within the acceptable standard of care.

10.32.11.11

.11 Renewal, Reinstatement, and Continuing Education.

A. Renewal.

(1) The term of a license issued by the Board may not exceed 3 years.

(2) The Board may not renew a license until the Comptroller of Maryland has verified that the individual has paid all undisputed taxes and unemployment insurance contributions, or arranged for repayment, as required by COMAR 10.31.02.

(3) An individual who has been licensed by the Board as a respiratory care practitioner may renew the license for an additional term on the date specified by the Board by:

(a) Completing an online renewal application on a form supplied by the Board;

(b) Paying the required renewal fee set by the Board;

(c) Attesting to the completion of at least 16 hours of approved continuing respiratory care education, earned during the 2-year period preceding the expiration of the license for respiratory care, as described in §C of this regulation; and

(d) Being of good moral character.

(e) Meeting any additional renewal requirements set by the Board.

(4) The continuing education requirement applies to all renewal applications after the first renewal.

B. Reinstatement.

(1) Except as provided in §B(2) of this regulation, the Board shall reinstate the license of a respiratory care practitioner if the respiratory care practitioner:

(a) Completes a reinstatement application on a form supplied by the Board;

(b) Pays the required reinstatement fee and any other fees set by the Board;

(c) Documents evidence of at least 16 hours of approved continuing education in the 2-year period preceding the date of the submission of the application for reinstatement, as described in §C of this regulation; and

(d) Is of good moral character.

(e) Completes a criminal history records check.

(f) Meets any additional requirements set by the Board for reinstatement of a license.

(2) If the license has not been renewed for more than 5 years and the applicant has not been practicing in another jurisdiction or country during at least 3 of the 5 years preceding the application, the applicant shall pass an examination approved by the Board, and meet all the requirements of licensure at the time the respiratory care practitioner applies for reinstatement.

C. Continuing Education.

(1) Approved continuing respiratory care education includes:

(a) Programs accredited by or sponsored by one of the following organizations:

(i) Maryland/District of Columbia Society for Respiratory Care;

(ii) AARC's Continuing Respiratory Care Education System; or

(iii) MedChi, the Maryland State Medical Society; or

(b) Other programs:

(i) Having requirements equivalent to the programs accredited through the organizations listed in §C(1)(a) of this regulation; and

(ii) Approved by the Board.

(2) Instead of completing the required continuing education, an applicant for renewal or reinstatement may substitute passing the examination for either certified respiratory therapist or registered respiratory therapist conducted by the National Certifying Board during the 2-year period preceding:

(a) For license renewal, the expiration of the license for respiratory care; or

(b) For license reinstatement, the date of the submission of the application for reinstatement.

(3) A disciplinary panel may impose a civil penalty of up to \$100 per continuing respiratory care education hour in lieu of a sanction under Health Occupations Article, §145A17, Annotated Code of Maryland, for a first offense, for the failure of a licensee to obtain continuing education hours required by the Board.

10.32.11.13

.13 Denials, Reprimands, Suspensions, and Revocations.

A. Subject to the hearing provisions of Health Occupations Article, §14-405, Annotated Code of Maryland, a disciplinary panel, on the affirmative vote of a majority of a quorum, may deny an application, reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the applicant or licensee:

- (1) Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensee, or for another;
- (2) Fraudulently or deceptively uses a license;
- (3) Is guilty of unprofessional or immoral conduct in the practice of respiratory care;
- (4) Is professionally, physically, or mentally incompetent;
- (5) Abandons a patient;
- (6) Is habitually intoxicated;
- (7) Is addicted to or habitually abuses any narcotic or controlled dangerous substance as defined in Criminal Law Article, §5-101, Annotated Code of Maryland;
- (8) Provides professional services while:
 - (a) Under the influence of alcohol; or
 - (b) Using any narcotic or controlled dangerous substance as defined in Criminal Law Article, §5-101, Annotated Code of Maryland, or any other drug that is in excess of therapeutic amounts or without valid medical indication;
- (9) Promotes the sale of services, drugs, devices, appliances, or goods to a patient so as to exploit the patient for financial gain;
- (10) Willfully makes or files a false report or record in the practice of respiratory care;
- (11) Willfully fails to file or record any report as required under law, willfully impedes or obstructs the filing or recording of a report, or induces another to fail to file or record a report;
- (12) Breaches patient confidentiality;

(13) Pays or agrees to pay any sum or provide any form of remuneration or material benefit to any person for bringing or referring a patient or accepts or agrees to accept any sum or any form of remuneration or material benefit from an individual for bringing or referring a patient;

(14) Knowingly makes a misrepresentation while practicing respiratory care;

(15) Knowingly practices respiratory care with an unauthorized individual or aids an unauthorized individual in the practice of respiratory care;

(16) Offers, undertakes, or agrees to cure or treat disease by a secret method, treatment, or medicine;

(17) Is disciplined by a licensing or disciplinary authority, is convicted or disciplined by a court of any state or country, or is disciplined by any branch of the United States uniformed services or the Veterans' Administration for an act that would be grounds for disciplinary action under the Board's disciplinary statutes;

(18) Fails to meet appropriate standards for the delivery of respiratory care performed in any:

(a) Inpatient or outpatient facility;

(b) Office;

(c) Hospital or related institution;

(d) Domiciliary care facility;

(e) Patient's home; or

(f) Other location in this State;

(19) Knowingly submits false statements to collect fees for which services are not provided;

(20) Has been subject to investigation or disciplinary action by a licensing or disciplinary authority or by a court of any state or country for an act that would be grounds for disciplinary action under the Board's disciplinary statutes and the licensed individual:

(a) Surrendered the license issued by the state or country; or

(b) Allowed the license issued by the state or country to expire or lapse;

(21) Knowingly fails to report suspected child abuse in violation of Family Law Article, §5-704, Annotated Code of Maryland;

(22) Sells, prescribes, gives away, or administers drugs for illegal or illegitimate medical purposes;

(23) Practices or attempts to practice beyond the authorized scope of practice;

(24) Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services for which the licensee is licensed and qualified to render because the individual is HIV positive;

(25) Practices or attempts to practice a respiratory care procedure or uses or attempts to use respiratory care equipment if the applicant or licensee has not received education and training in the performance of the procedure or the use of the equipment;

(26) Fails to cooperate with a lawful investigation conducted by the Board; or

(27) Fails to practice under the supervision of a physician or violates a supervisory order of a supervising physician.

(28) Fails to complete a criminal history records check.

B. Hearing. Except as otherwise provided in the Administrative Procedure Act, before the Board takes any action under §A of this regulation, the Board shall give the individual against whom the action is contemplated an opportunity for a hearing before the Board in accordance with the hearing requirements of Health Occupations Article, §14-405, Annotated Code of Maryland.

C. Crime Involving Moral Turpitude.

(1) On the filing of certified docket entries with the Board by the Office of the Attorney General, the Board shall order the suspension of a license if the licensee is convicted of or pleads guilty or nolo contendere with respect to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

(2) After completion of the appellate process if the conviction has not been reversed or the plea has not been set aside with respect to a crime involving moral turpitude, the Board shall order the revocation of a license on the certification by the Office of the Attorney General.

(3) Proceedings for crimes of moral turpitude, under Health Occupations Article, §14-5A-17(c), Annotated Code of Maryland, shall comply with COMAR 10.32.02.04.

10.32.11.14

.14 Required Reports.

A. Except as provided in §B of this regulation, an employer of a licensed respiratory care practitioner shall report to the Board within 10 days of the action if the employer limits, reduces, or otherwise changes the responsibilities of or terminates a licensed respiratory care practitioner for any reason that might be grounds for disciplinary action under Health Occupations Article, Title 14, Subtitle 5A, Annotated Code of Maryland, or any regulation in this chapter.

B. If the action taken by an employer under §A of this regulation relates to alcohol or drug impairment, reporting shall be in compliance with Health Occupations Article, §14-5A-18(b), (c), and (d), Annotated Code of Maryland, and COMAR 10.32.22.

10.32.11.15

.15 Penalties, Fines and Sanctioning Guidelines.

A. An individual who violates any provision of Health Occupations Article, Title 14, Subtitle 5A, Annotated Code of Maryland, is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$1,000, or imprisonment not exceeding 1 year, or both.

B. A disciplinary panel may impose a civil fine of not more than \$5,000 on an individual who:

(1) Is not licensed to practice respiratory care in Maryland and represents to the public in any way that the individual is authorized to practice respiratory care in Maryland; or

(2) Violates any provision of Health Occupations Article, Title 14, Subtitle 5A, Annotated Code of Maryland.

C. The Board shall deposit a penalty collected under §B of this regulation into the Board of Physicians fund.

D. Employment of Unauthorized Individuals.

(1) A licensed physician, hospital, related institution, alternative health system, or employer may not employ an individual practicing respiratory care without a license.

(2) A licensed physician may not supervise an individual practicing respiratory care without a license.

(3) A disciplinary panel may impose a fine of up to \$1,000 for a violation of §D(1) or (2) of this regulation.

(4) Any funds collected under §D(3) of this regulation shall be deposited into the General Fund.

E. Failure to Make a Required Report.

(1) A disciplinary panel may impose a fine up to \$1,000 for a hospital, related institution, alternative health system, or employer who fails to make a report to the Board required by Regulation .14 of this chapter.

(2) The Board shall deposit any funds collected under §E(1) of this regulation into the General Fund.

F. General Application of Sanctioning Guidelines.

(1) Sections F and G of this regulation and Regulation .16 of this chapter do not apply to offenses for which a mandatory sanction is set by statute or regulation.

(2) Except as provided in §B of this regulation, for violations of the sections of the Maryland Respiratory Care Practitioners Act listed in the sanctioning guidelines, a disciplinary panel shall impose a sanction not less severe than the minimum listed in the sanctioning guidelines nor more severe than the maximum listed in the sanctioning guidelines for each offense.

(3) Ranking of Sanctions.

(a) For the purposes of this regulation, the severity of sanctions is ranked as follows, from the least severe to the most severe:

- (i) Reprimand;
- (ii) Probation;
- (iii) Suspension; and
- (iv) Revocation.

(b) A stayed suspension in which the stay is conditioned on the completion of certain requirements is ranked as probation.

(c) A stayed suspension not meeting the criteria for §F(3)(b) of this regulation is ranked as a reprimand.

(d) A fine listed in the sanctioning guidelines may be imposed in addition to but not as a substitute for a sanction. If a minimum fine is listed, at least the minimum fine shall be imposed in addition to the sanction listed.

(e) The addition of a fine does not change the ranking of the severity of the sanction.

(4) A disciplinary panel may impose more than one sanction, provided that the most severe sanction neither exceeds the maximum nor is less than the minimum sanction permitted in the chart.

(5) Any sanction may be accompanied by conditions reasonably related to the offense or to the rehabilitation of the offender. The inclusion of conditions does not change the ranking of the sanction.

(6) If a licensee has violated more than one ground for discipline as set out in the sanctioning guidelines:

(a) The sanction with the highest severity ranking shall be used to determine which ground will be used in developing a sanction; and

(b) A disciplinary panel may impose concurrent sanctions based on other grounds violated.

(7) Notwithstanding the sanctioning guidelines set forth in Regulation .16 of this chapter, in order to resolve a pending disciplinary action, a disciplinary panel and the licensee may agree to a surrender of license or a consent order with terms, sanction, and fine agreed to by a disciplinary panel, the administrative prosecutor, and the licensee.

(8) Depending on the facts and circumstances of each case, and to the extent that the facts and circumstances apply, the Board may consider the aggravating and mitigating factors set out in §G(4) and (5) of this regulation and may in its discretion determine, based on those factors, that an exception should be made and that the sanction in a particular case should fall outside the range of sanctions listed in the sanctioning guidelines.

(9) If a disciplinary panel imposes a sanction that departs from the sanctioning guidelines as set forth in Regulation .16 of this chapter, a disciplinary panel shall state its reasons for doing so in its final decision and order.

G. Aggravating and Mitigating Factors.

(1) Depending on the facts and circumstances of each case, and to the extent that the facts and circumstances apply, the Board may consider the aggravating and mitigating factors set out in §G(4) and (5) of this regulation and may in its discretion determine, based on those factors, that an exception should be made and that the sanction in a particular case should fall outside the range of sanctions listed in the sanctioning guidelines.

(2) Nothing in this regulation requires the Board or an Administrative Law Judge to make findings of fact with respect to any of these factors.

(3) The existence of one or more of these factors does not impose on the Board or an Administrative Law Judge any requirement to articulate its reasoning for not exercising its discretion to impose a sanction outside of the range of sanctions set out in the sanctioning guidelines.

(4) Mitigating factors may include, but are not limited to, the following:

(a) The absence of a prior disciplinary record;

(b) The offender self-reported the incident;

(c) The offender voluntarily admitted the misconduct, made full disclosure to the Board, and was cooperative during the Board proceedings;

(d) The offender implemented remedial measures to correct or mitigate the harm arising from the misconduct;

(e) The offender made good faith efforts to make restitution or to rectify the consequences of the misconduct;

(f) The offender has been rehabilitated or exhibits rehabilitative potential;

(g) The misconduct was not premeditated;

(h) There was no potential harm to patients or the public or other adverse impact;
or

(i) The incident was isolated and is not likely to recur.

(5) Aggravating factors may include, but are not limited to, the following:

(a) The offender has a previous criminal or administrative disciplinary history;

(b) The offense was committed deliberately or with gross negligence or recklessness;

(c) The offense had the potential for or actually did cause patient harm;

(d) The offense was part of a pattern of detrimental conduct;

(e) The offender committed a combination of factually discrete offenses adjudicated in a single action;

(f) The offender pursued his or her financial gain over the patient's welfare;

(g) The patient was especially vulnerable;

(h) The offender attempted to hide the error or misconduct from patients or others;

(i) The offender concealed, falsified, or destroyed evidence or presented false testimony or evidence;

(j) The offender did not cooperate with the investigation; or

(k) Previous attempts to rehabilitate the offender were unsuccessful.

(6) A departure from the sanctioning guidelines set forth in Regulation .16 of this chapter is not a ground for any hearing or appeal of a Board action.

H. In addition to any sanction authorized under this regulation, a disciplinary panel may require a licensee to comply with specified terms and conditions determined by a disciplinary panel.

I. A disciplinary panel may impose a fine of \$100 for a violation of Health Occupations Article, §14-5A-14, Annotated Code of Maryland.

J. Offenses Related to Continuing Education Credits.

(1) First Offense of Failure to Document Credits.

(a) Except as provided in §I(2) or (3) of this regulation, if a licensee has submitted an application claiming the completion of continuing education credits and the licensee fails to document the completion of such continuing education credits when audited by the Board, the Board may impose a civil fine under Health Occupations Article, §14-5A-13, Annotated Code of Maryland, of up to \$100 per missing continuing education credit in lieu of a sanction under Health Occupations Article, §14-5A-17, Annotated Code of Maryland.

(b) Section I(1)(a) of this regulation does not limit the Board's authority to require completion of the missing continuing education credits.

(2) Willful Falsification.

(a) If a licensee has willfully falsified an application with respect to continuing education credits, the licensee may be charged under one or more of the following, as appropriate:

(i) Health Occupations Article, §14-5A-17(a)(3), Annotated Code of Maryland;

(ii) Health Occupations Article, §14-5A-17(a)(10), Annotated Code of Maryland; and

(iii) Health Occupations Article, §14-5A-17(a)(11), Annotated Code of Maryland.

(b) Upon a finding of a violation, a *disciplinary panel* may impose any discipline authorized under Health Occupations Article, §14-5A-17, Annotated Code of Maryland, and the sanctioning guidelines.

(3) Licensees Previously Disciplined Under §I(1) or (2) of this Regulation.

(a) If a licensee has been previously fined or otherwise disciplined under §I(1) or (2) of this regulation, the Board may, for a subsequent offense relating to continuing education credits, charge a licensee under one or more of the following, as appropriate:

(i) Health Occupations Article, §14-5A-17(a)(3), Annotated Code of Maryland;

(ii) Health Occupations Article, §14-5A-17(a)(10), Annotated Code of Maryland; and

(iii) Health Occupations Article, §14-5A-17(a)(11), Annotated Code of Maryland.

(b) Upon a finding of a violation, a *disciplinary panel* may impose any discipline authorized under Health Occupations Article, §14-5A-17, Annotated Code of Maryland, and the sanctioning guidelines for a subsequent offense.

(c) The Board may not apply the sanction described in §I(1) of this regulation in determining a sanction for a licensee previously fined or disciplined for an offense related to continuing education credits.

(4) The Board shall pay all monies collected pursuant to §I of this regulation into the Board of Physicians Fund.

K. Payment of Fines.

(1) An individual shall pay to the Board any fine imposed under this regulation within 15 calendar days of the date of the order, unless the order specifies otherwise.

(2) Filing an appeal under State Government Article, §10-222, Annotated Code of Maryland, does not stay payment of a fine imposed by the Board pursuant to this regulation.

(3) If an individual fails to pay, in whole or in part, a fine imposed by the Board pursuant to this regulation, the Board may not restore, reinstate, or renew a license until the fine has been paid in full.

(4) In its discretion, the Board may refer all cases of delinquent payment to the Central Collection Unit of the Department of Budget and Management to institute and maintain proceedings to ensure prompt payment.