

**BOARDS AND COMMISSIONS**  
**Kentucky Board of Medical Licensure**  
**(Amendment)**

**201 KAR 9:360. Continuing education requirements for physician assistants.**

RELATES TO: KRS 13B.125(3), 214.610, 214.620, 218A.205, 311.565(1)(b), 311.601, 311.842(1), 311.844, 311.850(1)(p), (s), 311.852, 620.020

STATUTORY AUTHORITY: KRS 218A.205(3)(i), 311.565(1)(a), (b), 311.601(1), (2), 311.842(1)

CERTIFICATION STATEMENT: This is to certify that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 311.601(1) authorizes the board to promulgate an administrative regulation that establishes requirements to ensure the continuing professional competency of licensees. KRS 311.842(1) authorizes the board to promulgate administrative regulations relating to the licensing and regulation of physician assistants. This administrative regulation establishes continuing medical education requirements for physician assistant licensees in Kentucky, including requirements for courses relating to the use of KASPER, pain management, and addiction disorders required for licensees who prescribe or dispense controlled substances in the Commonwealth of Kentucky, pediatric abusive head trauma and Alzheimer's and other forms of dementia.

**Section 1. Continuing Medical Education.**

(1) At the time a licensee seeks to renew his or her license, the licensee shall certify that he or she has met the continuing education requirements for the two (2) year continuing education cycle using the Continuing Education Certification Form provided by the board and submitting it by the renewal deadline.

(2) The board may randomly require licensees submitting certification of continuing education to demonstrate satisfactory completion of the continuing education hours stated in the certification by providing verification documentation. If requested, the licensee shall provide verification within ten (10) days of receiving the request from the board.

**Section 2. Required Hours of Continuing Education.**

(1) For each two (2) year renewal period and continuing education cycle, a licensee shall complete a minimum of 100 hours of continuing education approved by the following:

- (a) The American Medical Association;
- (b) The American Osteopathic Association;
- (c) The American Academy of Family Physicians;
- (d) The American Academy of Physician Assistants; or
- (e) Another entity approved by the board.

(2) If the licensee is authorized to prescribe or administer controlled substances, for each two (2) year continuing education cycle, the licensee shall complete, as part of the required 100 continuing education hours, a minimum of seven and one-half (7.5) hours of board-approved continuing education relating to:

- (a) Controlled substance diversion;
- (b) Pain management;
- (c) Addiction disorders;
- (d) The use of KASPER; or
- (e) Any combination of two (2) or more of these subjects.

(3) If the licensee is authorized to prescribe or administer Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone, the licensee shall complete, as part of the required 100 continuing education hours, a minimum of twelve (12) hours of board-

approved continuing education relating to addiction medicine for each two (2) year continuing education cycle.

(4) A licensee shall not be granted authorization for prescriptive authority of controlled substances or Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone until he or she submits to the board proof of completion of the minimum hours of continuing education in subsections (2) and (3) of this section within the prior two (2) years.

(5)

(a) To qualify as board-approved continuing education under subsections (2) and (3) of this section, the educational program shall have been approved in advance for the specified number of continuing education hours by the board.

(b) The board may approve an educational program that:

1. Consists of a live presentation;
2. Is presented by a live or recorded webinar; or
3. Is presented through an online module.

(c) The board shall maintain a current listing of approved continuing education programs on its official Web site, [www.kbml.ky.gov](http://www.kbml.ky.gov).

### Section 3. Continuing education related to pediatric abusive head trauma.

(1) Each licensee shall complete at least one and a half (1.5) hours of continuing education regarding the recognition and prevention of pediatric abusive head trauma in a course approved by the board pursuant to KRS 620.020, within the first two (2) years of initial licensure or prior to the expiration of first renewal cycle after the promulgation of this administrative regulation. These hours shall be counted toward the 100 continuing education hours required in Section 2 of this administrative regulation.

(2) Licensees may submit pediatric abusive head trauma course curriculum taught in their physician assistant graduate education to count toward the required one and one-half (1.5) hours for approval.

### Section 4. Continuing education related to Alzheimer's and other forms of dementia~~[human immunodeficiency virus and acquired immunodeficiency syndrome]~~.

(1) Each licensee shall complete at least one (1) hour of continuing education regarding Alzheimer's and other forms of dementia as set forth in subsection (2) of this section~~[the human immunodeficiency virus and acquired immunodeficiency syndrome]~~ within the first two (2) years of initial licensure or prior to the expiration of first renewal cycle after the promulgation of this administrative regulation. These hours shall be counted toward the 100 continuing education hours required in Section 2 of this administrative regulation.

(2) The course topics shall include but not be limited to:

(a) The warning signs and symptoms of Alzheimer's disease and other forms of dementia;

(b) The importance of early detection, diagnosis and appropriate communication techniques for discussion of memory concerns with the patient and his or her caregiver;

(c) Cognitive assessment and care planning billing codes;

(d) The variety of tools used to assess a patient's cognition; and

(e) Current treatments that may be available to the patient.

(3) Licensees may submit Alzheimer's disease and other forms of dementia course curriculum taught in their physician assistant graduate education to count towards the required one (1) hour for approval.

### Section 5. Sanctions.

(1) Failure to complete the required number of continuing education hours for the required period or to submit the required written verification within the time specified within this administrative regulation shall constitute a violation of KRS 311.850(1)(p) and (s), which shall constitute an immediate danger to the public health, safety, or welfare, for the purposes of KRS 311.852 and 13B.125.

(2) If the board determines that a licensee has failed to complete the required continuing education hours within the time specified or has failed to provide the written verification of completion within the time specified, the appropriate inquiry panel or its chair shall promptly issue an emergency order suspending the licensee from practice or restricting that licensee from prescribing or administering controlled substances within the Commonwealth of Kentucky until the licensee has completed the required continuing education hours for that period and has provided written verification of completion to the board.

(3) An emergency order issued pursuant to subsection (2) of this section shall remain valid and in effect until the board has received written verification that the licensee has successfully completed the required continuing education hours for the time period specified. Upon receipt of the written verification, the panel or its chair shall immediately issue an order terminating the emergency order issued pursuant to this section.

(4) If a licensee who is affected by an emergency order issued pursuant to this section requests an emergency hearing pursuant to KRS 13B.125(3), the hearing officer conducting the emergency hearing shall affirm the emergency order if presented with written notification on board letterhead stating that the board has not received the required written verification that the licensee completed the required continuing education hours for the continuing medical education cycle by the deadline date for the cycle.

#### Section 6. Extensions of Time.

(1) To request an extension of time, the licensee shall submit:

- (a) A completed Request for Extension to Complete Required CE Hours; and
- (b) The fee established in 201 KAR 9:041, Section 1(17).

(2) The board may grant an extension of time to a licensee who for sufficient cause has not yet received continuing education certification, following the submission of the items required by subsection (1) of this section. For the purposes of this subsection, sufficient cause shall include situations such as the following:

- (a) An illness;
- (b) Any event meeting the Family Medical Leave Act (FMLA) of 1993, 29 U.S.C. 2601 et seq., Pub.L. 103-3 criteria, and the federal regulations implementing the act, 29 C.F.R. Part 825;
- (c) Financial exigencies; or
- (d) Practice circumstances making it prohibitive to attend the courses.

(3)

- (a) A licensee who obtains an extension of time shall be granted an extension of six (6) months to come into compliance.
- (b) If a licensee has not completed the continuing education requirements within the six (6) month extension established by this subsection, his or her license shall:
  - 1. Be immediately suspended; and
  - 2. Remain suspended until the licensee has submitted verifiable evidence that he or she has completed the continuing education requirements.

Section 7. A waiver of the requirements established by this administrative regulation shall not be granted.

Section 8. Incorporation by Reference.

- (1) The following material is incorporated by reference:
  - (a) "Continuing Education Certification Form", ~~112025~~[072020]; and
  - (b) "Request for Extension to Complete Required CE Hours", 072020.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222, Monday through Friday, 8 a.m. to 4:30 p.m.

*WILLIAM C. THORNBURY, M.D., PRESIDENT*

APPROVED BY AGENCY: October 23, 2025

**PUBLIC HEARING AND COMMENT PERIOD:** A public hearing on this administrative regulation shall be held on February 23, 2026, at 9:30 a.m., at the Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. Individuals interested in being heard at this hearing shall notify this agency in writing by five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through February 28, 2026. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

**CONTACT PERSON:** Leanne K. Diakov, General Counsel, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222, phone (502) 429-7943, fax (502) 429-7118, email [Leanne.Diakov@ky.gov](mailto:Leanne.Diakov@ky.gov).

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

**Contact Person:** Leanne K. Diakov

**Subject Headings:** Physicians and Practitioners; Licensing; Education

**(1) Provide a brief summary of:**

**(a) What this administrative regulation does:**

This administrative regulation establishes the requirements for obtaining continuing medical education hours for physician assistants, including course hours relating to the use of KASPER, pain management, and addiction disorders required for licensees who prescribe or dispense controlled substances in the Commonwealth of Kentucky and for prevention and recognition of pediatric abusive head trauma and Alzheimer's disease and other forms of dementia.

**(b) The necessity of this administrative regulation:**

KRS 218A.205 and KRS 311.844 make it necessary to promulgate this regulation to ensure the continuing professional competency of physician assistants, particularly those who prescribe or administer controlled substances in the Commonwealth of Kentucky and for prevention and recognition of pediatric abusive head trauma and Alzheimer's disease and other forms of dementia.

**(c) How this administrative regulation conforms to the content of the authorizing statutes:**

This administrative regulation conforms to the authorizing statutes specifically to establish requirements to ensure the continuing professional competency of licensees on topics deemed germane to the practice of physician assistants by the Legislature.

**(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:**

This administrative regulation acts specifically to establish the requirements for obtaining continuing education hours for physician assistants, including course hours relating to the use of KASPER, pain management, and addiction disorders required for licensees who prescribe or dispense controlled substances in the Commonwealth of Kentucky and for prevention and recognition of pediatric abusive head trauma and Alzheimer's disease and other forms of dementia.

**(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:**

**(a) How the amendment will change this existing administrative regulation:**

The amendment will add continuing education hours on topics deemed germane to the practice of physician assistants by the Legislature, specifically being the prevention and recognition of pediatric abusive head trauma and Alzheimer's disease and other forms of dementia. It will also delete continuing education hours on topics no longer deemed germane by the Legislature, specifically being HIV.

**(b) The necessity of the amendment to this administrative regulation:**

2024 amendment of KRS 311.844 necessitates amendment of the regulation.

**(c) How the amendment conforms to the content of the authorizing statutes:**

The amendment reflects deletion and addition of certain continuing education topics set forth in KRS 311.844.

**(d) How the amendment will assist in the effective administration of the statutes:**

The amendment reflects consistency between KRS 311.844 and 201 KAR 9:360, deleting and adding certain continuing education topics germane to modern physician assistant practices.

**(3) Does this administrative regulation or amendment implement legislation from the previous five years? Yes. 2024 Ky. Acts Chs. 30 and 218.**

**(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:**

This amendment will affect all physician assistants who practice in the Commonwealth of Kentucky.

**(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:**

**(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment:**

Physician assistants who practice in the Commonwealth of Kentucky will have to obtain the number of continuing medical education hours specified.

**(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4):**

The approximate cost for each physician assistant to obtain the required number of continuing medical education hours is unknown.

**(c) As a result of compliance, what benefits will accrue to the entities identified in question (4):**

Physician assistants will maintain professional competency and, in particular, will be appropriately informed in regard to the prevention and recognition of pediatric abusive head trauma and Alzheimer's disease and other forms of dementia.

**(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:**

**(a) Initially:**

None.

**(b) On a continuing basis:**

None.

**(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment:**

None.

**(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:**

No increase of fees or funding will be necessary.

**(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:**

This administrative regulation does not establish any fees nor does it directly or indirectly increase any fees.

**(10) TIERING: Is tiering applied?**

Tiering was not applied in this administrative regulation because the administrative regulation applies equally to all individuals regulated by it.

## FISCAL IMPACT STATEMENT

**(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation:**

KRS 218A.205(3)(i); 311.565(1)(a), (b); 311.601(1), (2); and 311.842(1)

**(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act:**

KRS 311.844 amended by 2024 Ky. Acts Chs. 30 and 218.

**(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions:**

The Kentucky Board of Medical Licensure

**(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):**

**1. Expenditures:**

**For the first year:None**

**For subsequent years:None**

**2. Revenues:**

**For the first year:None**

**For subsequent years:None**

**3. Cost Savings:**

**For the first year:None**

**For subsequent years:None**

**(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts):**

None

**(b) Estimate the following for each affected local entity identified in (4)(a):**

**1. Expenditures:**

**For the first year:N/A**

**For subsequent years:N/A**

**2. Revenues:**

**For the first year:N/A**

**For subsequent years:N/A**

**3. Cost Savings:**

**For the first year:N/A**

**For subsequent years:N/A**

**(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a):**

None.

**(b) Estimate the following for each regulated entity identified in (5)(a):**

**1. Expenditures:**

**For the first year:N/A**

**For subsequent years:N/A**

**2. Revenues:**

**For the first year:N/A**

**For subsequent years:N/A**

**3. Cost Savings:**

**For the first year:N/A**

**For subsequent years:N/A**

**(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a)**

**(a) Fiscal impact of this administrative regulation:**

None.

**(b) Methodology and resources used to reach this conclusion:**

Staff looked at what it costs the agency to implement 201 KAR 9:360 now and determined that amendment of the required continuing education topics will not impact the agency's costs.

**(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):**

**(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(14):**

No.

**(b) The methodology and resources used to reach this conclusion:**

Staff looked at what it costs the agency to implement 201 KAR 9:360 now and determined that amendment of the required continuing education topics will not impact the agency's costs. The agency relies in great part on the Legislature to not enact statutory amendments that would require its licensees to expend more than \$500,000 over any two (2) year period in order to comply with continuing education topics.

## FEDERAL MANDATE ANALYSIS COMPARISON

**(1) Federal statute or regulation constituting the federal mandate.**

Not applicable.

**(2) State compliance standards.**

The regulation reflects state mandated continuing education topics in KRS 218A.205 and KRS 311.844.

**(3) Minimum or uniform standards contained in the federal mandate.**

Not applicable.

**(4) Will this administrative regulation impose stricter requirements, or additional or different responsibilities or requirements, than those required by the federal mandate?**

Not applicable because there are no known physician assistant continuing education topic federal mandates.

**(5) Justification for the imposition of the stricter standard, or additional or different responsibilities or requirements.**

The Kentucky General Assembly deemed it necessary.