

Florida Jurisprudence 2020

Alice Sterling OD

West Florida Optometric Association

June 6, 2021



Florida Board of Optometry



Board of Optometry

- Stuart Kaplan, OD, chair 1/3/13 – 10/31/20
- Stephen Kepley, OD, vice 10/31/15 – 10/31/23
- Katie Spears, OD 6/15/18 – 10/31/22
- David Rouse, OD 10/31/17 – 10/31/21
- Denise Burns-Legros 10/31/19-10/31/23
- John Griffin, JD 10/31/18 – 10/31/22
- Mary Linville Atkins 10/31/17 – 10/31/21

Mission Statement

- The sole legislative purpose in enacting this chapter is to ensure that every person engaged in the practice of optometry in this state meets the minimum requirements for safe practice. It is the legislative intent that such persons who fall below minimum standards or who otherwise present a danger to the public shall be prohibited from practicing in this state

Florida Optometric Association Board

- Mission Statement: To advance and promote the quality, availability and accessibility of primary eye and related health care of Florida's citizens; to represent the profession of optometry; to enhance and promote the independent and ethical decision-making of its member; and to enable optometric physicians to practice at the highest standards of patient care.

FOA Board

- Michelle Levin, O.D. – President
- Adam Stelzer, O.D. – President Elect
- Mark Marciano, O.D. – Vice President
- Peter Santisi, O.D. – Secretary/Treasurer
- Roxanne Buffano, O.D. – Senior Trustee
- Steven Silverstone, O.D. – Trustee
- Nathan Etten, O.D. – Trustee
- Susan Beck, O.D. – Trustee
- Bryan Stam, O.D. – Chairman of the Board

FOA Website

- If a staff member tests positive for COVID-19
- Roadmap to reopening
- Guidelines for opening up Florida
- VSP online CE Series
- Ordering PPE from suppliers
- DeltaMed 3M mask procurement
- Contact lens tips for your office
- Helpful information regarding COVID-19 and contact lens wear
- Senate Guide to stimulus packages
- Notice from DHS and Dept of Labor
- COVID-19 cases and distribution in Florida

FOA Website continued

- Overview Employer paid leave requirements and tax credit provisions
- CDC recommends suspension of routine eyecare, guidelines for HCP
- Telehealth Coding information
- CDC resources for healthcare professionals preparing for patients with suspected or confirmed COVID-19

Emergency On-Line CE Rule

- Allows for virtual-live interactive synchronous online CE credit.
- Only allowed for December 1, 2020 through February 28, 2021
- Course providers must confirm attendees are visible for the entire course.
- TQ courses must have the capability of being submitted and graded electronically.
- Department of Health is extending the date of license renewal until March 31, 2021. HOWEVER, the CE all must be completed midnight of February 28, 2021.
- BUT, it changed again. New renewal deadline in June 3, 2021. Live courses allowed for previous biennium up to this date.
- Those who have renewed their license can use live education for the upcoming biennium.

Florida Statutes “The Laws”

- 463 – Optometry Practice Act
- 456 - Health Professions and Occupations
- 408 - Health Care Administration
- 120 - Administrative Procedure Act
- 119 - Public Record
- 112 - Public Officers and Employees
- 465 - Pharmacy

Florida Administrative Codes “The Rules”

64B-13

Controlled by ruling of the Board of Optometry

AND a bunch of legal people

Website Resources

www.floridasoptometry.gov

www.flrules.org

www.floridaeyes.gov

Latest News

- Will there be more on-line options?
- Is the emergency rule a test to see if online CE will expand?
- Electronic Prescribing Requirements
- Human Trafficking
- Nonopioid Alternatives Pamphlet
- Telehealth
- Scam Calls
- New drug approval

Online CE Courses

Controlled Substance – 2 hours – only available online. Will be permitted as 2 hours of the 30

Practice Management - 2 hours will be allowed as online credit as part of the 30 hour requirement

Human Trafficking – 1 hour online course will be allowed as online credit as part of the 30 hours required

Oral Ocular Drug Certification- 20 hours approved online as part of the 30 hour requirement.

Finding the Answers You Need

- Websites
- Subscribe for updates on e-mail
- Department of Health Staff
- Board Members
- Past Board Members
- FOA/legal
- Declaratory Statements
- Remember Government in the Sunshine

Department of Health Staff

- Anthony Spivey Executive Director
- Gail Curry Program Operation
- Kelly Woodward Supervisor/Consultant
- Alisha Mughal Regulatory Specialist
- Nicole Wiley Regulatory Specialist
- Ashley Stelly Regulatory Specialist
- Richard Hudson Regulatory Specialist
- Karen Miller Administrative Assistant
- Keri Kilgore Continuing Education

2020 Optometry Board Meetings

- January 17 Orlando
- January 29 Phone conference
- April 3 Phone conference
- May 29 Phone conference
- July 15 Phone conference
- September 11 Phone conference
- October 1 Phone conference
- October 15 Phone conference
- November 13 Phone conference

2021 Optometry Board Meetings

- January 8 – Conference call
- March 26 – Conference call
- May 12 - Conference call
- June 9 - Conference call
- July 14 - Miami
- October 1 – Conference call

Future Governor of Florida



Pro Optometry because she is pro Gammy



Inaugural Ball Outfit



Vote For Me



Healthcare Complaint Portal

The FL Dept. of Health's Division of MQA recently launched a new health care complaint portal.. The portal allows more convenient reporting of everything from unlicensed activity and health care violations, to fraud and more. It provides education on which state or federal agency to contact for a variety of issues ranging from HIPPA violations to independent living facilities.

To visit the portal and to file a complaint, visit:

www.flhealthcomplaint.gov

Complaints and Enforcement

The Consumer Services Unit (CSU) is where the process starts. It is the central intake for all complaints including unlicensed activities. CSU includes investigators and analysts assigned to specific professions. Staff reviews each complaint for possible violations of the laws and rules. Complaints are assigned a computer generated number for tracking purposes.

Legal Sufficiency

If the allegations and supporting documentation show that a violation may have occurred, the complaint is legally sufficient for investigation. The complainant is notified by letter if: 1) an investigation is being initiated, 2) additional information is needed, 3) the complaint is not legally sufficient.

Examples of complaints that may be investigated

- Practicing below minimum standards or negligence
- Impairment/medical condition
- Advertising violation
- Sexual misconduct with a patient
- Misfilled/mislabeled prescription
- Failure to release patient records

Examples of complaints that may not be investigated

- Fee disputes
- Billing disputes
- Personality conflicts
- Bedside manner or rudeness

Investigative Service Unit (ISU)

ISU is the investigative arm of the division. They investigate licensed and unlicensed persons referred from CSU. A staff of professional investigators collect documents and evidence and prepare reports for the Prosecution Services Unit.

Investigative Steps

- Obtaining medical records, documentation and evidence related to the complaint.
- Locating and interviewing the complainant, the patient, the subject and any witnesses.
- Drafting and serving subpoenas for necessary information.
- Compiling a report that will be forwarded to the department's attorneys for legal review.

Prosecution Services Unit

Attorneys review the investigative report to recommend a course of action that may include:

Emergency Order

Expert Review

Closing Order

Administrative Complaint

Probable Cause Panel

- Comprised of 2-3 board members (Can be past board member and consumer member)
- Closing Order: Case dismissed if expert opinion does not support the allegations. (Does not become public record)
- Administrative Complaint: Panel decides the allegations are supported (Becomes public record)

Administrative Complaint Options

- Disputed issues are argued before the Division of Administrative Hearings
- Stipulation Agreement
- Hearing before the board to present mitigating factors
- Voluntary relinquishing of license

Common Citations

CSU has the authority to issue without going through the entire process:

- Advertising
- Continuing Education

Common Complaints

- Common but not investigated: Disgruntled patients due to fees/charges or personality conflicts
- Common investigated charges: Improper record keeping, inappropriate conduct, scope of practice
- Common but not enough evidence to move forward: illegal commercial leases

No one is protecting you but you!

- Ignorance is not a defense
- Licensee is responsible for knowing the laws and rules
- Review 456, 463, and 64B-13 every year:
 - Chapter outlines make it easy to find
 - 64B-13 changes more than the Statutes

New Legislation Impacting Optometry

- HB 21 – Controlled Substances – Effective July 1, 2018

456.0301 F.S. – Requires practitioners to complete a specified board approved CE course to prescribe controlled substances. The bill defines “acute pain” and establishes prescribing guidelines and grounds for disciplinary action if not followed. It limits opioid prescriptions for the Tx of acute pain to a specified time period and requires HCPs to check the prescription drug monitoring program (PDMP) database prior to prescribing or dispensing controlled substances.

New Legislation (cont'd)

- All licensed and certified optometrists who registered with the DEA and are authorized to administer and prescribe are impacted by the changes in the Controlled Substance Bill. There are four key changes in the law for all certified optometrists.

New Legislation (cont'd)

- A Certified optometrist must take a Board approved 2 hour CE course on prescribing controlled substances
- Prescription supply limits for the treatment of acute pain that may not exceed 3 days or up to a 7 day supply in special circumstances.
- The FL Board of Optometry will develop guidelines for prescribing controlled substances for acute pain
- Certified optometrists will be required to utilize the PDMP for the prescribing or dispensing of controlled substances.

More HB 21

- Online CE approved as part of the statute
 - Must complete prior to January 31, 2019
 - Available on CEBroker
- Rulemaking
 - Disciplinary consequences to be determined
 - Where the 2 hours fit into the 30 hours
 - Possibly a requirement for non DEA ODs

As part of the 30 hours, all certified ODs registered with DEA shall, and all licensed ODs may, complete a board approved 2 hour course on prescribing controlled substances. All certified ODs registered with DEA must complete the course by 1/31/2019, and during each subsequent licensure renewal biennium. For all licensees, the course may be completed in either a live or online format

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You Should Already Be Aware

- F.S. 456 Health care fraud
- F.S. 483 Clinical laboratories
- F.S. 463 Oral Drugs
Adverse events
Boxing
- 64B-13 Initial State licensing
Dispensing optometrist
Fees

Prescription Drug Importation Programs

The law establishes 2 programs to safely import FDA approved prescription drugs into FL: the Canadian Importation Program and the International Drug Importation Program. The Department is responsible for the creation of and inspection of new permits for an international export pharmacy. The law creates eligibility criteria for the types of prescription drugs to be imported, the importation process, safety standards, distribution requirements and penalties for violations of the established program. Federal approval is required before the programs may begin.

Chapter 2016-240

House Bill 7087 passed and became law on 4/14/2016. This bill creates the Telehealth Advisory Council and also requires AHCA, DOH and OIR to survey healthcare facilities, healthcare practitioners, insurers, and HMOs regarding the use of telehealth in FL. The Telehealth Advisory Council is tasked with reviewing the survey and research findings and making recommendations to increase the use and accessibility of telehealth in FL

2016-240 continued

Effective July 1, 2016, DOH will survey all health care practitioners, as defined by 456.001, F.S., upon and as a condition of renewal. The telehealth survey conducted by DOH during licensure renewal is required, and the DOH may assess fines for non-compliance with the survey request.

AHCA has launched a dedicated webpage for House Bill 7087. It includes information, FAQs, links, resources and surveys.
www.ahca.myflorida.com/SCHS/telehealth

Telehealth: July 1, 2019

Creates section 456.47, F.S. establishing standards of practice for telehealth providers, registration of out-of-state providers, venue requirements and exemptions. Additionally, effective July 1, 2020, the Department shall annually review the amount of any fees collected under section 456.47, F.S. to determine whether such fees are sufficient for the Department or Board to implement the section.

Telehealth Licensing

The out of state telehealth provider registration is for health care practitioners licensed outside of FL only. Florida licensees can already provide telehealth services to patients in FL that they can treat in person.

Out of State Telehealth Providers

- Submit Application
- Must have unencumbered license from another state
- No pending investigations for 5 years
- Maintain liability coverage equal to FL doctors
- Not open an office in FL for in person care
- Only use FL licensed pharmacy

Nonopioid Alternatives: 7/1/2019

Creates section 456.44 (), F.S., requiring the Department to develop and publish on its website an education pamphlet regarding the use of nonopioid alternative for the treatment of pain.

Prior to ordering Schedule II drugs, the law requires the discussion of non-opioid alternatives with the patient and dispensing of the pamphlet “Alternatives to Opioids”

The law does not apply to emergency situations.

Alternative Treatment Options for Veterans

Creates section 295.156, F.S. that requires alternative treatment services for veterans who have been certified by the Dept of Veteran Affairs as having TBI and PTSD to be provided under the direction and supervision of a licensed physician, osteopathic physician, chiropractic physician, nurse, psychologist, or a clinical social worker, marriage and family therapist or mental health counselors.

Electronic Prescribing: 1/1/2020

The law relocates language regarding electronic prescribing from existing section 456.43, F.S. to section 456.42, F.S. and repeals section 456.43 F.S. The law requires prescribers to generate and transmit all prescription electronically, except when electronic prescribing is unavailable due to a temporary electrical or technological failure. In such instances, written prescriptions may be used, which must meet the requirements under current section 456.43, F.S.

Exceptions

- The practitioner and the dispenser are the same entity
- The prescription cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard
- The practitioner has been issued a waiver by the department, not to exceed 1 year, due to demonstrated economic hardship, technology limitations that are not reasonably within the control of the practitioner, or another exceptional circumstance
- The practitioner determines that it would be impractical for the patient to obtain a prescribed drug electronically in a timely manner and a delay would adversely impact the patient's condition
- The drug is being prescribed under a research protocol
- If the drug contains elements that may not be included in the electronically designed format.

Exceptions continued

- The prescription is issued to a patient receiving hospice care or who is a resident of a nursing home facility
- The practitioner determines that it is in the best interest of the patient, or the patient determines that it is in his or her own best interest to compare prescription drug prices among area pharmacies. The practitioner must document such determination in the patient's medical record.
- Frequently Asked Questions

Human Trafficking: 7/1/2019

456.0341, F.S. The requirements of this section apply to each person licensed under chapter 457, 458, 459, 460, 461, 463, 466, 468, 480, 486

By 1/1/2021, each licensee holder shall complete a board approved, 1 hour CE course on human trafficking. The course must address both sex trafficking and labor trafficking, how to identify individuals who may be victims of human trafficking, how to report cases of human trafficking, and resources available to victims.

Human Trafficking (continued)

Each licensing board that requires a licensee to complete a course pursuant to this section must include the hour required for completion in the total hours of continuing education required by law.

By 1/1/2021, the licensee shall post in their place of work in a conspicuous place accessible to employees a sign at least 11x15 inches, printed in a clearly legible font in at least a 32 point type, which substantially states in English and Spanish:

Human Trafficking: continued

“If you, or someone you know, is being forced to engage in any activity and cannot leave, whether it is prostitution, housework, farm work, restaurant work, or any other activity, call the National Human Trafficking Resource Center at 888-373-7888 or text INFO or HELP to 233-733-to access help and services. Victims of slavery and human trafficking are protected under US and FL law”

Procedures Regarding Topical Ocular Pharmaceutical Agents

- 1. Requests for the addition, deletion or modification of the formulary of TOPAs shall be filed w/ the Board
- 2. The request shall be in writing and contain:
 - a) Name, address and phone of entity filing
 - b) Chemical name of agent
 - c) Brand name of agent
 - d) Concentration of agent
 - e) FDA approved information sheet for agent
 - f) Date of release of agent by FDA
 - g) Explanation of why the request is being made

New Drug Process – 64B13-18.002

- During the February 8, 2019 Board of Optometry meeting the Board approved Inveltys (loteprednol etabonate 1%) to be added. Signed by Attorney General for ODs to prescribe August 5, 2020.
- During the September 27, 2019 Board of Optometry meeting the Board approved Dextenza (dexamethasone ophthalmic insert) 0.4mg and Klarity-C (cyclosporin) 0.1% to be added.
- During the January 17, 2020 Board of Optometry meeting the Board approved Oxervate (Cenergermin-bkbj) 0.002% to be added.
- UPNEEQ-oxymetazoline hydrochloride ophthalmic solution 0.1% for acquired blepharoptosis. Dr. Santisi posted it in his presentation this morning.
- Cetirizine Ophthalmic solution 0.24% for ocular allergies
- All have received approval by Surgion General after 60 days of public notice without objection. The approval was not posted on website.

Reminder

- The Board of Optometry met on July 18, 2019 in Orlando regarding adding Rocklatan to the formulary. The board dismissed the request as name brands cannot be added and the combined ingredients are already on the formulary (netarsudil 0.02% and latanoprost 0.005%)

Section 456.0635, Florida Statutes

Important Notice for Initial Licensure Applicants and Renewals:
Effective July 1, 2012, Section 456.0635, Florida Statutes, provides that health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

Section 456.0635, Florida Statutes (cont'd)

Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;

For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;

For the felonies of the third degree under Section 893.13(6)(a), F.S., more than 5 years from the date of the plea, sentence and completion of any subsequent probation;

Section 456.0635, Florida Statutes (cont'd)

2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;

3. Has been terminated for cause from the Florida Medicaid program pursuant to s. 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent 5 years;

Section 456.0635, Florida Statutes (cont'd)

4. Has been terminated for cause, pursuant to the appeals procedures established by the state or from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent 5 years and the termination occurred at least 20 years before the date of the application;
5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

NOTE: This section does not apply to candidates or applicants for initial licensure or certification who were enrolled in an educational or training program on or before July 1, 2009, which was recognized by a board or, if there is no board, recognized by the department, and who applied for licensure after July 1, 2012.

Chapter 483

- On April 19, 2013, Governor Rick Scott signed HB-239 into law, which significantly increased the scope of practice in several aspects for certain certified optometrists. One of those changes affects an optometrist's ability to own and operate a clinical laboratory.
- Specifically, the law amended Section 483.035, F.S. to allow certified optometrists to own and operate a clinical laboratory by modifying the definition of "licensed practitioner" to include practitioners licensed under Chapter 463, F.S. Additionally, Section 483.181, F.S., was amended to allow certified optometrists to order clinical laboratory testing.

Chapter 463

- The 2013 legislative session brought very important changes for the practice of optometry. On April 19, 2013, Governor Rick Scott signed HB-239 into law, which significantly increased the scope of practice of optometry. One of those changes impacts the requirements for co-management of postoperative care by an optometrist.
- The law added several requirements for co-management between an ophthalmologist who performed a surgical procedure and an optometrist who will provide at least part of the postoperative care. The terms of the co-management agreement will be governed by a transfer of care letter between the two health care practitioners, as well as any other legal requirements that may exist.

Chapter 463 – Co-Management (cont'd)

The patient must be fully informed of, and consent in writing to, the co-management of postoperative care. The transfer of care letter must state that:

- It is not medically necessary for the operating ophthalmologist to deliver postoperative care; and
- It is clinically appropriate for the optometrist to provide the postoperative care.

Chapter 463 – Co-Management (cont'd)

- Prior to the commencement of postoperative care, the patient must be informed, in writing, that:
- The patient has the right to have all postoperative care delivered by the operating ophthalmologist;
- The patient must also be informed of the fees being charged by the physician that performed the surgery and the optometrist for providing postoperative care; and
- The patient must be provided with an accurate and comprehensive itemized statement of the specific postoperative care being provided by the physician that performed the surgery and the optometrist, along with the charge(s) for each service.

Chapter 463

On April 19, 2013, Governor Rick Scott signed HB-239 into law, which significantly increased the scope of practice of optometry. One of those changes impacts when and how adverse incidents in the practice of optometry are reported to the Department of Health.

Effective January 1, 2014, certified optometrists will be required to report to the Department of Health any adverse incidents in the practice of optometry. An adverse incident is defined to mean, “any of the following events when it is reasonable to believe that the event is attributable to the prescription of an oral ocular pharmaceutical agent” by a certified optometrist:

Reportable Adverse Events

Any condition requiring a patient's transfer to a hospital

Any condition that requires care and treatment from a physician, other than a referral or consultation

Permanent physical injury to the patient

Partial or complete permanent loss of sight by the patient

Death of a patient

Reportable Adverse Events

The reports must be:

Sent by certified mail and postmarked within 15 days after the adverse incident occurs.

Mail the completed Adverse Incident Form to:

Department of Health
Consumer Services Unit
4052 Bald Cypress Way, Bin C75
Tallahassee, FL 32311-7840

Chapter 463

- The 2013 legislative session brought very important changes for the practice of optometry. On April 19, 2013, Governor Rick Scott signed HB-239 into law, which significantly increased the scope of practice of optometry. One of those changes amended Section 463.0135, Florida Statutes, expanding the scope of practice to allow a certified optometrist to perform any eye examination, including a dilated examination, as required or authorized by law for boxing exhibitions

Chapter 463

- The 2013 legislative session brought very important changes for the practice of optometry. On April 19, 2013, Governor Rick Scott signed HB-239 into law, which significantly increased the scope of practice of optometry. The law now includes prescription authority for certain certified optometrists.
- Any certified optometrist that completes a 20 hour course and passes a subsequent examination on general and ocular pharmaceutical agents and their side effects may prescribe certain oral drugs to treat injuries and diseases of the eye. To register for the course and examination, please visit <http://optometristonlinece.com> for additional information. Specifically, a certified optometrist who completes the course and passes the examination mentioned above may administer or prescribe the following drugs or their generic equivalents.

Oral Medications List

Tramadol hydrochloride

Acetaminophen 300 mg with No. 3 codeine phosphate 30 mg

Amoxicillin with or without clavulanic acid.

Azithromycin

Erythromycin

Dicloxacillin

Doxycycline/Tetracycline

Keflex

Minocycline

Acyclovir

Famciclovir

Valacyclovir

Acetazolamide

Methazolamide

Oral Medications (cont'd)

However, certified optometrists may not provide a prescription for more than a 72 hour supply of tramadol hydrochloride, acetaminophen 300 mg with no. 3 codeine phosphate 30 mg, acetazolamide, or methazolamide without consulting a licensed medical or osteopathic physician.

Certified optometrists are strictly prohibited from administering or prescribing any controlled substances that are not specifically listed above. Moreover, certified optometrists may not administer or prescribe any controlled substance for the treatment of chronic nonmalignant pain as defined in Section 456.44(1)(e), Florida Statutes. Additionally, certified optometrists are prohibited from prescribing, ordering, dispensing, administering, selling, or giving any drug for the purpose of treating a systemic disease. However, the law provides a single exception, which allows certified optometrist to utilize commonly accepted means and methods to immediately address anaphylaxis.

Oral Medications (cont'd)

Once the course has been taken and the examination has been passed, a certified optometrist must register with the DEA for the purpose of prescribing the controlled substances listed above. Additionally, certified optometrists have been added to the list of health care practitioners that may access the Prescription Drug Monitoring Program (PDMP) when prescribing controlled substances.

Branch Office Licensing

As of March 13, 2014, Rule 64B13-16.002 was repealed and optometrists are no longer required to renew their Branch office license. All clear/active optometry branch office licenses would become null/void effective 3/2/15. streamline the regulatory process. The rule was repealed to reduce regulatory burdens, and to streamline the regulatory process.

Let Your Out of State Friends Know

Previously, ODs with Florida licenses who did not practice in FL a single day of the biennium could confirm at renewal that they had read 463 F.S. and 64B-13 F.A.C. However, to be in compliance with 463 F.S. the Board now requires that all Florida licensees must take the live course for renewal each biennium....or sit through a Board Meeting....however.....

All Licensees Be Aware...

..... the Board meeting must be in person (not a phone conference). There must be at least one disciplinary case being heard and it must last 4 hours...

But wait! That just changed also since the Board meetings rarely last 4 hours. New wording. “Four hours or the duration of the meeting”

CE Broker Update

- Monitor your CE hours. No fee for this view.
- Licensed OD needs to have all their hours listed prior to renewal date.
- Providers submit proof of attendance but licensees need to confirm.
- After CE hours have been confirmed, it is easy to log in to FLHealthSource.com to complete the renewal of a license.
- DEA link