

# Continuing Medical Education Requirements

| SMB  | Required Number of CME Credits | CME Interval Year(s) | Category/Content Hour Requirements<br>(Entries with an * indicate that the hours requirement may be fulfilled by multiple topics) |                          |
|------|--------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------|
|      |                                |                      | Controlled Substances (Including pain management and prescribing practices in general)                                            | Primary Area of Practice |
| AL   | 25                             | 1                    | 2 for all Alabama Controlled Substance Certificate holders, 12 for QACSC issuance, and 4 for QACSC renewal                        | —                        |
| AK   | 50                             | 2                    | 2, if possess DEA                                                                                                                 | —                        |
| AZ-M | 40                             | 2                    | 3, if possess DEA                                                                                                                 | —                        |
| AZ-O | 40                             | 2                    | 3, if possess DEA                                                                                                                 | —                        |
| AR   | 20                             | 1                    | —                                                                                                                                 | 10                       |
| CA-M | 50                             | 2                    | 12 (one time)                                                                                                                     | —                        |
| CA-O | 100                            | 2                    | 12 (one time)                                                                                                                     | —                        |
| CO   | 2                              | 2                    | 2                                                                                                                                 | —                        |
| CT   | 50                             | 2                    | —                                                                                                                                 | 50                       |
| DE   | 40                             | 2                    | 2                                                                                                                                 | —                        |
| DC   | 50                             | 2                    | —                                                                                                                                 | —                        |
| FL-M | 40                             | 2                    | 2, if possess DEA                                                                                                                 | —                        |
| FL-O | 40                             | 2                    | 2, if possess DEA                                                                                                                 | 20                       |
| GA   | 40                             | 2                    | 3, if possess DEA                                                                                                                 | —                        |
| GU   | 100                            | 2                    | —                                                                                                                                 | —                        |
| HI   | 40                             | 2                    | —                                                                                                                                 | —                        |
| ID   | 40                             | 2                    | —                                                                                                                                 | —                        |
| IL   | 150                            | 3                    | 3                                                                                                                                 | —                        |
| IN   | 2                              | 2                    | 2                                                                                                                                 | —                        |
| IA   | 40                             | 2                    | 2, if primary care                                                                                                                | —                        |
| KS   | 50                             | 2                    | —                                                                                                                                 | —                        |
| KY   | 60                             | 3                    | 4.5                                                                                                                               | —                        |
| LA   | 20                             | 1                    | 3, if possess CDS license (one time)                                                                                              | —                        |
| ME-M | 100                            | 2                    | 3, if prescribe controlled substances                                                                                             | —                        |
| ME-O | 100                            | 2                    | 3, if prescribe controlled substances                                                                                             | 40                       |
| MD   | 50                             | 2                    | 2 for CDS registration                                                                                                            | —                        |
| MA   | 50                             | 2                    | 3, if prescribe controlled substances                                                                                             | —                        |
| MI-M | 150                            | 3                    | 3                                                                                                                                 | —                        |
| MI-O | 150                            | 3                    | 3                                                                                                                                 | —                        |
| MN   | 75                             | 3                    | —                                                                                                                                 | —                        |
| MS   | 40                             | 2                    | 5, if possess DEA                                                                                                                 | —                        |
| MO   | 50                             | 2                    | —                                                                                                                                 | —                        |
| MP   | 25                             | 1                    | —                                                                                                                                 | —                        |
| MT   | None                           | —                    | —                                                                                                                                 | —                        |
| NE   | 50                             | 2                    | 3, if prescribe controlled substances                                                                                             | —                        |
| NV-M | 40                             | 2                    | 2*                                                                                                                                | 20                       |
| NV-O | 35                             | 1                    | 2*                                                                                                                                | 10                       |
| NH   | 100                            | 2                    | 3                                                                                                                                 | —                        |
| NJ   | 100                            | 2                    | 1                                                                                                                                 | —                        |
| NM   | 75                             | 3                    | 5, if possess DEA                                                                                                                 | —                        |
| NY   | 2                              | 4                    | 3, if possesses DEA                                                                                                               | —                        |
| NC   | 60                             | 3                    | 3, if prescribe controlled substances                                                                                             | 60                       |
| ND   | 60                             | 3                    | —                                                                                                                                 | —                        |
| OH   | 100                            | 2                    | 20, if physician owner/operator of pain management clinic                                                                         | —                        |
| OK-M | 60                             | 3                    | 2, if possess DEA                                                                                                                 | —                        |
| OK-O | 16                             | 1                    | 1                                                                                                                                 | —                        |
| OR   | 60                             | 2                    | 6*                                                                                                                                | —                        |
| PA-M | 100                            | 2                    | 2                                                                                                                                 | —                        |
| PA-O | 100                            | 2                    | 2                                                                                                                                 | —                        |
| PR   | 60                             | 3                    | —                                                                                                                                 | 30                       |
| RI   | 40                             | 2                    | 2*                                                                                                                                | —                        |
| SC   | 40                             | 2                    | 2                                                                                                                                 | 30                       |
| SD   | None                           | —                    | —                                                                                                                                 | —                        |
| TN-M | 40                             | 2                    | 2                                                                                                                                 | —                        |
| TN-O | 40                             | 2                    | 2                                                                                                                                 | —                        |
| TX   | 48                             | 2                    | 10 each year, if practicing in pain management clinics; 2, if direct patient care (for first two renewals, then every 8 years)    | —                        |
| UT   | 40                             | 2                    | 3.5, if prescribe controlled substances                                                                                           | —                        |
| VT-M | 30                             | 2                    | 2, if possess DEA                                                                                                                 | —                        |
| VT-O | 30                             | 2                    | —                                                                                                                                 | 12                       |
| VI   | 25                             | 1                    | —                                                                                                                                 | —                        |
| VA   | 60                             | 2                    | 2                                                                                                                                 | —                        |
| WA-M | 200                            | 4                    | 1, if prescribe controlled substances (one-time)                                                                                  | —                        |
| WA-O | 150                            | 3                    | 1, if prescribe controlled substances (one-time)                                                                                  | —                        |
| WV-M | 50                             | 2                    | 3                                                                                                                                 | 30                       |
| WV-O | 32                             | 2                    | 3                                                                                                                                 | —                        |
| WI   | 30                             | 2                    | 2 (Board's opioid prescribing guidelines)                                                                                         | —                        |
| WY   | 60                             | 3                    | —                                                                                                                                 | —                        |

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| SMB  | Category/Content Hour Requirements<br>(Entries with an * indicate that the hours requirement may be fulfilled by multiple topics) |                 |                    |                                                                                                                                                                                                                                                                                                                                                                                                             |
|------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      | Medical Ethics                                                                                                                    | Risk Management | End-of-Life Care   | Other (List number of hours and subject)                                                                                                                                                                                                                                                                                                                                                                    |
| AL   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| AK   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| AZ-M | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| AZ-O | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| AR   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| CA-M | —                                                                                                                                 | —               | —                  | 10 (Geriatric medicine, if internist/family physician > 25% of patient population 65 years or older)                                                                                                                                                                                                                                                                                                        |
| CA-O | —                                                                                                                                 | —               | —                  | 20 (Geriatric medicine, if internist/family physician > 25% of patient population 65 years or older)                                                                                                                                                                                                                                                                                                        |
| CO   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| CT   | —                                                                                                                                 | 1               | —                  | 5 (Every 6 years, 1 hour each: infectious disease, cultural competency, sexual assault/domestic violence, behavioral health, and cognitive issues)                                                                                                                                                                                                                                                          |
| DE   | —                                                                                                                                 | —               | —                  | 1 (Alzheimer's/dementia)                                                                                                                                                                                                                                                                                                                                                                                    |
| DC   | —                                                                                                                                 | —               | —                  | 5 (public health priority), 3 (HIV and AIDS), 2 (LGBTQ), 1 (pharmacology)                                                                                                                                                                                                                                                                                                                                   |
| FL-M | —                                                                                                                                 | 2               | —                  | 1 (HIV and AIDS, 1st renewal only), 2 (Medical errors), 2 (Domestic violence, every 3rd renewal)                                                                                                                                                                                                                                                                                                            |
| FL-O | 1                                                                                                                                 | 2               | —                  | 1 (HIV and AIDS, 1st renewal only), 1 (Florida laws), 2 (Medical errors) 2 (Domestic violence, every 3rd renewal)                                                                                                                                                                                                                                                                                           |
| GA   | —                                                                                                                                 | —               | —                  | 2 (Sexual misconduct, one-time)                                                                                                                                                                                                                                                                                                                                                                             |
| GU   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| HI   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| ID   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| IL   | —                                                                                                                                 | —               | —                  | 1 (Alzheimer's/dementia) 1 (sexual harassment prevention) 1 (implicit bias awareness)                                                                                                                                                                                                                                                                                                                       |
| IN   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| IA   | —                                                                                                                                 | —               | 2, if primary care | 2 (Child abuse, if pediatric primary care), 2 (Dependent adult abuse, if adult primary care)                                                                                                                                                                                                                                                                                                                |
| KS   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| KY   | —                                                                                                                                 | —               | —                  | 2 (HIV and AIDS, every 10 years), one-time course (Domestic violence, if primary care)                                                                                                                                                                                                                                                                                                                      |
| LA   | —                                                                                                                                 | —               | —                  | One-time course (Jurisprudence)                                                                                                                                                                                                                                                                                                                                                                             |
| ME-M | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| ME-O | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| MD   | —                                                                                                                                 | —               | —                  | 1 (implicit bias, first renewal)                                                                                                                                                                                                                                                                                                                                                                            |
| MA   | —                                                                                                                                 | 10              | 2 (one time)       | 2 (Jurisprudence), 3 (EHR), 2 (implicit bias, one-time), State required training on: child abuse, domestic violence, and sexual violence                                                                                                                                                                                                                                                                    |
| MI-M | 1                                                                                                                                 | —               | —                  | 2 (implicit bias)                                                                                                                                                                                                                                                                                                                                                                                           |
| MI-O | 1                                                                                                                                 | —               | —                  | 2 (implicit bias)                                                                                                                                                                                                                                                                                                                                                                                           |
| MN   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| MS   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| MO   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| MP   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| MT   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| NE   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| NV-M | 2*                                                                                                                                | —               | —                  | 2 (Suicide, every 4 years), 4 (WMD/bioterrorism, one time), 2 (SBRIT, one time), 2 (cultural competency if a psychiatrist or PA with psychiatrist as supervising physician), 2 (Stigma, Discrimination and Unrecognized Bias Toward Persons Who Have Acquired or Are at High Risk of Acquiring Human Immunodeficiency Virus if providing emergency medical services at a hospital or primary care one time) |
| NV-O | 2*                                                                                                                                | —               | —                  | 2 (Suicide, every 4 years), 2 (cultural competency if a psychiatrist or PA with psychiatrist as supervising physician), 2 (Stigma, Discrimination and Unrecognized Bias Toward Persons Who Have Acquired or Are at High Risk of Acquiring Human Immunodeficiency Virus if providing emergency medical services at a hospital or primary care one time)                                                      |
| NH   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| NJ   | —                                                                                                                                 | —               | 2                  | 6 (Cultural competence), Newly licensed physician orientation                                                                                                                                                                                                                                                                                                                                               |
| NM   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| NY   | —                                                                                                                                 | —               | —                  | 2 (Child abuse), Infection control/barrier precautions coursework/training, every 4 years                                                                                                                                                                                                                                                                                                                   |
| NC   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| ND   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| OH   | —                                                                                                                                 | —               | —                  | 1 (duty to report)                                                                                                                                                                                                                                                                                                                                                                                          |
| OK-M | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| OK-O | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| OR   | —                                                                                                                                 | —               | 6*                 | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| PA-M | —                                                                                                                                 | 12              | —                  | 2 (Child abuse)                                                                                                                                                                                                                                                                                                                                                                                             |
| PA-O | —                                                                                                                                 | 12              | —                  | 2 (Child Abuse)                                                                                                                                                                                                                                                                                                                                                                                             |
| PR   | 6                                                                                                                                 | —               | —                  | 10 (disease prevention), 20 (emergency medicine, if providing indirect or direct hospital emergency room services)                                                                                                                                                                                                                                                                                          |
| RI   | 2*                                                                                                                                | 2*              | 2*                 | 2* ethics, risk management, pain, palliative care, or antimicrobial stewardship                                                                                                                                                                                                                                                                                                                             |
| SC   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| SD   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| TN-M | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| TN-O | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| TX   | 2*                                                                                                                                | 2*              | —                  | 1 (identifying and assisting trafficked persons, first renewal and every third after)                                                                                                                                                                                                                                                                                                                       |
| UT   | —                                                                                                                                 | —               | —                  | 1 (suicide prevention)                                                                                                                                                                                                                                                                                                                                                                                      |
| VT-M | —                                                                                                                                 | —               | 1*                 | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| VT-O | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| VI   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| VA   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| WA-M | —                                                                                                                                 | —               | —                  | 6 (Suicide, one-time)                                                                                                                                                                                                                                                                                                                                                                                       |
| WA-O | —                                                                                                                                 | —               | —                  | 6 (Suicide, one-time)                                                                                                                                                                                                                                                                                                                                                                                       |
| WV-M | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| WV-O | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |
| WI   | —                                                                                                                                 | —               | —                  | 2 (Board guidelines)                                                                                                                                                                                                                                                                                                                                                                                        |
| WY   | —                                                                                                                                 | —               | —                  | —                                                                                                                                                                                                                                                                                                                                                                                                           |