

ARTICLE 11. RESPIRATORY CARE PRACTITIONERS

Rule 1. Definitions

844 IAC 11-1-1 Applicability

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5

Sec. 1. The definitions in this rule apply throughout this article. (*Medical Licensing Board of Indiana; 844 IAC 11-1-1; filed Oct 26, 1990, 3:05 p.m.: 14 IR 448; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532*)

844 IAC 11-1-2 "School or program" defined

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2-8

Sec. 2. "School or program", as mentioned in IC 25-34.5-2-8(b), means a program for the education of respiratory care practitioners. The board hereby adopts the standards and guidelines of the Commission on Accreditation of Allied Health Education Programs for the Profession of Respiratory Care adopted in 1962 and revised in 1972, 1977, 1986, and 2000. The standards and guidelines are hereby incorporated by reference and made applicable to this title and specifically to this section. A current copy of the document may be purchased by contacting the Committee on Accreditation for Respiratory Care, 1248 Harwood Road, Bedford, Texas 76021-4244 or the Health Professions Bureau, Indiana Government Center-South, 402 West Washington Street, Room W041, Indianapolis, Indiana 46204. (*Medical Licensing Board of Indiana; 844 IAC 11-1-2; filed Oct 26, 1990, 3:05 p.m.: 14 IR 448; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1320*)

844 IAC 11-1-3 "Bureau" defined

Authority: IC 25-34.5-2-7

Affected: IC 25-1-5-3; IC 25-34.5

Sec. 3. "Bureau" refers to the health professions bureau established under IC 25-1-5-3. (*Medical Licensing Board of Indiana; 844 IAC 11-1-3; filed Oct 26, 1990, 3:05 p.m.: 14 IR 448; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532*)

844 IAC 11-1-4 "Direct supervision" defined

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-1-6

Sec. 4. "Direct supervision" means that the supervising physician shall be reasonably available and responsible at all times for the direction and the actions of the practitioner being supervised when services are being performed by the practitioner. The patient's care shall always be the responsibility of the supervising physician. (*Medical Licensing Board of Indiana; 844 IAC 11-1-4; filed Oct 26, 1990, 3:05 p.m.: 14 IR 448; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532*)

844 IAC 11-1-5 "Physician" defined

Authority: IC 25-34.5-2-7

Affected: IC 25-22.5-1-1.1

Sec. 5. "Physician" refers to a medical doctor or an osteopathic doctor as defined in IC 25-22.5-1-1.1. (*Medical Licensing Board of Indiana; 844 IAC 11-1-5; filed Oct 26, 1990, 3:05 p.m.: 14 IR 448; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532*)

844 IAC 11-1-6 "Professional incompetence" defined

Authority: IC 25-34.5-2-7

Affected: IC 25-22.5-1-1

Sec. 6. "Professional incompetence" means, but is not limited to, a pattern or course of repeated conduct by a practitioner

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demonstrating a failure to exercise such reasonable care and diligence as is ordinarily exercised by practitioners in the same or similar circumstances in the same or similar locality. (*Medical Licensing Board of Indiana; 844 IAC 11-1-6; filed Nov 14, 1991, 3:30 p.m.: 15 IR 583; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532*)

Rule 2. Fees

844 IAC 11-2-1 Fees (Repealed)

Sec. 1. (*Repealed by Medical Licensing Board of Indiana; filed Jan 7, 2002, 10:08 a.m.: 25 IR 1636*)

844 IAC 11-2-1.1 Fees

Authority: IC 25-1-8-2; IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 1. The board shall charge and collect the following fees:

Application for licensure	\$50
Biennial renewal of licensure	\$50
Verification of licensure	\$10
Duplicate wall license	\$10
Temporary permit	\$25
Renewal of a temporary permit	\$10
Student permit	\$25

(*Medical Licensing Board of Indiana; 844 IAC 11-2-1.1; filed Jan 7, 2002, 10:08 a.m.: 25 IR 1635*)

Rule 3. Admission to Practice

844 IAC 11-3-1 Application for certification; deadlines (Expired)

Sec. 1. (*Expired under IC 4-22-2.5, effective January 1, 2002.*)

844 IAC 11-3-2 Licensure by examination

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2-8; IC 25-34.5-2-9

Sec. 2. The committee shall issue a license by examination to an applicant who completes the following:

- (1) Applies to the committee in the form and manner prescribed by the board.
- (2) Submits the fees specified in 844 IAC 11-2-1.
- (3) Successfully completes and submits an official credential report that verifies passing a respiratory care practitioner examination required by the committee.
- (4) Submits two (2) recent passport-quality photographs of the applicant, approximately two (2) inches by two (2) inches in size, signed in black ink along the bottom.
- (5) Submits an official transcript of grades from the school or program from which the applicant obtained the applicant's degree which shows that all requirements for graduation have been met by the applicant that meets the standards set by the board under 844 IAC 11-1-2.
- (6) Otherwise meets the requirements of IC 25-34.5-2-8.

(*Medical Licensing Board of Indiana; 844 IAC 11-3-2; filed Oct 26, 1990, 3:05 p.m.: 14 IR 449; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1321*)

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844 IAC 11-3-3 Licensure by endorsement

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2-8; IC 25-34.5-2-11

Sec. 3. The committee may issue a license by endorsement to an applicant who completes the following:

- (1) Applies to the committee in the form and manner required by the board.
- (2) Submits the fees required under 844 IAC 11-2-1.
- (3) Submits two (2) recent passport-quality photographs of the applicant, no smaller than two (2) inches by two (2) inches, each signed by the applicant at the bottom in black ink.
- (4) Submits an official transcript of grades from the school or program from which the applicant obtained the applicant's degree which shows that all requirements for graduation have been met by the applicant that meets the standards set by the board under 844 IAC 11-1-2.
- (5) Submits verification from all states in which the applicant has been or is currently licensed/certified which statement shall include whether the applicant has ever been disciplined in any manner.
- (6) Submits an official credentials report that verifies passing a respiratory care practitioner examination approved by the board.
- (7) Otherwise meets the requirements of IC 25-34.5-2-8.

(Medical Licensing Board of Indiana; 844 IAC 11-3-3; filed Oct 26, 1990, 3:05 p.m.: 14 IR 449; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1321)

844 IAC 11-3-3.1 Licensure by credentials

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2-6

Sec. 3.1. The committee may issue a license by credentials to an applicant who completes the following:

- (1) Applies to the committee in the form and manner required by the board.
- (2) Submits the fee required under 844 IAC 11-2-1.
- (3) Submits two (2) recent passport-quality photographs of the applicant, no smaller than two (2) inches by two (2) inches, each signed by the applicant at the bottom in black ink.
- (4) Submits an official transcript of grades from the school or program from which the applicant obtained the applicant's degree, which shows that all requirements for graduation have been met by the applicant, that meets the standards set by the board under 844 IAC 11-1-2.
- (5) Submits an official credentials report, which verifies passing a respiratory care practitioner examination, approved by the board.
- (6) If five (5) years have elapsed since the successful completion of the examination, required by the board, the applicant must take and successfully complete an examination approved by board within six (6) months of the date of application for licensure.
- (7) Otherwise meets the requirements of IC 25-34.5-2.

(Medical Licensing Board of Indiana; 844 IAC 11-3-3.1; filed Jan 7, 2002, 10:07 a.m.: 25 IR 1635)

844 IAC 11-3-4 Temporary permits by endorsement

Authority: IC 25-34.5-2-6; IC 25-34.5-2-7

Affected: IC 25-34.5-2-10.1; IC 25-34.5-2-11

Sec. 4. (a) An applicant for a temporary permit by endorsement under IC 25-34.5-2-10.1(a)(1) who submits proof of current certification or licensure to practice respiratory care from another state may be issued a temporary permit.

(b) An applicant for a temporary permit under IC 25-34.5-2-10.1(a)(2) who submits proof that the state in which the applicant is practicing does not require licensure or certification and proof of current credentials from a national respiratory care association approved by the committee may be issued a temporary permit.

(c) A temporary permit expires the earlier of the date the:

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(1) person holding the permit is issued a license under IC 25-34.5-2-11; or

(2) committee disapproves the person's license application.

(Medical Licensing Board of Indiana; 844 IAC 11-3-4; filed Apr 15, 1994, 5:00 p.m.: 17 IR 2078; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1321)

844 IAC 11-3-4.1 Temporary permits by examination

Authority: IC 25-34.5-2-6; IC 25-34.5-2-7

Affected: IC 25-34.5-2-10.1

Sec. 4.1. (a) An applicant for a temporary permit by examination under IC 25-34.5-2-10.1(a)(3) will be required to take the examination for licensure within six (6) months after graduation.

(b) The temporary permit by examination will expire six (6) months after graduation.

(c) If the applicant fails to take the examination within the six (6) month period and presents an explanation to the committee in writing, which shows good cause for not taking the examination, the committee may allow the applicant to renew their temporary permit.

(d) The committee shall not issue or renew a temporary permit to an applicant who has failed the examination. *(Medical Licensing Board of Indiana; 844 IAC 11-3-4.1; filed Jan 7, 2002, 10:07 a.m.: 25 IR 1635)*

Rule 4. Standards of Competent Practice Under the Direct Supervision of a Physician

844 IAC 11-4-1 Applicability

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 1. A respiratory care practitioner in the conduct of his or her practice of respiratory care shall abide by, and comply with, the standards of competent practice under the direct supervision of a physician. *(Medical Licensing Board of Indiana; 844 IAC 11-4-1; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532)*

844 IAC 11-4-2 Confidentiality

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 2. A respiratory care practitioner shall maintain the confidentiality of all knowledge and information regarding a patient and all records relating to the patient. Information and records about a patient shall be disclosed by a practitioner when required by law. *(Medical Licensing Board of Indiana; 844 IAC 11-4-2; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532)*

844 IAC 11-4-3 Information to patient

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 3. A respiratory care practitioner under the direct supervision of a physician shall give a truthful, candid, and reasonably complete account of the patient's specific treatment of the respiratory care condition to the patient or to those responsible for the patient's care. *(Medical Licensing Board of Indiana; 844 IAC 11-4-3; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532)*

844 IAC 11-4-4 Reasonable care

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

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Sec. 4. A respiratory care practitioner shall exercise reasonable care and diligence in the treatment of patients based upon generally accepted scientific principles, methods, treatments, and current professional theory and practice. (*Medical Licensing Board of Indiana; 844 IAC 11-4-4; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532*)

844 IAC 11-4-5 Incompetent practice

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 5. The following establishes incompetent practice of a respiratory care practitioner:

- (1) Willful or repeated violation of a rule of the medical licensing board of Indiana or a lawful order of the committee previously entered in a disciplinary hearing.
- (2) Accepting or performing professional responsibilities which the license holder knows, or has reason to know, he or she is not competent to perform.
- (3) Professional incompetence in the practice of respiratory care.
- (4) Failure to deliver respiratory care services with a level of care, skill, and treatment which is recognized by a reasonably prudent respiratory care practitioner with similar professional training as being acceptable under similar conditions and circumstances.
- (5) Exercising influence on a patient in such a manner as to exploit the patient for financial gain of the certificate holder or a third party, which shall include, but not be limited to, the promoting or selling of services, goods, or appliances.
- (6) Payment or receipt of any commission, bonus, kickback, rebate, or fee splitting arrangement in any form whatsoever with any person or organization. This subdivision shall not be construed to prevent the certificate holder from receiving a fee for professional consultation services.
- (7) Exercising influence within a respiratory care relationship for purposes of engaging a patient in sexual activity.
- (8) Inaccurately recording, falsifying, or altering patient records, including, but not limited to, patient charts or medication administration records.
- (9) Falsely misrepresenting facts on an application for employment as a respiratory care practitioner.
- (10) Leaving a respiratory therapy assignment before properly advising appropriate personnel.
- (11) Discriminating on the basis of race, creed, religion, sex, age, or national origin in the rendering of respiratory therapy services as it relates to human rights and the dignity of an individual.
- (12) Impersonating or acting as a proxy for an applicant in any examination required for licensure.
- (13) Impersonating another licensed practitioner or permitting another person to use his or her license for the purpose of practicing respiratory therapy for compensation.
- (14) Providing false or incorrect information to an employer regarding the status of his or her license.
- (15) Abandoning a patient.

(*Medical Licensing Board of Indiana; 844 IAC 11-4-5; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1322*)

844 IAC 11-4-6 Peer reviews

Authority: IC 25-34.5-2-7

Affected: IC 25-34.5-2

Sec. 6. (a) A practitioner who has personal knowledge based upon a reasonable belief that another practitioner holding the same licensure has engaged in illegal, unlawful, incompetent, or fraudulent conduct in the practice of respiratory care shall promptly report such conduct to a peer review or similar body, as defined in IC 34-4-12.6-1(c) [*IC 34-4 was repealed by P.L.1-1998, SECTION 221, effective July 1, 1998.*], having jurisdiction over the offending practitioner and the matter. This subsection does not prohibit a practitioner from promptly reporting said conduct directly to the respiratory care committee. Further, a practitioner who has personal knowledge of any person engaged in, or attempting to engage in, the unauthorized practice of respiratory care shall promptly report such conduct to the respiratory care committee.

(b) A practitioner who voluntarily submits himself or herself to, or is otherwise undergoing a course of treatment for addiction, severe dependency upon alcohol or other drugs or controlled substances, or for psychiatric impairment, where such treatment is

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sponsored or supervised by an impaired respiratory care practitioner committee of a state, regional, or local organization of professional health care providers, or where such treatment is sponsored or supervised by an impaired respiratory care practitioner committee of a hospital, shall be exempt from reporting to a peer review committee or to the respiratory care committee as long as:

- (1) the practitioner is complying with the course of treatment; and
- (2) the practitioner is making satisfactory progress.

(c) If the practitioner fails to comply with, or is not benefited by, the course of treatment, the practitioner/chief administrative officer, his designee, or any member of the impaired practitioner committee shall promptly report such facts and circumstances to the respiratory care committee. This subsection shall not, in any manner whatsoever, directly or indirectly, be deemed or construed to prohibit, restrict, limit, or otherwise preclude the respiratory care committee from taking such action as it deems appropriate or as may otherwise be provided by law. (*Medical Licensing Board of Indiana; 844 IAC 11-4-6; filed Nov 14, 1991, 3:30 p.m.: 15 IR 584; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1322*)

844 IAC 11-4-7 Referral fees

Authority: IC 25-34.5-2-7
Affected: IC 25-34.5-2

Sec. 7. A practitioner shall not pay, demand, or receive compensation for referral of a patient except for a patient referral program operated by a professional society or association. (*Medical Licensing Board of Indiana; 844 IAC 11-4-7; filed Nov 14, 1991, 3:30 p.m.: 15 IR 585; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532*)

844 IAC 11-4-8 Liability to patients

Authority: IC 25-34.5-2-7
Affected: IC 25-34.5-2

Sec. 8. A practitioner shall not attempt to exonerate himself or herself from or limit his or her liability to a patient for his or her personal malpractice except that a practitioner may enter into agreements that contain informed, voluntary releases and/or waivers of liability in settlement of a claim made by a patient or by those responsible for a patient's care. (*Medical Licensing Board of Indiana; 844 IAC 11-4-8; filed Nov 14, 1991, 3:30 p.m.: 15 IR 585; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1323*)

844 IAC 11-4-9 Patient complaints

Authority: IC 25-34.5-2-7
Affected: IC 25-1-9; IC 25-34.5-2

Sec. 9. A practitioner shall not attempt to preclude, prohibit, or otherwise prevent the filing of a complaint against him or her by a patient or other practitioner for any alleged violation of this article, any alleged violation of IC 25-1-9, or any other law. (*Medical Licensing Board of Indiana; 844 IAC 11-4-9; filed Nov 14, 1991, 3:30 p.m.: 15 IR 585; readopted filed Sep 28, 2001, 4:00 p.m.: 25 IR 532*)

Rule 5. Certification Renewal

844 IAC 11-5-1 Address; change of name

Authority: IC 25-34.5-2-7
Affected: IC 25-34.5-2

Sec. 1. (a) Each respiratory care practitioner shall inform the committee, in writing, of all changes of address or name within fifteen (15) days of the change.

(b) A respiratory care practitioner's failure to receive notification of renewal due to failure to notify the committee of a change of address or name shall not constitute an error on the part of the committee, board, or bureau, nor shall it exonerate or otherwise excuse the respiratory care practitioner from renewing such license. (*Medical Licensing Board of Indiana; 844 IAC 11-5-1; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1323*)

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844 IAC 11-5-2 Reinstatement of delinquent certificate (Expired)

Sec. 2. (Expired under IC 4-22-2.5, effective January 1, 2002.)

844 IAC 11-5-3 Continuing education hours required

Authority: IC 25-34.5-2-10

Affected: IC 25-34.5-2-10

Sec. 3. (a) Each respiratory care practitioner licensed in Indiana is required to complete an annual average of seven and one-half (7.5) hours of continuing education during each biennium (January 1 of odd-numbered year to December 31 of succeeding even-numbered year) in the area of respiratory care.

(b) A respiratory care practitioner is not required to complete continuing education requirements for the year in which the initial license was issued.

(c) Continuing education hours must be obtained within the biennial renewal period and may not be carried over from one (1) licensure period to another.

(d) No more than five (5) hours of continuing education can be obtained through correspondence courses during the biennium.

(e) The committee shall accept continuing education courses in the following areas toward fulfillment of the requirements under IC 25-34.5-2-10(a):

(1) Management of the practice of respiratory care.

(2) Courses concerning the practice of respiratory care that do the following:

(A) Enable individuals to teach continuing education courses for respiratory care practitioners.

(B) Enable respiratory care practitioner to teach topics related to patient/family education.

(3) The practice of respiratory care.

(Medical Licensing Board of Indiana; 844 IAC 11-5-3; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723; filed Aug 4, 1994, 5:00 p.m.: 17 IR 2869; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1323)

844 IAC 11-5-4 Reporting continuing education

Authority: IC 25-34.5-2-10

Affected: IC 25-34.5-2-10

Sec. 4. (a) A licensee must sign the renewal form provided by the bureau that verifies that all continuing education requirements according to section 3 of this rule will have been met by the time of license renewal.

(b) The respiratory care practitioner shall maintain his or her continuing education records of a given biennium for a period of four (4) years following the end of the biennium.

(c) It is the responsibility of the respiratory care practitioner to verify that courses attended have been approved by the committee. Without approval, as provided under section 5 of this rule, credit will not be given. (Medical Licensing Board of Indiana; 844 IAC 11-5-4; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1323)

844 IAC 11-5-5 Approval of continuing education programs

Authority: IC 25-34.5-2-10

Affected: IC 25-34.5-2-10

Sec. 5. (a) The following criteria shall be used for approval of continuing education programs for respiratory care practitioners:

(1) The continuing education program shall have a statement of objectives which the program should achieve for its participants relating to and enhancing the study of respiratory care.

(2) The sponsor of continuing education programs shall provide adequate administration, including a responsible person to coordinate and administer the program, and shall provide for the maintenance of proper records.

(3) Sponsors of continuing education programs shall provide adequate funding for the educational programs undertaken.

(4) The curriculum of a continuing education program shall be thoughtfully planned and designed to explore in considerable depth one (1) subject or a closely related group of subjects related to the practice of respiratory care.

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(5) The continuing education program shall have qualified faculty members who have demonstrated competence in the subject areas.

(6) The continuing education program shall be held in adequate facilities that allow for an effective program.

(7) Continuing education programs shall employ a variety of educational methods and teaching aids that enhance the learning opportunities.

(8) Appropriate methods of evaluation shall be devised and used to measure the continuing education program's effectiveness.

(9) The sponsor of the continuing education program shall provide to the participants a meaningful record of attendance stating the continuing education hours involved.

(b) Programs for continuing education may be approved by the committee provided the sponsoring organization has submitted the proper form at least thirty (30) days prior to presentation of the program.

(c) The sponsor of the program is responsible for monitoring attendance in such a manner that verification of attendance throughout the entire program can be reliably assured.

(d) Notwithstanding subsections (a) and (b), continuing education programs for respiratory care practitioners sponsored by the following organizations are approved as follows:

(1) American Association of Respiratory Care or one (1) of its chartered affiliates.

(2) American Medical Association.

(3) American Nurses Association.

(4) Indiana State Nurses Association.

(5) American College of Chest Physicians.

(6) American Academy of Pediatrics.

(7) American Academy of Pediatrics Certification/Recertification, including the following:

(A) Pediatric Advanced Life Support (PALS)—eight (8) hours.

(B) Neonatal Resuscitation Certification (NRC)—four (4) hours.

(C) Pediatric Advanced Life Support (PALS) Instructor Course—eight (8) hours.

(D) Neonatal Resuscitation Certification (NRC) Instructor Course—four (4) hours.

(8) American Heart Association seminar programs.

(9) American Heart Association Certification/Recertification, including the following:

(A) Advanced Cardiac Life Support (ACLS)—eight (8) hours.

(B) Basic Cardiac Life Support (CPR)—two (2) hours.

(C) Advanced Cardiac Life Support (ACLS) Instructor Course—eight (8) hours.

(D) Basic Cardiac Life Support (CPR) Instructor Course—four (4) hours.

(E) Automated External Defibrillator Certification—four (4) hours.

(F) Automated External Defibrillator Certification Instructor Course—four (4) hours.

(10) Society of Critical Care Medicine.

(11) American Association of Critical Care Nurses.

(12) American Society of Anesthesiologists.

(13) American Polysomnographers Technologist.

(14) American Osteopathic Association.

(15) National Society for Cardiopulmonary Technologists.

(16) American Thoracic Society.

(17) American Lung Association.

(e) The following programs shall be approved by the committee for the following number of hours:

(1) Intermediate Electrocardiography (EKG)—one (1) hour.

(2) Atlanta School of Sleep Medicine and Technology, "Seminar on Sleep Study and Technology"—two (2) week seminar—eight (8) hours.

(Medical Licensing Board of Indiana; 844 IAC 11-5-5; filed Sep 29, 1992, 2:00 p.m.: 16 IR 723; filed Aug 4, 1994, 5:00 p.m.: 17 IR 2870; readopted filed Nov 30, 2001, 10:25 a.m.: 25 IR 1324)

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