

MEMORANDUM

DATE	August 4, 2023
TO	Physician Assistant Board (Board)
FROM	Karen Halbo, Regulations Counsel, Attorney III Jasmine Dhillon, Legislative and Regulatory Specialist
SUBJECT	13. Update, Discussion, and Possible Action on Proposal to Amend 16 CCR Sections 1399.506, 1399.507, 1399.511, and 1399.546 – Application, Exam Scores, Addresses & Recordkeeping Consideration of Public Comments and Potential Modifications to Text

Background

Senate Bill (SB) 697 (Caballero, Chapter 707, Statutes of 2019) became effective on January 1, 2020 and made numerous changes to the Physician Assistant Practice Act (Act) at Business and Professions Code (BPC) Sections 3500 to 3546. This rulemaking updates the Board's regulations by setting out the information required in an initial application, removes the Board's obligation to establish a passing score on the written examination administered by the National Commission on Certification of Physician Assistants, clarifies applicants' obligation to provide a mailing address that will be released by the Board to the public, posted on the website, and used by the Board for correspondence and service of documents on the applicant, and repeals 16 California Code of Regulations (CCR) 1399.546, which imposed requirements that are now better determined within a practice agreement between a PA and the supervising physician and surgeon.

At the November 8, 2021 meeting, the Board discussed and approved proposed amendments to the previously approved changes to CCR sections 1399.506, 1399.507, 1399.511, and 1399.546 to better implement the changes needed in these regulation sections required by the passage of SB 697. Notice of the proposed regulatory change was published on September 9, 2022, and the 45-day comment period closed on October 25, 2022. The Board voted at its November 7, 2022 to amend the text of 16 CCR Section 1399.506 to include modified language incorporating the changes made to BPC section 115.5. Notice of the First Modified Text was published on November 9, 2022 and the 15-day comment period closed on November 28, 2022. Agency approved this package on December 12, 2022 and it was filed with the Office of Administrative Law (OAL) on December 20, 2022.

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Regulations Counsel and staff have been working with OAL to amend the text for consistency with the initial license application. Staff recommends the Board adopt the Second Modified Text which was published for the 15-day public comment period to run from July 21, 2023 to August 7, 2023, and on which, at the time of writing this memo, no public comments have been received. These changes are needed to avoid disapproval of this rulemaking by the Office of Administrative Law.

Proposed Changes

1399.506 Applications for Licensure.

Since the Board adopted this regulation, significant modifications were made to clarify the requirements in the initial application for licensure. The initial application for licensure form is not incorporated by reference in this regulation so this regulation must address all of the requirements and questions in the application. The modified language aligns with the requirements and questions asked in the application and this provides notice and clarity to the applicant of the application requirements.

1399.507 Examination Required.

A modification adding BPC section 3509 in the Note is proposed as it requires the examination of applications for licensure as a physician assistant, which is directly related to this regulation that further details the examination requirement for licensure.

1399.511 Address of Record.

Since the Board adopted this regulation, modifications were made to clarify that an address of record may be post office box, physical business address, or residential address. Further modifications were made to notify applicants that the mailing address received shall be posted on the Board's website once a license is issued. Since the Board cannot serve correspondence, notices, etc. on a post office box, language was added requiring the applicant to provide a physical business address or residential address in addition to a post office box, so the Board may serve documents as required for enforcement purposes.

1399.546 Reporting of Physician Assistant Supervision

No modifications were made to this section, which is being repealed.

No Public Comment Received

At the time of the writing of this memorandum, no public comments have been received.

Action Requested

The Board is asked to make a motion to adopt the proposed Second Modified Text for 16 CCR Sections 1399.506, 1399.507, 1399.511, and 1399.546 for a 15-day public comment period, and if there are no adverse comments received during the 15-day comment

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period, direct the Executive Officer to take all steps necessary to complete the rulemaking, authorize the Executive Officer to make any technical or nonsubstantive changes to the proposed regulations, and adopt the revised proposed regulatory language for 16 CCR Sections 1399.506, 1399.507, 1399.511, and 1399.546.

Attachments: 1. Proposed Second Modified Text for 16 CCR Sections 1399.506, 1399.507, 1399.511, and 1399.546
 2. Application for Licensure Physician Assistant

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Attachment 1

DEPARTMENT OF CONSUMER
AFFAIRS
Title 16. PHYSICIAN ASSISTANT BOARD

SECOND MODIFIED TEXT

Application, Exam Scores, Addresses & Recordkeeping

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Modifications to the proposed regulatory language are shown in double underline for new text and ~~double strikethrough~~ for deleted text.

Second Modifications to the proposed regulatory language are shown in *italics with double underline* for new text and ~~*italics with double strikethrough*~~ for deleted text.

Amend Section 1399.506 of Article 1 of Division 13.8 of Title 16 of the California Code of Regulations

§1399.506. Filing of Applications for Licensure.

(a) ~~Applications for (a) To become licensed~~ ure as a physician assistant, shall be filed on a form provided by the board an applicant must submit all required fees, two (2) classifiable sets of fingerprint cards or a Live Scan inquiry to establish the identity of the applicant and to permit the Board to conduct a criminal history record check, and a completed application for licensure, to the Board at its Sacramento office, and accompanied by the fee required in section 1399.550. *that The application for licensure must contains* all of the following *information and any required supporting documents:*

(1) ~~Personal information including:~~

(A) the legal name of the applicant and any aliases;

(B) the gender of the applicant;

(C) the applicant's social security number or ~~identifying tax information~~ individual taxpayer identification number;

(D) the applicant's address of record ~~or mailing address~~;

(E) the applicant's date of birth;

(F) the applicant's home and mobile telephone numbers ~~for home and cell~~;

(G) the applicant's email address;

(2) all disclosures required by this section, and

(3) a declaration under penalty of perjury, signed and dated by the applicant, that the information submitted on the application is true and correct.

(H) the name of the physician assistant training program attended by the applicant, the applicant's graduation date, the address of the physician assistant training program, and the telephone number for the physician assistant training program;

(I) whether the applicant has ever applied for a California physician assistant license; and

(J) whether the applicant has ever been licensed, certified, or registered in any state, country, or with any federal agency, in any health care occupation; the status of the applicant's license, certificate, or registration (for example: active, inactive, suspended, revoked, on probation); and the date(s) of issuance of any license(s) and expiration date(s) of any current license(s).

(2) As a condition of licensure, the applicant shall disclose whether they have a malpractice history.

(A) For purposes of this paragraph, "malpractice history" means:

1. civil judgments as described in Section 803.1(b)(1) of the Code; or

2. malpractice settlements as described in Section 801.01(a)(1) of the Code.

(B) If the applicant responds yes to having a malpractice history as defined in paragraph (2)(A), the applicant shall provide a written narrative of each malpractice event, including court jurisdiction, date of ruling or settlement, and outcome of ruling or settlement.

(3) As a condition of licensure, the applicant shall disclose whether they have a history of discipline.

(A) For purposes of this paragraph, "history of discipline" means:

1. suspension, expulsion, dismissal, probation, or reprimand imposed by a physician assistant training program, taking a leave of absence from a physician assistant training program for disciplinary reasons, or withdrawal from a physician assistant training program in lieu of the imposition of discipline; or

2. suspension, revocation, probation, limitations on practice, citation, fine, public reprimand, letters of public reprimand or reproof, or any other informal or confidential discipline by the United States military, United States Public Health Service Commissioned Corps, United States

governmental agency, or any authority of any state issuing health care licenses, registrations, or certifications.

(B) If the applicant responds yes to having a history of discipline as defined in paragraph (3)(A), the applicant shall provide a written narrative of each disciplinary event, including the incident date, location, charge, and outcome or disposition. The applicant shall also provide copies of all official documents pertaining to the history of discipline, which may include arrest orders or reports, court orders, or letter of explanation from the director or designee of the physician assistant training program.

(4) As a condition of licensure, the applicant shall disclose whether they have been subject to any disciplinary action.

(A) For purposes of this paragraph, "disciplinary action" means:

1. the applicant had a health care license or certificate, or narcotics (controlled substance) permit denied by the State of California, any other state, any agency of the federal government, or another country;

2. the applicant had charges filed against them while holding a health care license or certificate, including charges that are still pending or charges that were dropped;

3. the applicant surrendered a health care license or certificate, or narcotics (controlled substance) permit; or

4. the applicant has been charged with, and/or found to have committed unprofessional conduct, unlicensed activity, or malpractice by any health care licensing board, any other state, any agency of the federal government, another country, or any hospital.

(B) If the applicant responds yes to being subject to any of the disciplinary actions listed in paragraph (4)(A), the applicant shall provide a written narrative of each disciplinary action, including the incident date, location, charge, and outcome or disposition. The applicant shall also provide all official documents pertaining to the disciplinary action(s), which may include arrest and court orders.

(5) As a condition of licensure, the applicant shall disclose they have ever been denied a license, denied permission to practice medicine or any other health care occupation, or denied permission to take a health care related examination in State of California, any other state, United States federal jurisdiction, or another country, or if any such action is pending.

(A) If the applicant responds yes to paragraph (5), the applicant shall provide a written narrative that includes the date of the denial(s) and reason for denial(s).

(6) As a condition of licensure, the applicant shall disclose whether they have any

practice impairments or limitations.

(A) For purposes of this paragraph, "practice impairments or limitations" means:

1. the applicant has ever been diagnosed or treated for a mental illness, disease, or disorder that would interfere with their ability to practice medicine;

2. the applicant has a current physical or mental impairment related to drugs or alcohol;

3. the applicant has been adjudicated by a court to be mentally incompetent or they are currently under a conservatorship; or

4. the applicant is required to register as a sex offender in California, or in another state, territory, or under federal law.

(B) If the applicant responds yes to any practice impairments or limitations, the applicant shall provide copies of all official medical, psychiatric, and treatment records pertaining to the impairment(s) or limitation(s); evidence of ongoing rehabilitation; and a written narrative describing the impairment or limitation. The applicant shall also provide the Board with an authorization and release of medical or psychiatric records.

(b) The Board shall waive the required fees specified in subsection (a) for an applicant who meets the requirements set forth in Section 115.5(a), of the Code and submits the following satisfactory evidence with the application set forth in this section:

(1) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces of the United States.;

(2) A copy of the military orders establishing their spouse's or partner's duty station in California; and

(3) written verification from the applicant's issuing agency/licensing jurisdiction that the applicant's license in another state, district, or territory of the United States is current in that jurisdiction. The verification shall include all of the following: (A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by, (B) the license type and number issued to the applicant by the original licensing agency/entity, (C) the name and location of the issuing licensing agency/licensing jurisdiction entity, and, (D) the issuance date and expiration date of the license.

(b7) Applications for approval of programs for the education and training of physician assistants shall be filed on a form provided by the board at its Sacramento office and

accompanied by the fee required in section 1399.556. ~~While disclosure of military service is voluntary, a~~ An applicant who has served as an active-duty member of the Armed Forces of the United States, was honorably discharged, and who provides evidence of such honorable discharge, shall have ~~their~~ ~~review of their~~ application ~~review~~ expedited pursuant to ~~s~~Section 115.4 of the Code.

~~(de)~~ If the applicant is married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders, ~~and or~~ if the applicant holds a current physician assistant license in another state, ~~district, or territory of the United States,~~ and provides evidence of ~~either both~~ conditions, ~~the review of~~ their application ~~review~~ will be expedited pursuant to ~~s~~Section 115.6 of the Code.

~~(ed)~~ ~~While disclosure of status as a refugee, asylee, or having a special immigrant visa is voluntary, A~~ An applicant who was admitted to the United States as a refugee pursuant to ~~s~~Section 1157 of ~~†~~Title 8 of the United States Code, or was granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to ~~s~~Section 1158 of Title 8 of the United States Code, or has a special immigrant visa and was granted a status pursuant to ~~s~~Section 1244 of Public Law 110-181, Public Law 109-163, or ~~s~~Section 602(b) of ~~†~~Title VI of ~~eD~~ivision F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government, and provides evidence of that status shall have ~~the review of~~ their application ~~review~~ expedited pursuant to ~~s~~Section 135.4 of the Code. ~~and †The Physician Assistant Board may assist such an applicant with the initial licensure application process.~~

~~(fe) As a condition of licensure, an applicant shall disclose whether they have any other licenses, registrations, or certificates in any healthcare occupation and list the status, number, and issuing state of those licenses, registrations, or certificates.~~

~~(gf) As a condition of licensure, the applicant shall disclose whether they have applicant has any malpractice history. For purposes of this subdivision, "malpractice history" means:~~

~~(1) Civil judgments as described in section 803.1(b)(1) of the Code;~~

~~(2) Malpractice settlements as described in section 801.01(a)(1) of the Code.~~

~~(10) A statement signed under penalty of perjury that the applicant has read the questions in the application and that all information provided is true and correct. The applicant shall grant the Board or its assignees and agents permission to verify the information provided in the application and to perform any investigation pertaining the information the applicant provides. The applicant's signature on the application shall authorize the National Practitioner Data Bank, the National Commission on Certification~~

of Physician Assistants, and the Federal Drug Enforcement Agency to release all information required by the Board.

(b) For the purposes of this subsection:

(1) "Required fees" for an application submitted with a Department of Justice BCIA 8016 Request for Live Scan Service form shall include the license application processing fee and the initial license fee as set forth in Section 1399.550. The required fees set forth in Section 1399.550 will be waived if the applicant meets the requirements for waiver of fees specified in subsection (b).

(2) "Required fees" for an application submitted with two (2) classifiable sets of fingerprint cards shall include the license application fee and the initial license fee as set forth in Section 1399.550, and an additional \$49.00 fee to cover the cost of obtaining a Live Scan report. The fees set forth in Section 1399.550 will be waived if the applicant meets the requirements for waiver of fees specified in subsection (c). The applicant shall pay any costs for furnishing fingerprints and conducting the criminal history record check.

(c) The Board shall waive the fees specified in subsection (b) for an applicant who meets the requirements set forth in Section 115.5(a) of the Code and submits the following satisfactory evidence with the application for licensure:

(1) certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces of the United States;

(2) a copy of the military orders establishing their spouse's or partner's duty station in California; and

(3) a copy of the applicant's current license and written verification from the applicant's issuing agency/licensing jurisdiction that the applicant's license in another state, district, or territory of the United States is current in that jurisdiction. The verification shall include all of the following:

(A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by;

(B) the license type and number issued to the applicant in another state, district, or territory of the United States;

(C) the name and location of the issuing agency/licensing jurisdiction; and

(D) the issuance date and expiration date of the license.

(gh) As a condition of licensure, the applicant shall disclose whether they have any history of discipline. For purposes of this subdivision, "history of discipline" means:

~~1. suspension, expulsion, probation, or reprimand imposed by a physician assistant training program;~~

~~2. suspension, revocation, probation, limitations on practice, citation, fine, public reprimand, letters of public reprimand or reproof, or any other informal or confidential discipline by any authority of any state issuing health care licenses, registrations, or certifications. An applicant may, as part of their application provide a written statement explaining any information provided pursuant to subparagraphs (1) and (2).~~

~~(d) Applications that are missing any of the requested information or documentation, are illegible, or are not accompanied by the applicable fees, shall be returned.~~

NOTE: Authority cited: Sections 115.4, 115.5, 135.4 2018 and 3510, Business and Professions Code. Reference: Sections ~~144, 115.4, 115.5, 135.4, 144, 801.01, 803.1,~~ 3509 and 3513, Business and Professions Code.

Amend Section 1399.507 of Article 1 of Division 13.8 of Title 16 of the California Code of Regulations

§1399.507. Examination Required.

The written examination for licensure as a physician assistant is that administered by the National Commission on Certification of Physician Assistants. Successful completion requires that the applicant has~~ve~~ achieved the passing score established by ~~the board~~ for that examination. It is the responsibility of the applicant to ensure that certification of his or her their examination score is received by the Board.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 851, ~~3515,~~ 3509 and 3517, Business and Professions Code.

Amend Section 1399.511 of Article 1 of Division 13.8 of Title 16 of the California Code of Regulations

§1399.511. ~~Notice of Change of Address of Record.~~

(a) ~~Every~~ each applicant ~~person~~ submitting an application for licensure as a physician assistant to the Board ~~must~~ shall provide ~~include an~~ address of record, ~~mailing address~~ which ~~will~~ shall be used as their mailing address ~~released by the Board to the public and shall be posted on the Board's website if an applicant is issued a license. The mailing address is used for service of all official correspondence, notices, and orders from the Board. An address of record may be a post office box, physical business address, or residential address. If a post office box is used as the address of record, the applicant shall also provide a physical business address or residential address for the Board's administrative use that shall not be posted on the Board's website.~~

(ab) ~~Every~~ each applicant and licensee ~~person~~ or approved program holding a license or

approval and each person or program who has an application on file with the bBoard shall notify the bBoard at its office of any and all changes of to their mailing address(es) within thirty (30) calendar days after each change, giving both the old and new address(es).

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 136 and 3523, Business and Professions Code.

Repeal Section 1399.546 of Article 4 of Division 13.8 of Title 16 of the California Code of Regulations

~~§1399.546. Reporting of Physician Assistant Supervision.~~

~~(a) Each time a physician assistant provides care for a patient and enters his or her name, signature, initials, or computer code on a patient's record, chart or written order, the physician assistant shall also record in the medical record for that episode of care the supervising physician who is responsible for the patient. When a physician assistant transmits an oral order, he or she shall also state the name of the supervising physician responsible for the patient.~~

~~(b) If the electronic medical record software used by the physician assistant is designed to, and actually does, enter the name of the supervising physician for each episode of care into the patient's medical record, such automatic entry shall be sufficient for compliance with this recordkeeping requirement.~~

~~NOTE: Authority cited: Sections 2018 and 3510, Business and Professions Code. Reference: Section 3502, Business and Professions Code.~~

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§1399.506. Filing of Applications for Licensure.

(a) ~~Applications for (a) To become licensed~~ an applicant must submit all required fees, two (2) classifiable sets of fingerprint cards or a Live Scan inquiry to establish the identity of the applicant and to permit the Board to conduct a criminal history record check, and a completed application for licensure, to the Board at its Sacramento office, and accompanied by the fee required in section 1399.550. ~~that~~ *The application for licensure must* contain all of the following information and any required supporting documents:

(1) ~~Personal~~ Personal information including:

(A) the legal name of the applicant and any aliases;

(B) the gender of the applicant;

(C) the applicant's social security number or ~~identifying tax information~~ *individual taxpayer identification* number;

(D) the applicant's address of record ~~or mailing address~~;

(E) the applicant's date of birth;

(F) the applicant's *home and mobile* telephone numbers ~~for home and cell~~;

(G) the applicant's email address;

~~(2) all disclosures required by this section, and~~

~~(3) a declaration under penalty of perjury, signed and dated by the applicant, that the information submitted on the application is true and correct.~~

(H) the name of the physician assistant training program attended by the applicant, the applicant's graduation date, the address of the physician assistant training program, and the telephone number for the physician assistant training program;

(I) whether the applicant has ever applied for a California physician assistant license; and

(J) whether the applicant has ever been licensed, certified, or registered in any state, country, or with any federal agency, in any health care occupation; the status of the applicant's license, certificate, or registration (for example: active, inactive, suspended, revoked, on probation); and the date(s) of issuance of any license(s) and expiration date(s) of any current license(s).

(2) As a condition of licensure, the applicant shall disclose whether they have a malpractice history.

(A) For purposes of this paragraph, "malpractice history" means:

1. civil judgments as described in Section 803.1(b)(1) of the Code; or

2. malpractice settlements as described in Section 801.01(a)(1) of the Code.

(B) If the applicant responds yes to having a malpractice history as defined in paragraph (2)(A), the applicant shall provide a written narrative of each malpractice event, including court jurisdiction, date of ruling or settlement, and outcome of ruling or settlement.

(3) As a condition of licensure, the applicant shall disclose whether they have a history of discipline.

(A) For purposes of this paragraph, "history of discipline" means:

1. suspension, expulsion, dismissal, probation, or reprimand imposed by a physician assistant training program, taking a leave of absence from a physician assistant training program for disciplinary reasons, or withdrawal from a physician assistant training program in lieu of the imposition of discipline; or

2. suspension, revocation, probation, limitations on practice, citation, fine, public reprimand, letters of public reprimand or reproof, or any other informal or confidential discipline by the United States military, United States Public Health Service Commissioned Corps, United States

governmental agency, or any authority of any state issuing health care licenses, registrations, or certifications.

(B) If the applicant responds yes to having a history of discipline as defined in paragraph (3)(A), the applicant shall provide a written narrative of each disciplinary event, including the incident date, location, charge, and outcome or disposition. The applicant shall also provide copies of all official documents pertaining to the history of discipline, which may include arrest orders or reports, court orders, or letter of explanation from the director or designee of the physician assistant training program.

(4) As a condition of licensure, the applicant shall disclose whether they have been subject to any disciplinary action.

(A) For purposes of this paragraph, "disciplinary action" means:

1. the applicant had a health care license or certificate, or narcotics (controlled substance) permit denied by the State of California, any other state, any agency of the federal government, or another country;
2. the applicant had charges filed against them while holding a health care license or certificate, including charges that are still pending or charges that were dropped;
3. the applicant surrendered a health care license or certificate, or narcotics (controlled substance) permit; or
4. the applicant has been charged with, and/or found to have committed unprofessional conduct, unlicensed activity, or malpractice by any health care licensing board, any other state, any agency of the federal government, another country, or any hospital.

(B) If the applicant responds yes to being subject to any of the disciplinary actions listed in paragraph (4)(A), the applicant shall provide a written narrative of each disciplinary action, including the incident date, location, charge, and outcome or disposition. The applicant shall also provide all official documents pertaining to the disciplinary action(s), which may include arrest and court orders.

(5) As a condition of licensure, the applicant shall disclose they have ever been denied a license, denied permission to practice medicine or any other health care occupation, or denied permission to take a health care related examination in State of California, any other state, United States federal jurisdiction, or another country, or if any such action is pending.

(A) If the applicant responds yes to paragraph (5), the applicant shall provide a written narrative that includes the date of the denial(s) and reason for denial(s).

(6) As a condition of licensure, the applicant shall disclose whether they have any

practice impairments or limitations.

(A) For purposes of this paragraph, "practice impairments or limitations" means:

1. the applicant has ever been diagnosed or treated for a mental illness, disease, or disorder that would interfere with their ability to practice medicine;
2. the applicant has a current physical or mental impairment related to drugs or alcohol;
3. the applicant has been adjudicated by a court to be mentally incompetent or they are currently under a conservatorship; or
4. the applicant is required to register as a sex offender in California, or in another state, territory, or under federal law.

(B) If the applicant responds yes to any practice impairments or limitations, the applicant shall provide copies of all official medical, psychiatric, and treatment records pertaining to the impairment(s) or limitation(s); evidence of ongoing rehabilitation; and a written narrative describing the impairment or limitation. The applicant shall also provide the Board with an authorization and release of medical or psychiatric records.

~~(b) The Board shall waive the required fees specified in subsection (a) for an applicant who meets the requirements set forth in Section 115.5(a) of the Code and submits the following satisfactory evidence with the application set forth in this section:~~

- ~~(1) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces of the United States.;~~
- ~~(2) A copy of the military orders establishing their spouse's or partner's duty station in California; and~~
- ~~(3) written verification from the applicant's issuing agency/licensing jurisdiction that the applicant's license in another state, district, or territory of the United States is current in that jurisdiction. The verification shall include all of the following: (A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by, (B) the license type and number issued to the applicant by the original licensing agency/entity, (C) the name and location of the issuing licensing agency/licensing jurisdiction entity, and, (D) the issuance date and expiration date of the license.~~

~~(b7)~~ Applications for approval of programs for the education and training of physician assistants shall be filed on a form provided by the board at its Sacramento office and

~~accompanied by the fee required in section 1399.556. While disclosure of military service is voluntary, An applicant who has served as an active-duty member of the Armed Forces of the United States, was honorably discharged, and who provides evidence of such honorable discharge, shall have the ~~review of their application~~ review expedited pursuant to ~~§~~Section 115.4 of the Code.~~

~~(de) If the applicant is married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders, and ~~or~~ if the applicant holds a current physician assistant license in another state, district, or territory of the United States, and provides evidence of ~~either both~~ conditions, the review of their application ~~review~~ will be expedited pursuant to ~~§~~Section 115.6 of the Code.~~

~~(ed) While disclosure of status as a refugee, asylee, or having a special immigrant visa is voluntary, An applicant who was admitted to the United States as a refugee pursuant to §Section 1157 of ¶Title 8 of the United States Code, or was granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to §Section 1158 of Title 8 of the United States Code, or has a special immigrant visa and was granted a status pursuant to §Section 1244 of Public Law 110-181, Public Law 109-163, or §Section 602(b) of ¶Title VI of ¶Division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government, and provides evidence of that status shall have the review of their application ~~review~~ expedited pursuant to §Section 135.4 of the Code. and ~~¶~~The Physician Assistant Board may assist such an applicant with the initial licensure application process.~~

~~(fe) As a condition of licensure, an applicant shall disclose whether they have any other licenses, registrations, or certificates in any healthcare occupation and list the status, number, and issuing state of those licenses, registrations, or certificates.~~

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~~(1) Civil judgments as described in section 803.1(b)(1) of the Code;~~

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~~(10) A statement signed under penalty of perjury that the applicant has read the questions in the application and that all information provided is true and correct. The applicant shall grant the Board or its assignees and agents permission to verify the information provided in the application and to perform any investigation pertaining the information the applicant provides. The applicant's signature on the application shall authorize the National Practitioner Data Bank, the National Commission on Certification~~

of Physician Assistants, and the Federal Drug Enforcement Agency to release all information required by the Board.

(b) For the purposes of this ~~subsection~~ division:

(1) “~~Required fees~~” for an application submitted with a Department of Justice BCIA 8016 Request for Live Scan Service form shall include ~~the license application processing fee and the initial license fee as set forth in~~ the license application processing fee and the initial license fee as set forth in ~~Section 1399.550. The required fees set forth in Section 1399.550 will be waived if the applicant meets the requirements for waiver of fees specified in subsection (b).~~

(2) “Required fees” for an application submitted with two (2) classifiable sets of fingerprint cards shall include the license application fee and the initial license fee as set forth in Section 1399.550, and an additional \$49.00 fee to cover the cost of obtaining a Live Scan report. The fees set forth in Section 1399.550 will be waived if the applicant meets the requirements for waiver of fees specified in subsection (c). ~~The applicant shall pay any costs for furnishing fingerprints and conducting the criminal history record check.~~

(c) The Board shall waive the fees specified in subsection (b) for an applicant who meets the requirements set forth in Section 115.5(a) of the Code and submits the following satisfactory evidence with the application for licensure:

(1) certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces of the United States;

(2) a copy of the military orders establishing their spouse’s or partner’s duty station in California; and

(3) a copy of the applicant’s current license and written verification from the applicant’s issuing agency/licensing jurisdiction that the applicant’s license in another state, district, or territory of the United States is current in that jurisdiction. The verification shall include all of the following:

(A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by;

(B) the license type and number issued to the applicant in another state, district, or territory of the United States;

(C) the name and location of the issuing agency/licensing jurisdiction; and

(D) the issuance date and expiration date of the license.

~~(gh) As a condition of licensure, the applicant shall disclose whether they have any history of discipline. For purposes of this subdivision, “history of discipline” means:~~

~~1. suspension, expulsion, probation, or reprimand imposed by a physician assistant training program;~~

~~2. suspension, revocation, probation, limitations on practice, citation, fine, public reprimand, letters of public reprimand or reproof, or any other informal or confidential discipline by any authority of any state issuing health care licenses, registrations, or certifications. An applicant may, as part of their application provide a written statement explaining any information provided pursuant to subparagraphs (1) and (2).~~

(d) Applications that are missing any of the requested information or documentation, are illegible, or are not accompanied by the applicable fees, shall be returned.

NOTE: Authority cited: Sections 115.4, 115.5, 135.4 2018 and 3510, Business and Professions Code. Reference: Sections ~~144,~~ 115.4, 115.5, 135.4, ~~144, 801.01, 803.1,~~ 3509 and 3513, Business and Professions Code.

Amend Section 1399.507 of Article 1 of Division 13.8 of Title 16 of the California Code of Regulations

§1399.507. Examination Required.

The written examination for licensure as a physician assistant is that administered by the National Commission on Certification of Physician Assistants. Successful completion requires that the applicant has~~ve~~ achieved the passing score established by ~~the board~~ for that examination. It is the responsibility of the applicant to ensure that certification of his or her their examination score is received by the Board.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 851, ~~3515,~~ 3509 and 3517, Business and Professions Code.

Amend Section 1399.511 of Article 1 of Division 13.8 of Title 16 of the California Code of Regulations

§1399.511. ~~Notice of Change of Address~~ of Record.

~~(a) Every~~each applicant~~person~~ submitting an application for licensure as a physician assistant to the Board ~~must~~shall provide~~include an address of record, mailing address which will~~be used as their mailing address released by the Board to the public and shall be posted on the Board's website if an applicant is issued a license. The mailing address is used for service of all official correspondence, notices, and orders from the Board. An address of record may be a post office box, physical business address, or residential address. If a post office box is used as the address of record, the applicant shall also provide a physical business address or residential address for the Board's administrative use that shall not be posted on the Board's website.

~~(ab) Every~~each applicant and licensee~~person or approved program holding a license or~~

~~approval and each person or program who has an application on file with the bBoard shall notify the bBoard at its office of any and all changes of to their mailing address(es) within thirty (30) calendar days after each change, giving both the old and new address(es).~~

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 136 and 3523, Business and Professions Code.

Repeal Section 1399.546 of Article 4 of Division 13.8 of Title 16 of the California Code of Regulations

~~§1399.546. Reporting of Physician Assistant Supervision.~~

~~(a) Each time a physician assistant provides care for a patient and enters his or her name, signature, initials, or computer code on a patient's record, chart or written order, the physician assistant shall also record in the medical record for that episode of care the supervising physician who is responsible for the patient. When a physician assistant transmits an oral order, he or she shall also state the name of the supervising physician responsible for the patient.~~

~~(b) If the electronic medical record software used by the physician assistant is designed to, and actually does, enter the name of the supervising physician for each episode of care into the patient's medical record, such automatic entry shall be sufficient for compliance with this recordkeeping requirement.~~

~~NOTE: Authority cited: Sections 2018 and 3510, Business and Professions Code. Reference: Section 3502, Business and Professions Code.~~

Attachment 2



APPLICATION FOR LICENSURE PHYSICIAN ASSISTANT

Please **READ** the [Application Instructions and General Information](#) document prior to completing this application. **ALL** questions on this application must be answered, and all supporting documents must be submitted with this application as per instructions. When space provided is insufficient, attach additional sheets of paper. Please type or print neatly; illegible applications will be returned.

Applications received without applicable fees will not be processed and will be returned to the sender as incomplete.

Application submitted with Live Scan form:	\$225	<input type="checkbox"/>
Application submitted with fingerprint cards:	\$274	<input type="checkbox"/>
Are you married to, or in a domestic partnership or other legal union with an active-duty member of the Armed Forces of the United States, and requesting a fee waiver?		<input type="checkbox"/>

To qualify for the fee waiver you must include a copy of your marriage certificate or certified declaration/registration of domestic partnership, a copy of your current physician assistant license, and a copy of the military orders establishing a duty station in California with your application.

PERSONAL INFORMATION

Full Legal Name			
Last Name	First Name	Middle Name	
Other Names/Aliases			
Gender	SSN/ITIN	Date of Birth (mm/dd/yyyy)	
Male <input type="checkbox"/> Female <input type="checkbox"/>			
Address of Record			
This address will be released by the Board to the public and posted on the Board's website upon the issuance of a license. An alternate address, such as a post office box can be used as your address of record; however, a street address (confidential) shall be provided. All Board related correspondence is automatically mailed to the address of record.			
Number and Street (including apartment number, if applicable)			
City	State	ZIP Code	Country
Confidential Address			
Only required if Address of Record is a post office box.			
Number and Street (including apartment number, if applicable)			
City	State	ZIP Code	Country
Email Address (Confidential - For Office Use Only)			
Telephone Numbers (Confidential - For Office Use Only)			
Home		Cell	

EDUCATION

Physician Assistant Program Attended			
Name of PA Training Program	Graduation Date	Address	Telephone Number

MILITARY EXPEDITE

1. Are you serving in, or have you previously served in, the United States military? <i>If "Yes", please see application instructions for documentation required to expedite application review.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you married to, or in a domestic partnership or other legal union, with an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders and do you hold a current physician assistant license in another state? <i>If "Yes", please see application instructions for documentation required to expedite application review.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REFUGEES, ASYLEES, AND SPECIAL IMMIGRANT VISA HOLDERS EXPEDITE

3. Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

If "Yes", please see application instructions for documentation required to expedite application review. Failure to do so may result in application review delays.

Yes

No

EXPEDITED LICENSURE REQUIREMENTS OF AB 657

4. Are you intending to provide abortions within the scope of your practice agreement and are requesting that your application be expedited?

An applicant who demonstrates they intend to provide abortions within the scope of practice of their license may qualify for expedited application processing, if they provide the board with the documentation identified below. An "abortion" is any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth.

You must submit the following documentation with your application:

- A letter declaring your intent to provide abortions.
- A letter from an employer or health care entity indicating that you have accepted employment or entered into a contract to provide abortions. This letter must include:
 - 1) The starting date.
 - 2) The location where you will be providing abortions.
 - 3) That you will be providing abortions within the scope of practice of your applicable license, in accordance with Business and Professions Code Sections 2253, 2725.4, and 3502.4.

Yes

No

LICENSE HISTORY

5. Have you ever applied for a California physician assistant license?

Yes

No

6. Are you, or have you ever been licensed, certified, or otherwise registered in any manner in any state, country, or with any federal agency in any health care occupation?

All licenses/certificates/registrations must be listed regardless of the status.

Yes

No

Type of License/Certificate/Registration	State or Country	License/Certificate/Registration Number	License/Certificate/Registration Issue/Expiration Dates		Status of License/Certificate/Registration (e.g., active, inactive, suspended, revoked, probation)
			Original Issue Date	Expiration Date	

MALPRACTICE HISTORY

7. Has a claim or action ever been filed against you for the practice of medicine that resulted in a malpractice settlement in excess of \$30,000, or resulted in any judgement, or arbitration award of any amount?

If "Yes", please attach a written narrative that includes locations, dates, and rulings.

Yes

No

DISCIPLINARY HISTORY

If you answer YES to any of the questions in this section, you must attach a written narrative that includes the incident date, location, and outcome; ALL official documents that may include arrest, hearing, and court orders. If disciplined by a training program, a letter of explanation from the director or other appropriate authority is required. Include any disciplinary actions by the U.S. military, U.S. Public Health Service, or other U.S. governmental agency.

8. Have you ever withdrawn from, been disciplined by, or been suspended, dismissed, or expelled from a physician assistant training program, or have you ever taken a leave of absence from such a program for disciplinary reasons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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9. Have you ever had a health care license or certificate, or narcotics (controlled substance) permit denied or disciplined by this State, any other state, agency of the federal government, or another country, or have you ever surrendered such a license, certificate, or permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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State	Date	Charge	Disposition

10. Have you ever had any charges filed against a health care license or certificate that you currently hold or held in the past, including charges that are still pending or charges that were dropped?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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State	Date	Charge	Disposition

11. Have you ever surrendered a health care license or certificate, or narcotics (controlled substance) permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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12. Have you ever been charged with, or been found to have committed unprofessional or unlawful conduct, professional incompetence, gross negligence, repeated negligent acts, unlicensed activity, or malpractice by any licensing board, other agency, or hospital regarding any health care license or certificate which you now hold or have ever held, or is any such action pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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State	Date	Charge	Disposition

13. Have you ever had any disciplinary or other enforcement action, filed or taken regarding any health care license or certificate which you now hold or have ever held, or is any such action pending? Disciplinary actions include but are not limited to revocation, suspension, probation, letters of reprimand and/or reproof, and informal or confidential discipline.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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State	Date	Charge	Disposition

14. Have you ever been denied a license, permission to practice medicine or any other health care occupation, or denied permission to take an examination in any state, country, or U.S. federal jurisdiction, or is any such action pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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State	Date of Denial	Reason for Denial

PRACTICE IMPAIRMENT OR LIMITATIONS

If you answer YES to any of the questions in this section, please attach official medical, psychiatric, and treatment records, evidence of ongoing rehabilitation, and a personal written statement identifying and describing the mental illness, disease, disorder, or other condition. You may be required to supply the Board with an authorization and release of medical or psychiatric records to finalize the application review process.

15. Have you ever been diagnosed or treated for a medically recognized mental illness, disease, or disorder that would currently interfere with your ability to practice medicine? <i>See application instructions for further details.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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16. Do you have a current physical or mental impairment related to drugs or alcohol? <i>See application instructions for further details.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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PRACTICE IMPAIRMENT OR LIMITATIONS (continued)

17. Have you been adjudicated by a court to be mentally incompetent or are you currently under a conservatorship? <i>If "Yes", please submit copies of official court documents regarding the legal proceedings.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Are you required to register as a sex offender in California, or in another state, territory, or under federal law?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NOTICE OF COLLECTION OF PERSONAL INFORMATION

All items in this application are mandatory; none are voluntary. **Failure to provide any of the requested information will delay the processing of your application and may result in the application being rejected as incomplete.** The information provided will be used to determine your qualifications for licensure per Section 3519 of the California Business and Professions Code and Title 16, California Code of Regulations sections 1399.506, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. You have the right to review your application and your files, except for information that is exempt from disclosure as provided in the California Public Records Act or as otherwise provided by the California Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order. The Executive Officer is responsible for maintaining the information in this form and may be contacted at 2005 Evergreen Street, Suite 2250, Sacramento, CA 95815-3893, telephone number (916) 561-8780, regarding questions about this notice or access to records.

CERTIFICATION

I hereby certify, under penalty of perjury under the laws of the State of California that I have read the questions in the foregoing application and that all information, statements, attachments, and representations provided by me in this application are true and correct. By submitting this application and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

My signature on this application, or copy thereof, authorizes the National Practitioner Data Bank, the National Commission on Certification of Physician Assistants, and the Federal Drug Enforcement Agency to release any and all information required by the Physician Assistant Board of California.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING A LICENSE.

Original signature only; electronic or printed signatures are not acceptable.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

PRINT NAME: _____

MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Sections 30 and 31 of the Business and Professions Code authorize collection of your SSN or ITIN, which will be used exclusively for tax enforcement purposes, for investigation of tax evasion and violations of cash-pay reporting laws as set forth in Section 329 of the Unemployment Insurance Code, for purposes of compliance with any judgement or order for family support in accordance with Section 17520 of the Family Code, for measurement of employment outcomes of students who participate in career technical education programs offered by the California Community Colleges, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

STATE TAX OBLIGATION NOTICE

The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your license may be suspended or your renewal application denied if the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31 and 494.5 of the California Business and Professions Code).