PAB PHYSICIAN ASSISTANT BOARD

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS • PHYSICIAN ASSISTANT BOARD

2005 Evergreen Street, Suite 2250, Sacramento, CA 95815

P (916) 561-8780 | F (916) 263-2671 | paboard@dca.ca.gov | www.pab.ca.gov

LICENSE RENEWAL APPLICATION

Online renewal is available at www.breeze.ca.gov

Please follow the instructions below when submitting your renewal application to the Physician Assistant Board (Board) by mail:

- Complete the License Renewal Application.
- Make check, money order, or cashier's check in the amount of $330 payable to the Physician Assistant Board.
- Mail renewal application and fees to the Physician Assistant Board at the address listed above 30 days prior to the license expiration date.
- Verify your license details at **https://search.dca.ca.gov** to ensure that your renewal application has been processed.
- Contact the Board directly to request a receipt.

Inactive licenses are exempt from paying the $30 Controlled Substance Utilization Review and Evaluation System (CURES) fee and pay only the $300 license fee. Please visit **https://search.dca.ca.gov** to confirm your license status or call the Board for assistance. To request inactive status, complete the Request for Inactive Status form available at **https://www.pab.ca.gov/forms_pubs/inactivestatus.pdf** and submit the form with your renewal application, **OR** contact the Board for assistance. You are prohibited from engaging in any activity in California for which an active physician assistant license is required while in an inactive status.

You are prohibited from engaging in any practice where a valid and active license issued by the Board is required if, your license status is delinquent and has expired. Practicing as a physician assistant without a current license is subject to disciplinary action. The Board recommends renewing a delinquent license online through BreEZe, **www.breeze.ca.gov**, as the license expiration date will update immediately upon submission of the application and fees.

Last Name	First Name	Middle Initial

Email (Confidential—for office use only)	Telephone Number	License Number

Address of Record (AOR); the AOR is a public record and disclosed to the public.

☐ **Check here to change your address of record to the above address; no additional form is needed.**

NOTE: If you choose to use a PO Box as your address of record, you are required to provide a physical (street) address below.

Physical (Street) Address

Please refer to pages 3-4 for information regarding the application questions.

1. During your renewal period have you either: a) Had any license denied or disciplined by another licensing authority of this state, of another state, of any agency of the federal government, or of another country; or, b) Been convicted of any violation of the law in this or any other state, the United States, or other territory of the United States, or other country, omitting traffic infractions under $500 not involving alcohol, dangerous drugs, or controlled substances.	Yes	No

2. Do you meet the Board's continuing medical education requirement by being currently certified by the National Commission on Certification of Physician Assistants (NCCPA) OR by having completed 50 Category 1 CMEs?	Yes		No
3. If you are a primary care provider, is your patient population comprised of 25% of patients who are 65 years of age or older?	Yes	No	N/A
4. If your patient population is comprised of 25% of patients who are 65 years of age or older, did you complete at least 20% of the continuing education hours during this renewal cycle in courses in the field of geriatric medicine, the special care needs of patients with dementia, or the care of older patients?	Yes	No	N/A
5. Are you authorized through your California practice agreement to furnish Schedule II controlled substances?	Yes		No
6. Are you registered with the DEA?	Yes		No
7. Have you completed a one-time controlled substance education course on or after January 1, 2008? Visit **https://search.dca.ca.gov** to verify if the controlled substance education course certificate is on file with the Board. If the certificate is not on file, please include a copy of the certificate with your renewal application.	Yes		No
8. Have you served or are you currently serving in the military?	Yes		No

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

SIGNATURE:_____ **DATE:**_____

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 will result in the application being rejected as incomplete. The information provided will be used to determine your eligibility for licensure per Sections 3509 and 3519 of the Business and Professions Code (BPC) and Title 16, California Code of Regulations (CCR), section 1399.506, which authorizes the collection of this information. The information on your application may be transferred to 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. Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 42 U.S.C.A. section 405(c)(2)(C). Your SSN or ITIN will be used exclusively for tax enforcement purposes, for compliance with any judgement or order for family support in accordance with Section 17520 if the Family Code, or for verification of licensure or examination status by a licensing or examination board and where licensing is reciprocal with the requesting state. 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 (Gov. Code, section 7920.000 and following), or as otherwise provided by Civil Code section 1798.40 of the California Information Practices Act (Civ. Code, sections 1798 and following).

Certain information provided on this application may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order, subpoena, or search warrant. The address of record you list on this application is a public record and will be disclosed on the Board's website and otherwise be made available to the public if and when you become licensed. Individuals using a post office box (P.O. Box) as their address of record are required to provide a physical (street) address to the Board that will not be disclosed to the public pursuant to a public records request or posted on the Board's website. The Executive Officer is responsible for maintaining the information collected on this application form and may be contacted at 2005 Evergreen Street, Suite 2250, Sacramento, CA 95815, telephone number (916) 561-8780 regarding questions about this notice or access to records.

Disclosure of either your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory, and collection is authorized by BPC section 30 and 42 U.S.C.A. section 405(c)(2)(C). Your SSN or ITIN will be used exclusively for tax enforcement purposes, for compliance with any judgement or order for family support in accordance with Section 17520 if the Family Code, or for verification of licensure or examination status by a licensing or examination board and where licensing is reciprocal with the requesting state.

The Board is required to notify you that under BPC sections 31 and 494.5, the State California Department of Tax and Fee Administration (CDTFA) and the Franchise Tax Board (FTB) may share taxpayer information with this Board. You are required to pay your state tax obligation. This application may be denied, or your license suspended if you have a state tax obligation, the state tax obligation is not paid, and your name appears on the CDTFA or FTB certified list of 500 largest tax delinquencies.

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IMPORTANT RENEWAL INFORMATION

QUESTION 1. MANDATORY CONVICTION AND LICENSE DISCIPLINE DISCLOSURE

You are required to disclose all convictions including convictions that have been set aside, dismissed or expunged, or where a stay of execution has been issued.

You must respond "yes" to the conviction and license discipline disclosure questions if, during the renewal period, you have:

- Had any license denied or disciplined by another licensing authority of this state, of another state, of any agency of the federal government, or other country; or,
- Been convicted of any violation of the law in this or any other state, the United States, or any territory of the United States, or other country. Omit traffic infractions under $500 not involving alcohol, dangerous drugs, or controlled substances.

For each conviction or disciplinary action, please submit any documents listed below when submitting your renewal application:

- A detailed written explanation describing the circumstances and events that led to your license discipline, arrest(s), and/or conviction(s).
- Documents relating to your license discipline or disciplinary actions taken against any other license by a government agency or disciplinary body.
- Certified copies of the police report, citation, and/or ticket.
- Certified copies of any and all court documents.
- Relating mitigating evidence or evidence of rehabilitation.

Upon receipt and review of this documentation, the Board will determine what, if any, action will be taken against your license.

QUESTION 2. CONTINUING MEDICAL EDUCATION REQUIREMENTS

Licensees are required to complete continuing medical education (CME) as a condition of license renewal per Title 16, California Code of Regulations section **1399.615**, unless exempt (renewing as inactive or been granted a CME waiver). Physician assistants may demonstrate their compliance by:

- Maintaining certification with the National Commission on Certification of Physician Assistants (NCCPA).

  OR
- Completing 50 hours of approved Category 1 (Preapproved) CME during the current renewal period.

If you are currently in an inactive status or have been granted a CME waiver, you are in compliance with the Board's CME requirement and must answer "yes" to the CME question.

Pursuant to Business and Professions Code section **3524.6**, physician assistants who provide primary care to a patient population of which over 25% are 65 years of age or older shall complete at least 20% of all mandatory continuing education hours by completing courses in the field of geriatric medicine, the special care needs of patients with dementia, or the care of older patients.

For additional information regarding CME requirements visit the Board's website at **https://pab.ca.gov/licensees/cmeregs.shtml**

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QUESTIONS 5 through 7. CONTROLLED SUBSTANCE EDUCATION COURSE REQUIREMENT

Effective January 1, 2020, physician assistants who hold an active license, who are authorized through a practice agreement to furnish Schedule II controlled substance, and who are registered with the United States Drug Enforcement Administration (DEA), and who have not successfully completed a one-time controlled substance education course in compliance with Title 16, California Code of Regulations sections **1399.610** and **1399.612**, shall as part of their continuing education requirements, complete a course that covers Schedule II controlled substances, and the risks of addiction associated with their use, based on the standards developed by the Board. Until the course is completed section **3502.1(d)(2)** of the Code requires a patient-specific order approved by the treating supervising physician and surgeon in order to prescribe Schedule II controlled substances. Once the course is completed you are required to send a copy of the certificate of completion to the Board.

To verify submission of your controlled substance course certificate, visit **https://search.dca.ca.gov**

For additional information on the controlled substance education course, visit **https://www.pab.ca.gov/licensees/csec_info.shtml**

CONTINUING MEDICAL EDUCATION WAIVERS

Title 16, California Code of Regulations section **1399.618** exempts a licensee from the continuing medical education requirements (CME) for a renewal cycle, if the licensee cannot meet those requirements for reasons of health, military service, or undue hardship. A licensee may request a waiver for one (1) renewal cycle of the CME requirement. If the Board denies a licensee's application for a CME waiver, the licensee shall be ineligible to renew their license unless the licensee complies with the CME requirements of section **1399.615**.

To request a CME waiver, please complete and submit an Application for Continuing Medical Education Waiver form to the Board 30 days prior to the expiration date of the license. Visit **https://www.pab.ca.gov/forms_pubs/cme_waiver.pdf** to access the form.

INACTIVE STATUS

Title 16, California Code of Regulations section **1399.619** permits a licensee who is not engaged in any activity for which a license is required, to request that their license be placed in an inactive status. Inactivating a license does not change the expiration date. Licensees must renew the license by the expiration date or the license status will change to delinquent. Licensees are required to pay the renewal fee of $300; the CURES fee is waived.

Please complete and submit a Request for Inactive Status form to change your license status to inactive. Visit **https://www.pab.ca.gov/forms_pubs/inactivestatus.pdf** to access the form.

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