

PHYSICIAN ASSISTANT BOARD
PROPOSED REGULATORY LANGUAGE

Legend: Added text is indicated with an <u>underline</u> . Deleted text is indicated by strikeout .
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Amend Section 1399.506 of Article 1 of Division 13.8 of Title 16 of the California Code of Regulations to read as follows:

§1399.506. Filing of Applications for Licensure.

(a) ~~Applications for Applicants seeking licensure as a physician assistant shall be filed on a form provided by the board~~ submit all required fees, two (2) distinct 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 submit a completed application to the Board at its Sacramento office in accordance with this section, and accompanied by the fee required in section 1399.550. A completed application must contain all of the following information and any required supporting documents:

(1) Personal information including:

(A) the applicant's full legal name ((Last Name) (First Name) (Middle Name) and optional (Suffix)) and any aliases ((Last Name) (First Name) (Middle Name) and optional (Suffix)) previously and currently used including maiden names;

(B) the applicant's social security number or individual taxpayer identification number;

(C) the applicant's address of record (mailing address) as specified in Section 1399.511;

(D) the applicant's residential (street) address unless already provided in response to the question in subparagraph (C) of this paragraph;

(E) the applicant's date of birth;

(F) the applicant's home telephone number, if any, and mobile telephone numbers;

(G) the applicant's email address;

(H) the name of the physician assistant training program attended by the applicant, the applicant's attendance start and end dates, 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. If the applicant answers “yes”, the applicant shall disclose the following: the status of the applicant's license(s), certificate(s), or registration(s) (for example: active, inactive, suspended, revoked, on probation); and the date(s) of issuance of any prior or current license(s), certification(s), or registration(s), and the expiration date(s) of any prior or current license(s), certification(s), or registration(s).

(2) The applicant shall disclose whether they have any malpractice history.

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

(i). civil judgments or arbitration awards as described in Section 803.1(b)(1) of the Code, or

(ii). 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 civil judgment, arbitration award or malpractice settlement, including the name of the case, court case or arbitration case no. (if any), name and location of court or arbitrator, date of judgment, award or settlement, and disposition of the judgment, award or settlement. In addition, the applicant may submit a statement or documents showing the applicant's rehabilitation efforts or any mitigating information that the applicant would like the Board to consider related to any event disclosed pursuant to this subsection.

(3) Excluding actions based upon the applicant's criminal conviction history, the applicant shall disclose whether they have a history of discipline.

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

(i). 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,

(ii). suspension, revocation, probation, limitations on practice, 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, any United States governmental agency, or any authority of any state issuing health care licenses,

registrations, or certifications (“licensing jurisdiction”) within the seven (7) years immediately preceding the date of application to the Board for a license.

(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, as applicable, the incident date, name and location of any training program or licensing jurisdiction, charge(s) or violation(s) found by the training program or licensing jurisdiction, license type and license number, and outcome or disposition. The applicant shall also provide copies of all official documents pertaining to the history of discipline, including charging documents, decisions or orders, and, if applicable, letters of explanation from the director or an authorized representative of the physician assistant training program. In addition, the applicant may submit a statement or documents showing the applicant’s rehabilitation efforts or any mitigating information that the applicant would like the Board to consider related to any history of discipline disclosed pursuant to this subsection.

(4) Excluding actions based upon the applicant's criminal conviction history, the applicant shall disclose whether they have ever been subject to any administrative action.

(A) For purposes of this paragraph, “administrative action” means:

(i). 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 (“licensing jurisdiction”);

(ii). the applicant has pending charges filed against them, or has ever been issued a citation and fine while holding a health care license or certificate by a licensing jurisdiction; or,

(iii). the applicant surrendered a health care license or certificate, or narcotics (controlled substance) permit to a licensing jurisdiction.

(B) If the applicant responds “yes” to being subject to any of the administrative actions listed in paragraph (4)(A), the applicant shall provide a written narrative of each administrative action including, as applicable, the incident date, name and location of licensing jurisdiction, charge(s) or violation(s) found by the licensing jurisdiction, license type and license number and outcome or disposition. The applicant shall also provide all official documents pertaining to the administrative action(s), including charging documents or denial letters, and any decisions or orders. In addition, the applicant may submit a statement or documents showing

the applicant's rehabilitation efforts or any mitigating information that the applicant would like the Board to consider related to any administrative action disclosed pursuant to this subsection.

(5)(A) Excluding actions based upon the applicant's criminal conviction history, the applicant shall disclose whether they have ever been denied permission to take a health care-related examination in the State of California, any other state, United States federal jurisdiction, or another country ("licensing jurisdiction"), or if any such action is pending.

(B) If the applicant responds "yes" to being denied permission to take a health care-related examination or if such action is pending as specified in paragraph (5)(A), the applicant shall provide a written narrative that includes the effective date(s) of the denial(s) or pending denial(s) and the reason(s) for the denial(s) or pending denial(s). In addition, the applicant may submit a statement or documents showing the applicant's rehabilitation efforts or any mitigating information that the applicant would like the Board to consider related to any denial by any licensing jurisdiction disclosed pursuant to this subsection.

~~(b6) 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. The applicant shall disclose whether they are serving, or have previously served, in the United States military.~~

(7) The applicant shall disclose whether they have served as an active duty member of the Armed Forces of the United States and was honorably discharged. If the applicant responds "yes" to this inquiry, they shall provide the following documentation with the application to receive expedited review pursuant to Section 115.4(a) of the Code: a certificate of release or discharge from active duty (DD-214) or other documentary evidence showing date and type of discharge.

(8) The applicant shall disclose whether the applicant is an active duty member of a regular component of the United States Armed Forces enrolled in the United States Department of Defense SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code. If the applicant responds "yes" to this inquiry, the applicant shall provide a copy of a written approval document or letter from their respective United States Armed Forces Service branch (Army, Navy, Air Force, Marine Corps, Space Force or Coast Guard) signed by the applicant's first field grade commanding officer that specifies the applicant's name, the approved SkillBridge opportunity, and the specified duration of participation (i.e., start and end dates) to receive expedited review in accordance with Section 115.4(b) of the Code.

(9) The applicant shall disclose whether 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 if the applicant holds a current physician assistant license in another state, district, or territory of the United States. If the applicant responds "yes" to this inquiry and provides satisfactory evidence of all conditions, the review of their application will be expedited and the applicant shall receive a fee waiver pursuant to Section 115.5 of the Code and subsection (c). For the purposes of this paragraph, "satisfactory evidence" shall mean the documents required by subsection (c).

(10) If the applicant is seeking expedited processing of an application pursuant to Section 135.4 of the Code, the applicant shall disclose whether the applicant was admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, 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 (SIV) 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. If the applicant responds "yes" to this inquiry and provides satisfactory evidence of any of the aforementioned legal statuses, they shall have the review of their application expedited pursuant to Section 135.4 of the Code. For the purposes of this paragraph, "satisfactory evidence" shall mean they shall provide any of the following applicable documentation with the application to receive expedited review:

(A) Form I-94, arrival/departure record, with an admission class code such as "RE" (refugee) or "AY" (asylee) or other information designating the person a refugee or asylee;

(B) Special Immigrant Visa that includes the "SI" or "SQ";

(C) Permanent Resident Card (Form I-551), commonly known as a "green card," with a category designation indicating that the person was admitted as a refugee or asylee; or,

(D) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Board that the applicant qualifies for expedited licensure pursuant to Section 135.4 of the Code.

(11) The applicant shall submit a Self Query Report from the National Practitioner Data Bank (NPDB) dated within 30 days after the date an application is submitted to the Board through the online services system specified in paragraph (3) of subsection (b). The Self-Query Report shall be sent directly to the Board by the Federation of State Medical Boards (FSMB) via an email notice that the report is available for download.

Applicants shall place a Self-Query order with the FSMB's Practitioner Direct portal by visiting <https://fsmb.org> and follow the instructions and pay any required fees set by the FSMB to have their Self-Query Report sent to the Board.

(12) The applicant shall access online the National Commission on Certification of Physician Assistants (NCCPA) website at www.nccpa.net, and follow all instructions required by the NCCPA to authorize the electronic release of their Physician Assistant National Certifying Examination (PANCE) score directly to the Board to show passage of the PANCE exam. The Board shall access the applicant's PANCE score and verify compliance with this paragraph through the NCCPA portal.

(13) The applicant shall cause an acceptable certification of graduation from an approved physician assistant training program to be submitted on their behalf in accordance with this paragraph and subparagraphs (A)-(D). An applicant shall request that their approved physician assistant (PA) training program submit an acceptable certification to the Board to certify successful completion of that program in accordance with paragraphs (A)-(D).

(A) The applicant's request to their PA training program shall include a signed written statement that includes:

(i) The applicant's full legal name ((Last Name) (First Name) (Middle Name) and optional (Suffix)) and any aliases ((Last Name) (First Name) (Middle Name) and optional (Suffix)) previously and currently used including maiden names,

(ii) The applicant's telephone number,

(iii) The applicant's mailing address,

(iv) The applicant's email address; and,

(v) A written statement requesting that the PA training program provide a completed, acceptable certification directly to the Board by mail or email as specified in subparagraph (D).

(B) An acceptable certification for the purposes of this subsection shall include:

(i) The applicant's name as shown on the degree,

(ii) The name of the PA training program,

(iii) The title of the degree awarded to the applicant by the program,

(iv) The applicant's PA training program attendance dates showing the start and end dates in the following format: PA Program Start Date (mm) (dd) (yyyy), PA Program End Date (mm) (dd) (yyyy).

(v) A disclosure regarding whether the applicant had any of the following events occur while attending the PA training program:

(aa) was placed on a leave of absence for disciplinary reasons,

(bb) was disciplined, under investigation, or placed on disciplinary probation,

(cc) had any incident reports regarding the applicant ever filed by instructors,

(dd) had any limitations or special requirements imposed on the applicant for disciplinary reasons; and,

(ee) if there is an affirmative response regarding the occurrence of any event specified in subparagraphs (aa)-(dd), the PA training program shall provide a written explanation of the particular event(s) that includes the date(s), specific allegations involved, and outcome of the applicable event(s).

(vi) The name, title, physical address, telephone number and email address of the authorized representative of the PA training program signing the certification,

(vii) A statement, signed and dated by an authorized representative of the PA training program, stating that they hereby certify under penalty of perjury under the laws of the State of California that the information provided in this certification and any accompanying attachments is true and correct; and,

(viii) The seal of the PA training program, if one is used by the PA training program.

(C) For the purposes of paragraph (13) of subsection (a), an “approved physician assistant training program” or “PA training program” shall mean a training program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA).

(D) An acceptable certification must be either sent to the Board by the PA training program by mail to the attention of the Board’s Licensing Unit at the Board’s office address listed on the Board’s website, or electronically scanned and emailed to the Board directly by the PA training program to paboard@dca.ca.gov.

(14) The applicant shall furnish fingerprints to the Board in compliance with subsection (d) to permit the Board to conduct a criminal history record check through the California Department of Justice.

(15) A written statement signed and dated by the applicant, that they have read the following notice, which is hereby provided for applicants. The Board shall provide all applicants with a copy of this notice through the online services system prior to requiring any submission of the signed statement as part of the application.

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 California Business and Professions Code (BPC) and Title 16, California Code of Regulations 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. § 405(c)(2)(C). Your SSN or ITIN will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of 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 information that is exempt from disclosure as provided in the California Public Records Act (Gov. Code, §§ 7920.000 and following) or as otherwise provided by Civil Code section 1798.40 of the California Information Practices Act (Civ. Code, §§ 1798 and following).

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.

The Board is required to notify you that under BPC sections 31 and 494.5, the 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 may be 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.

(16) A statement signed and dated by the applicant under penalty of perjury under the laws of the State of California that the applicant has read the questions in the application and that all information provided is true and correct.

(b) For the purposes of this section:

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

(2) "Required fees" for an application submitted with two (2) distinct fingerprint cards per subsection (d) shall include the 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 processing fingerprint cards through the California Department of Justice. The application and initial license fees set forth in Section 1399.550 will be waived if the applicant meets the requirements for waiver of fees specified in subsection (c).

(3) For the purposes of subsection (a) "submit a completed application to the Board" means to transmit an application containing all applicable information required by subsection (a) and, if applicable, the application and initial license fee required by subsection (b) ("required fees") electronically through a web link to the Department of Consumer Affairs' online licensing system entitled "BreZze" ("online services system") located on the Board's website in accordance with paragraph (4) unless another method of transmission is provided in subsection (a).

(4) All applications shall be submitted electronically through the online services system according to the following requirements:

(A) The applicant shall first login to or register for a user account by typing in a username and password on the initial registration or public sign-in page to access the online services system.

(B) After a user account has been created and the online services system accessed online, an applicant shall submit all of the information required by subsection (a) through the online services system unless otherwise specified in this section.

(C) Electronic signature. When a signature is required by the particular instructions of any filing to be made through the online services system, including any attestation under penalty of perjury, the applicant shall affix their electronic signature to the filing by typing their name in the appropriate field and submitting the filing via the Board's online services system. Submission of a filing in this manner shall constitute evidence of legal signature by any individual whose name is typed on the filing.

(D) Except as otherwise specified in paragraphs (11), (12), (13) and (14) of subsection (a), any documents required to be submitted by the applicant as part of the application set forth in subsection (a) shall be uploaded as an electronic file attachment through the online services system using one of the following file formats: .txt, .csv, .gif, .bmp, .tif, .tiff, .pdf, .doc, .docx, .rtf, .jpg, .jpeg, .jpe, .xls, .xlsx, .msg, .xps, .docm, .htm, .html, .wpd, .wps, .odt, .png, .wma, .wav, or .mp3.

(E) Required fees shall be paid by credit (Visa, Mastercard, or Discover) or debit card through the online services system and paid in full to the Physician Assistant Board. The applicant shall be required to pay any associated processing or convenience fees to the third-party vendor processing the payment on behalf of the Board and such fees will be itemized and disclosed to the applicant prior to initiating payment through the online services system.

(c) The Board shall waive the application and initial license fees specified in subsection (b) for an applicant qualifying pursuant to paragraph (9) of subsection (a) and who 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 as a physician assistant in another state, district or territory of the United States.

(d) Fingerprinting Requirements. All applicants shall have met the fingerprinting requirements of this subsection prior to issuance of a license to practice as a physician assistant.

(1) Subject to paragraph (3), all applicants shall submit fingerprints through the California Department of Justice's electronic fingerprint submission Live Scan Service ("Live Scan") by completing the California Department of Justice Form BCIA 8016 "Request for Live Scan Service," and submitting fingerprinting, through Live Scan as described in this subsection.

(2) Each applicant shall take the completed Request for Live Scan Service form to a Live Scan location to have their fingerprints taken by the operator. The applicant shall pay all fingerprint processing fees payable to the Live Scan operator, including the Live Scan operator's "rolling fee," if any, and fees charged by the California Department of Justice and the Federal Bureau of Investigation. For current information about fingerprint background checks and Live Scan locations, applicants may visit the Office of the Attorney General's website.

(3) Applicants residing outside of California who cannot be fingerprinted electronically through Live Scan in California must have their fingerprints taken at a law enforcement agency using fingerprint cards using Form FD-258. Applicants shall complete and mail two distinct fingerprint cards, together with the California Department of Justice and the Federal Bureau of Investigation fingerprinting fees specified in subsection (b)(2) (either personal check drawn on a U.S. bank, money order, or certified check), payable to the "Physician Assistant Board," to:

Physician Assistant Board

Attention: Licensing Unit

2005 Evergreen Street, Suite 2250

Sacramento, CA 95815

(4) Resubmission process. Applicants will be notified if the first fingerprint card or Live Scan fingerprints are rejected. If rejected, applicants submitting under paragraph (3) will have their second fingerprint card resubmitted to the Department of Justice on their behalf by the Board. Applicants submitting fingerprints through Live Scan as set forth in paragraph (1) must follow the instructions on the Board's written rejection notice, and resubmit fingerprints as described under the process in paragraphs (1) and (2).

(e) Applications that are missing any of the requested information or documentation or are not accompanied by the applicable fees, shall be rejected as incomplete. Applications that are not completed within one year from the date of written notice from the Board of any deficiencies shall be considered abandoned. An applicant who abandons an application must submit a new application meeting the requirements of this section to be considered for licensure as a physician assistant by the Board.

NOTE: Authority cited: Sections 115.4, 115.5, 135.4 ~~2018~~ and 3510, Business and Professions Code. Reference: Sections 30, 31, 480, 114.5, 115.4, 115.5, 135.4, 144, 494.5, 3509, 3513, 3514.1, 3519, and 3527 ~~and 3513~~, Business and Professions Code; Sections 1633.2, 1633.7, and 1798.17, Civil Code; Sections 16.5, 6159 and 6162, Government Code.

Amend Section 1399.507 of Article 1 of Division 13.8 of Title 16 of the California Code of Regulations to read as follows:

§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 (NCCPA) entitled “Physician Assistant National Certifying Examination” (PANCE). Successful completion requires that the applicant ~~has~~ achieved the passing score established by the board NCCPA 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 to read as follows:

§1399.511. Notice of Change of Address of Record and Notification of Changes to Addresses.

(a) Every applicant submitting an application in accordance with Section 1399.506 shall have an address of record with the Board, which shall be used as their mailing address and shall be posted on the Board’s website if an applicant is issued a license. At the applicant’s choice, an address of record may be a post office box, physical business address, or residential address. The applicant shall also provide the Board with a residential address as required by Section 1399.506 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 board shall notify the ~~b~~Board at its office of any and all changes ~~to~~ to their mailing, residential, or email address(es) within thirty (30) calendar days after each change, giving their name, license

number (if any) and both the old and new address(es). Notice shall be provided to the Board in writing by mail or email using the applicable address listed on the Board's website or online through the Board's online services system specified in Section 1399.506.

~~(b) If an address reported to the board is a post office box, the licensee shall also provide the board with a street address, but he or she may request that the second address not be disclosed to the public.~~

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 136 and ~~3522~~ and 3523, Business and Professions Code.

Amend Section 1399.530 of Article 3 of Division 13.8 of Title 16 of the California Code of Regulations to read as follows:

§ 1399.530. General Requirements for an Approved ProgramNational Accrediting Agencies Approved by the Board.

~~(a) If ARC-PA ceases to exist, those educational programs for the training of physician assistants that program for instruction of physician assistants shall meet the following requirements shall be deemed an approved program:~~

~~(1) The educational program shall be established in educational institutions accredited by an accrediting agency recognized by Council for Higher Education Accreditation ("CHEA") or its successor organization, or the U.S. Department of Education, Division of Accreditation, which are affiliated with clinical facilities that have been evaluated by the educational program.~~

~~(2) The educational program shall develop an evaluation mechanism to determine the effectiveness of its theoretical and clinical program.~~

~~(3) Course work shall carry academic credit; however, an educational program may enroll students who elect to complete such course work without academic credit.~~

~~(4) The medical director of the educational program shall be a physician who holds a current license to practice medicine from any state or territory of the United States or, if the program is located in California, holds a current California license to practice medicine.~~

~~(5) The educational program shall require a three-month preceptorship for each student in the outpatient practice of a physician or equivalent experience which may be integrated throughout the program or may occur as the final part of the educational program in accordance with Sections 1399.535 and 1399.536.~~

~~(6) Each program shall submit an annual report regarding its compliance with this section on a form provided by the board.~~

~~(b)a) For the purposes of Section 3513 of the Code, the Board approves the Accreditation Review Commission on Education for the Physician Assistant (“ARC-PA”) as the accrediting agency for physician assistant training programs. Those educational programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (“ARC-PA”) shall be deemed approved by the Board (“approved program”). Nothing in this section shall be construed to prohibit the board from disapproving an educational program which does not comply with the requirements of this article. (c) Approval under this section terminates automatically upon termination of an educational program’s accreditation by ARC-PA or termination of any educational program’s accreditation by an accrediting agency meeting the requirements of subsection (b), as applicable.~~

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3509 and 3513, Business and Professions Code.

Repeal Sections 1399.535, 1399.536, 1399.538 and 1399.539 of Article 3 of Division 13.8 of Title 16 of the California Code of Regulations as follows:

~~§ 1399.535. Requirements for Preceptorship Training.~~

~~An approved program shall have a preceptorship training program which meets the following criteria:~~

~~(a) Continuous orientation of preceptors to the goals and purposes of the total educational program as well as the preceptorship training;~~

~~(b) Establishment of a program whereby the preceptor shall not be the sole person responsible for the clinical instruction or evaluation of the preceptee.~~

~~NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3509 and 3513, Business and Professions Code.~~

~~§ 1399.536. Requirements for Preceptors.~~

~~(a) “Preceptorship” is the supervised clinical practice phase of a physician assistant student’s training. Each preceptorship shall include, at a minimum, supervision of the preceptee by a licensed physician preceptor. Other licensed health care providers approved by a program may serve as preceptors to supplement physician-supervised clinical practice experiences. Each preceptor participating in the preceptorship of an approved program shall:~~

~~(1) Be a licensed health care provider who is engaged in the practice of the profession for which he or she is validly licensed and whose practice is sufficient to adequately expose preceptees to a full range of experience. The practice need not be restricted to an office setting but may take place in licensed facilities, such as hospitals, clinics, etc.~~

~~(2) Not have had his or her professional license terminated, suspended, or otherwise restricted as a result of a final disciplinary action (excluding judicial review of that action) by any state healing arts licensing board or any agency of the federal government, including the military, within 5 years immediately preceding his or her participation in a preceptorship.~~

~~(3) By reason of his or her professional education, specialty and nature of practice be sufficiently qualified to teach and supervise preceptees within the scope of his or her license.~~

~~(4) Teach and supervise the preceptee in accordance with the provisions and limitations of sections 1399.540 and 1399.541.~~

~~(5) Obtain the necessary patient consent as required in section 1399.538.~~

~~(b) It shall be the responsibility of the approved program to ensure that preceptors comply with the foregoing requirements.~~

~~(c) For the purposes of this section, "licensed health care provider" includes, but is not limited to, a physician and surgeon, a physician assistant, a registered nurse certified in advanced practices, a certified nurse midwife, a licensed clinical social worker, a marriage and family therapist, a licensed educational psychologist, and a licensed psychologist.~~

~~NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 3509 and 3513, Business and Professions Code.~~

~~§ 1399.538. Patient Informed Consent.~~

~~No trainee including preceptees in any approved program shall render general medical services to any patient except in emergencies unless said patient has been informed that such services will be rendered by that trainee. In cases where the medical service to be rendered by the trainee is surgical in nature or where the trainee is to assist in a surgical procedure except in emergencies, the patient on each occasion shall be informed of the procedure to be performed by that trainee under the supervision of the program's instructors or physician preceptors and have consented in writing prior to performance to permit such rendering of the surgical procedure by the trainee.~~

It shall be the responsibility of the approved educational program to assure that the instructors or physician preceptors obtain the necessary consent.

NOTE: Authority cited: ~~Section 3510, Business and Professions Code.~~ Reference: ~~Section 3513, Business and Professions Code.~~

~~§ 1399.539. Identification of Trainees in Approved Programs.~~

~~A trainee enrolled in an approved program for physician assistants shall at all times wear an identification badge on an outer garment and in plain view, which states the student's name and the title:~~

~~PHYSICIAN ASSISTANT STUDENT~~

~~or~~

~~PHYSICIAN ASSISTANT TRAINEE~~

NOTE: Authority cited: ~~Section 3510, Business and Professions Code.~~ Reference: ~~Sections 3509 and 3513, Business and Professions Code.~~

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

~~§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.~~

Repeal Section 1399.556 of Article 5 of Division 13.8 of Title 16 of the California Code of

Regulations as follows:

~~§ 1399.556. Program Fees.~~

~~The following fees for physician assistants training programs are established:~~

~~(a) The application fee for program approval shall be \$5.00.~~

~~(b) The initial approval fee shall be \$5.00.~~

~~NOTE: Authority cited: Section 3510, Business and Professions Code. Reference:
Section 3521.2, Business and Professions Code.~~