ARTICLE 4. COLLABORATIVE PRACTICE; REGULATION

R4-17-401. **Application for Certification of Clinical Practice Hours; Waiver of Documentation**

A. As required under A.R.S. § 32-2536(A), a physician assistant who is licensed by the Board and in good standing may apply to the Board for certification of the clinical practice hours required to practice collaboratively with a physician or entity.

1. For the purpose of this rule, good standing shall mean not be currently under investigation, or the subject of a public or confidential probation.

B. To be eligible to practice collaboratively with a physician or entity, a physician assistant shall have at least 8,000 hours of clinical practice, as described in subsection (E), obtained:

1. In the five years before the date of the application submitted under subsection (C), or

2. In the ten years before the date of the application submitted under subsection (C) if:

   a. At least 2,000 hours of clinical practice were obtained in the three years before the date of application submitted under subsection (C); and

   b. The physician assistant is currently certified by the National Commission on Certification of Physician Assistants.

C. To apply for certification of clinical practice hours, a physician assistant shall submit to the Board an application form, which is available on the Board's website.

D. In addition to complying with subsection (C), a physician assistant applying for certification of clinical practice hours shall have submitted directly to the Board by the document custodian or an individual with direct knowledge, documentation of hours of clinical practice performed by the physician assistant. Documentation may be submitted by multiple persons.

E. Clinical practice includes:

1. Performing medical services related directly to patient care;

2. Providing instruction to physician assistants at an institution accredited by the Accreditation Review Commission on Education for the Physician Assistant. Time spent preparing to provide instruction or preforming administrative tasks related to providing instruction is not clinical practice.

F. The Board may waive the documentation requirement specified under subsection (D). To obtain a waiver of the documentation requirement, the physician assistant shall submit to the Board a written request that includes the following information:

1. The physician assistant's name and license number;

2. Date on the request for waiver;

3. Identification and an estimate of the number of clinical hours for which documentation has not been submitted under subsection (D);

4. Description of the physician assistant's efforts to have the documentation submitted as required under subsection (D);

5. Explanation of why the documentation cannot be submitted;

6. If applicable, evidence that supports the request for waiver; and

7. The physician assistant's affirmation that the physician assistant has performed the required hours of clinical practice even though documentation has not been submitted.

G. The Board shall waive the documentation requirement if the Board determines the documentation is unavailable for a reason beyond the control of the physician assistant requesting the waiver. In making this determination, the Board shall consider:

1. The sufficiency of the physician assistant's effort to have the documentation submitted;

2. Evidence it is not possible to have the documentation submitted because:

   a. The required document does not exist;

   b. The individual or entity responsible for maintaining and submitting the documentation is unable to do so; or

   c. Another reason beyond the control of the physician assistant; and

3. Whether the Board is able to obtain the required documentation from another source.

H. The Board shall document the Board's decision regarding a request for waiver submitted under subsection (F) in the official record regarding the application submitted under subsection (C). The Board's decision regarding a request for waiver is not subject to review or appeal.

I. The Board shall maintain on the Board's website a list of physician assistants who have at least 8,000 hours of clinical practice certified by the Board and are eligible to practice in collaboration with a physician, physician group practice, or health care institution.

R4-17-402.   Policies Regarding Collaboration with a Physician Assistant

A. Before employing and practicing collaboratively with a physician assistant, the collaborating physician or entity shall verify that the physician assistant is qualified under A.R.S. § 32-2536 and R4-17-401 to practice collaboratively. The collaborating physician or entity shall maintain evidence of the verification in the employment file of the physician assistant as long as the physician assistant is employed by the collaborating physician or entity.

B. As required under A.R.S. § 32-2531(B), a collaborating physician or entity shall develop written policies regarding collaboration for each physician assistant employed under subsection (A). The

policies, which shall be individualized for the physician assistant's education, experience, and competencies, shall specify:

1. The physician assistant's name, license number, and contact information;

2. The name or position of the physician responsible for providing oversight of the physician assistant;

3. Description of the level of collaboration required between the physician assistant and the physician providing oversight including specific information to enable the physician assistant to contact the physician providing oversight;

4. Description of the practice setting in which the physician assistant will work;

5. Description of the practice specialty in which the physician assistant will work; and

6. Description of practice limitations, if any, applicable to the physician assistant.

C. Both the physician providing oversight and the physician assistant shall sign and date the policies developed under subsection (B). The collaborating physician or entity shall provide a copy of the signed policies to the physician assistant and put a copy in the employment file of the physician assistant.

D. The collaborating physician or entity shall review the policies developed under subsection (B) at least annually and make necessary changes. The collaborating physician or entity shall sign and date the policies as evidence the required review was performed. If changes are made to the policies, the collaborating physician or entity shall ensure the requirements of subsection (C) are performed.

E. If a change made under subsection (D) involves a practice setting or specialty in which the physician assistant has not previously practiced collaboratively, the collaborating physician or entity shall ensure the physician assistant is provided additional training and oversight until the physician assistant acquires the necessary education, experience, and competence.

1. If the collaborating physician or entity determines it is in the best interest of public health and safety, the collaborating physician or entity shall require the physician assistant to enter a supervision agreement, as defined at A.R.S. § 32-2501, until the physician assistant acquires the education, experience, and competence necessary to practice in the practice setting or specialty in which the physician assistant had not previously practiced collaboratively.

2. The collaborating physician or entity shall ensure that all actions taken under this subsection, including additional training and oversight, entering a supervision agreement, and terminating a supervision agreement, are noted in the employment file of the physician assistant.

F. A physician assistant may be employed by and practice collaboratively with multiple collaborating physicians or entities. Each collaborating physician or entity shall comply with this Section.

G. When requested by the Board, a collaborating physician or entity shall provide a copy of the policies required under this Section to the Board.