



Arizona Regulatory Board of Physician Assistants

1740 W. Adams St. Ste. 4000 Phoenix, AZ 85007-2664

Telephone: 480-551-2700 Toll Free: 877-255-2212

Website: www.azmd.gov

Attention Applicants

Thank you for your interest in obtaining a license to perform health care tasks in Arizona. We are excited to have the opportunity to work with you and help guide you through the application process.

Our mission is to protect public safety through the judicious licensing, regulation and education of all physician assistants. A license to perform health care tasks in Arizona is a privilege, not a right. Please do not assume that licensure is a mere formality or that granting of a license is automatic. Please give your application the time and attention needed to accurately answer all questions. It is the applicant's responsibility to ensure that the information disclosed on the application is correct.

Once your completed application and fee are received by the Board, your application will be reviewed to determine if all items needed to meet Arizona's Revised Statutes and Rules for licensure have been submitted. Please understand that some of the documentation required for licensure must come from the primary source (third party). This can add time to the licensing process. It is the applicant's responsibility to request the documentation from the primary source to be sent directly to the Board. A checklist is provided with this application packet for your convenience.

Some applications evidencing a history of disciplinary action require in-depth investigation and may require additional time and your cooperation. It may become necessary for an applicant to come to the Board's office in Phoenix for an interview as part of the application process. Additionally, if an investigation is required, your application may go before the full Board for consideration of your application.

We will make every effort to complete the application process as quickly as possible. If you have any questions, please do not hesitate to call or email the Board's office. Our staff is happy to assist you in any way we can.

Again, thank you for your interest in an Arizona physician assistant license.

Application Review Process:

Board staff will review your application and determine if all items needed to complete your application have been submitted to the Board. If it is determined that your application has deficient items, Board staff will send you a notice with a list of the items still needed to meet requirements. Please allow 15 days for your application to be reviewed by Board staff before calling and requesting a status update. Correspondence will be sent to your email address provided on the application.

Once all information needed to meet the requirements for licensure have been submitted to the Board, your application will undergo a final review by Board staff to ensure all requirements set forth in the Arizona Revised Statutes and Rules have been met.

Please note: It is the applicant's responsibility to report to the Board any changes that may have occurred during the application process. Failure to report any adverse actions to the Board during the licensure process may result in denial or revocation of your license.

To review the Arizona Revised Statutes and Rules to ensure that you meet the requirements for licensure, please go to www.azpa.gov

32-3208. Criminal charges; mandatory reporting requirements; civil penalty

A. A health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony after receiving or renewing a license or certificate must notify the health professional's regulatory board in writing within ten working days after the charge is filed.

B. An applicant for licensure or certification as a health professional who has been charged with a misdemeanor involving conduct that may affect patient safety or a felony **after submitting the application** must notify the regulatory board in writing within ten working days after the charge is filed.

C. On receipt of this information the regulatory board may conduct an investigation.

D. A health professional who does not comply with the notification requirements of this section commits an act of unprofessional conduct. The health professional's regulatory board may impose a civil penalty of not more than one thousand dollars in addition to other disciplinary action it takes.

E. The regulatory board may deny the application of an applicant who does not comply with the notification requirements of this section.

F. On request a health profession regulatory board shall provide an applicant or health professional with a list of misdemeanors that the applicant or health professional must report.

Checklist for an Initial Physician Assistant License Application

Please do not submit this form with your application. Keep it for your records.

APPLICATION FEE	
<input type="checkbox"/> Application Fee	The application fee is \$125 payable by check or credit card. The application fee must be submitted with the application and is non-refundable.
<input type="checkbox"/> License Fee	Once your license application is approved, you will be required to pay a prorated licensure issuance fee up to \$370. This fee is prorated based on your birth month.
LICENSE APPLICATION	
<input type="checkbox"/> Completed Application	Provide a complete application, pages 1 - 8. You <u>must</u> complete all questions. If you fail to complete a question, your application will be considered deficient and the processing of your application will be delayed.
EVIDENCE OF LEGAL STATUS	
<input type="checkbox"/> A photocopy of Your Birth Certificate or Passport	Applicants must provide a photocopy of a Birth Certificate or Passport.
<input type="checkbox"/> Proof of Immigration status	A list of the documents that are required to be submitted to the Board is included with the application.
<input type="checkbox"/> Government Issued Photo ID	A copy of a government issued photo ID is required if the proof of legal status does not include a photo. Example: driver license or state I.D.
<input type="checkbox"/> Evidence of legal name change	Applicant must provide evidence of legal name change, if applicable. Example: Marriage Certificate, court documents showing legal name change.
EDUCATION	
<input type="checkbox"/> Education Certification Form	The applicant must send the education certification form provided with the application packet, to the program in which the applicant received a physician assistant degree. This form must be completed, signed and sent directly to the Board by the program.
NCCPA EXAMINATION	
<input type="checkbox"/> NCCPA	Applicants must request a copy of the applicant's certificate of successful completion of the NCCPA examination and the applicant's examination score to be sent directly to the Board from NCCPA.
VERIFICATION OF OTHER STATE LICENSE(S)	
<input type="checkbox"/> State/Province Licensure Verification	License verification is required to be sent directly to the Board from each state or province in which you hold or have held a license. If you obtain a license during the licensure process, you must request the verification to be sent directly to the Board. *The Board accepts verifications from Veridoc.

HOSPITAL AFFILIATIONS/EMPLOYMENT

Hospital Affiliations/ Employment Verifications

You must request verification(s) of all hospital affiliations and employment for the five years preceding the application to be sent directly to the Board. Each hospital must verify the applicant's affiliation or employment on the hospital's official letterhead or the electronic equivalent.

MALPRACTICE DOCUMENTS

Malpractice Form

If an applicant has a malpractice settlement or judgment against the applicant within 10 years from the date of the application, the applicant must complete a malpractice form, included with the application packet, for each malpractice settlement or judgment against the applicant. Please do not submit this form if you have not had a malpractice settlement or judgment against you within the last 10 years.

QUESTIONNAIRE AFFIRMATIVE RESPONSES

Narrative and Supporting Documents

If you answer "yes" to a question on the questionnaire page, please provide the following:

- A narrative/explanation of the circumstances that led to the issue disclosed.
- Documents to support your narrative. Example: Court documents, Board Orders, etc.

*If documents are not provided, this **will** delay the application process.

Please note: It is the applicant's responsibility to report to the Board any changes that may have occurred during the application process. Failure to report any adverse actions to the Board during the licensure process may result in denial or revocation of your license.

Information requested to be sent directly to the Board can be sent to the following:

DO NOT EMAIL APPLICATION(S)

Email: licensingreport@azmd.gov

Arizona Regulatory Board of Physician Assistants
1740 W. Adams St. Ste. 4000
Phoenix, AZ 85007-2664

PHYSICIAN ASSISTANT TRAINING PROGRAM CERTIFICATION

Part of the application for certification as a physician assistant in the State of Arizona requires this form to be completed by the physician assistant training program where the physician assistant applicant received training as a physician assistant. The physician assistant applicant must forward this form for completion by an officer of the physician assistant training program which granted the physician assistant's degree. This completed form can then be faxed or mailed to the Board.

I hereby authorize the release of all information in your files, favorable or otherwise, directly to: The Arizona Regulatory Board of Physician Assistants, 1740 W. Adams St. Ste. 4000 Phoenix, AZ 85007-2664

Physician Assistant Signature: Physician Assistant Name:

To Be Completed by the Physician Assistant Training Program:

This is to certify that *(name of applicant)*

was granted the degree of on

Dates attended; from to

1. Was the student ever required to repeat any segment of training? Yes No
2. Were any actions, restrictions, limitation (including probation or academic probation) taken while the student was participating in your training program? Yes No
3. Was the student ever counseled regarding his/her performance or behavior in your training program? Yes No

If you answered "Yes" to any of the above questions, please provide a brief explanation.

Signature:

Name and Title :

(Seal of Training Program)

(if none, indicate so)

P.A. School Name:

Address :

Phone: Fax:

Date:

MALPRACTICE FORM

The applicant must complete this form for **each** malpractice settlement or judgment in the last ten (10) years. If more than one case, please make copies of this form and return with required documents.

First Name:

Last Name:

Provide a detailed clinical narrative regarding each malpractice case(s). Include name of patient, age, sex, date of occurrence and location (include address). Do not omit the answers to these questions or make reference to attached documents for answers. This section must be completed with your own description that includes all of the facts requested above. *NOTE:* HIPAA regulations do not prevent you from responding and providing the requested information. Please include a separate sheet of paper if you require more room for your narrative. **Please provide a copy of the plaintiff's complaint and copy of the judgment or settlement agreement for each case.**

NARRATIVE:

1. Amount of settlement or judgment:

2. Date of judgment or settlement:

3. Amount of settlement or judgment attributed to you:

4. Has this case been investigated or reviewed by any State Medical Board? Yes No

If answer is "Yes" , request that a letter of resolution from the State Medical Board to be sent directly to us.

I certify that the information which I have provided is correct to the best of my knowledge.

Signature of Applicant:

Date:

Evidence of U.S. Citizenship, U.S. National Status, or Alien Status

License Application Types: Locum Tenens, Pro Bono, Teaching, Education Permit, Post Graduate, or Physician's Assistant

You must submit supporting legal documentation (e.g. marriage certificate) if the name on your evidence is not the same as your current legal name.

Citizens must submit one of the documents in list A. If applicable, citizens shall also submit a document from list B, but this does not negate the requirement to submit an item from list A. A copy of a government issued photo ID is required if the proof of legal status does not include a photo.

Non-citizens must provide one item from both lists A and C.

List A (Applicable to both citizens and non-citizens)

1. A photocopy of a birth certificate.

Or

2. A photocopy of a passport.

List B

1. A United States certificate of naturalization.
2. A United States certificate of citizenship.
3. A tribal certificate of Indian blood.
4. A tribal or Bureau of Indian Affairs affidavit of birth.

List C (Applicable to non-citizens only)

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States. This must be accompanied with a statement by the state issuing entity that the state verifies legal status prior to issuing the license.
3. A foreign passport with a United States Visa.
4. An I-94 form with a photograph.
5. A United States Citizenship and Immigration Services employment authorization document or refugee travel document.
6. Any other license that is issued by the federal government, any other state government, an agency of this state or political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.