



Arizona Regulatory Board of Physician Assistants

1740 W. Adams, Suite 4000 • Phoenix, Arizona 85007
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Physician Assistant Application for Certification of Collaborative Practice

R4-17-401(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.

First Name: _____ Last Name: _____

License Number: _____ Date of Birth: _____

Address information (Home, mailing, practice and email) may be updated through the PA Center at AZPA.gov.

Eligibility for Certification

To be eligible to practice collaboratively with a physician or entity, a physician assistant shall have a license in good standing (as explained below) and have at least 8,000 hours of clinical practice, as described below, (select one below):

EITHER:

In the five years before the date of this application I have obtained at least 8,000 hours of clinical practice

OR

In the ten years before date of this application I have 8000 hours of clinical practice AND at least 2,000 hours of clinical practice were obtained in the three years before the date of this application AND I am currently certified by the National Commission on Certification of Physician Assistants

AND

At the time of this application my license is not currently under investigation, or the subject of a public or confidential probation.

Verification of Clinical Hours of Practice

A physician assistant applying for certification of clinical practice hours shall have submitted directly to the Board by the custodian of records or an individual with direct knowledge, documentation of clinical practice performed by the physician assistant. Primary source verification documentation can be sent by multiple persons and can be sent directly to Licensingreport@azmd.gov.

Clinical Practice includes:

- Performing medical services directly related to patient care
- Providing instruction to physician assistants at an institutional accredited by the Accreditation Review Committee on Education for them Physician Assistant. ***Time spent preparing to provide instruction or performing administrative tasks related to providing instruction is not clinical practice.***

I attest that all of the information contained in this application and accompanying evidence or other credentials submitted are true and correct. I attest the credentials submitted with the application were procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder of the credentials. I authorize the release of any information from any source requested by the Board necessary for initial and continued licensure in this state.

Licensee Signature _____

Date _____

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

Printed Name of
Custodian:

Date:

Signature of Custodian:

Physician Assistant
First Name:

Physician Assistant
Last Name: