Arizona Regulatory Board of Physician Assistants

TELEHEALTH REGISTRATION CONTINUATION FOR PHYSICIAN ASSISTANT

PURSUANT TO A.R.S. § 36-3606

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A.R.S. § 36-3606 (A)(9) requires that a physician assistant practicing telemedicine under this section of the of law to annually update the health care provider's registration for accuracy and submit to the applicable health care provider regulatory board or agency a report with the number of patients the provider served in this state and the total number and type of encounters in this state for the preceding year.

Answer all questions. If you fail to complete a question, your application will be considered deficient, and the processing of your application will be delayed.

In accordance with A.R.S. § 41.1030 the Board is required to notify you of the following:
B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

SECTION 1: APPLICANT IDENTIFICATION AND CONTACT INFORMATION -REQUIRED

Last Name of applicant	First Name of applicant	Middle Name of applicant

Maiden Name of applicant ("None" or "N/A" is acceptable)	List all other names or aliases: ("None" or "N/A" is acceptable)

Mailing Address (*number and street or rural route*) All correspondence will be mailed to this address until you are licensed, unless the Board is notified of a change in writing.

City	State	ZIP code

Cell/Daytime Phone number ( )	E-mail address: (This address will not be a public record)

Direct/Alternate Phone number	Direct/Alternate Email Address:

SECTION 2: Citizenship Attestation

Proof of Citizenship: Effective January 1, 2008, based on Federal and State laws, all applicants must provide evidence that the application is lawfully present in the United States, Pursuant to A.R.S. § 41-1080 and A.A.C. R4-16-201(C)(1) require documentation of citizenship or alien status for licensure. If the documentation does not demonstrate that the applicant is a United State citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.

☐ I am a U.S. Citizen or U.S. National.	If this box is checked, please submit documentation as stated on the Statement of Citizenship form
☐ I am NOT a U.S. Citizen or U.S. National.	If this box is checked, please submit documentation as stated on the Statement of Citizenship form

SECTION 3: Professional Conduct History and Statutory Requirements		
Failure to properly answer the questions below may result in Board disciplinary action including revocation or denial of registration.		
	YES	**NO**
1. Within the last year have you been disciplined by another state medical board, including probation, restriction, suspension or surrender?		
2. Are there any pending disciplinary proceedings against your license in any jurisdiction? ***Past discipline or pending disciplinary proceedings in any jurisdiction will disqualify you from receiving a telehealth registration in Arizona (A.R.S. § 36-3606 (A)(4)).***		
3. I have submitted with this application for the continuation of my Arizona Physician Assistant Telehealth Registration a copy of my current Telehealth liability coverage, a report with the number of patients I served in this state and the total number and type of encounters in this state for the preceding year. ***Provide a copy of this report with the application.***		
4. Within the last year did your Telehealth liability insurance change?		
5. Within the last year did your Statutory Agent change? (If so, please provide your new Statutory agent's name, address and phone number).		

Supervision Acknowledgement

☐ Initials

I acknowledge that pursuant to A.R.S. § 32-2534 I may not perform health care tasks until I have a completed and signed written agreement with a supervising physician pursuant to section 32-2531, subsection C. Also, that pursuant to A.R.S. § 32.2501 (13) and (17) the supervising physician holds a current unrestricted license and is a physician who is licensed pursuant to chapter 13 or 17 of this title.

Applicant's First Name:	Last Name:

For the Purposes of the Telehealth Registration A.R.S. § 36-3606:

SECTION 4: Declarations & Attestation

A. As health care provider who is registered pursuant to A.R.S. § 36-3606, I agree that I may not:

1. Open an office in this state, except as part of a multistate provider group that includes at least one health care provider who is licensed in this state through the applicable health care provider regulatory board or agency.
2. Provide in-person health care services to persons located in this state without first obtaining a license through the applicable health care provider regulatory board or agency.
3. I agree that pursuant to A.R.S. § 36-3606, that I may provide fewer than ten (10) telehealth encounters in a calendar year without registering. I understand that to provide telehealth treatment for ten (10) or more encounters in a calendar year I need to obtain a registration in the state of Arizona.

B. I further agree that as a registrant pursuant to A.R.S. § 36-3606, I will comply with the applicable laws and rules of this state, and I am subject to investigation, and both non-disciplinary and disciplinary action by the applicable health care provider regulatory board or agency in this state. For the purposes of disciplinary action by the applicable health care provider, regulatory board or agency in this state, all statutory authority regarding investigating, rehabilitating and educating health care providers may be used. Failure to comply with the applicable laws and rules of this state, the applicable health care provider regulatory board or agency in this state may revoke or prohibit the health care provider's privileges in this state, report the action to the national practitioner database and refer the matter to the licensing authority in the state or states where the health care provider possesses a professional license. In any matter or proceeding arising from such a referral, the applicable health care provider regulatory board or agency in this state may share any related disciplinary and investigative information in its possession with another state licensing board.

C. The venue for any civil or criminal action arising from a violation of this section is the patient's county of residence in this state.

D. Attestation

1. I hereby give my permission for the Arizona Regulatory Board of Physician Assistants to secure additional information concerning me or any of the statements in this application from any person or any source the board may desire.
2. I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Arizona Regulatory Board of Physician Assistants any files, documents, records or other information pertaining to the undersigned requested by the agency, or any of its authorized representatives in connection with processing my application for licensure.
3. I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.
4. I further authorize the Arizona Regulatory Board of Physician Assistants to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the board from any and all liability in connection with such disclosure.
5. I further agree to submit to questioning by the board or any member thereof, and to substantiate my statements if desired by the board.
6. Before prescribing a controlled substance to a patient in this state, I attest I will register with the controlled substances prescription monitoring program established pursuant to A.R.S §§ 36-2601 et. seq.
7. I attest I will pay the registration fee as determined by the applicable health care provider regulatory board or agency.
8. I will notify the board in writing within 10 working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for a telehealth registration pursuant to A.R.S. § 32-3208(B).
9. I will notify the board in writing within 5 days if I become the subject of an investigation or disciplinary action by any licensing board, or if any restriction is placed on my license.
10. I certify that I have read and personally answered all the questions on this application.

I attest that all the information contained in the application and accompanying evidence or other credentials submitted are true. 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.

I UNDERSTAND THAT I AM RESPONSIBLE FOR KNOWING AND ADHERING TO THE LAWS GOVERNING THE PRACTICE OF MEDICINE IN ARIZONA. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Print First Name: _____ Print Last Name: _____

_____, P.A.
Signature of Applicant

_____
Date Signed