



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.azpa.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. 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 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.

Pursuant to A.R.S. § 32-4302; If an applicant has any complaints, allegations or investigations pending the Board will suspend the application process and may not issue or deny a license to the applicant until the complaint, allegation or investigation is resolved.

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 Universal Recognition 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	<p>Provide a complete application, pages 1 - 6. 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. Please Note: Pursuant to A.R.S. §36-2606(A), A medical practitioner regulatory board shall notify each medical practitioner who receives an initial or renewal license and who intends to apply for registration or has an active registration under the controlled substances act (21 United States Code sections 801 through 904) of the medical practitioner's responsibility to register with the Arizona state board of pharmacy and be granted access to the controlled substances prescription monitoring program's central database tracking system.</p> <p>Therefore, any Arizona practitioner with a DEA registration is required to register with the CSPMP. Failure to do so, may result in Board action.</p> <p>Please visit the Arizona CSPMP website for more information on how to register and access the CSPMP, associate delegates to your account, and how to update your account. https://pharmacypmp.az.gov/</p>
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.
QUESTIONNAIRE AFFIRMATIVE RESPONSES	
<input type="checkbox"/> Narrative and Supporting Documents	<p>If you answer "yes" to a question on the questionnaire page, please provide the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A narrative/explanation of the circumstances that led to the issue disclosed. <input type="checkbox"/> Documents to support your narrative. Example: Court documents, Board Orders, etc. <p>*If documents are not provided, this will delay the application process.</p> <p>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.</p>
<input type="checkbox"/> ALL Proof of established residency in Arizona or Military Form 2058	<p>Such as:</p> <ul style="list-style-type: none"> A valid Arizona driver's license A current Arizona motor vehicle registration Proof of filing Arizona income taxes in the most recent tax year Arizona voter registration Documentation of a mortgage for an Arizona residence A dated residential rental contract with proof of payment Proof of establishment of Arizona utilities Proof of enrollment of children in Arizona schools of grades K-12 Documentation demonstrating a change in permanent address on all pertinent records Military Form 2058
<input type="checkbox"/> Public Profile Addendum	Pursuant to A.R.S. § 32-2507(A) The board shall make available to the public a profile of each licensee. The board shall make this information available through an internet website and, if requested, in writing.

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



ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS UNIVERSAL RECOGNITION LICENSE APPLICATION

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

www.azpa.gov; Email: licensingreport@azmd.gov

To be completed and signed by the applicant. All questions MUST be answered, even if only to indicate "None" or "N/A".

Personal Information

1. First Name: Middle Name: Last Name:

Other Names Used:

2. Social Security Number: 3. Date of Birth:

4. State of Birth: City of Birth: or Country of Birth:

Social Security Number, Date of Birth and Place of Birth are Confidential Information - Not for Public Disclosure

Address Information

Practice Address: This is the practice/principal place of your business. The address and phone number provided will appear in the Medical Directory and on the Board's website. **Every physician assistant must have an address available to the public.** If only one address is provided, even if it is your home address, it will be available to the public upon request. If you want your home address to be listed as your practice address on the Board's website, include the address in the practice address field.

5. Practice Name:

Address: City: State: Zip:

Phone: Fax: *Practice address not required for licensure

Home Address: You are **required** to provide a home address, telephone number and your primary email address. Your home address and telephone number will not be released to the public *unless* you fail to provide an office address. Your email address will not be released to the public, but the Board may occasionally send relevant news and information to you via email.

6. Home Address: City: State: Zip:

Phone: Mobile:

Primary Email Address: *required

Mailing Address: If no address is provided, all Board correspondence will be sent to your practice address.

Please note: You are required to notify the Board in writing within 30 days of any change in address or phone number.

7. Mailing Address: City: State: Zip:

☐ Same as Practice Address

☐ Same as Home Address

PLEASE NOTE: You are required to notify the Board in writing within 30 days of any change in office or home address and telephone number. A.R.S. 32-2527(B). There is a fine of \$100 for failure to report change of address.

In addition to your primary e-mail address provided on page one of this application, please indicate if you would like to designate/authorize an individual or prospective employer, beside yourself, to receive status updates on your application. Please note: If a substantive review/investigation is required during the application process, the applicant will be required to provide additional authorization, in writing, for the third party to receive status updates concerning the substantive review.

Name Phone# E-mail

8. Other State Certifications, Registrations, or Licenses

Please list all states and provinces in which you have been certified, registered, or licensed as a physician assistant., including the certificate, registration, or license number, and current status. If more than 10, attach a separate listing. If a license is pending or was not issued, so state. **Applicants who hold a Puerto Rico license and have no other Active Unrestricted Physician Assistant license, do not qualify for the Universal Recognition License.**

State Board:	Certificate, Registration, or License No.:	Status:

9. Qualification for Universal Recognition License

Attach proof of residency or Military Form 2058. A list of acceptable documentation establishing residency in Arizona can be found on the application checklist.

☐ I have established residence in the state of Arizona.

☐ I am a person married to an active duty member of the armed forces of the United States who is stationed to a military installation located in the state of Arizona.

First Name: Last Name:

10.

Public Profile Addendum

Pursuant to A.R.S. § 32-2507(A) The board shall make available to the public a profile of each licensee. The board shall make this information available through an internet website and, if requested, in writing.

Physician Assistant Training Program:

City:

State:

Degree Date:

11.

Questionnaire

1. Are you currently under investigation by any health profession regulatory authority, health care association, licensed health care institution, or are there any pending complaints or disciplinary actions against you? If so, provide an explanation. Yes ☐ No ☐
2. Have you ever had a medical license in any state or country disciplined resulting in a revocation, suspension, limitation, restriction, probation, voluntary surrender, cancellation during an investigation, or entered into a consent agreement or stipulation? Yes ☐ No ☐
3. Have you ever been convicted of a crime? If yes, provide court records of all convictions including all applicable records of set asides or expungements. (Do not include juvenile convictions.) Yes ☐ No ☐

NOTE: In the event that the response to any of the questions is "Yes", you must file an explanation and submit photocopies of any corresponding documents. Failure to properly answer these questions can result in Board disciplinary action, including revocation or denial of license.

12.

Certification to Prescribe Addendum

If you would like to be certified for 90 day prescription privileges for scheduled II-V controlled substances that are opioids or benzodiazepine and ninety-day prescription privileges for schedule II-V controlled substances that are not opioids you **must** provide the Board proof of one of the following:

- Completion of 45 hours in pharmacology or clinical management of drug therapy **within the last three years before the date of the application**; OR
- Hold a current certification by the National Commission on the Certification of Physician Assistant

☐ I **do not** wish to be certified (A notification regarding this limitation will be placed on your AZ PA Board Public Profile page)

☐ I request to be certified for prescription privileges as stated above. (By requesting to be certified you **must submit proof** of meeting one of the above requirements)

13.

Citizenship Attestation

Proof of Citizenship: Effective January 1, 2008, based on Federal and State laws, all applicants must provide evidence that the applicant 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 States 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 (also review the application checklist).



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 (also review the application checklist).

Full Name :

Signature:

Date:

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 have been made aware that pursuant to ARS 36-2606(A), any Arizona Practitioner with a DEA registration is required to register with the CSPMP, and failure to do so may result in Board action. I authorize the release of any information from any source requested by the Board necessary for initial and continued licensure in this state.

Signature of Applicant:

Date:

First Name:

Last Name:

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**
Professional License and Commercial License
Arizona Regulatory Board of Physician Assistants

PA License Applicants

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT'S NAME (Print or Type)

TYPE OF APPLICATION (Check one)

☐

INITIAL APPLICATION

☐

RENEWAL

TYPE OF LICENSE/CERTIFICATION (Check one)

☐

PA Universal Recognition Application

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☐ Yes ☐ No

If Yes, indicate place of birth:

City of Birth:

State (or equivalent):

Country or Territory:

If you answered **Yes**, 1) Attach a photocopy of a document from the attached list, section A. Documents from List B also apply to U.S. Citizens, but submission of a List B document does not negate the requirement to submit a copy of an item from List A.

Name of document:

2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a copy of a document from the attached list, section A. Additionally, submit an item from the attached list section C or other document as evidence of your status.

Name of document provided:

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under section 203(a)(7) of the INA as in effect prior to April 1, 1980
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.]. Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

10. ☐ An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA.

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 et seq.];
- 13. ☐ A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

Please NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the State of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE:

TODAY'S 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

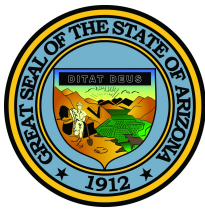
2. A photocopy of a passport.

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.



PAYMENT CARD AUTHORIZATION PA UNIVERSAL RECOGNITION APPLICATION

Please utilize this form if paying with Credit Card.

PLEASE NOTE: The Arizona Medical Board will only accept credit card payment via mail

(USPS, FedEx, UPS, DHL, or any other mail carrier)

Any credit card information received via any other method will not be processed and will be destroyed.

Mail to:

Arizona Medical Board
1740 W Adams St, Suite 4000
Phoenix, AZ 85007

Application Fee: \$125

First Name: Last Name:

Name as Shown on Payment Card:

Cardholder Signature: Date:
(Required)

Billing Address of Cardholder:
(Required)

City: State: Zip Code:

Contact Phone:

Mailing Address of Cardholder:
(If Different from Billing Address)

City: State: Zip Code:

Last 4 Digits of Payment Card

For receipt, please include an email address for submissions:

Type of Card: ☐ Visa ☐ Mastercard ☐ Amex

Card Number: Expiration Date: