21 NCAC 32S .0202 is amended, with changes, as published in 33:08 NCR 835-838 as follows: QUALIFICATIONS AND REQUIREMENTS FOR LICENSE 21 NCAC 32S .0202 (a) Except as otherwise provided in this Subchapter, an individual shall obtain a license from the Board before practicing as a physician assistant. An applicant for a physician assistant license shall: (1) submit a completed application, available at www.ncmedboard.org, to the Board; (2) meet the requirements set forth in G.S. 90-9.3 and has not committed any of the acts listed in G.S. 90-14; (3) supply a certified copy of the applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and an unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, a certified birth certificate or unexpired U.S. passport, the applicant shall provide information about the applicant's immigration and work status that the Board shall use to verify applicant's ability to work lawfully in the United States; (4) submit to the Board proof an education form that the applicant completed a Physician Assistant Educational Program. He or she shall also show successful proof of achieving a passing score of completion of the Physician Assistant National Certifying Examination; (5) pay to the Board a non-refundable fee of two hundred dollars (\$200.00) two hundred thirty dollars (\$230.00) plus the cost of a criminal background check. There is no fee to apply for a physician assistant limited volunteer license; (6) submit National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports. These reports shall be requested by the applicant and submitted to the Board within 60 days of the request; (7) submit a Board Action Data Bank Inquiry report from the Federation of State Medical Boards (FSMB). This report shall be requested by the applicant and submitted to the Board within 60 days of the request; (8)submit to the Board, at P. O. Box 20007, Raleigh, NC 27619, two complete original fingerprint record cards, on fingerprint record cards supplied by the Board upon request; (9)submit to the Board, at P. O. Box 20007, Raleigh, NC 27619 or license@ncmedboard.org, a signed consent form allowing a search of local, state, and national files to disclose any criminal record; (10)disclose whether he or she has ever been suspended from, placed on academic probation, expelled, or required to resign from any school, including a PA educational program; (11)attest that he or she has no license, certificate, or registration as a physician assistant currently under discipline, revocation, suspension, probation, or any other adverse action resulting from a health care licensing board; certify that he or she is mentally and physically able to safely practice as a physician assistant and (12)

is of good moral character; assistant;

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- (13) provide the Board with two original recommendation forms dated within six months of the application, at P. O. Box 20007, Raleigh, NC 27619, These recommendations shall come from persons under whom the applicant has worked or trained who are familiar with the applicant's academic competence, clinical skills, and character. At least one reference form shall be from a physician and the other reference form must be from a physician assistant peer under whom the applicant has worked or trained. References shall not be from any family member or, in the case of applicants who have not been licensed anywhere, references shall not be from fellow students of the applicant's Physician Assistant Educational Program;
- (14) if two years or more have passed since graduation from a Physician Assistant Educational Program, document that he or she has completed at least 100 hours of continuing medical education (CME) during the preceding two years, at least 50 hours of which must be recognized by the National Commission on Certification of Physician Assistants as Category I CME. An applicant who is currently certified with the NCCPA will shall be deemed in compliance with this Subparagraph; and
- In the event any of the above required information should indicate a concern about the applicant's qualifications, the applicant shall supply any other information the Board deems necessary to evaluate the applicant's qualifications, including explanation or documentation of the information required in this Rule.
- (b) In the event any of the information required by Paragraph (a) of this Rule indicates a concern about the applicant's qualifications, the applicant shall supply any other information the Board deems necessary to evaluate the applicant's qualifications, including explanation or documentation of the information required in this Rule. In addition, In the event any of the above required information should indicate a concern about the applicant's qualifications, an applicant may be required to appear in person for an interview with the Board, if the Board determines in its discretion that more information is needed to evaluate the application.

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History Note: Authority G.S. 90-9.3; 90-11; 90-13.2; 90-14(a); 90-18(c)(13); 90-18.1; Eff. September 1, 2009;

Amended Eff. January 1, 2016; May 1, 2015; March 1, 2011;

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.
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Amended Eff. April 1, 2019.

1	21 NCAC 32S.	0204 is amended, with changes, as published in 33:08 NCR 835-838 as follows:	
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3	21 NCAC 32S	.0204 ANNUAL RENEWAL	
4	(a) A physician assistant shall renew his/her his or her license each year no later than 30 days after his/her his or he		
5	birthday by:		
6	(1)	completing the Board's renewal form; and	
7	(2)	submitting a nonrefundable fee of one hundred twenty dollars (\$120.00), one hundred sixty-five	
8		dollars (\$165.00), except that a physician assistant who renews not later than 30 days after his/he	
9		his or her birthday shall pay an annual renewal fee of one hundred dollars (\$100.00); one hundred	
10		forty dollars (\$140.00);	
11	(b) If a physician assistant fails to renew his/her his or her license, the Board shall send a certified notice, return		
12	receipt requested. If the physician assistant does not renew his/her his or her license within 30 days of the date of the		
13	mailing of that notice, his/her his or her license automatically becomes shall automatically be inactive.		
14			
15	History Note:	Authority G.S. 90-9.3(c); G.S. 90-13.2;	
16		Eff. September 1, 2009;	
17		Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1	
18		2016.	
19		Amended Eff. April 1, 2019.	
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1 21 NCAC 32S .0220 is amended, with changes, as published in 33:08 NCR 835-838 as follows: 2 3 21 NCAC 32S .0220 EXPEDITED APPLICATION FOR PHYSICIAN ASSISTANT LICENSURE 4 (a) An A physician assistant who has been licensed, certified, or authorized to practice in at least one other state, the 5 District of Columbia, U.S. Territory or Canadian province for at least five years, has been in active clinical practice 6 during the past two years and who has a clean license application, as defined in Paragraph (c) of this Rule, may 7 apply for a license on an expedited basis. 8 (b) In order to apply for an expedited Physician Assistant License, an applicant shall: 9 (1) submit a completed application, using the Board's form, attesting under oath that the information 10 on the application is true and complete, and authorizing the release to the Board of all information 11 pertaining to the application; 12 (2) submit documentation of a legal name change, if applicable; 13 (3) on the Board's form, submit a recent photograph, at least two inches by two inches, certified as a 14 true likeness of the applicant by a notary public; 15 (4) supply a certified copy of applicant's birth certificate if applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess proof of 16 U.S. citizenship, a certified birth certificate or an unexpired U.S. passport, the applicant must 17 18 provide information about applicant's immigration and work status, which the Board will use to 19 verify applicant's ability to work lawfully in the United States; provide proof that a certified copy of any applicant had held an active license, certification or 20 (5) 21 authorization as a physician assistant the applicant has acquired in at least one other state or 22 jurisdiction for the last five years immediately preceding this application; 23 (6) submit proof of successful completion proof of achieving a passing score of completion of the 24 Physician Assistant National Certifying Examination; 25 **(7)** submit proof of current unexpired certification by the National Commission on Certification of 26 Physician Assistants; 27 (8) provide proof of an active clinical practice, providing patient care for an average of 20 hours or 28 more per week, for at least the last two years; 29 (9)submit a NPDB/HIPDB report dated National Practitioner Data Bank (NPDB) and Healthcare 30 Integrity and Protection Data Bank (HIPDB) reports. These reports shall be requested by the applicant and submitted to the Board within 60 days of applicant's oath; the request; 31 32 (10)submit a FSMB Board Action Data Bank report; Inquiry report from the Federation of State 33 Medical Boards (FSMB). This report shall be requested by the applicant and submitted to the 34 Board within 60 days of the request; submit to the Board, at P. O. Box 20007, Raleigh, NC 27619, two completed complete original 35 (11)

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fingerprint record cards, on fingerprint record cards supplied by the Board; Board upon request;

I	(12)	submit to the Board, at P. O. Box 2000/, Raleigh, NC 2/619 or license@ncmedboard.org, a
2		signed consent form allowing a search of local, state, and national files to disclose any criminal
3		record;
4	(13)	pay to the Board a non-refundable fee of two hundred dollars (\$200.00), two hundred thirty dollars
5		(\$230.00), as required by 21 NCAC 32S .0202, plus the cost of a criminal background check;
6	(14)	upon request, supply any additional information the Board deems necessary to evaluate the
7		applicant's qualifications.
8	(c) A clean lice	ense application means that the physician assistant has none of the following:
9	(1)	professional liability insurance elaim(s) claims or payment(s); payments;
10	(2)	criminal record; misdemeanor or felony conviction;
11	(3)	medical condition(s) conditions which could affect the physician assistant's ability to practice
12		safely;
13	(4)	regulatory board complaint(s), complaints, investigation(s), investigations, or action(s) actions
14		(including applicant's withdrawal of a license application);
15	(5)	adverse action taken by a health care institution;
16	(6)	investigation(s) investigations or action(s) actions taken by a federal agency, the US military,
17		medical societies or associations; or
18	(7)	suspension or expulsion from any school, including an educational program for physician
19		assistants.
20	(d) When poss	ible. All all reports must be submitted directly to the Board from the primary source, when possible.
21	entity that creat	ed the report.
22	(e) An applica	tion must be completed All information required by this Rule shall be provided within one year of
23	submitting the	application.of the date on which the application fee is paid. If not, the applicant shall be charged a
24	<del>new application</del>	<del>-fee.</del>
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26	History Note:	Authority G.S. 90-9.3; 90-13.1;
27		Eff. November 1, 2010;
28		Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1,
29		2016.
30		Amended Eff. April 1, 2019.
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