



**DEPARTMENT OF CONSUMER AFFAIRS • PHYSICIAN ASSISTANT BOARD**  
 2005 Evergreen Street, Suite 1100, Sacramento, CA 95815  
 P (916) 561-8780 | Fax (916) 263-2671 | web: www.pac.ca.gov



## LICENSE RENEWAL APPLICATION

**Online renewal is available at [www.breeze.ca.gov](http://www.breeze.ca.gov)**

To renew your physician assistant license, you must submit this form with your \$312 (includes \$12 CURES fee) license renewal fee to the Physician Assistant Board at the above address and provide all information required on the form. Your renewal will be processed upon receipt of the fee and review of the form. Allow 2 weeks for the system to update with your new expiration date.

If you are renewing in an inactive status, submit this renewal application with the Request for Inactive Status form ([http://www.pac.ca.gov/forms\\_pubs/inactivestatus.pdf](http://www.pac.ca.gov/forms_pubs/inactivestatus.pdf)) and your \$300 license renewal fee.

**IF YOUR LICENSE HAS EXPIRED, YOU MAY NOT ENGAGE IN ANY PRACTICE WHERE A VALID AND ACTIVE LICENSE ISSUED BY THE PHYSICIAN ASSISTANT BOARD IS REQUIRED UNTIL THIS FORM IS COMPLETED AND RETURNED TO THE BOARD WITH ALL APPLICABLE FEES OR YOU CAN RENEW ONLINE AT [www.breeze.ca.gov](http://www.breeze.ca.gov) PLEASE CONTACT THE BOARD FOR ADDITIONAL INFORMATION.**

|  |                  |  |
|--|------------------|--|
| Last Name  | First            | Middle Initial   |
| Email - Optional (Confidential—for office use only)  | Telephone Number | License Number   |
| Address of Record (include any applicable suite or apt number) *Disclosed on the internet.   |                  |  |
| <input type="checkbox"/> <b>Check here to change your address of record to the above address, no additional forms are necessary.</b>   |                  |  |
| <b>NOTE:</b> If a PO Box is listed, the law requires that you also provide a street address below under Confidential Address. This address will remain confidential and not be disclosed to the public.  |                  |  |
| Confidential Address (if required) (include any applicable suite or apt number)  |                  |  |
| Please see page 2 for additional information on the application renewal process.   |                  |  |
| 1. Since you last renewed your license (in the previous 2 years), have you either:<br>a) had any license denied or disciplined by another licensing authority of this state, of another state, of any agency the federal government or other country or,<br>b) have you been convicted of any violation of the law in this or any other state, the United States, or other country? Omit traffic infractions under \$500 not involving alcohol, dangerous drugs, or controlled substances. |                  |  |
|  |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I certify that I meet the Board's continuing medical education requirement, or have been granted exemption, or am renewing my license in an inactive status.  |                  |  |
|  |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.   |                  |  |
| Signature _____  |                  | Date _____   |

**NOTICE OF COLLECTION OF PERSONAL INFORMATION:** All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application and may result in the application being rejected as incomplete. The information provided will be used to determine your qualifications for licensure per section 3524 of the California Business and Professions Code and Title 16, California Code of Regulations section 1399.514, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. You have the right to review your application and your files except information that is exempt from disclosure as provided in California Public Records Act or as otherwise provided by California Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order. The Executive Officer is responsible for maintaining the information in this form and may be contacted at 2005 Evergreen Street, Suite 1100, Sacramento CA 95815-3893, telephone number (916) 561-8780 regarding questions about this notice or access to records.

The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your license may be suspended or your renewal application denied if the state tax obligation is not paid and your name appears on either the BOE or FTB certified list of top 500 tax delinquencies (Sections 31 and 494.5 of the California Business and Professions Code).

## IMPORTANT RENEWAL INFORMATION

### QUESTION 1. MANDATORY CONVICTION AND LICENSE DISCIPLINE DISCLOSURE

1. Since you last renewed your license (in the previous 2 years), have you either:
  - a) had any license denied or disciplined by another licensing authority of this state, of another state, of any agency the federal government or other country or,
  - b) have you been convicted of any violation of the law in this or any other state, the United States, or other country? Omit traffic infractions under \$300 not involving alcohol, dangerous drugs, or controlled substances

You must include a plea of nolo contendere and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code (aka "expungement" proceedings).

If you responded "Yes" to question 1, please submit the Physician Assistant Reporting Requirements form ([http://www.pac.ca.gov/forms\\_pubs/action\\_reporting.pdf](http://www.pac.ca.gov/forms_pubs/action_reporting.pdf)), in order for the Board to complete their investigation.

Upon receipt and review of this documentation, the Board will determine what, if any, action will be taken against your license.

### QUESTION 2. CONTINUING MEDICAL EDUCATION REQUIREMENTS

Licensees are required to complete continuing medical education (CME) as a condition of license renewal per Title 16, California Code of Regulations section 1399.615, unless exempt (renewing as inactive or been granted a CME waiver). Physician assistants may demonstrate their compliance by:

- Certification by the National Commission on Certification of Physician Assistants (NCCPA) at the time of renewal.

#### OR

- Completion of 50 hours of approved Category 1 (Preapproved) CME during each 2-year renewal period.

For additional information regarding CME requirements visit the Board's website at:

<http://www.pac.ca.gov/licensees/cmeregs.shtml>

### HEALTHCARE WORKFORCE SURVEY FOR INITIAL LICENSES AND RENEWALS

Legislation was passed requiring the Board to collect certain demographic data relating to our licensees at the time of licensure and renewal and report this data to the Office of Statewide Health Planning and Development (OSHPD). Completion of this survey will help the State analyze and report gaps in the health care workforce in California to the California Legislation.

You are required to complete a short survey to comply with this legislation at the time of renewal.

Please visit [https://www.dca.ca.gov/webapps/oshpd\\_survey.php](https://www.dca.ca.gov/webapps/oshpd_survey.php) to complete the survey at this time. If you do not have internet service available to you, please contact the Board at (916) 561-8780 and request the survey be mailed to you.

### CONTINUING MEDICAL EDUCATION WAIVERS

A licensee who is unable to complete the continuing medical education (CME) requirements due to reasons of health, military service, or undue hardship may request a waiver for one (1) renewal cycle of the CME requirement. A licensee who submits an application for a CME waiver that is denied by the Board shall be ineligible for active renewal of his or her license unless the licensee complies with the CME requirements of Section 1399.615.

**A licensee who does not have an approved CME waiver at the time of renewal must comply with the CME requirements or may renew the license in an inactive status.** To request a CME waive please complete an Application for Continuing Medical Education Waiver form ([http://www.pac.ca.gov/forms\\_pubs/cme\\_waiver.pdf](http://www.pac.ca.gov/forms_pubs/cme_waiver.pdf)) and submit it to the Board. For a practicing licensee, the Board recommends submitting a request for waiver approximately 30 days prior to the expiration of the license. (Title 16, California Code of Regulations section 1399.618)

### INACTIVE STATUS

Title 16, California Code of Regulations section 1399.619 permits a licensee to request inactive status if, at the time of the request, the license is current and not suspended, revoked, or otherwise punitively restricted by the Board.

**A licensee who is inactive shall not engage in any activity for which a license is required. No practice is permitted.**

An inactive license shall be renewed during the same time period in which an active license is renewed. Any CME requirements for renewing a license are waived. **There is no licensing fee exemption for an inactive license.** The renewal fee of \$300 is required; the CURES fee of \$12 is waived.

To change your license status to inactive, please submit a Request for Inactive Status form ([http://www.pac.ca.gov/forms\\_pubs/inactivestatus.pdf](http://www.pac.ca.gov/forms_pubs/inactivestatus.pdf)) to the Board.