

DEPARTMENT OF CONSUMER
AFFAIRS
Title 16. PHYSICIAN ASSISTANT BOARD

SECOND MODIFIED TEXT

Application, Exam Scores, Addresses & Recordkeeping

Proposed amendments to the regulatory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Modifications to the proposed regulatory language are shown in double underline for new text and ~~double strikethrough~~ for deleted text.

Second Modifications to the proposed regulatory language are shown in italics with double underline for new text and ~~italics with double strikethrough~~ for deleted text.

Amend Section 1399.506 of Article 1 of Division 13.8 of Title 16 of the California Code of Regulations

§1399.506. Filing of Applications for Licensure.

(a) ~~Applications for (a) To become licensed~~ an applicant must submit all required fees, two (2) classifiable sets of fingerprint cards or a Live Scan inquiry to establish the identity of the applicant and to permit the Board to conduct a criminal history record check, and a completed application for licensure, to the Board at its Sacramento office, and accompanied by the fee required in section 1399.550. ~~that~~ *The application for licensure must* contain all of the following *information and any required supporting documents:*

(1) ~~Personal information including:~~

(A) the legal name of the applicant and any aliases;

(B) the gender of the applicant;

(C) the applicant's social security number or ~~identifying tax information~~ *individual taxpayer identification* number;

(D) the applicant's address of record ~~or mailing address;~~

(E) the applicant's date of birth;

(F) the applicant's *home and mobile* telephone numbers ~~for home and cell;~~

(G) the applicant's email address;

~~(2) all disclosures required by this section, and~~

~~(3) a declaration under penalty of perjury, signed and dated by the applicant, that the information submitted on the application is true and correct.~~

(H) the name of the physician assistant training program attended by the applicant, the applicant's graduation date, the address of the physician assistant training program, and the telephone number for the physician assistant training program;

(I) whether the applicant has ever applied for a California physician assistant license; and

(J) whether the applicant has ever been licensed, certified, or registered in any state, country, or with any federal agency, in any health care occupation; the status of the applicant's license, certificate, or registration (for example: active, inactive, suspended, revoked, on probation); and the date(s) of issuance of any license(s) and expiration date(s) of any current license(s).

(2) As a condition of licensure, the applicant shall disclose whether they have a malpractice history.

(A) For purposes of this paragraph, "malpractice history" means:

1. civil judgments as described in Section 803.1(b)(1) of the Code; or

2. malpractice settlements as described in Section 801.01(a)(1) of the Code.

(B) If the applicant responds yes to having a malpractice history as defined in paragraph (2)(A), the applicant shall provide a written narrative of each malpractice event, including court jurisdiction, date of ruling or settlement, and outcome of ruling or settlement.

(3) As a condition of licensure, the applicant shall disclose whether they have a history of discipline.

(A) For purposes of this paragraph, "history of discipline" means:

1. suspension, expulsion, dismissal, probation, or reprimand imposed by a physician assistant training program, taking a leave of absence from a physician assistant training program for disciplinary reasons, or withdrawal from a physician assistant training program in lieu of the imposition of discipline; or

2. suspension, revocation, probation, limitations on practice, citation, fine, public reprimand, letters of public reprimand or reproof, or any other informal or confidential discipline by the United States military, United States Public Health Service Commissioned Corps, United States

governmental agency, or any authority of any state issuing health care licenses, registrations, or certifications.

(B) If the applicant responds yes to having a history of discipline as defined in paragraph (3)(A), the applicant shall provide a written narrative of each disciplinary event, including the incident date, location, charge, and outcome or disposition. The applicant shall also provide copies of all official documents pertaining to the history of discipline, which may include arrest orders or reports, court orders, or letter of explanation from the director or designee of the physician assistant training program.

(4) As a condition of licensure, the applicant shall disclose whether they have been subject to any disciplinary action.

(A) For purposes of this paragraph, "disciplinary action" means:

1. the applicant had a health care license or certificate, or narcotics (controlled substance) permit denied by the State of California, any other state, any agency of the federal government, or another country;
2. the applicant had charges filed against them while holding a health care license or certificate, including charges that are still pending or charges that were dropped;
3. the applicant surrendered a health care license or certificate, or narcotics (controlled substance) permit; or
4. the applicant has been charged with, and/or found to have committed unprofessional conduct, unlicensed activity, or malpractice by any health care licensing board, any other state, any agency of the federal government, another country, or any hospital.

(B) If the applicant responds yes to being subject to any of the disciplinary actions listed in paragraph (4)(A), the applicant shall provide a written narrative of each disciplinary action, including the incident date, location, charge, and outcome or disposition. The applicant shall also provide all official documents pertaining to the disciplinary action(s), which may include arrest and court orders.

(5) As a condition of licensure, the applicant shall disclose they have ever been denied a license, denied permission to practice medicine or any other health care occupation, or denied permission to take a health care related examination in State of California, any other state, United States federal jurisdiction, or another country, or if any such action is pending.

(A) If the applicant responds yes to paragraph (5), the applicant shall provide a written narrative that includes the date of the denial(s) and reason for denial(s).

(6) As a condition of licensure, the applicant shall disclose whether they have any

practice impairments or limitations.

(A) For purposes of this paragraph, "practice impairments or limitations" means:

1. the applicant has ever been diagnosed or treated for a mental illness, disease, or disorder that would interfere with their ability to practice medicine;
2. the applicant has a current physical or mental impairment related to drugs or alcohol;
3. the applicant has been adjudicated by a court to be mentally incompetent or they are currently under a conservatorship; or
4. the applicant is required to register as a sex offender in California, or in another state, territory, or under federal law.

(B) If the applicant responds yes to any practice impairments or limitations, the applicant shall provide copies of all official medical, psychiatric, and treatment records pertaining to the impairment(s) or limitation(s); evidence of ongoing rehabilitation; and a written narrative describing the impairment or limitation. The applicant shall also provide the Board with an authorization and release of medical or psychiatric records.

~~(b) The Board shall waive the required fees specified in subsection (a) for an applicant who meets the requirements set forth in Section 115.5(a) of the Code and submits the following satisfactory evidence with the application set forth in this section:~~

- ~~(1) Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces of the United States.;~~
- ~~(2) A copy of the military orders establishing their spouse's or partner's duty station in California; and~~
- ~~(3) written verification from the applicant's issuing agency/licensing jurisdiction that the applicant's license in another state, district, or territory of the United States is current in that jurisdiction. The verification shall include all of the following: (A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by, (B) the license type and number issued to the applicant by the original licensing agency/entity, (C) the name and location of the issuing licensing agency/licensing jurisdiction entity, and, (D) the issuance date and expiration date of the license.~~

~~(b7)~~ Applications for approval of programs for the education and training of physician assistants shall be filed on a form provided by the board at its Sacramento office and

~~accompanied by the fee required in section 1399.556. While disclosure of military service is voluntary, An applicant who has served as an active-duty member of the Armed Forces of the United States, was honorably discharged, and who provides evidence of such honorable discharge, shall have the ~~review of their application~~ review expedited pursuant to ~~§~~Section 115.4 of the Code.~~

~~(de) If the applicant is married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders, and ~~or~~ if the applicant holds a current physician assistant license in another state, district, or territory of the United States, and provides evidence of ~~either both conditions,~~ the review of their application ~~review~~ will be expedited pursuant to ~~§~~Section 115.6 of the Code.~~

~~(ed) While disclosure of status as a refugee, asylee, or having a special immigrant visa is voluntary, An applicant who was admitted to the United States as a refugee pursuant to §Section 1157 of ¶Title 8 of the United States Code, or was granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to §Section 1158 of Title 8 of the United States Code, or has a special immigrant visa and was granted a status pursuant to §Section 1244 of Public Law 110-181, Public Law 109-163, or §Section 602(b) of ¶Title VI of ¶Division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government, and provides evidence of that status shall have the review of their application ~~review~~ expedited pursuant to §Section 135.4 of the Code. and ¶The Physician Assistant Board may assist such an applicant with the initial licensure application process.~~

~~(fe) As a condition of licensure, an applicant shall disclose whether they have any other licenses, registrations, or certificates in any healthcare occupation and list the status, number, and issuing state of those licenses, registrations, or certificates.~~

~~(gf) As a condition of licensure, the applicant shall disclose whether they have applicant has any malpractice history. For purposes of this subdivision, "malpractice history" means:~~

~~(1) Civil judgments as described in section 803.1(b)(1) of the Code;~~

~~(2) Malpractice settlements as described in section 801.01(a)(1) of the Code.~~

~~(10) A statement signed under penalty of perjury that the applicant has read the questions in the application and that all information provided is true and correct. The applicant shall grant the Board or its assignees and agents permission to verify the information provided in the application and to perform any investigation pertaining the information the applicant provides. The applicant's signature on the application shall authorize the National Practitioner Data Bank, the National Commission on Certification~~

of Physician Assistants, and the Federal Drug Enforcement Agency to release all information required by the Board.

(b) For the purposes of this ~~subsection~~ division:

(1) “~~Required fees~~” for an application submitted with a Department of Justice BCIA 8016 Request for Live Scan Service form shall include ~~the license application processing fee and the initial license fee as set forth in~~ the license application processing fee and the initial license fee as set forth in ~~Section 1399.550. The required fees set forth in Section 1399.550 will be waived if the applicant meets the requirements for waiver of fees specified in subsection (b).~~

(2) “Required fees” for an application submitted with two (2) classifiable sets of fingerprint cards shall include the license application fee and the initial license fee as set forth in Section 1399.550, and an additional \$49.00 fee to cover the cost of obtaining a Live Scan report. The fees set forth in Section 1399.550 will be waived if the applicant meets the requirements for waiver of fees specified in subsection (c). ~~The applicant shall pay any costs for furnishing fingerprints and conducting the criminal history record check.~~

(c) The Board shall waive the fees specified in subsection (b) for an applicant who meets the requirements set forth in Section 115.5(a) of the Code and submits the following satisfactory evidence with the application for licensure:

(1) certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces of the United States;

(2) a copy of the military orders establishing their spouse’s or partner’s duty station in California; and

(3) a copy of the applicant’s current license and written verification from the applicant’s issuing agency/licensing jurisdiction that the applicant’s license in another state, district, or territory of the United States is current in that jurisdiction. The verification shall include all of the following:

(A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by;

(B) the license type and number issued to the applicant in another state, district, or territory of the United States;

(C) the name and location of the issuing agency/licensing jurisdiction; and

(D) the issuance date and expiration date of the license.

~~(gh) As a condition of licensure, the applicant shall disclose whether they have any history of discipline. For purposes of this subdivision, “history of discipline” means:~~

~~1. suspension, expulsion, probation, or reprimand imposed by a physician assistant training program;~~

~~2. suspension, revocation, probation, limitations on practice, citation, fine, public reprimand, letters of public reprimand or reproof, or any other informal or confidential discipline by any authority of any state issuing health care licenses, registrations, or certifications. An applicant may, as part of their application provide a written statement explaining any information provided pursuant to subparagraphs (1) and (2).~~

(d) Applications that are missing any of the requested information or documentation, are illegible, or are not accompanied by the applicable fees, shall be returned.

NOTE: Authority cited: Sections 115.4, 115.5, 135.4 2018 and 3510, Business and Professions Code. Reference: Sections ~~144,~~ 115.4, 115.5, 135.4, ~~144, 801.01, 803.1,~~ 3509 and 3513, Business and Professions Code.

Amend Section 1399.507 of Article 1 of Division 13.8 of Title 16 of the California Code of Regulations

§1399.507. Examination Required.

The written examination for licensure as a physician assistant is that administered by the National Commission on Certification of Physician Assistants. Successful completion requires that the applicant has~~ve~~ achieved the passing score established by ~~the board~~ for that examination. It is the responsibility of the applicant to ensure that certification of his or her their examination score is received by the Board.

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 851, ~~3515,~~ 3509 and 3517, Business and Professions Code.

Amend Section 1399.511 of Article 1 of Division 13.8 of Title 16 of the California Code of Regulations

§1399.511. ~~Notice of Change of Address~~ of Record.

~~(a) Every~~each applicant~~person~~ submitting an application for licensure as a physician assistant to the Board ~~must~~shall provide~~include an address of record, mailing address which will~~be used as their mailing address~~released by the Board to the public and shall be posted on the Board's website if an applicant is issued a license. The mailing address is used for service of all official correspondence, notices, and orders from the Board. An address of record may be a post office box, physical business address, or residential address. If a post office box is used as the address of record, the applicant shall also provide a physical business address or residential address for the Board's administrative use that shall not be posted on the Board's website.~~

~~(ab) Every~~each applicant and licensee~~person or approved program holding a license or~~

~~approval and each person or program who has an application on file with the bBoard shall notify the bBoard at its office of any and all changes of to their mailing address(es) within thirty (30) calendar days after each change, giving both the old and new address(es).~~

NOTE: Authority cited: Section 3510, Business and Professions Code. Reference: Sections 136 and 3523, Business and Professions Code.

Repeal Section 1399.546 of Article 4 of Division 13.8 of Title 16 of the California Code of Regulations

~~§1399.546. Reporting of Physician Assistant Supervision.~~

~~(a) Each time a physician assistant provides care for a patient and enters his or her name, signature, initials, or computer code on a patient's record, chart or written order, the physician assistant shall also record in the medical record for that episode of care the supervising physician who is responsible for the patient. When a physician assistant transmits an oral order, he or she shall also state the name of the supervising physician responsible for the patient.~~

~~(b) If the electronic medical record software used by the physician assistant is designed to, and actually does, enter the name of the supervising physician for each episode of care into the patient's medical record, such automatic entry shall be sufficient for compliance with this recordkeeping requirement.~~

~~NOTE: Authority cited: Sections 2018 and 3510, Business and Professions Code. Reference: Section 3502, Business and Professions Code.~~