

**§ 1399.515. Retired Status.**

(a) The board shall issue, upon receipt of a completed Application for Retired Status (Form PAB-RET, ~~Oct. 2016~~01/19), which is hereby incorporated by reference, a retired license to a physician assistant who meets all of the following requirements:

(1) The applicant has been licensed by the board and is not actively engaged in practice as a physician assistant or any activity that requires them to be licensed by the board.

(2) The applicant's physician assistant license is not canceled, suspended, revoked, or otherwise punitively restricted by the board or subject to disciplinary action under the Medical Practice Act (commencing with Section 2000 of the Code), Physician Assistant Practice Act (commencing with Section 3500 of the Code), regulations adopted pursuant to those practice acts, and by the board.

(3) Beginning one (1) year from the effective date of this regulation, the applicant's license is not delinquent. If the license is in a delinquent status, the applicant may satisfy this requirement by submitting payment for all outstanding fees with the retirement status application. For the purposes of this subsection, "outstanding fees" includes all accrued renewal fees, a twenty-five dollar (\$25) delinquency fee, and the mandatory fee for the Controlled Substance Utilization Review and Evaluation System (CURES) as set forth in Section 208 of the Code.

(b) The holder of a retired license:

(1) Shall be exempt from the renewal requirements described in Section 3524.5 of the Code.

(2) May restore his or her license to active status by: complying with the renewal requirements set forth in Section 1399.514, submitting proof of completion of continuing medical education (CME) as set forth in Section 1399.615 or proof of certification by the National Commission on Certification of Physician Assistants, submitting the license renewal fee as set forth in Section 1399.550, and submitting the mandatory fee for the Controlled Substance Utilization Review and Evaluation System (CURES) as set forth in Section 208 of the Code.

(c) The board may upon its own determination, and shall upon receipt of a complaint from any person, investigate the actions of any licensee who may be in violation of this section.

Note: Authority cited: Sections 2018, 3510 and 3521.3, Business and Professions Code.

Reference: Sections 208, 464, 3521.1 and 3521.3, Business and Professions Code.

REPEAL

**PHYSICIAN ASSISTANT BOARD**  
**APPLICATION FOR RETIRED STATUS**

- Prior to April 1, 2020, an individual's license may be delinquent when applying for retired status and no fees are required. On and after April 1, 2020, in order to be eligible for a retired license, an individual's license must be in current active or current inactive status. The license cannot be canceled, suspended, revoked or otherwise punitively restricted by the Physician Assistant Board or subject to disciplinary action under the Medical Practice Act (commencing with Section 2000 of the Code), Physician Assistant Practice Act (commencing with Section 3500 of the Code), regulations adopted pursuant to those practice acts, and by the board for you to be eligible for this license status.
- On and after April 1, 2020, if the physician assistant license is delinquent, a payment for all outstanding fees as required by section 1399.515(a)(3) must be submitted with the Application for Retired Status.
- You must mail the application and any required fees to the Physician Assistant Board, 2005 Evergreen Street, Suite 1100, Sacramento, CA 95815 3893. Faxes are not acceptable.
- Title 16, California Code of Regulations section 1399.515 provides an exemption from payment of the renewal fee if the licensee has been granted a retired status.

<p><u>PHYSICIAN ASSISTANT BOARD APPLICATION FOR RETIRED STATUS</u></p> <p><b><u>NO PRACTICE IS PERMITTED</u></b></p> <p><i>Please print or type. An illegible application will be returned.</i></p>	
<p><b><u>Name:</u></b> (first, middle, last)</p>	
<p><b><u>Address of record:</u></b> (Current public/ mailing address. If using a PO Box, you must also provide a confidential street address.) This address is displayed on the Physician Assistant Board's website.</p> <p style="text-align: right;">Change of address: Yes _____ No _____</p>	
<p><b><u>Confidential street address:</u></b></p>	
<p><b><u>License Number:</u></b></p>	<p><b><u>Expiration Date:</u></b></p>
<p><b><u>Last 4 digits of SSN:</u></b></p>	<p><b><u>Date of Birth:</u></b></p>
<p><b><u>Telephone Number:</u></b></p>	<p><b><u>E-mail:</u></b> (optional)</p>
<p><b><u>Are you actively engaged in practice as a physician assistant or in any activity that requires you to be licensed by the Physician Assistant Board?</u></b></p> <p style="text-align: center;">_____ <input type="checkbox"/> <b>YES</b> _____ <input type="checkbox"/> <b>NO</b></p>	
<p><b><u>I hereby certify that I have read and personally completed this form.</u></b></p>	
<p><b><u>Signature:</u></b> _____</p>	<p><b><u>Date:</u></b> _____</p>
<p><b><u>For PAB use only:</u></b></p> <p><b><u>Entered in system:</u></b> _____ <b><u>Renewal Application Canceled:</u></b> _____ <b><u>Date:</u></b> _____</p>	

PERSONAL INFORMATION COLLECTION NOTICE: The information provided in this form will be used by the Physician Assistant Board ("PA Board") to process your request to change your license status to retired. Section 3521.3 of the Business and Professions Code and Section 1399.515 of Title 16 of the California Code of Regulations authorizes the collection of this information. Failure to provide any of the required information (except the email address) is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a District Attorney, a City Attorney, or to another government agency as may be necessary to permit the PA Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. The Executive Officer of the PA Board is responsible for maintaining the information in this form, and may be contacted at 2005 Evergreen Street, Suite 1100, Sacramento, CA 95815, telephone number (916) 561-8780 regarding questions about this notice or access to records.



## APPLICATION FOR RETIRED STATUS

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### PERSONAL INFORMATION

**Name:** (first, middle, last)

**Address of record:** (Current public/ mailing address. If using a PO Box, you must also provide a confidential street address.) This address is displayed on the Physician Assistant Board's website.

Change of Address: Yes  No

**Confidential street address:**

<b>License Number:</b>	<b>Expiration Date:</b>
<b>Last 4 digits of SSN:</b>	<b>Date of Birth:</b>
<b>Telephone Number:</b>	<b>E-mail:</b> (optional)

### RETIREMENT INFORMATION

**Are you actively engaged in practice as a physician assistant or in any activity that requires you to be licensed by the Physician Assistant Board?** Yes  No

**I hereby certify that I have read and personally completed this form.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For PAB use only:  
Entered in system: \_\_\_\_\_ Renewal Application Canceled: \_\_\_\_\_ Date: \_\_\_\_\_