

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><u>NO PRACTICE IS PERMITTED</u></p> <p><i>Please print or type. An illegible application will be returned.</i></p>	
<p>Name: (first, middle, last) _____</p>	
<p>Address of record: (Current public/mailling 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>Confidential street address: _____</p>	
<p>License Number: _____</p>	<p>Expiration Date: _____</p>
<p>Last 4 digits of SSN: _____</p>	<p>Date of Birth: _____</p>
<p>Telephone Number: _____</p>	<p>E-mail: (optional) _____</p>
<p>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?</p> <p style="text-align:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>I hereby certify that I have read and personally completed this form.</p>	
<p>Signature: _____ Date: _____</p>	
<p>For PAB use only: _____</p> <p>Entered in system: _____ Renewal Application Canceled: _____ Date: _____</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.