



PHYSICIAN ASSISTANT BOARD

2005 Evergreen Street, Suite 1100, Sacramento, CA 95815
P (916) 561-8780 F (916) 263-2671 | www.pac.ca.gov



LICENSE RENEWAL APPLICATION

To renew your physician assistant license, you must submit this form with your \$312 (\$300 + \$12 CURES) license renewal fee to the Physician Assistant Board at the above address. Your renewal will be processed upon receipt of the fee and review of the form.

If you have already submitted your renewal fee and there is a hold on the license renewal because you did not properly complete the renewal form, you may fax the completed form to (916) 263-2671. Your renewal application will be processed upon receipt and review of the form.

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.

Form with fields for NAME (PRINT OR TYPE), TELEPHONE NUMBER, LICENSE NUMBER PA-, OFFICE USE ONLY (Updated Date CAS), ADDRESS OF RECORD (CURRENT PUBLIC/MAILING ADDRESS) with sub-fields for NUMBER, STREET, SUITE, CITY, STATE, ZIP CODE, and CONFIDENTIAL STREET ADDRESS with sub-fields for NUMBER, STREET, SUITE, CITY, STATE, ZIP CODE.

MANDATORY CONVICTION AND LICENSE DISCIPLINE DISCLOSURE QUESTION

Since you last renewed your license, have you either: a) had any license denied or disciplined by a licensing authority body of this state, another state, a federal agency or another country or, b) have you been convicted of any crime in any state, the United States, or other countries?

Yes _____ No _____

CONTINUING MEDICAL EDUCATION

To renew your license, the Board's regulations require that you complete continuing medical education (by taking courses or by obtaining certification from the NCCPA), or that you obtain an exemption, or that your license be in inactive status. Additional information may be found on the back of this form.

I certify that I meet the Board's continuing medical education requirement, or have been granted an exemption, or am renewing my license in inactive status.

Yes _____ No _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Form with fields for SIGNATURE and 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. The information provided will be used to determine your qualifications for licensure per section 3519 of the California Business and Professions Code and Title 16, California Code of Regulations section 1399.506, 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 Civil Code section 1798.40, or otherwise provided by the 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 the custodian of records and may be contacted at 2005 Evergreen Street, Suite 1100, Sacramento, Ca 95815, or (916) 561-8780 regarding questions about this notice or access to records.

IMPORTANT INFORMATION

MANDATORY CONVICTION AND LICENSE DISCIPLINE DISCLOSURE QUESTION

You must respond “**Yes**” if, since your last renewal, you have either: a) been denied a license, or had any license disciplined by another licensing authority; or b) been convicted of any violation of law, whether a misdemeanor, felony, or infraction over \$300 or involving alcohol or a controlled substance. You must include a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code. If you responded “**YES**” to Item 1 above, in order to assist the Physician Assistant Board (Board) in determining what, if any, action need be taken against your license, please provide the following documents to the board within 30 days from receipt of this letter for each conviction or disciplinary action since you last renewed your license. Please include your license number on any correspondence.

1. A detailed written explanation describing the circumstances and events that led to your license discipline, arrest(s) and conviction(s).
2. Documents relating to the denial or disciplinary actions taken against any other license by a government agency or other licensing authority.
3. Certified documents relating to the arrest, such as: police report, arrest report, booking report, complaint, citation or ticket.
4. Certified Court documents such as: Notice of Charges, Complaint, or Indictment; Plea Agreement, Sentencing Order, Probation Order, or Judgment; Dismissal, Probation Release, or Court Discharge.
5. Related mitigating evidence or evidence of rehabilitation.

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

CONTINUING MEDICAL EDUCATION REQUIREMENTS

Unless exempted, continuing medical education is required for physician assistants by Title 16, California Code of Regulations Section 1399.615. Physician assistants may demonstrate their compliance by verifying **either**:

- 1) Completion of 50 hours of approved Category 1 (preapproved) medical education. The CME must have been obtained from providers that are designed Category 1 (preapproved) by one of the following:
 - American Academy of Physician Assistants (AAPA).
 - American Medical Association (AMA).
 - American Osteopathic Association Council on Continuing Medical Education (AOACCME).
 - American Academy of Family Physicians (AAFP).
 - Accreditation Council for Continuing Medical Education (ACCME).
 - A state medical society recognized by the ACCME.

Or,

- 2) Certification by the National Commission on Certification of Physician Assistants (NCCPA)

HEALTHCARE WORKFORCE SURVEY FOR INITIAL LICENSES AND RENEWALS

Recent legislation has 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. Completion of this survey will help the State analyze and report gaps in the health care workforce in California to the California Legislature.

You are required to complete a short survey to comply with this legislation when you receive your initial license and at renewal. The survey is available for you at https://www.dca.ca.gov/webapps/oshpd_survey.php. Please go to this web address and complete the survey at this time. Instructions will be provided with the survey. If you do not have internet service available to you, please contact the Physician Assistant Board at 916-561-8780 and request that the survey is mailed to you.

CONTINUING MEDICAL EDUCATION WAIVERS

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

A physician assistant who does not have an approved CME waiver at the time of renewal must comply with CME requirements or may renew the license in an inactive status. To request a continuing medical education waiver please complete an Application for Continuing Medical Education Waiver form and submit to the Board. For a practicing licensee, the Board recommends submitting any request for a waiver approximately 6 months before the expiration of the license. (Title 16, California Code of Regulations Section 1399.618.)

INACTIVE STATUS

California Code of Regulations Section 1399.619 permits a licensee who is not actively performing medical services in the state of California to maintain licensure in an inactive license status. A licensee on inactive status may not perform medical services.

To change your license status to inactive, please submit a Request for Inactive License Status form to the board.

If your California physician assistant license is currently suspended, revoked or otherwise restricted by the Board, an inactive license status cannot be granted.

For further information on Continuing Medical Education requirements, please visit the board's website: www.pac.ca.gov or call (916) 561-8780.