

Louisiana State Board of Medical Examiners

Physical Address: 630 Camp Street, New Orleans, LA 70130

Mailing Address: PO Box 30250, New Orleans, LA 70190-0250

Phone: (504) 568-6820 Fax: (504) 568-6823

Physician Assistant Application Instructions

Qualifications

To be eligible for a license, an applicant shall:

1. be at least 20 years of age;
2. be of good moral character;
3. demonstrate his competence to provide patient services under the supervision and direction of a supervising physician by;
 - a. presenting to the board a valid diploma certifying that the applicant is a graduate of a physician assistant training program accredited by the Committee on Allied Health Education and Accreditation (CAHEA), or its successors, and by presenting or causing to be presented to the board satisfactory evidence that the applicant has successfully passed the national certification examination administered by the National Commission on Certificate of Physician Assistants (NCCPA) or its successors, together with satisfactory documentation of current certification; or
 - b. presenting to the board a valid, current physician assistant license, certificate or permit issued by any other state of the United States; provided, however, that the board is satisfied that the certificate, license or permit presented was issued upon qualifications and other requirements substantially equivalent to the qualifications and other requirements set forth in this Chapter;
4. certify that he is mentally and physically able to engage in practice as a physician assistant;
5. not, as of the date of application or the date on which it is considered by the board, be subject to discipline, revocation, suspension, or probation of certification or licensure in any jurisdiction for cause resulting from the applicant's practice as a physician assistant; provided, however, that this qualification may be waived by the board in its sole discretion.

Initial Application Note: notarized documents must be signed in the presence of a notary.

Profile

Complete the two page form. Application for licensure in a name other than what appears on birth certificate requires a notarized copy of official documentation of name change (ie marriage certificate).

Oath or Affirmation

This form must be notarized. All yes answers must be accompanied by a sworn affidavit. A sworn affidavit is an explanation (in applicant's own words) that must be typed and notarized. **NOTE: If criminal history is found that you did not disclose, you will be required to submit a new Oath or Affirmation, a notarized affidavit as to why you did not disclose the information and a new processing fee equal to the initial licensure fee. It is important that you answer question 3 accurately and truthfully. Do not take the advice of friends, lawyer, etc.**

Third Party Authorization

This form must be notarized. It authorizes LSBME to obtain information concerning the applicant from third parties.

Fees

Licensure fee \$275.00

Fee can be paid via check or money order payable to LSBME. Fees are non-refundable.

Certificate of Dean/Registrar

This form must be notarized. Complete Section 1 as directed (a passport quality photo is required) and mail to professional school/university for completion of Section 2. The school/university must mail completed form directly to LSBME.

Verification of Other Licenses

Other health care related licenses/permits/certificates must be verified. This form can be used for this purpose or contact the licensing authority in every state in which you have ever been licensed for forms/instructions/fees. Verifications must be received by LSBME directly from the issuing state.

Character Recommendation

This form must be completed by a physician who has known the applicant for six (6) months and who can attest to the good moral character of the applicant.

Criminal Background Check

LSBME conducts background checks as part of the application process. Instructions and forms can be found on our website or materials can be requested by:

Mail

LSBME, Attn: CBC
PO Box 30250, New Orleans, LA 70190

E-Mail

lsbmemat@lsbme.la.gov

Phone

(504) 568-6820

Additional Requirements

Birth Certificate/Valid Visa

- U.S. born citizen - submit a notarized copy of birth certificate or notarized copy of US passport
- U.S. citizen not U.S. born - submit notarized copy of proof of citizenship (ie Certificate of Citizenship). A naturalized citizen must present a notarized copy of birth certification and original Certificate of Naturalization.
- Non U.S. citizen - submit a notarized copy of birth certificate and original valid Visa issued by the U.S. Citizenship and Immigration Services. (Acceptable Visas: H1-B, J1, Immigrant Visas)

Marriage Certificate/Name Change

Application for licensure in a name other than what appears on the applicant's birth certificate requires a notarized copy of official documentation of name change (ie marriage certificate).

Notarization as a "true copy"

Request the notary to certify a copy of your birth certificate and/or marriage certificate as a "true and correct copy of the original". If the notary will not certify the document, you can attest that it is a "true and correct copy of the original" by signing the copy then the notary can notarize your signature.

NCCPA - National Commission on Certification of Physician Assistants

Website: www.nccpa.net; phone (678) 417-8100

Licensure Applicants

Licensure applicants must be currently certified by NCCPA. Applicant must request initial PANCE score report be sent directly to LSBME.

Temporary Licensure Applicants

To be issued a Temporary License all requirements for licensure must be met except that the applicant has not yet taken or is awaiting the results of the examination. Applicant must request a score report be sent directly from NCCPA to LSBME.

Other Information

Verification of Application/Licensure Status

Visit our website www.lsbme.la.gov >Verifications>On-Line Verification to verify application status. Search by first and last name only. Click on name for details.

Communication with the Board

Mailing address - LSBME, PO Box 30250, New Orleans, LA 70190-0250.

Questions - contact Phyllis Johnson at (504) 568-6820 x225, pjohnson@lsbme.la.gov.

Communication from the Board

After an application is received and reviewed, applicants will receive a deficiency report via e-mail (or by regular mail if requested); therefore, it is the applicant's responsibility to check their e-mail and to keep their e-mail address current with LSBME. The deficiency report will list what is outstanding from the applicant's file at the time of submission.