



Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Director
DIVISION OF PROFESSIONAL REGISTRATION

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
866-289-5753 TOLL FREE
573-751-3166 FAX
800-735-2966 TTY
website: <http://pr.mo.gov/physicianassistants.asp>

Tina Steinman
Executive Director

Dear Physician Assistant:

Attached are the materials you will need to make application for licensure to practice as a Physician Assistant in the State of Missouri. Included in the packet are:

1. The application with specific instructions for completing it;
2. Documents and Fee Sheet;
3. Activity statement form;
4. Verification of Licensure form (if more than one is needed you may make additional copies);
5. Supervision Verification form;
6. Certificate of Professional Education.

It is suggested that you read the Physician Assistant statutes and rules before beginning the process. Besides containing applicant information, this statute governs your professional conduct as a Physician Assistant in the State of Missouri. The statutes and rules may be found on our website at the address listed above.

The Board will consider no application until the entire file is complete. Therefore, you should not make any firm commitment to actually begin working until you have received notification of licensure in writing from this office. Proof that a Physician Assistant has practiced in Missouri before becoming licensed is grounds for denial of licensure.

Please be advised no application will be processed without the fee. You will be notified in writing, one time if your application is deficient in any way. In addition to the material you are required to submit, the Board makes independent inquiries into your professional background. Therefore, you should allow a minimum of **30 days** for the processing of your application once you have filed the completed application and the required documents in this office.

Please be reminded that it is unlawful to misrepresent any material fact, in any way, in connection with application for Missouri licensure. Proof that a Physician Assistant has misrepresented any material fact is grounds for denial of licensure.

Do not hesitate to contact the Board of Healing Arts at (573) 751-0171 or toll free 866-289-5755 or email at licensure@pr.mo.gov if you have any questions during the process, which are not answered in the enclosed material.

Sincerely,

Licensure Department

INSTRUCTIONS FOR COMPLETING PHYSICIAN ASSISTANT LICENSURE APPLICATION

The Board wishes to stress that you should provide complete details and dates, complete names, addresses and zip codes as required on the application form. Answer all questions. If you fail to do so, the processing of your application may be delayed. Allow 30 days for processing your application. Please type or print your application in ink. The following information is provided to assist you in answering the questions.

Question #1 - Please print your complete name. If you have had a name change, include this name as well.

Question #2 - Indicate your current mailing address and email address.

Question #3 - Indicate your proposed Missouri business practice name, and address. If unknown, please indicate the reason why a Missouri license is needed.

Question #4 - Indicate month, day and year of birth. Indicate city and state of birth. Indicate Social Security number. State Law mandates the submission of Social Security numbers on professional applications. A citizen of any international country applying for licensure in Missouri who does not hold a United States Social Security number may submit his/her Visa or Passport Identification number in lieu of the Social Security number.

Question #5 - Indicate your home and business telephone numbers, including area code.

Question #6 - Indicate the complete name and address of your supervising physician.

Question #7 - List in chronological order the name and location of each institution attended, beginning with high school. Please indicate dates of attendance, graduation date and type of diploma or certificate awarded.

Question #8 - Indicate the name, city and state of your physician assistant program.

Question #9 - Indicate whether or not you have taken the National Commission on Certification of Physician Assistants (NCCPA) examination. List the number of times, location and date of the examination(s) taken.

Question #10 - Indicate whether or not you are certified by the NCCPA, your certification number and the certification issue date.

Question #11 - Indicate whether or not you have worked in any profession in any state. Indicate state, license number, dates held and profession.

Question #12 - Indicate whether or not you were employed as a physician assistant for three years prior to August 28, 1989. If yes,

and you are not a graduate of an accredited physician assistant program you must submit written documentation verifying employment. This verification should be submitted to the Board directly from the supervising physician(s) and include dates, locations and a description of the duties performed.

Question #13 - If your answer is "yes", provide complete details, dates, etc. on a separate notarized statement. This should include the States, Provinces or Country, dates and reasons.

Question #14 - If your answer is "yes", provide complete details on a separate notarized statement.

Question #15-17 - If your answer is "yes", provide complete details on a separate notarized statement. This should include States/Provinces, dates and reasons.

Question #18-22 - If your answer is "yes", provide complete details on a separate notarized statement. This should include the reason, dates, places, current disposition of the case(s), and all pertinent information. *It will also be necessary for you to provide a Certified Court copy, with court seal affixed regarding your "yes" response.

Question #23-26 - If your answer is "yes", provide full details and dates, including the names and addresses of individuals who treated you and any hospitals/institutions where you have been treated on a separate notarized statement. The Board also requires a letter from your treating professional indicating your diagnosis, prognosis and if your illness or condition affects your ability to practice.

Question #27 - If your answer is "yes", provide complete details on a separate notarized statement. This should include why you are required to register, conviction, date and state. The Board also requires a certified copy of the conviction and any court orders (i.e. probation, parole, etc.) requiring registration.

Question #28 - Applicant's Oath - You must sign this oath before a Notary Public. The Notary Public must complete his/her portion and sign, date and seal your signature. Also, place a recent photograph of yourself in the space provided.

Question #29 - In the space provided please list the name of one individual with whom we may discuss your file, other than yourself. Telephone calls and e-mails will be limited to you and the person listed on the application in an effort to expedite the processing of your file.

Please be advised that incomplete applications on file in this office for one year will be discarded.

DOCUMENTS AND FEES YOU MUST FURNISH WITH YOUR APPLICATION FOR PHYSICIAN ASSISTANT PERMANENT LICENSE

1. **FEES** – Please submit the fee to this office in the form of a **Money Order or Cashier's Check** payable on or through a United States bank. All fees should be paid to the order of the Missouri Board of Registration for the Healing Arts. **All fees are non-refundable.**

Licensure Fee:\$195.00

2. **OFFICIAL TRANSLATIONS** – If any of your documents are in an international language, the Board requires you to furnish an **original**, official, word-for-word translation along with a **notarized true copy** of the translation.

AN OFFICIAL TRANSLATION IS:

1. One which is done by a government official in the United States;
2. One which is done by an official translation service in the United States;
3. One which is done by a professor of a language department in a college or university located in the United States;
4. One which is done by an Official of the American Embassy in a foreign country. This document must be translated by the American Embassy, not just certified as a true copy, and must have the Embassy seal placed on it.

THE TRANSLATOR MUST:

1. Certify that the document is a true translation to the best of his/her knowledge, that he/she is fluent in the language, and is qualified to translate;
2. Sign the translation and have his/her signature certified by a Notary Public;
3. Print his/her name and title under the signature;
4. Translate on official letterhead.

3. **ACTIVITIES STATEMENT**– Each applicant is required to provide, on the form provided, a chronological listing of his/her activities since graduation of high school to the present date. All dates must be accounted for including all beginning and ending dates, months and years. In **chronological order**, list the position held, complete names, address and zip codes of employers and beginning and ending dates of employment.

4. **VERIFICATION OF LICENSURE** – If you currently hold or have previously held a permanent, temporary or institutional license, certification or registration, in any State/Province (including Canada), the enclosed Verification of Licensure form must be mailed to each agency in which you are now or have ever been licensed, certified or registered to practice in any profession. You may copy this form as needed. It is your responsibility to provide this form directly to the State Board(s).

5. **PHOTOGRAPH** – Attach a recent photograph in the space provided on the application. Copies of photographs and magazine clippings are not acceptable.

6. **NAME CHANGE** – If your name has changed since birth, you will be required to submit one of the following documents for verification:

- Marriage - Furnish a copy no larger than 8 ½" x 11" of your marriage certificate.
- Divorce - Furnish a copy no larger than 8 ½" x 11" of your divorce decree.
- Court Order - Furnish a certified court copy of the name change document.
- Naturalization - If you have had a name change by naturalization, you will be required to hand deliver your original Naturalization Certificate to the Board office for inspection, since it is unlawful to copy that particular document.

7. **VERIFICATION OF SUPERVISION** – This form must be completed by the physician who will be supervising you prior to practicing in the State of Missouri, and returned directly to the Missouri Board of Healing Arts by the supervising physician. If you have more than one supervising physician, each physician must complete a supervision form. Please indicate which is the primary supervising physician and which are your alternate supervising physicians. You may make additional copies of the form to provide to each of your supervising physicians.

8. **DEGREE** – Provide a copy, no larger than 8 ½" x 11", of the certificate received after the completion of an accredited Physician Assistant program. All applicants for physician assistant licensure who complete a physician assistant training program after January 1, 2008, shall have a master's degree from a physician assistant program.

9. **VERIFICATION OF EMPLOYMENT** – (Only applicable if you are not NCCPA certified) If you were employed as a Physician Assistant for three years prior to August 28, 1989, it will be necessary for the physician(s) who supervised you to provide this office with the dates, locations and description of duties while under his/her supervision. The statement should also include your performance during the employment period. This statement must be mailed directly to the Board's office by the physician.

10. **LETTER OF REFERENCE** – Request the Director of your Physician Assistant program to submit a letter of reference directly to the Board office. The Certificate of Professional Education form **CANNOT** be accepted in lieu of this requirement.

11. **SOCIAL SECURITY CARD** – Furnish a copy of your Social Security card. Do not fax. A citizen of an international country applying for licensure in Missouri, who does not hold a United States Social Security number, shall submit his/her Visa or Passport in lieu of the Social Security card.

DOCUMENTS AND FEES YOU MUST FURNISH WITH YOUR APPLICATION FOR PHYSICIAN ASSISTANT TEMPORARY LICENSE

1. **FEES** – Please submit the fee to this office in the form of a **Money Order or Cashier's Check** payable on or through a United States bank. All fees should be paid to the order of the Missouri Board of Registration for the Healing Arts. **All fees are non-refundable.**
Fee for Temporary Licensure: \$50.00
 2. **OFFICIAL TRANSLATIONS** – If any of your documents are in an international language, the Board requires you to furnish an **original**, official, word-for-word translation along with a **notarized true copy** of the translation.
AN OFFICIAL TRANSLATION IS:
 1. One which is done by a government official in the United States;
 2. One which is done by an official translation service in the United States;
 3. One which is done by a professor of a language department in a college or university located in the United States;
 4. One which is done by an Official of the American Embassy in a foreign country. This document must be translated by the American Embassy, not just certified as a true copy, and must have the Embassy seal placed on it.**THE TRANSLATOR MUST:**
 1. Certify that the document is a true translation to the best of his/her knowledge, that he/she is fluent in the language, and is qualified to translate;
 2. Sign the translation and have his/her signature certified by a Notary Public;
 3. Print his/her name and title under the signature;
 4. Translate on official letterhead.
 3. **ACTIVITIES STATEMENT** – Each applicant is required to provide, on the form provided, a chronological listing of his/her activities since graduation of high school to the present date. All dates must be accounted for including all beginning and ending dates, months and years. In **chronological order**, list the position held, complete names, address and zip codes of employers and beginning and ending dates of employment.
 4. **VERIFICATION OF LICENSURE** – If you currently hold or have previously held a permanent, temporary or institutional license, certification or registration, in any State/Province (including Canada), the enclosed Verification of Licensure form must be mailed to each agency in which you are now or have ever been licensed, certified or registered to practice in any profession. You may copy this form as needed. It is your responsibility to provide this form directly to the State Board(s).
 5. **PHOTOGRAPH** – Attach a recent photograph in the space provided on the application. Copies of photographs and magazine clippings are not acceptable.
 6. **NAME CHANGE** – If your name has changed since birth, you will be required to submit one of the following documents for verification:
 - Marriage - Furnish a copy no larger than 8 ½" x 11" of your marriage certificate.
 - Divorce - Furnish a copy no larger than 8 ½" x 11" of your divorce decree.
 - Court Order - Furnish a certified court copy of the name change document.
 - Naturalization - If you have had a name change by naturalization, you will be required to hand deliver your original Naturalization Certificate to the Board office for inspection, since it is unlawful to copy that particular document.
 7. **NCCPA VERIFICATION OF ELIGIBILITY TO SIT FOR EXAM** – Request the NCCPA to submit a letter directly to the Missouri Board stating the date you are scheduled to take the certification examination. **The above information must be received directly from the NCCPA.**
 8. **VERIFICATION OF SUPERVISION** – This form must be completed by the physician who will be supervising you prior to practicing in the State of Missouri, and returned directly to the Missouri Board of Healing Arts by the supervising physician. If you have more than one supervising physician, each physician must complete a supervision form. Please indicate which is the primary supervising physician and which are your alternate supervising physicians. You may make additional copies of the form to provide to each of your supervising physicians.
 9. **DEGREE** – Provide a copy, no larger than 8 ½" x 11", of the certificate received after the completion of an accredited Physician Assistant program or complete the enclosed Certificate of Professional Education. All applicants for physician assistant licensure who complete a physician assistant training program after January 1, 2008, shall have a master's degree from a physician assistant program.
 10. **CERTIFICATION OF PROFESSIONAL EDUCATION** – This form may be submitted in lieu of the professional diploma **ONCE ALL DEGREE REQUIREMENTS ARE COMPLETED** for the purpose of obtaining a temporary license. However, a copy of the diploma must be received by the Board before your permanent license can be issued.
 11. **LETTER OF REFERENCE** – Request the Director of your Physician Assistant program to submit a letter of reference directly to the Board office.
 12. **SOCIAL SECURITY CARD** – Furnish a copy of your Social Security card. Do not fax. A citizen of an international country applying for licensure in Missouri, who does not hold a United States Social Security number, shall submit his/her Visa or Passport in lieu of the Social Security card.
- The temporary license is valid from the date issued until three weeks after the examination results are released by the NCCPA. After that time, the temporary license is null and void.**



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
APPLICATION FOR PHYSICIAN ASSISTANT LICENSURE

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD.
 P.O. BOX 4
 JEFFERSON CITY, MO 65102
 TELEPHONE 573-751-0171
 TOLL FREE 866-289-5755

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

1. APPLICANT NAME (LAST, FIRST, MIDDLE, SUFFIX, MAIDEN)

2. CURRENT MAILING ADDRESS (STREET, CITY, STATE, ZIP)

EMAIL ADDRESS

3. PROPOSED MISSOURI PRACTICE ADDRESS (INSTITUTION/GROUP, STREET, CITY, STATE, ZIP) IF UNKNOWN, PLEASE EXPLAIN.

4. DATE OF BIRTH

PLACE OF BIRTH

SOCIAL SECURITY NUMBER

5. HOME TELEPHONE NUMBER

BUSINESS TELEPHONE NUMBER

6. SUPERVISING PHYSICIAN NAME AND ADDRESS

7. EDUCATION

STATE IN CHRONOLOGICAL ORDER, BEGINNING WITH HIGH SCHOOL, THE NAME AND LOCATION OF EACH INSTITUTION ATTENDED, AMOUNT OF TIME ATTENDED AND YEAR OF GRADUATION IF APPLICABLE.

INSTITUTION	DATES ATTENDED	DIPLOMA/YEAR

8. GRADUATE OF

PHYSICIAN ASSISTANT PROGRAM

PHYSICIAN ASSISTANT PROGRAM LOCATION (CITY, STATE)

9. HAVE YOU TAKEN THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS EXAMINATION?
 YES NO IF YES, PLEASE INDICATE:

NUMBER OF TIMES TAKEN	LOCATIONS	DATE
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10. ARE YOU CERTIFIED BY THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS?
 YES NO

CERTIFICATION NUMBER	ISSUE DATE
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11. ARE YOU LICENSED IN ANY PROFESSION IN ANY STATE? IF SO, PLEASE INDICATE BELOW.
 YES NO

STATE	LICENSE NUMBER	DATES HELD	PROFESSION

Please answer the following questions with the appropriate checkmark. If any are answered yes, see separate instructions. **YES NO**

12. Were you employed as a physician assistant for three (3) years prior to August 28, 1989? YES NO

13. Have you ever been denied a license, certificate or registration to practice as a Physician Assistant or been denied the privilege of taking an examination administered by a U.S. state and/or Canadian provincial licensing agency? YES NO

14. Have you ever been reprimanded, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended, been put on probation, or ever been requested to withdraw from any licensed hospital, nursing home, clinic, or other hospital care facility within an organized medical staff, in which you have trained, been a staff member, been a partner, or held hospital privileges? YES NO

15. Has any U.S. state and/or Canadian provincial licensing or disciplinary agency limited, probated, restricted, stipulated, suspended, or revoked a license, registration or certificate you have held? YES NO

16. Have you ever voluntarily surrendered a license, registration or certificate issued to you by a U.S. state and/or Canadian provincial licensing agency for reasons other than failure to renew? YES NO

17. Have you ever been notified of any charges or complaints filed against you with any U.S. state and/or Canadian provincial licensing or disciplinary agency? YES NO

18. Have you ever been arrested, fined, charged with or convicted of a crime, indicted, imprisoned or placed on probation, pled guilty or had sentence imposed? YES NO

19. Have you ever forfeited collateral for breach or violation of any law, police regulation or ordinance whatsoever, been summoned into court as a defendant, or has any lawsuit (other than malpractice) been filed against you? YES NO

20. Have you ever been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself? YES NO

21. Have you ever been denied participation in any State Medicaid or Federal Medicare Programs? YES NO

22. Have you ever been terminated, sanctioned, penalized, or had to repay monies as a result of termination or sanction to any State Medicaid or Federal Medicare Programs? YES NO

23. Are you currently addicted to or dependent upon narcotics, intoxicating liquors, or other substances? YES NO

24. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorder? YES NO

25. Have you in the last ten years or since the age of 18 been treated for or hospitalized for bipolar disorder, schizophrenia, paranoia or any other psychotic disorder? YES NO

26. Are you currently experiencing any medical condition or disorder that limits or impairs your judgment or that otherwise affects your ability to practice as a physician assistant in a safe and competent manner? YES NO

27. Are you now or have you ever been required by federal law or the law of any state to register as a sex offender? YES NO

ALL APPLICANTS MUST PLACE AN ORIGINAL RECENT PHOTOGRAPH IN THE SPACE PROVIDED.

28. APPLICANT OATH

State/Province of _____ County/Parish of _____

I, _____, hereby certify under oath that I am the person named in this application for a license to practice as a Physician Assistant in the State of Missouri; that all statements I have made are true; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application, and the photograph on this page is an identifiable photograph of myself.

I acknowledge and state that I have read Chapter 334, RSMo, which contains the Statutes, Rules and Regulations governing Physician Assistants, that can be located on the Board's website; I have answered all questions truthfully and in compliance with the instructions provided; and I understand that the application fee submitted with this application is non-refundable and cannot be transferred to another application.

I further state that by filing this application for a license to practice as a Physician Assistant in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness as a Physician Assistant, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or international), court, association, institution or other organization having control of any documents, records, and other information pertaining to me to furnish to the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent licensure or practice hereunder.

I understand that I cannot practice in the State of Missouri as a Physician Assistant until the Missouri Board of Healing Arts has issued a license to practice to me.

MUST BE SIGNED IN PRESENCE OF NOTARY

APPLICANT SIGNATURE

NOTARIZATION AND NOTARY INFORMATION

STATE	COUNTY
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The applicant identified him/herself with a government issued photographic identification and bearing true likeness to the above photograph subscribed and swore to the truthfulness of this application before me, this _____ day of _____, _____.	USE A RUBBER STAMP IN CLEAR AREA BELOW
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NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	NOTARY PUBLIC EMBOSSEER SEAL
NOTARY PUBLIC PRINTED NAME		

29. APPLICATION INFORMATION RELEASE AUTHORIZATION

I hereby authorize the State Board of Registration for the Healing Arts, its Directors or designee to release and/or discuss information contained in my application for licensure in the State of Missouri to the following individual. Please provide one name of an individual with whom we may discuss your file, other than yourself. (If name is not listed we will not speak to that individual regarding your file.)

NAME:



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
**PHYSICIAN ASSISTANT VERIFICATION OF LICENSURE
 CERTIFICATION OR REGISTRATION**

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD.
 P.O. BOX 4
 JEFFERSON CITY, MO 65102
 TELEPHONE 573-751-0171
 TOLL FREE 866-289-5755

I _____, hereby authorize and request the state board of _____
 having control of any documents, records and other information pertaining to me to furnish to the Missouri State Board of Healing Arts,
 information including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other
 pertinent information.

SIGNATURE OF APPLICANT	LICENSE NUMBER	ISSUE DATE
NAME IN FULL (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

OTHER NAMES USED IN OBTAINING LICENSURE

CURRENT ADDRESS (STREET, CITY, STATE, AND ZIP CODE)

THE FOLLOWING SECTION MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MISSOURI BOARD OF HEALING ARTS.

STATE OF	FULL NAME OF LICENSEE	
LICENSURE STATUS	LICENSE NUMBER	ISSUE DATE

LICENSURE METHOD
 NATIONAL EXAM STATE BOARD EXAM RECIPROCITY WITH _____
 OTHER (SPECIFY): _____

- HAS THE APPLICANT EVER BEEN NOTIFIED OR REQUESTED TO APPEAR BEFORE ANY LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? IF YES, ATTACH DETAILS.
 YES NO
- HAS THE APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY A DISCIPLINARY AUTHORITY IN YOUR STATE? IF YES, ATTACH DETAILS.
 YES NO
- HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY A LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? IF YES, ATTACH DETAILS.
 YES NO
- HAS ANY APPLICATION FOR INITIAL LICENSURE OR REINSTATEMENT EVER BEEN DENIED? IF YES, ATTACH DETAILS.
 YES NO

COMMENTS, IF ANY

BOARD SEAL	SIGNATURE AND TITLE	DATE
	STATE BOARD	



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
PHYSICIAN ASSISTANT VERIFICATION OF SUPERVISION

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD.
 P.O. BOX 4
 JEFFERSON CITY, MO 65102
 TELEPHONE 573-751-0171
 TOLL FREE 866-289-5755
 FAX 573-751-3166

In accordance with Chapter 334 RSMo, I, _____, certify that
 I will be supervising _____, Physician Assistant, as set forth in
 Sections 334.735 RSMo through 334.748 RSMo and Rule 20 CSR 2150-7.135.

IF THIS IS A CHANGE IN SUPERVISORS, PLEASE PRINT YOUR PREVIOUS SUPERVISOR'S NAME

Please check one of the following: I am the primary supervising physician or I am the alternate supervising physician.

Please initial each of the following paragraphs to confirm that you have read and understand your responsibilities as the supervising physician.

- _____ I understand that as the supervising physician I must hold a Missouri permanent license and be actively engaged in the practice of medicine in Missouri.
- _____ I understand that the Physician Assistant must work within the same office facility as me at least 66% of the time, unless a waiver is obtained, except the Physician Assistant may make follow-up patient examinations in hospitals, patient homes, nursing homes and correctional facilities, each such examination being reviewed, approved and signed by myself.
- _____ I understand that when the follow-up examinations are being conducted I, as the supervising physician, must be no further than 30 miles by road using the most direct route and readily available to the Physician Assistant.
- _____ I understand that the following applies in all practice settings including HPSA practice settings:
- _____ I may not supervise more than three full-time equivalent Physician Assistants;
- _____ I shall be familiar with the level of skill, training and the competence of the Physician Assistant;
- _____ The provisions contained in the Physician Assistant supervision agreement shall be within my scope of practice and the scope of practice of the Physician Assistant and consistent with the Physician Assistant's skill, training and competence;
- _____ The supervision agreement shall:
 - Include consultation, transportation and referral procedures for patients needing emergency care or care beyond the scope of the Physician Assistant;
 - Include the method and frequency of review of the licensed Physician Assistant's practice activities;
 - Be reviewed at least annually and revised accordingly;
 - Be maintained for a minimum of eight years after the termination of agreement;
 - Be signed and dated by the physician and Physician Assistant before implementation;
 - Contain the mechanisms for input for serious or significant changes to a patient.
- _____ I understand it is my responsibility as supervising physician to determine and document the completion of at least a one month period of time during which the Physician Assistant shall practice with me continuously before making follow-up visits in hospitals, patient homes, nursing homes or correctional facilities. A one month period shall consist of a minimum of 100 hours in a consecutive 30 day period;
- _____ I understand I must jointly review and document the work, records, and practice activities of the Physician Assistant at least once every two weeks at the site of service unless practicing in a nursing home setting wherein the work, records and practice activities must be reviewed at least once a month;
- _____ If I am unavailable to supervise the Physician Assistant another Missouri permanently licensed, actively practicing physician must supervise the Physician Assistant in my absence and must sign a Physician Assistant supervision agreement;
- _____ I have read Section 334.735 RSMo. and Rule 20 CSR 2150-7.135 on the reverse side of this form.

SIGNATURE OF SUPERVISING PHYSICIAN	DATE
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NAME (PLEASE PRINT)	MISSOURI LICENSE NUMBER	TELEPHONE NUMBER
---------------------	-------------------------	------------------

I _____, Physician Assistant, certify that I have reviewed this document with the above stated supervising physician and have also reviewed the Statutes, Rules and Regulations that govern the practice of physician assistants in the State of Missouri.

SIGNATURE OF PHYSICIAN ASSISTANT	NAME (PLEASE PRINT)	DATE
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Definitions—rules—scope of practice—prohibited activities—board of healing arts to administer licensing program—supervision agreements—duties and liability of physicians.

334.735. 1. As used in sections 334.735 to 334.749, the following terms mean:

- (1) "Applicant", any individual who seeks to become licensed as a physician assistant;
 - (2) "Certification" or "registration", a process by a certifying entity that grants recognition to applicants meeting predetermined qualifications specified by such certifying entity;
 - (3) "Certifying entity", the nongovernmental agency or association which certifies or registers individuals who have completed academic and training requirements;
 - (4) "Department", the department of insurance, financial institutions and professional registration or a designated agency therefor;
 - (5) "License", a document issued to an applicant by the board acknowledging that the applicant is entitled to practice as a physician assistant;
 - (6) "Physician assistant", a person who has graduated from a physician assistant program accredited by the American Medical Association's Committee on Allied Health Education and Accreditation or by its successor agency, who has passed the certifying examination administered by the National Commission on Certification of Physician Assistants and has active certification by the National Commission on Certification of Physician Assistants who provides health care services delegated by a licensed physician. A person who has been employed as a physician assistant for three years prior to August 28, 1989, who has passed the National Commission on Certification of Physician Assistants examination, and has active certification of the National Commission on Certification of Physician Assistants;
 - (7) "Recognition", the formal process of becoming a certifying entity as required by the provisions of sections 334.735 to 334.749;
 - (8) "Supervision", control exercised over a physician assistant working within the same facility as the supervising physician sixty-six percent of the time a physician assistant provides patient care, except a physician assistant may make follow-up patient examinations in hospitals, nursing homes, patient homes, and correctional facilities, each such examination being reviewed, approved and signed by the supervising physician, except as provided by subsection 2 of this section. For the purposes of this section, the percentage of time a physician assistant provides patient care with the supervising physician on-site shall be measured each calendar quarter. The supervising physician must be readily available in person or via telecommunication during the time the physician assistant is providing patient care. The board shall promulgate rules pursuant to chapter 536, for documentation of joint review of the physician assistant activity by the supervising physician and the physician assistant. The physician assistant shall be limited to practice at locations where the supervising physician is no further than thirty miles by road using the most direct route available, or in any other fashion so distanced as to create an impediment to effective intervention and supervision of patient care or adequate review of services. Any other provisions of this chapter notwithstanding, for up to ninety days following the effective date of rules promulgated by the board to establish the waiver process under subsection 2 of this section, any physician assistant practicing in a health professional shortage area as of April 1, 2007, shall be allowed to practice under the on-site requirements stipulated by the supervising physician form that was in effect on April 1, 2007.
2. The board shall promulgate rules under chapter 536, to direct the advisory commission on physician assistants to establish a formal waiver mechanism by which an individual physician-physician assistant team may apply for alternate minimum amounts of on-site supervision and maximum distance from the supervising physician. After review of an application for a waiver, the advisory commission on physician assistants shall present its recommendation to the board for its advice and consent on the approval or denial of the application. The rule shall establish a process by which the public is invited to comment on the application for a waiver, and shall specify that a waiver may only be granted if a supervising physician and physician assistant demonstrate to the board's satisfaction in accordance with its uniformly applied criteria that:
- (1) Adequate supervision will be provided by the physician for the physician assistant, given the physician assistant's training and experience and the acuity of patient conditions normally treated in the clinical setting;
 - (2) The physician assistant shall be limited to practice at locations where the supervising physician is no further than fifty miles by road using the most direct route available, or in any other fashion so distanced as to create an impediment to effective intervention and supervision of patient care or adequate review of services;
 - (3) The community or communities served by the supervising physician and physician assistant would experience reduced access to health care services in the absence of a waiver;
 - (4) The applicant will practice in an area designated at the time of application as a health professional shortage area;
 - (5) Nothing in this section shall be construed to require a physician-physician assistant team to increase their on-site requirement allowed in their initial waiver in order to qualify for renewal of such waiver;
 - (6) If a waiver has been granted by the board of healing arts on or after August 28, 2009, to a physician-physician assistant team working in a rural health clinic under the federal Rural Health Clinic Services Act, P.L. 95-210, as amended, no additional waiver shall be required for the physician-physician assistant team, so long as the rural health clinic maintains its status as a rural health clinic under such federal act, and such physician-physician assistant team comply with federal supervision requirements. No supervision requirements in addition to the minimum federal law shall be required for the physician-physician assistant team in a rural health clinic if a waiver has been granted by the board. However, the board shall be able to void a current waiver after conducting a hearing and upon a finding of fact that the physician-physician assistant team has failed to comply with such federal act or other member of the team has violated a provision of this chapter;
 - (7) A physician assistant shall only be required to seek a renewal of a waiver every five years or when his or her supervising physician is a different physician than the physician shown on the waiver application or they move their primary practice location more than ten miles from the location shown on the waiver application.
3. The scope of practice of a physician assistant shall consist only of the following services and procedures:
- (1) Taking patient histories;
 - (2) Performing physical examinations of a patient;
 - (3) Performing or assisting in the performance of routine office laboratory and patient screening procedures;
 - (4) Performing routine therapeutic procedures;
 - (5) Recording diagnostic impressions and evaluating situations calling for attention of a physician to institute treatment procedures;
 - (6) Instructing and counseling patients regarding mental and physical health using procedures reviewed and approved by a licensed physician;
 - (7) Assisting the supervising physician in institutional settings, including reviewing of treatment plans, ordering of tests and diagnostic laboratory and radiological services, and ordering of therapies, using procedures reviewed and approved by a licensed physician;
 - (8) Assisting in surgery;
 - (9) Performing such other tasks not prohibited by law under the supervision of a licensed physician as the physician's assistant has been trained and is proficient to perform;
 - (10) Physician assistants shall not perform abortions.
4. Physician assistants shall not prescribe nor dispense any drug, medicine, device or therapy unless pursuant to a physician supervision agreement in accordance with the law, nor prescribe lenses, prisms or contact lenses for the aid, relief or correction of vision or the measurement of visual power or visual efficiency of the human eye, nor administer or monitor general or regional block anesthesia during diagnostic tests, surgery or obstetric procedures. Prescribing and dispensing of drugs, medications, devices or therapies by a physician assistant shall be pursuant to a physician assistant supervision agreement which is specific to the clinical conditions treated by the supervising physician and the physician assistant shall be subject to the following:
- (1) A physician assistant shall only prescribe controlled substances in accordance with section 334.747;
 - (2) The types of drugs, medications, devices or therapies prescribed or dispensed by a physician assistant shall be consistent with the scopes of practice of the physician assistant and the supervising physician;
 - (3) All prescriptions shall conform with state and federal laws and regulations and shall include the name, address and telephone number of the physician assistant and the supervising physician;
 - (4) A physician assistant or advanced practice nurse as defined in section 335.016, may request, receive and sign for noncontrolled professional samples and may distribute professional samples to patients;
 - (5) A physician assistant shall not prescribe any drugs, medicines, devices or therapies the supervising physician is not qualified or authorized to prescribe; and
 - (6) A physician assistant may only dispense starter doses of medication to cover a period of time for seventy-two hours or less.
5. A physician assistant shall clearly identify himself or herself as a physician assistant and shall not use or permit to be used in the physician assistant's behalf the terms "doctor", "Dr." or "doc" nor hold himself or herself out in any way to be a physician or surgeon. No physician assistant shall practice or attempt to practice without physician supervision or in any location where the supervising physician is not immediately available for consultation, assistance and intervention, except as otherwise provided in this section, and in an emergency situation, nor shall any physician assistant bill a patient independently or directly for any services or procedure by the physician assistant.
6. For purposes of this section, the licensing of physician assistants shall take place within processes established by the state board of registration for the healing arts through rule and regulation. The board of healing arts is authorized to establish rules pursuant to chapter 536, establishing licensing and renewal procedures, supervision, supervision agreements, fees, and addressing such other matters as are necessary to protect the public and discipline the profession. An application for licensing may be denied or the license of a physician assistant may be suspended or revoked by the board in the same manner and for violation of the standards as set forth by section 334.100, or such other standards of conduct set by the board by rule or regulation. Persons licensed pursuant to the provisions of chapter 335, shall not be required to be licensed as physician assistants. All applicants for physician assistant licensure who complete a physician assistant training program after January 1, 2008, shall have a master's degree from a physician assistant program.
7. "Physician assistant supervision agreement" means a written agreement, jointly agreed-upon protocols or standing order between a supervising physician and a physician assistant, which provides for the delegation of health care services from a supervising physician to a physician assistant and the review of such services.
8. When a physician assistant supervision agreement is utilized to provide health care services for conditions other than acute self-limited or well-defined problems, the supervising physician or other physician designated in the supervision agreement shall see the patient for evaluation and approve or formulate the plan of treatment for new or significantly changed conditions as soon as practical, but in no case more than two weeks after the patient has been seen by the physician assistant.
9. At all times the physician is responsible for the oversight of the activities of, and accepts responsibility for, health care services rendered by the physician assistant.
10. It is the responsibility of the supervising physician to determine and document the completion of at least a one-month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present.
11. No contract or other agreement shall require a physician to act as a supervising physician for a physician assistant against the physician's will. A physician shall have the right to refuse to act as a supervising physician, without penalty, for a particular physician assistant. No contract or other agreement shall limit the supervising physician's ultimate authority over any protocols or standing orders or in the delegation of the physician's authority to any physician assistant, but this requirement shall not authorize a physician in implementing such protocols, standing orders, or delegation to violate applicable standards for safe medical practice established by hospital's medical staff.
12. Physician assistants shall file with the board a copy of their supervising physician form.
13. No physician shall be designated to serve as supervising physician for more than three full-time equivalent licensed physician assistants. This limitation shall not apply to physician assistant agreements of hospital employees providing inpatient care service in hospitals as defined in chapter 197.
- (L. 1989 S.B. 217 § 1, A.L. 1996 H.B. 999, A.L. 1997 S.B. 141, A.L. 1998 H.B. 1601, et al., A.L. 2005 S.B. 177, A.L. 2007 H.B. 497, A.L. 2008 S.B. 788, A.L. 2009 S.B. 296, A.L. 2010 H.B. 2226, et al. merged with S.B. 754)
- ### 20 CSR 2150-7.135 Physician Assistant Supervision Agreements
- PURPOSE:** *This rule defines the terms used throughout this chapter as applicable to physician assistants, specifies the requirements for supervision agreements and practice of a physician assistant pursuant to a supervision agreement.*
- (1) As used in this rule, unless specifically provided otherwise, the term—
 - (A) Supervising physician—shall mean a physician so designated pursuant to 20 CSR 2150-7.100(4) who holds a permanent license to practice medicine in the state of Missouri and who is actively engaged in the practice of medicine, except that this shall not include physicians who hold a limited license pursuant to section 334.112, RSMo, or a temporary license pursuant to section 334.045 or 334.046, RSMo, or physicians who have retired from the practice of medicine. A physician meeting these requirements but not so designated may serve as a supervising physician, upon signing a physician assistant supervision agreement for times not to exceed fifteen (15) days, when the supervising physician is unavailable if so specified in the physician assistant supervision agreement. For the sole purpose of physician assistants practicing in federal facilities, the supervising physician must be licensed in the state of Missouri or lawfully practicing pursuant to federal law;
 - (B) Physician assistant supervision agreements—refers to written agreements, jointly agreed upon protocols, or standing orders between a supervising physician and a licensed physician assistant which provide for the delegation of health care services from a supervising physician to a licensed physician assistant and the review of such services;
 - (C) Consultation—shall mean the process of seeking a supervising physician's input and guidance regarding patient care including, but not limited to, the methods specified in the physician assistant supervision agreement;
 - (D) Assistance—shall mean participation by a supervising physician in patient care;
 - (E) Intervention—refers to the direct management of a patient's care by a supervising physician; and
 - (F) Actively engaged—as used in subsection (1)(A) of this rule shall mean a physician who, in addition to the patients being treated by the physician assistant, has an established practice of patients for whom they are responsible for their ongoing care.
 - (2) No physician assistant shall practice pursuant to the provisions of sections 334.735 through 334.748, RSMo or to the provisions of this rule unless licensed and pursuant to a written physician assistant supervision agreement. A physician assistant shall not practice until informing the board, in writing, of the supervising physician's name and practice address(es).
 - (3) Except in an emergency situation a supervising physician as designated pursuant to 20 CSR 2150-7.100(4) or otherwise in the physician assistant supervision agreement shall at all times during patient care be readily available to the licensed physician assistant in person or via telecommunication.
 - (4) Unless the physician-physician assistant team has received a waiver pursuant to 20 CSR 2150-7.136, the supervising physician as designated pursuant to 20 CSR 2150-7.100(4) or otherwise in the physician assistant supervision agreement must be on-site sixty-six percent (66%) of the time that the physician assistant is practicing. This sixty-six percent (66%) on-site supervision must be provided each calendar quarter.
 - (5) The on-site supervision required in 20 CSR 2150-7.135(4) shall not apply when a physician assistant is making follow-up patient examinations in hospitals, patient homes, nursing homes and correctional facilities without a supervising physician's presence.
 - (6) A physician assistant shall be limited to practicing at locations where the supervising physician as designated pursuant to 20 CSR 2150-7.100(4) or otherwise in the physician assistant supervision agreement, is no further than thirty (30) miles by road, using the most direct route available, or in any other fashion so distanced as to create an impediment to effective intervention, supervision of patient care or adequate review of services, unless the supervising physician-physician assistant team receives a waiver pursuant to 20 CSR 2150-7.136. Physician assistants whose teams receive such waivers must practice no further than fifty (50) miles by road, using the most direct route available from the supervising physician.
 - (7) No physician may be designated to serve as supervising physician for more than three (3) full-time equivalent licensed physician assistants. This limitation shall not apply to physician assistant supervision agreements of hospital employees providing in-patient care services in hospitals as defined in Chapter 197, RSMo.
 - (8) Upon entering into a physician assistant supervision agreement, the supervising physician shall be familiar with the level of skill, training and the competence of the licensed physician assistant whom the physician will be supervising. The provisions contained in the physician assistant supervision agreement between the licensed physician assistant and the supervising physician shall be within the scope of practice of the licensed physician assistant and consistent with the licensed physician assistant's skill, training and experience.
 - (9) The delegated health care services provided for in the physician assistant supervision agreement shall be consistent with the scopes of practice of both the supervising physician and licensed physician assistant including, but not limited to, any restrictions placed upon the supervising physician's practice or license.
 - (10) The physician assistant supervision agreement between a supervising physician and a licensed physician assistant shall—
 - (A) Include consultation, transportation and referral procedures for patients needing emergency care or care beyond the scope of practice of the licensed physician assistant if the licensed physician assistant practices in a setting where a supervising physician is not continuously present;
 - (B) Include the method and frequency of review of the licensed physician assistant's practice activities;
 - (C) Be reviewed at least annually and revised as the supervising physician and licensed physician assistant deem necessary;
 - (D) Be maintained by the supervising physician and licensed physician assistant for a minimum of eight (8) years after the termination of the agreement; and
 - (E) Be signed and dated by the supervising physician, alternate supervising physician(s) and licensed physician assistant prior to its implementation; and
 - (F) Contain the mechanisms for input for serious or significant changes to a patient.
 - (11) It is the responsibility of the supervising physician to determine and document the completion of a one (1)-month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present. A one (1)-month period shall consist of a minimum of one hundred (100) hours in a consecutive thirty (30)-day period.
 - (12) It is the responsibility of the supervising physician and licensed physician assistant to jointly review and document the work, records, and practice activities of the licensed physician assistant at least once every two (2) weeks. The supervising physician must review a minimum of ten percent (10%) of the physician assistant's patients' records every two (2) weeks and have documentation supporting the review. For nursing home practice, such review shall occur at least once a month. The documentation of this review shall be available to the Board of Registration for the Healing Arts for review upon request.
 - (13) If any provisions of these rules are deemed by the appropriate federal or state authority to be inconsistent with guidelines for federally funded clinics, individual provisions of these rules shall be considered severable and supervising physicians and licensed physician assistants practicing in such clinics shall follow the provisions of such federal guidelines in these instances. However, the remainder of the provisions of these rules not so affected shall remain in full force and effect for such practitioners.
- AUTHORITY:** section 334.735, RSMo Supp. 2010. *This rule originally filed as 4 CSR 150-7.135. Original rule filed Jan. 3, 1997, effective July 30, 1997. Rule Action Notice filed: July 7, 1998, effective July 21, 1999. Amended: Filed July 30, 1999, effective Feb. 29, 2000. Amended: Filed March 1, 2005, effective Aug. 30, 2005. Amended: Filed June 1, 2005, effective Dec. 30, 2005. Moved to 20 CSR 2150-7.135, effective Aug. 28, 2006. Emergency amendment filed Oct. 19, 2007, effective Oct. 29, 2007, expired April 25, 2008. Amended: Filed Oct. 19, 2007, effective May 30, 2008. Amended: Filed April 3, 2009, effective Sept. 30, 2009. Amended: Filed Nov. 1, 2010, effective June 30, 2011. *Original authority: 334.735, RSMo 1989, amended 1996, 1997, 1998, 2005, 2007, 2008, 2009, 2010.



CERTIFICATE OF PROFESSIONAL EDUCATION – PHYSICIAN ASSISTANT

It is hereby certified that _____
(NAME OF STUDENT)

attended _____
(NAME OF SCHOOL)

at _____ from
(ADDRESS OF SCHOOL)

the _____ day of _____ to the _____ day of _____,
(MONTH AND YEAR) (MONTH AND YEAR)

during which time he/she pursued, passed and successfully completed all the requirements of the physician assistant program according to the standards of the American Medical Association’s Committee on Allied Health Education and Accreditation or its successor. It is further certified that the applicant will receive the diploma evidencing satisfactory completion of this program dated the _____ day of _____, which is the final diploma
(MONTH AND YEAR)

offered by this school as qualification for practice as a Physician Assistant.

SIGNATURE OF PRESIDENT, REGISTRAR, DEAN OR DIRECTOR OF PROGRAM

DATE

SCHOOL SEAL (IF THE SCHOOL HAS NO SEAL THE STATEMENT MUST BE NOTARIZED)

*The Certificate of Professional Education form **will not** be accepted in lieu of the Letter of Reference*