

DRAFT 10/15/2011

NOTICE OF PROPOSED RULEMAKING

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

PREAMBLE

- 1. Article, Part, or Section Affected (as applicable) Rulemaking Action**

R4-17-101	Amend
R4-17-102	Amend
Table 1	Amend
Article 2	Amend
R4-17-201	Repeal
R4-17-202	Amend
R4-17-203	Amend
R4-17-204	Repeal
R4-17-204	New Section
R4-17-205	Amend
R4-17-206	Amend
R4-17-207	Amend
Article 3	Repeal
R4-17-301	Repeal
R4-17-302	Repeal
R4-17-303	Repeal
R4-17-304	Repeal
R4-17-305	Repeal
R4-17-402	Repeal
R4-17-403	Amend
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific):**

Authorizing statute: A.R.S. § 32-2504(B)

Implementing statute: A.R.S. §§ 32-2501, 32-2504, 32-2521, 32-2522, 32-2523, 32-2526
- 3. Citations to all related notices published in the Register as specified in R1-1-409(A) that pertain to the record of the proposed rules:**

Notice of Rulemaking Docket Opening: 17 A.A.R. 1772, September 2, 2011
- 4. The agency's contact person who can answer questions about the rulemaking:**

Name: Lisa Wynn, Executive Director
Address: 9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258
Telephone: (480) 551-2791
Fax: (480) 551-2828
E-mail: lisa.wynn@azmd.gov

5. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:

The Board is amending or repealing its rules to be consistent with its statutory authority, in particular HB 2021, which was passed by the forty-ninth legislature, second regular session in 2010. The Board is also making changes consistent with its five-year-review report approved by the Governor's Regulatory Review Council on July 13, 2010. Some of the changes to the rules include: Changing the word "certify" or "certification" to "license" or "licensure" throughout the rules because according to A.R.S. § 32-2501(13), "physician assistant means a person who is licensed pursuant to this chapter and who practices medicine with physician supervision."

The Board is also making the following changes to the rules:

Repealing many of the definitions because the terms are not being used in the rules. The term "supervising physician's agent" is being repealed wherever it appears in the rules because HB 2021 repealed the term. The definition of "supervision" in A.A.C. R4-17-101(19) is being repealed because A.R.S. § 32-2501(17) provides a definition of supervision. Other definitions are being clarified.

Making changes to the time-frame rules in R4-17-102 and Table 1 to reflect the licenses and approvals issued by the Board.

Repealing R4-17-201 because HB 2021 repealed the Board's authority to grant an exemption to a student enrolled in a physician assistant education program. Instead, A.R.S. § 32-2524 specifically exempts a student from licensure. Thus, a student no longer needs to submit an application for an exemption as stated in the rule.

Amending R4-17-203 to include the requirements for a regular license because the Board's authority to grant temporary licenses in A.R.S. § 32-2024 was repealed.

Repealing R4-17-204 because requirements for a regular license were moved to R4-17-203 and both the text and heading were completely changed by making a new R4-17-204 that states the fees charged by the Board.

Repealing most of the requirements for continuing education to be consistent with A.R.S. § 32-2523 and adding a provision for granting an extension of the deadline.

Amending the renewal requirements in R4-17-206.

Repealing all of the rules in Article 3 because of the amendments to A.R.S. § 32-2504 and 32-2531

Repealing R4-17-402 to be consistent with A.R.S. § 32-2504(A)(11).

Updating R4-17-403 for rehearing or review.

The Board is also making any other changes necessitated by changes in its statutes or policy.

6. A reference to any study relevant to the rules that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rules, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The Board did not rely on any study.

7. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

None

8. The preliminary summary of the economic, small business, and consumer impact:

Annual cost/revenue changes are designated as minimal when less than \$5,000, moderate when between \$5,000 and \$10,000 and substantial when greater than \$10,000.

Annual cost/revenue changes are designated as minimal when less than \$5,000, moderate when between \$5,000 and 10,000 and substantial when greater than \$10,000.

The Board will incur moderate costs for the rulemaking. The rules update the current practices and procedures of the Board necessitated by the statutory changes in 2010. Because the Board is no longer required to approve a notification of supervision agreement, the rules are either being amended to lessen requirements or repealed. As a result, the rules should not increase costs to applicants, licensees, supervising physicians, or businesses. The rules will have no cost impact on any other state agency other than the Secretary of State's Office and the Governor's Regulatory Review Council, both of which incur some minimal costs to process and publish the rules.

Because A.R.S. § 32-2526 requires the Board to establish its fees annually at its fall meeting, it has always published its fees on the Board's website. The Board is now placing its fees in a fees rule. The Board has charged \$185.00 for the initial license issuance fee and the renewal fee since January 1, 2011. The cost is minimal for an applicant and a licensee. The other fees have not been changed since 2002 and are also minimal.

The Office of Administrative Hearings (OAH) has held five hearings since November 2009 and has charged the Board from \$474.92 to \$1, 534.09. Associated costs, such as for expert witnesses

or transcriptions have been minimal to moderate depending on the complexity and length of the case.

The Board, applicants, licensees, supervising physicians, and businesses should benefit from rules that are updated and consistent with its statutory authority. Consumers of medical services benefit should not experience any increase in costs, but should also benefit from clear, concise and understandable standards.

9. The agency's contact person who can answer questions about the economic, small business, and consumer impact statement:

Name: Lisa Wynn, Executive Director
Address: 9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258
Telephone: (480) 551-2791
Fax: (480) 551-2828
E-mail: lisa.wynn@azmd.gov

10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rules, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rules:

The Board will hold an oral proceeding regarding the proposed rules as follows:

Date:
Time:
Location: 9545 East Doubletree Ranch Road, Suite ???
Scottsdale, AZ 85258

The rulemaking record will close at 5:00 p.m. on ????

11. All agencies shall list other matters prescribed by statute applicable to the specific agency or to any specific rule or class of rules. Additionally, an agency subject to Council review under A.R.S. §§ 41-1052 and 41-1055 shall respond to the following questions:

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

Yes, the Board is issuing a license, which falls within the definition of general permit.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than federal law and if so, citation to the statutory authority to exceed the requirements of federal law:

Federal law is not applicable to the subject of the rule.

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

The Board did not receive such an analysis from any person.

12. A list of any incorporation by reference material as specified in A.R.S. § 41-1028 and its location in the rules:

None

13. The full text of the rules follows:

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CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

ARTICLE 1. GENERAL PROVISIONS

- R4-17-101. Definitions
- R4-17-102. Time-frames for ~~Certifications~~ Licenses and Approvals
- Table 1. Time-frames

ARTICLE 2. PHYSICIAN ASSISTANT ~~CERTIFICATION~~ LICENSURE

- ~~R4-17-201. Physician Assistant Student Training Registration Exemption~~
- R4-17-202. ~~Certifying~~ Examination
- R4-17-203. ~~Temporary Certification of a Physician Assistant~~ Regular License Application
- ~~R4-17-204. Certification of Physician Assistant~~
- R4-17-204. Fees
- R4-17-205. Continuing Medical Education
- R4-17-206. License Renewal of ~~Certification~~
- R4-17-207. Denial of License or Extension to Complete Continuing Education, ~~Exemption from Registration, Temporary Certification, Certification, Recertification, or Cancellation of Certification~~

ARTICLE 3. SCOPE OF PRACTICE

- ~~R4-17-301. Delegation of Authority for Schedule II or Schedule III Controlled Substances~~
- ~~R4-17-302. Drug labels~~
- ~~R4-17-303. Notification of Supervision~~
- ~~R4-17-304. Reports~~
- ~~R4-17-305. Supervision~~

ARTICLE 4. REGULATION

- ~~R4-17-402. Termination of Supervision~~
- R4-17-403. Rehearing or Review

ARTICLE 1. GENERAL PROVISIONS

R4-17-101. Definitions

1. ~~"ABMS/AOA" means the American Board of Medical Specialties/American Osteopathic Association.~~
1. "Ability to perform health care tasks authorized by A.R.S. § 32-2531" means:
 - a. The cognitive capacity to make clinical diagnoses and exercise medical judgments and to learn and keep abreast of medical developments through the completion of continuing medical education,
 - b. The ability to communicate medical judgments and medical information to patients and other professionals, and
 - c. The physical capability to perform the health care tasks authorized by A.R.S. § 32-2531.
2. ~~"ACCME" means the Accreditation Council for Continuing Medical Education.~~
2. "Applicant" means an individual seeking a regular license or renewal license.
3. ~~"Active practice of medicine" means a physician working a minimum of 1,000 hours per year in a clinical area with direct patient contact or clinical research.~~
4. ~~"AMA" means the American Medical Association.~~
5. ~~"Application" means, for purposes of R4-17-102 only, forms designated as applications and the notification of supervision form, and all documents and additional information the Board requires to be submitted with an application or notification of supervision form.~~
6. ~~"ASAPA" means the Arizona State Association of Physician Assistants.~~
7. ~~"Board official" means the Board program administrator or the executive director, deputy director, or an investigator of the Board of Medical Examiners.~~
8. ~~"CAAHEP" means the Commission on the Accreditation of Allied Health Education Programs.~~
9. ~~"CAHEA" means the Committee on Allied Health Education and Accreditation.~~
- 10.3. "Category I continuing medical education" means a designation given to an a continuing medical education activity certified as Category I provided by an institution or organization that has been accredited for continuing medical education by the:
 - a. ACCME Accreditation Council for Continuing Medical Education,
 - b. the AMA American Medical Association,
 - c. the American Academy of Physician Assistants,
 - d. or the American Osteopathic Association,
 - e. Accreditation Council for Continuing Medical Education,
 - f. Accreditation Review Commission on Education for Physician Assistants, or
 - g. Commission on the Accreditation of Allied Health Education Programs.

4. "Controlled substance" means the same as in A.R.S. § 32-1901.
11. ~~"Direction" means authoritative policy or procedural guidance for the accomplishment of a function or activity.~~
- 12.5. ~~"Dispense" means to issue one or more doses of medication in a suitable container with a label that satisfies all applicable labeling requirements of the Arizona Board of Pharmacy in A.R.S. § 32-1901 et seq., A.A.C. R4-23-101 et seq., and of R4-17-302 the same as in A.R.S. § 32-1401.~~
13. ~~"Full day" means not less than eight hours.~~
6. "Drug" means the same as in A.R.S. § 32-1901.
7. "Health care institution" means the same as in A.R.S. § 36-401.
8. "Health professional" means the same as in A.R.S. § 32-3201 or its equivalent in another state.
9. "Health profession regulatory authority" means a state or federal entity that issues and regulates health professional licenses.
- 14.10. No change
- 15.11. No change
12. "PANRE" means the Physician Assistance National Recertification Examination.
- 16.13. No change
14. "Privileges" means the authority granted by a health care institution to a physician or physician assistant to practice medicine at the health care institution.
- 17.15. ~~"Service" means personal delivery or mailing by certified mail to a physician assistant, supervising physician, supervising physician's agent, or applicant affected by a decision of the Board at the physician assistant's, supervising physician's, supervising physician's agent, or applicant's last known residence or place of business.~~
- 18.16. No change
19. ~~"Supervision" means a physician's opportunity or ability to provide or exercise control and direction over the services of a physician assistant. Supervision does not require a physician's constant physical presence if the supervising physician or the supervising physician's agent is or can be easily in contact with the physician assistant by radio, telephone or telecommunication. A.R.S. § 32-2501.~~
17. "Substance use disorder" means the maladaptive pattern of the use of a drug, alcohol, or chemical leading to effects that are detrimental to an individual's physical or mental health.

R4-17-102. Time-frames for ~~Certifications~~ Licenses and Approvals

- A. ~~For each type of certification, renewal of certification, or approval issued by the Board, the~~ The overall time-frame described in A.R.S. § 41-1072(2) for a regular license or renewal license is set forth in Table 1.

B. ~~For each type of certification, renewal of certification, or approval issued by the Board, the~~ The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for a regular license or renewal license is set forth in Table 1 and begins on the date the Board receives an application.

1. No change
 - a. No change
 - b. No change
 - c. No change
2. No change

C. ~~For each type of certification, renewal of certification, or approval issued by the Board, the~~ The substantive review time-frame described in A.R.S. § 41-1072(3) for a regular license or renewal license is set forth in Table 1 and begins on the date the Board sends written notice of administrative completeness to the applicant.

1. No change
2. No change
3. The Board shall issue a written notice of denial of ~~certification, a license or license renewal of certification, or approval~~ if the Board determines that the applicant does not meet all of the substantive criteria required by statute or this Chapter for ~~certification, licensure or license renewal of certification, or approval~~.
4. If the applicant meets all of the substantive criteria required by statute and this Chapter for ~~certification, a license or license renewal of certification, or approval~~, the Board shall issue the ~~certification, license or license renewal of certification, or approval~~ to the applicant.

D. No change

Table 1. Time-frames (in days)

Type of License	Overall Time-frame	Administrative Review Time-frame	Time to Respond to Deficiency Notice	Substantive Review Time-frame	Time to Respond to Request for Additional Information
Temporary Certification R4-17-203	120	30	365	90	90
<u>Certification</u> <u>Regular License</u>	120	30	365	90	270

<u>including schedule II or schedule III controlled substances approval</u> R4-17-204 <u>R4-17-203</u>					
<u>License Renewal of Certification</u> R4-17-206	30	30	Not later than Sep. 30 of each year	Not Applicable	Not Applicable
<u>Approval of Delegation of Authority for Schedule II or Schedule III controlled substances</u> R4-17-303	120	30	60	90	30
<u>Approval of Notification</u> R4-17-303	120	30	60	90	30

ARTICLE 2. PHYSICIAN ASSISTANT CERTIFICATION LICENSURE

~~R4-17-201. Physician Assistant Student Training Registration Exemption~~

~~A. A physician assistant student who wishes an exemption from regular certification while in the course of an approved physician assistant training program in accordance with A.R.S. § 32-2521(B)(3)(a) shall provide the following information to the Board at least 10 days before beginning the clinical phase of the training program, on an application form provided by the Board:~~

- ~~1. Physician assistant student's full name, current complete address, and date of birth;~~
- ~~2. Consistent with the Board's statutory authority, such other information as the Board may deem necessary to fully evaluate the student's application; and~~
- ~~3. A notarized sworn statement by the student verifying the truthfulness of the information provided.~~

~~B. In addition to the requirements of subsection (A), a physician assistant student applying for an exemption from regular certification shall have the physician assistant program dean or director~~

execute and directly submit to the Board a notarized physician assistant program certification on a form provided by the Board that certifies the following:

1. ~~The student is currently engaged in a physician assistant training program;~~
2. ~~The name of the program;~~
3. ~~The date the program was approved for physician assistant training by CAAHEP; and~~
4. ~~The student's training commencement date and anticipated date of completion.~~

R4-17-202. Certifying Examination

- A. An applicant for ~~certification~~ a regular license as a physician assistant shall pass the PANCE or PANRE.
- B. An applicant who presents a certificate ~~document~~ issued by the NCCPA that shows the applicant passed either the PANCE or the NCCPA recertification examination within the six year period preceding presentation of the certificate to the Board shall be deemed to have met the requirement of A.R.S. § 32-2521(A)(2).

An applicant for a regular license who has not passed the PANCE within six years preceding the date of the application shall submit documentation that shows the applicant passed the PANRE within six years preceding the date of the application.

R4-17-203. Temporary Certification of a Physician Assistant Regular License Application

- A. An applicant for ~~temporary certification as a physician assistant~~ a regular license shall submit ~~the following information on an application form furnished by a completed application~~ to the Board that includes:

1. The Applicant's applicant's:
 - 1.a. ~~full~~ First, last, and middle name and social security number;
 - b. Every other name used by the applicant;
 - c. Social security number;
 - 2.d. ~~Applicant's mailing and office addresses~~ Practice address and telephone number;
 - e. Mailing address, if different from the practice address;
 - 3.f. ~~Applicant's home and office phone numbers~~ Home address and telephone number; and
 - 4.g. ~~Applicant's birth place and date of birth~~ Birth date and city or country of birth;
2. The name and address of the approved program completed by the applicant and the date of completion;
- 5.3. ~~Names~~ The name of the states each state or provinces province in which the applicant has ever been granted a certification, registration, or license certified, registered, or licensed

as a physician assistant, including the certificate, registration, or license number, date issued, and current status of the certification;

4. Whether the applicant has practiced as a physician assistant since graduation from a physician assistant program or for 10 continuous years before the date the application was submitted to the Board and if not, an explanation;
6. ~~Whether the applicant has had an application for certification, registration, or licensure to perform health care tasks denied or rejected by another state or province licensing board, and if so, an explanation;~~
7. ~~Whether a health care provider has taken an action against or placed a restriction or limitation upon the applicant, or whether the applicant has been placed on probation or academic probation while the applicant was participating in a training program, and if so, an explanation;~~
8. ~~Whether the applicant has been charged with a violation of a statute, rule, or regulation of any domestic or foreign governmental agency, and if so, an explanation;~~
9. ~~Whether the applicant has been found guilty or entered into a plea of no contest to a felony, misdemeanor involving moral turpitude in any state, and if so, an explanation;~~
10. ~~Whether an action has been initiated against the applicant by or through any medical board or association, and if so, an explanation;~~
11. ~~Whether the applicant has been placed on probation or had a certificate to perform health care tasks revoked, suspended, limited, restricted, voluntary surrendered, or canceled during an investigation or instead of disciplinary action, or entered into a consent agreement or stipulation, and if so, an explanation;~~
12. ~~Whether the applicant has had hospital privileges revoked, denied, suspended, or restricted, and if so, an explanation;~~
13. ~~Whether the applicant has been named as a defendant in a malpractice matter that resulted in a settlement or judgment against the applicant in excess of \$20,000, and if so, an explanation;~~
14. ~~Whether the applicant has been convicted of Medicare or Medicaid fraud or received sanctions, including restriction, suspension, or removal from practice, imposed by an agency of the federal government, and if so, an explanation;~~
15. ~~Whether the applicant has had authority to prescribe, dispense, or administer medications limited, restricted modified, denied, surrendered, or revoked by a federal or state agency, and if so, an explanation;~~

16. ~~Whether the applicant has a chronic ailment communicable to others, and if so, an explanation;~~
17. ~~Whether the applicant has a medical condition that impairs or limits the applicant's ability to safely practice a health care task within the scope of practice of a physician assistant, and if so, an explanation;~~
18. ~~Whether the applicant, within the last 10 years, has been diagnosed with or treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, and if so, an explanation;~~
19. ~~Whether the applicant has, since attaining the age of 18 or within the last 10 years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, and if so, an explanation;~~
5. A questionnaire that includes answers to the following:
 - a. Whether the applicant has had an application for a certificate, registration, or license refused or denied by any licensing authority, and if so, an explanation;
 - b. Whether the applicant has had the privilege of taking an examination for a professional license refused or denied by any entity, and if so, an explanation;
 - c. Whether the applicant has ever resigned or been requested to resign, been suspended or expelled from, been placed on probation, or been fined while enrolled in a medical school or a postsecondary educational program, and if so, an explanation;
 - d. Whether, while attending an approved program, the applicant has ever had any action taken against the applicant by an approved program, resigned, or been asked to leave the approved program for any amount of time, and if so, an explanation
 - e. Whether the applicant has ever surrendered a health professional license, and if so, an explanation;
 - f. Whether the applicant has ever had a health professional license suspended or revoked, or whether any other disciplinary action has ever been taken against a health professional license held by the licensee, and if so, an explanation;
 - g. Whether the applicant is currently under investigation by any health profession regulatory authority, healthcare association, licensed health care institution, or there are any pending complaints or disciplinary actions against the applicant, and if so, an explanation;

- h. Whether the applicant has ever had any action taken against the applicant's privileges, including termination, resignation, or withdrawal by a health care institution or health profession regulatory authority, and if so, an explanation;
- i. Whether the applicant has ever had a federal or state authority take any action against the applicant's authority to prescribe, dispense, or administer controlled substances including revocation, suspension, denial, or whether the applicant ever surrendered such authority in lieu of any of these actions, and if so, an explanation;
- j. Whether the applicant has ever been charged with, convicted of, pleaded guilty to, or entered into a plea of no contest to a felony or misdemeanor involving moral turpitude or has been pardoned or had a record expunged or vacated, and if so, an explanation;
- k. Whether the applicant has ever been charged with or convicted of a violation of any federal or state drug statute, rule, or regulation, regardless of whether a sentence was or was not imposed, and if so, an explanation;
- l. Whether the applicant, within the last ten years from the date of the application, has had a judgment or a settlement entered against the applicant in a medical malpractice suit, and if so, an explanation;
- m. Whether the applicant has ever been court-martialed or discharged other than honorably from any branch of military service, and if so, an explanation;
- n. Whether the applicant has ever been involuntarily terminated from a health professional position, resigned, or been asked to leave the health care position, and if so, an explanation;
- o. Whether the applicant has ever been convicted of insurance fraud or received a sanction, including limitation, suspension, or removal from practice, imposed by any state or the federal government, and if so, an explanation; and
- p. Whether the applicant, within the last three years before the date of the application, has completed 45 hours in pharmacology or clinical management of drug therapy or is certified by a national commission on the certification of physician assistants or its successor;
- 6. A confidential questionnaire that includes answers to the following:
 - a. Whether the applicant, within the last five years before the date of the application, has been diagnosed with or treated for bi-polar disorder,

schizophrenia, paranoia, or any other psychotic disorder, and if so, an explanation;

b. Whether the applicant, is currently being treated by a health professional or within five years from the date of the application, has been treated by a health professional for substance use disorder or participated in a rehabilitation program for a substance use disorder, and if so, an explanation that includes:

i. The name of each health professional who or health care institution that addressed the substance use disorder and a discharge summary that includes progress made by the applicant; or

ii. A copy of the confidential agreement or order issued by a health professional or health care institution, if applicable; and

c. Whether the applicant currently has any disease or condition including a behavioral health illness or condition, substance use disorder, physical disease or condition that interferes with the applicant's ability to perform health care tasks authorized by A.R.S. § 32-2531 and if so, an explanation;

~~20. Whether the applicant has taken a leave of absence, other than for pregnancy, during the applicant's physician assistant training program, preceptorship training, or other practice, and if so, an explanation;~~

~~21. Applicant's whereabouts and nature of practice since graduation from physician assistant training to present, indicating the exact month, date, and year for each;~~

~~22.8. Consistent with the Board's statutory authority, such other information as the Board may deem necessary require to fully evaluate the applicant; and~~

~~23. A records or documentation release and a sworn statement by the applicant verifying the truthfulness of the information provided by the applicant and that the applicant has not engaged in any acts prohibited by Arizona law or Board rules.~~

~~7. A sworn statement that complies with A.R.S. § 32-2522(C).~~

B. In addition to the ~~application form~~ the requirements in subsection (A), an applicant for temporary ~~certification~~ shall submit the following to the Board:

1. ~~Certified photocopy of the applicant's birth certificate or the applicant's passport~~ Documentation of citizenship or alien status that conforms to A.R.S. § 41-1080;

2. ~~Certified evidence~~ Documentation of a legal name change if the applicant's legal name is different from that shown on the document submitted in accordance with subsection (B)(1);

3. ~~Photocopy of any certificate of release from the U.S. military or public health service or, if applicable, a letter from any commanding officer setting forth the dates of active duty, assignments, and anticipated date of release from active duty;~~
 4. ~~Photocopy of the applicant's diploma awarded upon successful completion of a physician assistant training program or a letter from the program that provides the date of the applicant's successful completion;~~
 5. A form provided by the Board, and completed by the applicant, that lists all current or past employment with ~~medical agencies or supervising physicians~~ health professionals or health care institutions within the five years ~~preceeding before~~ the date of application or since graduation from a physician assistant program, if less than five years, including ~~the agency or physician name~~ each health professional's or health care institution's name, address, and date dates of employment;
 6. ~~An affidavit completed and subscribed under oath by the applicant that certifies the applicant has received a copy of, read, and will comply with the laws and rules governing the performance of health care tasks by physician assistants in Arizona;~~
 6. If the applicant has more than one malpractice settlement or judgment against the applicant within 10 years from the date of the application, a form provided by the Board for each malpractice settlement or judgment against the applicant that includes:
 - a. The applicant's name;
 - b. A description of the event that led to the malpractice settlement or judgment including:
 - i. The patient's name, age, and sex;
 - ii. The date of occurrence;
 - iii. Location of occurrence; and
 - iv. A detailed narrative of the event;
 - c. The amount of the settlement or judgment;
 - d. The date the settlement was entered into or judgment was made;
 - e. The amount of the settlement or judgment attributed to the applicant; and
 - f. Whether any state medical board has investigated the matter; and
 7. The required fee required in R4-17-204 .
- C. ~~In addition to the requirements of subsections (A) and (B), an applicant for temporary certification shall have the following directly submitted to the Board:~~
1. ~~Letter verifying the applicant's registration for the NCCPA certifying examination from the NCCPA;~~

2. ~~All of the forms included with the application which are to be completed by persons other than the applicant, including the disciplinary investigation form for the Federation of State Medical Boards, the physician assistant training program certification, and the verification of certification/licensure/registration, completed by the appropriate parties; and~~
 3. ~~Medical agency of employment/supervising physician form provided by the Board and completed by the applicant's supervising physicians for the five years preceding the date of the application.~~
- C. In addition to the requirements in subsections (A) and (B), an applicant shall have the following directly submitted to the Board:
1. A copy of the applicant's certificate of successful completion of the NCCPA examination and the applicant's examination score provided by the NCCPA;
 2. An approved program form provided by the Board, completed and signed by the director or administrator of the approved program that granted the applicant a physician assistant degree, that includes the:
 - a. Applicant's full name.
 - b. Type of degree earned by the applicant.
 - c. Name of the physician assistant program completed by the applicant.
 - d. Starting and ending dates, and
 - e. Date the applicant's degree was granted.
- D. ~~Prior to being granted a temporary certification by the Board, an applicant for a temporary certification shall enter into a written agreement with the Board in which the applicant agrees to perform health care tasks only in settings where the supervising physician practices medicine at the same geographic location at all times. The temporary certification shall terminate six months from the date of issuance, upon the issuance of a permanent certificate, or immediately upon the physician assistant failing the NCCPA certification examination, whichever occurs first.~~
- D. When the Board issues a regular license to an applicant, the Board is also approving the applicant to issue prescriptions or dispense or issue schedule II or schedule III controlled substances.

R4-17-204. Certification of Physician Assistant Fees

- A. ~~An applicant for certification as a physician assistant shall submit an application on a form furnished by the Board that provides the information required by R4-17-203(A).~~
- B. ~~In addition to the application, an applicant for certification shall submit the documents and information required by R4-17-203(B):~~

- C. In addition to the requirements of subsections (A) and (B), the applicant shall have the following directly submitted to the Board:
1. A copy of the applicant's certificate of successful completion of the NCCPA examination and the applicant's examination score provided by the NCCPA;
 2. A form provided by the Board, completed and signed by the Coordinator of the Disciplinary Data Bank, The Federation of State Medical Boards, that includes the applicant's full name and address, birth date, physician assistant training program name and location, and date of the applicant's degree or graduation for purposes of a disciplinary search.
 3. A form provided by the Board, completed, signed, and authenticated by seal or notarization by the director or administrator of the physician assistant program that granted the applicant a physician assistant degree, that includes the applicant's full name, type of degree, name of program, date the applicant's degree was granted, date of the applicant's matriculation, and a 2 1/2" by 3" passport type photo of the applicant taken within 60 days of the date of application and endorsed across the front by the applicant's signature. The program shall also provide the following information:
 - a. Whether the applicant was required to repeat any segment of training;
 - b. Whether any action was taken against or restriction, limitation, including probation or academic probation, was placed upon the applicant while the applicant was participating in the training program;
 - c. Whether the applicant was counseled regarding performance or behavior in the training program;
 - d. Whether the applicant took a leave of absence, other than for pregnancy, during the applicant's training program or preceptorship;
 - e. Whether the student has a chronic ailment communicable to others;
 - f. Whether the applicant has a medical condition that in any way impairs or limits the applicant's ability to safely practice any type of health care tasks within the scope of practice for physician assistants;
 - g. Whether, within the last 10 years, the applicant was diagnosed with or treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder;
 - h. Whether the applicant, since attaining age 18 or within the last 10 years, whichever period is shorter, was admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder; and

- i. ~~Whether the student's final evaluations in every category rated at least satisfactory. If not, the program shall attach a photocopy of the evaluation and a written explanation.~~
4. ~~A verification of certification/licensure/registration, on a form provided by the Board, completed, signed, and authenticated by seal or notarization by the board of each state in which the applicant holds or has held certification, licensure, or registration as a physician assistant. The verification shall provide the name of the state, the applicant's name, the program from which the applicant graduated, the applicant's certification or registration number and its date of issuance, any endorsement, and whether the certification, license, or registration is current. The state board shall also provide the following information:~~
- a. ~~Whether the applicant was placed on probation or the applicant's certificate/license/registration was revoked, suspended, limited, restricted, voluntarily surrendered, or canceled during an investigation or, instead of disciplinary action, if the applicant entered into a consent agreement or stipulation;~~
 - b. ~~Whether the applicant has a chronic ailment communicable to others;~~
 - c. ~~Whether the applicant has a medical condition that in any way impairs or limits the physician assistant's ability to safely practice any type of health care tasks within the scope of practice for physician assistants;~~
 - d. ~~Whether, within the last 10 years, the applicant was diagnosed with or treated for bi-polar disorder, schizophrenia, paranoia or any other psychotic disorder; and~~
 - e. ~~Whether the applicant, since attaining age 18 or within the last 10 years, whichever period is shorter, was admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder.~~
5. ~~A medical agency of employment/supervising physician form provided by the Board, completed, signed, and authenticated by seal or notarization by all medical agencies or supervising physicians where the applicant is currently employed or was employed in the last five years. The form shall provide the name of the medical agency or supervising physician, date of the applicant's employment, names, locations, and date of each hospital, office, or clinic where the physician is or was assigned. The medical agency or employing/supervising physician shall also provide the following information:~~

- a. ~~Whether the applicant was placed on probation or academic probation or an action, restriction, or limitation was taken against the applicant while the applicant was in the agency's or physician's employment;~~
- b. ~~Whether the applicant was counseled regarding performance or behavior while in the agency's or physician's employment;~~
- e. ~~Whether the applicant took a leave of absence, other than for pregnancy, while in the agency's or physician's employment;~~
- d. ~~Whether, to the agency's or physician's knowledge, the applicant had a chronic ailment communicable to others;~~
- e. ~~Whether, to the agency's or physician's knowledge, the applicant had a medical condition that in any way impaired or limited the applicant's ability to safely practice any type of health care tasks within the scope of practice for physician assistants;~~
- f. ~~Whether, to the agency's or physician's knowledge, within the last 10 years, the applicant was diagnosed with or treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder; and~~
- g. ~~Whether, to the agency's or physician's knowledge, the applicant, since attaining age 18 or within the last 10 years, whichever period is shorter, was admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder.~~

The Board shall charge the following fees, which are not refundable unless A.R.S. § 41-1077 applies:

1. License application - \$125.00;
2. Regular license - \$185.00, prorated for each month remaining in the annual period;
3. Regular license renewal - \$185.00 if application is postmarked no later than July 1;
4. Penalty for late renewal - \$100.00;
5. \$8.00 credit card processing fee for any transaction \$100.00 or more;
6. Duplicate license - \$25.00;
7. Additional wallet card - \$10.00;
8. Copies of Board documents - \$1.00 for first three pages, \$.25 for each additional page;
9. Medical Directory (CD ROM) - \$30.00;
10. Data Disk - \$100.00; and
11. License verification - \$10.00.

R4-17-205. Continuing Medical Education

- A. ~~During each state fiscal year, a physician assistant shall complete the 20 credit hours of continuing medical education required by A.R.S. § 32-2523. One hour of credit shall be allowed for each clock hour of participation in approved continuing medical education activities, unless otherwise designated in subsection (B).~~
- B. ~~Approved continuing medical education activities include the following:~~
1. ~~Education for an advanced degree in a medical or medically related field at a teaching institution approved by the AMA, the Association of American Medical Colleges, American Osteopathic Association, or American Academy of Physician Assistants. One credit hour may be claimed for each full day of study. Less than full day study shall be claimed on a pro-rata basis.~~
 2. ~~Research at a teaching institution approved by the AMA, Association of American Medical Colleges, American Osteopathic Association, or CAAHEP. One credit hour may be claimed for each full day of research. Less than full day research shall be claimed on a pro-rata basis.~~
 3. ~~Education certified as Category I by an organization accredited by ACCME, CAAHEP, the AMA, the American Academy of Physician Assistants, and the American Osteopathic Association.~~
 4. ~~Medical educational programs designed to provide necessary understanding of current developments, skills, procedures, or treatments related to the performance of health care tasks, provided by organizations or institutions that have not been accredited by ACCME, CAAHEP, AMA, the American Academy of Physician Assistants, and the American Osteopathic Association.~~
 5. ~~Serving as an instructor of physician assistant students, house staff, other physician assistants, or allied health professionals from a hospital or institution with a formal training program, where the instructional activities will provide the participants with necessary understanding of current developments, skills, procedures, or treatments related to the performance of health care tasks. One credit hour may be claimed for each full day of instruction without regard to the number of times the instructional activities have been taught. Less than full day instruction shall be claimed on a pro-rata basis.~~
 6. ~~Publication or presentation of a paper, report, or book that deals with current developments, skills, procedures, or treatments related to the performance of health care tasks. Credit hours shall be claimed only once for materials presented. Credit hours shall be claimed as of the date of publication or presentation. One credit hour may be reported for each hour of preparation, writing, and presentation.~~

7. ~~Credit hours may be claimed on the basis of one credit hour for each full day of an activity for any of the following activities that provide necessary understanding of current developments, skills, procedures, or treatments related to the performance of health care tasks:~~
- a. ~~Completion of a physician assistant education program based on self instruction using videotapes, audiotapes, films, filmstrips, slides, radio broadcasts, or computers;~~
 - b. ~~Independent reading of scientific journals and books;~~
 - c. ~~Preparation for NCCPA certification or recertification examinations; or,~~
 - d. ~~Participation on a staff committee, quality of care, or utilization review in a hospital, institution, or government agency.~~
- C. ~~If a physician assistant fails to meet the requirements of this Section due to illness, military service, medical or religious missionary activity, residence in a foreign country, or other extenuating circumstance, the Board may grant, on an individual basis, an extension of time to complete the continuing education upon receipt, at least 30 days before expiration of the physician assistant's current certification, of a written request from the physician assistant that details the reasons for the extension request.~~
- A. A licensee who is unable to complete 20 hours of continuing medical education for any of the reasons in A.R.S. § 32-2523 (E) may submit a written request to the Board for an extension no later than 30 days before expiration of the license that contains:
- 1. The name, address, and telephone number of the licensee;
 - 2. The reason for the request;
 - 3. The date by which the continuing education will be completed; and
 - 4. The signature of the licensee.
- B. The Board shall send a written notice of approval or denial of the extension request within seven days from the date of the request.

R4-17-206. License Renewal of Certification

- A. ~~To renew certification a license, a physician assistant licensee shall submit an affidavit of completion of continuing education on a form provided by the Board that provides the following information regarding the physician assistant, and the continuing medical education completed by the physician assistant and events affecting the physician assistant during the previous year a completed application to the Board that includes:~~
- 1. An application form that contains the licensee's:
 - a. First and last names and middle initial;

1. ~~b. Physician assistant's Arizona certificate license number;~~
2. ~~Physician assistant's social security number;~~
3. ~~Physician assistant's DEA number, if the physician assistant has one, the date it was issued, and the date it expires;~~
4. ~~Physician assistant's full name;~~
5. ~~c. Physician assistant's office Office, mailing, email, and home addresses;~~
6. ~~d. Physician assistant's office Office, mobile, and home phone numbers;~~
7. ~~Physician assistant's medical directory/ mailing addresses;~~
8. ~~Physician assistant's current supervising physician and the physician's address;~~
9. ~~The physician assistant's specialty field of practice;~~
10. ~~Whether the physician assistant maintains current NCCPA certification;~~
11. ~~Whether the physician assistant has been named as a defendant in a malpractice matter that resulted in a settlement or judgment against the physician assistant in excess of \$20,000, and if so, an explanation;~~
12. ~~Whether the physician assistant has been convicted of Medicare or Medicaid fraud or was sanctioned, disciplined, or entered into an agreement with a state or federal agency concerning a denial, limitation, restriction, suspension, or revocation of the physician assistant's license or certification, or rehabilitation or removal from practice and if so, an explanation;~~
13. ~~Whether the physician assistant's ability to prescribe, dispense, or administer medications has been limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency, and if so, an explanation;~~
14. ~~Whether the physician assistant has a chronic ailment communicable to others, and if so, an explanation;~~
15. ~~Whether the physician assistant has a medical condition that impairs or limits the physician assistant's ability to safely perform any type of health care tasks within the scope of practice for physician assistants, and if so, an explanation;~~
16. ~~Whether the physician assistant was diagnosed with or treated for bi polar disorder, schizophrenia, paranoia, or any other psychotic disorder, and if so, an explanation;~~
17. ~~Whether the physician assistant was admitted to a hospital or other facility for the treatment of bi polar disorder, schizophrenia, paranoia, or any other psychotic disorder, and if so, an explanation;~~
18. ~~Whether the physician assistant has taken a leave of absence during the physician assistant's practice other than for pregnancy, and if so, an explanation;~~

- ~~19. Whether the physician assistant has been treated for use or misuse of any chemical substance, and if so, an explanation;~~
2. A questionnaire that includes answers to the following since the last renewal date:
- a. Whether the licensee has had an application for a certificate, registration, or license refused or denied by any licensing authority, and if so, an explanation;
 - b. Whether the licensee has had the privilege of taking an examination for a professional license refused or denied by any entity, and if so, an explanation;
 - c. Whether the licensee has voluntarily surrendered a health care professional license, and if so, an explanation;
 - d. Whether the licensee has had a health professional license suspended or revoked, or whether any other disciplinary action has been taken against a health professional license held by the licensee, and if so, an explanation;
 - e. Whether the licensee is currently under investigation by any health profession regulatory authority, healthcare association, licensed health care institution, or there are any pending complaints or disciplinary actions against the applicant, and if so, an explanation;
 - f. Whether the licensee has had any action taken against the applicant's privileges, including termination, resignation, or withdrawal by a health care institution or health profession regulatory authority, and if so, an explanation;
 - g. Whether the licensee has had a federal or state authority take any action against the licensee's authority to prescribe, dispense, or administer controlled substances including revocation, suspension, denial, or whether the applicant surrendered such authority in lieu of any of these actions, and if so, an explanation;
 - h. Whether the licensee has been charged with, convicted of, pleaded guilty to, or entered into a plea of no contest to a felony or misdemeanor involving moral turpitude or has been pardoned or had a record expunged or vacated, and if so, an explanation;
 - i. Whether the licensee has been court-martialed or discharged other than honorably from any branch of military service, and if so, an explanation;
 - j. Whether the licensee has been involuntarily terminated from a health professional position with any city, county, state or federal government, and if so, an explanation;

- k. Whether the licensee has been convicted of insurance fraud or a state or the federal government has sanctioned or taken any action against the licensee, such as suspension or removal from practice, and if so, an explanation;
- ~~20.3.~~ Consistent with the Board's statutory authority, such other information as the Board may deem necessary require to fully evaluate the ~~physician assistant~~ licensee; and
- ~~21.4.~~ Dated A dated and sworn statement by the ~~physician assistant~~ licensee verifying that during the past ~~certificate~~ state fiscal year, July 1 through June 30, the ~~physician assistant~~ licensee completed a minimum of 20 hours of Category I continuing medical education ~~in accordance with R4-17-205~~ required by A.R.S. § 32-2523-;
5. The ~~required~~ fee required in R4-17-204-; and
6. A confidential questionnaire that includes answers to the following:
- a. Whether the licensee, since the last renewal date, has been diagnosed with or treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder, and if so, an explanation;
- b. Whether the licensee is currently being treated or has been treated since the last renewal date for substance use disorder or participated in a rehabilitation program, and if so, an explanation that includes:
- i. The name of each health professional who or health care institution that addressed the substance use disorder and a discharge summary that includes progress; or
- ii. A copy of the confidential agreement or order issued by a health professional or health care institution, if applicable; and
- c. Whether the licensee currently has any disease or condition including a behavioral health illness or condition, substance abuse disorder, physical disease or condition that interferes with the licensee's ability to perform health care tasks authorized by A.R.S. § 32-2531 and if so, an explanation.
- B. Prior to renewal of certification, the ~~The~~ Board may randomly select a number of ~~affidavits~~ statements of completion of continuing education to verify the accuracy of ~~their~~ contents the statements and the acceptability of the ~~programs~~ Category I continuing medical education attended. Physician assistants whose ~~affidavits~~ statements have been selected shall submit any additional information requested by the Board to assist in the verification.
- C. For purposes of this Section, "ability to safely perform any type of health care tasks within the scope of practice for physician assistants" means:

1. ~~The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments;~~
2. ~~The ability to communicate those judgments and medical information to patients and other health care providers with or without the use of aids or devices such as a voice amplifier, and~~
3. ~~The physical capability to perform medical tasks such as physical examination and minor surgical procedures with or without the use of aids or devices such as corrective lenses or hearing aids.~~

D. ~~For purposes of this Section, "medical condition" means physiological, mental, or psychological conditions or disorders; for example, orthopedic, visual, speech and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional or mental illness; specific learning disabilities; HIV disease; tuberculosis; drug addiction; and alcoholism.~~

R4-17-207. Denial of License or Extension to Complete Continuing Education, ~~Exemption from Registration, Temporary Certification, Certification, Recertification, or Cancellation of Certification~~

A physician assistant, physician assistant student, or ~~An~~ applicant for ~~certification~~ a license as a physician assistant who is denied the license or a physician assistant who is denied an extension to complete continuing education, ~~exemption from registration, temporary certification, certification, recertification, or cancellation of certification~~ may request a hearing to contest the matter by filing a written notice with the Board within ~~45~~ 30 days of receipt of notice of the Board's action. A hearing shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 and Article 10.

ARTICLE 3. SCOPE OF PRACTICE

R4-17-301. ~~Delegation of Authority for Schedule II or Schedule III Controlled Substances~~

A. ~~A supervising physician shall obtain Board approval to delegate authority to a physician assistant to prescribe, dispense, or administer Schedule II or III controlled substnaces. The supervising physician and the physician assistant shall submit an application on a form provided by the Board, that provides the following information:~~

1. ~~Full name of the supervising physician, the physician's Arizona license number and date of issuance, the physician's work address and phone number, the physician's field of practice, board certification, and ABMS/AOA certification number, if applicable;~~
2. ~~Whether the supervising physician's medical license has been revoked, placed on probation, restricted, or suspended either by agreement or otherwise in any state, and if so, an explanation;~~

3. ~~Whether the supervising physician's Drug Enforcement Administration or state prescriptive permit has ever been denied, restricted, suspended, lost, or revoked, and if so, an explanation;~~
4. ~~Whether the supervising physician maintains hospital privileges and whether the privileges have ever been denied, revoked, suspended, or limited, and if so, an explanation;~~
5. ~~Whether the supervising physician supervises any other physician assistants and, if so, the names of the physician assistants supervised;~~
6. ~~Full name of the physician assistant, the physician assistant's Arizona certification number, work address, and work telephone number;~~
7. ~~Whether, at the time of the application, the supervising physician is subject to disciplinary action in any other state or country for an act or conduct that constitutes grounds for disciplinary action, and if so, an explanation;~~
8. ~~Whether the physician assistant has ever had a physician assistant certification refused, suspended, or revoked by another state or country for reasons that relate to the physician assistant's ability to engage skillfully in the health care tasks of a physician assistant, and if so, an explanation;~~
9. ~~Whether the physician assistant's Drug Enforcement Administration registration or state prescriptive permit has ever been denied, restricted, suspended, lost, or revoked, and if so, an explanation;~~
10. ~~Whether the physician assistant maintains hospital privileges and whether the privileges have ever been denied, revoked, suspended, or limited, and if so, an explanation;~~
11. ~~Whether the supervising physician is delegating authority to prescribe, dispense, and administer Schedule II or III controlled substances, or both;~~
12. ~~Consistent with the Board's statutory authority, such other information as the Board may deem necessary to fully evaluate the supervising physician and the physician assistant, and~~
13. ~~Statement signed by both the supervising physician and physician assistant certifying that both have read and will abide by the law and rules governing the practice of a physician assistant, including prescribing, dispensing, and administering drugs, that the supervising physician accepts responsibility for supervising the physician assistant and that the physician assistant may not prescribe, dispense, or administer drugs until the supervising physician receives approval of the application.~~

- ~~B. The Board shall approve an application to delegate authority to prescribe, dispense, or administer Schedule II or Schedule III controlled substances if the information submitted pursuant to subsection (A) and evidence produced by the physician assistant shows:~~
- ~~1. The physician assistant has the training and experience in the therapeutic use of controlled substances as prescribed by the federal Controlled Substances Act, 21 U.S.C. § 801 et seq., and the laws governing the dispensing of Schedule II and III controlled substances in Arizona, A. R. S. § 36-2501 et seq.;~~
 - ~~2. The physician assistant's professional record in performing health care tasks contains no evidence of:
 - ~~i. An advisory or disciplinary action for prescribing, dispensing, or administering a Schedule II or III controlled substance within the past year; or~~
 - ~~ii. A restriction imposed by the federal Drug Enforcement Administration; and,~~~~
 - ~~3. A supervising physician and the supervising physician's agent are present or can be easily in contact with the physician assistant by radio, telephone, or other telecommunication.~~

R4-17-302. Drug labels

All drugs dispensed by a physician assistant to whom the authority to dispense has been delegated by a supervising physician shall be labeled to show the following information:

- ~~1. Name and address of the dispensing physician assistant;~~
- ~~2. Name of the supervising physician;~~
- ~~3. Name of the supervising physician's agent supervising the prescribing of the drug, if applicable;~~
- ~~4. Name of patient;~~
- ~~5. Date dispensed;~~
- ~~6. Serial number of the prescription;~~
- ~~7. Name of the drug and directions for use; and~~
- ~~8. Cautionary statements, if any, contained in the prescription.~~

R4-17-303. Notification of Supervision

- ~~A. A physician assistant and supervising physician shall submit a notification of supervision on a form provided by the Board that provides the following information in addition to that required by A.R.S. § 32-2534:~~
- ~~1. The supervising physician's name, Arizona license number and issuance date, work address, telephone number, fax number, if applicable, field of practice, board certification, and if applicable, ABMS/AOA certification number and the date it was issued;~~

2. Whether the supervising physician's medical license has ever been revoked, placed on probation, restricted in any way, or suspended either by agreement or otherwise in any state, and if so, an explanation;
3. Whether the supervising physician's Drug Enforcement Administration registration or state prescriptive permit has ever been denied, restricted, suspended, lost, or revoked, and if so, an explanation;
4. Whether the supervising physician maintains hospital privileges and whether the hospital privileges have ever been denied, revoked, suspended, or limited in any way, and if so, an explanation;
5. Whether the supervising physician supervises any other physician assistants, and if so, the names of the physician assistants supervised;
6. Full name of the physician assistant, the physician assistant's Arizona certification number, work address, telephone number, and fax number, if applicable;
7. Whether the physician assistant has ever had a physician assistant certification, registration, or license refused, suspended, or revoked by another state or country for reasons that relate to the physician assistant's ability to engage skillfully in the health care tasks of a physician assistant, and if so, an explanation;
8. Whether the physician assistant's Drug Enforcement Administration registration or State prescriptive permit has ever been denied, restricted, suspended, lost, or revoked, and if so, an explanation;
9. Whether the physician assistant maintains hospital privileges, whether the privileges have ever been denied, revoked, suspended or limited in any way, and if so, an explanation;
10. Number of days and hours per week that the physician assistant expects to work under the supervision of the supervising physician;
11. Any other work addresses and phone numbers, including another supervising physician's name, if applicable, for the physician assistant;
12. Full names, Arizona license numbers, work addresses, and telephone numbers for the supervising physician's agents;
13. List of the health care tasks delegated to the physician assistant by the supervising physician;
14. Whether the physician assistant maintains a special permit or certification to take x-rays from the Medical Radiological Technology Board of Examiners;
15. Indication of the prescribing, dispensing, and administration authority delegated to the physician assistant by the supervising physician;

- 16. ~~Certification, signed by the supervising physician, that assures that:

 - a. ~~The supervising physician, the physician's agent, and the physician assistant are familiar with the statutes and rules regarding physician assistants;~~
 - b. ~~The supervising physician accepts responsibility for supervising the physician assistant; and~~
 - c. ~~The physician assistant may not perform any health care task until the supervising physician receives written approval of the notification of supervision;~~~~
- 17. ~~Whether the physician assistant position is a full or part time position, at a geographically separated site, or a request for transfer in supervision; and~~
- 18. ~~Such other information as the Board deems necessary to fully evaluate the supervising physician and physician assistant.~~
- B. ~~The Board shall approve a physician to supervise a physician assistant only if the physician is engaged in the active practice of medicine.~~
- C. ~~If a physician assistant is supervised by more than one supervising physician, the physician assistant shall file a separate notification of supervision pursuant to subsection (A) for approval of the supervisory arrangement with each supervising physician.~~

R4-17-304. Reports

- A. ~~As part of an investigation by the Board or of an order of probation, the Board may require a supervising physician to submit weekly reports on the performance of a physician assistant supervised by the physician. The supervising physician's agent shall submit these reports during any period that the supervising physician is unavailable due to vacation, illness, or continuing medical education.~~
- B. ~~Within 15 days of termination of supervision of a physician assistant, the supervising physician shall report to the Board the reasons for and circumstances surrounding the termination.~~

R4-17-305. Supervision

- A. ~~A supervising physician shall delegate health care tasks to a physician assistant if the supervising physician has training in those tasks and the supervising physician performs those tasks.~~
- B. ~~A physician assistant shall meet in person with the supervising physician at least once each week to discuss patient management. A physician assistant and supervising physician shall have additional meetings if the Board determines after reviewing the notification of supervision, that additional meetings are necessary. The additional meetings specified on the notification of supervision may be conducted by telephone or radio rather than in person.~~

ARTICLE 4. REGULATION

R4-17-402. Termination of Supervision

- A. ~~Termination of a physician assistant's supervision by a supervising physician shall not result in suspension or revocation of a physician assistant's certificate.~~
- B. ~~The Board shall immediately terminate a physician assistant's notification of supervision upon the suspension, revocation, or expiration of the physician assistant's certificate.~~
- C. ~~The Board shall immediately terminate a physician assistant's supervision by a supervising physician upon receipt by the Board of a summary suspension order, or a final order of the Board of Medical Examiners or the Board of Osteopathic Examiners that restricts, suspends, or revokes the supervising physician's license to practice medicine in Arizona.~~
- D. ~~The Board shall immediately remove a supervising physician's agent's name from the physician assistant's notification of supervision upon receipt by the Board of a summary suspension order or final order of the Board of Medical Examiners or the Board of Osteopathic Examiners that restricts, suspends, or revokes a supervising physician's agent's license to practice medicine in Arizona.~~
- E. ~~A physician assistant whose supervision by a supervising physician is terminated, or a supervising physician's agent whose name is removed from the physician assistant's notification of supervision by the Board in accordance with this Section, may request a hearing to contest the matter by filing a written notice with the Board within 15 days of receipt of notice of the Board's action. A hearing shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 and Article 10.~~

R4-17-403. Rehearing or Review

- A. ~~A motion for rehearing shall be filed as follows:~~
 - 1. ~~Except as provided in subsection (B), any party in a contested case who is aggrieved by a decision of the Board may file a written motion for rehearing of the decision, specifying generally the grounds upon which the motion is based.~~
 - 2. ~~A motion for rehearing shall be served and filed no later than 15-30 days after service of the decision of the Board.~~
 - 3. ~~For purposes of this Section, "service" means personal delivery or mailing by certified mail to the party affected at the party's last known residence or place of business.~~
 - 4. ~~For purposes of this Section, the terms "contested case" and "party" shall have the same meaning as in A.R.S. § 41-1001.~~

Except as provided in subsection (B), a party who is aggrieved by a decision issued by the Board may file with the Board, no later than 30 days after service of the decision, a written request for rehearing or review of the decision, specifying the grounds for rehearing or review. For purposes

of this Section, a decision is considered to have been served when personally delivered to the party's last known home or business address or five days after the decision is mailed by certified mail to the party or the party's attorney.

- B. If the Board makes specific findings that it is necessary for a particular the immediate effectiveness of the decision to take immediate effect to protect is necessary for the preservation of the public health and safety, or and determines that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued Board may issue the decision as a final decision without an opportunity for rehearing or review. and shall be a final administrative decision for purposes of judicial review. If the Board issues the decision as a final decision, without an opportunity for a rehearing or review, the aggrieved party may make an application for judicial review within the time limits permitted for an application for judicial review of the Board's final decision under A.R.S. § 12-904.
- C. A party filing a request for rehearing or review may amend the request at any time before it is ruled upon by the Board. A written Another party may file a response to a motion for rehearing may be served and filed within 10 15 days after service of the motion by another party the date the request or amended request for rehearing is filed. The Board may require the filing of written briefs upon a party to file supplemental memoranda explaining the issues raised in the motion request or response and may provide for permit oral argument.
- D. A The Board may grant a rehearing or review of a decision may be granted for any of the following causes materially affecting the requesting party's rights of the moving party:
1. Irregularity in the administrative proceedings by the Board, its hearing officer, or the prevailing party, Board's or administrative law judge's administrative proceedings or any ruling order or abuse of discretion, that deprives deprived the moving party of a fair hearing;
 2. Misconduct of the Board, its hearing officer administrative law judge, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Material Newly discovered material evidence, newly discovered, which that with reasonable diligence could not, with reasonable diligence, have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;
 6. Error in the admission or rejection of evidence or other errors of law that occurred at the hearing;
 7. The decision is the result of passion or prejudice; or

8. The decision or findings of fact are not justified by the evidence or are contrary to law.
- E. ~~A rehearing may be granted to all or any of the parties and~~ The Board may affirm or modify a decision or grant rehearing or review on all or part of the issues for any of the reasons set forth in subsection (D). ~~The Board may take additional testimony, amend findings of fact and conclusions of law, or make new findings and conclusions, and affirm, modify, or reverse the original decision. An order granting a rehearing or review shall specify each ground for the rehearing or review.~~
- F. A rehearing, if granted, shall be only a rehearing of the question or questions with respect to which the decision is found erroneous, if separable. An order granting a rehearing shall specify with particularity the ground or grounds for the rehearing.
- G.F. ~~Not~~ No later than ~~45~~ 30 days after a decision is ~~rendered~~ issued by the Board, the Board ~~of~~ on its own initiative may order a rehearing or review for any reason ~~that it might have granted a rehearing on motion of a party in subsection (D). After giving the parties or their counsel notice and opportunity to be heard on the matter, the Board may grant a timely served motion for a rehearing, for a reason not stated in the motion. In either case, the Board shall specify in the order the grounds for the rehearing.~~
- H. G. When a ~~motion request~~ request for rehearing or review is based on affidavits, ~~they~~ a party shall be served ~~serve the affidavits~~ with the ~~motion request~~. The opposing party has may, within 10 days after service, ~~to~~ serve opposing affidavits. ~~This period may be extended~~ The Board may extend the time for serving opposing affidavits for as many as no more than 20 days either by the Board for good cause shown, or by the parties by written stipulation by the parties. The Board may permit reply affidavits.