

**NOTICE OF PROPOSED RULEMAKING  
TITLE 4. PROFESSIONS AND OCCUPATIONS**

**CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS**

**PREAMBLE**

**1. Articles, Parts, and Sections Affected**

**Rulemaking Action**

Table 1	Amend
R4-17-202	Amend
R4-17-203	Amend
R4-17-204	Amend
R4-17-205	Amend
R4-17-206	Amend
Article 3	New Article
R4-17-301	New Section
R4-17-302	New Section
R4-17-303	New Section
R4-17-304	New Section
R4-17-305	New Section
R4-17-306	New Section

**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. §§ 32-2505, 32-2521, 32-2523, 32-2526, and 41-1072

**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 rule:**

Notice of Rulemaking Docket Opening: XX A.A.R. XX

**4. The agency's contact person who can answer questions about the rulemaking:**

Name: Patricia McSorley, Executive Director

Address: Arizona Regulatory Board of Physician Assistants  
9545 E Doubletree Ranch Road  
Scottsdale, AZ 85258

Telephone: (480) 551-2700

Fax: (480) 551-2704

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Web site: www.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 An agency's justification and reason why a rule should be made, amended, repealed, or renumbered, to include an explanation about the rulemaking:**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 rules are being amended in response to four significant factors: A five-year-review report approved by the Council on June 2, 2015; Laws 2015, Chapter 84; Laws 2015, Chapter 46; and the decision by the National Commission on Certification of Physician Assistants to move to a 10- rather than six-year renewal cycle of certification. In this rulemaking, the Board:

- Consistent with Laws 2015, Chapter 84, amends the rules to provide for biennial license renewal and adjusts the continuing education and renewal fees accordingly;
- Amends R4-17-202 to be consistent with the 10-year renewal of certification required by NCCPA;
- Amends R4-17-203 to request documentation relating to malpractice actions earlier in the application process;
- Amends R4-17-204 and R4-17-206 to ensure provisions are consistent with the Americans with Disabilities Act;
- Consistent with Laws 2015, Chapter 46, amends R4-17-203 and R4-17-206 regarding the responsibility of a physician assistant who registers under the Controlled Substances Act to also register with the Board of Pharmacy and obtain access to the Controlled Substances Prescription Monitoring Program Database; and
- Makes new Sections memorializing the duties the Board has delegated to the executive director.

An exemption from Executive Order 2015-01 was provided for part of this rulemaking by Christina Corieri, Policy Advisor for Health and Human Services in the Governor's office in an e-mail dated September 24, 2015. Ms. Corieri provided an exemption to EO2016-03 for an additional part of this rulemaking in an e-mail dated July 25, 2016.

**6. A reference to any study relevant to the rule that the agency reviewed and proposes either to rely on or not to rely on in its evaluation of or justification for the rule, 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 does not intend to review or rely on a study in its evaluation of or justification for any of the rules in this rulemaking.

**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:**

Not applicable

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

The Board determined this rulemaking will have minimal economic impact on applicants and licensees because it simply makes the rules consistent with recent statutory changes, the Americans with Disabilities Act, and recent changes made by the NCCPA, which is a national organization that certifies Physician Assistants. Placing in rule the duties the Board delegated to the executive director enables the Board to operate in a more efficient and cost effective manner while providing quality service to applicants and licensees.

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

Name: Patricia McSorley, Executive Director

Address: Arizona Regulatory Board of Physician Assistants  
9545 E Doubletree Ranch Road  
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**10. The time, place, and nature of the proceedings to make, amend, repeal, or renumber the rule, or if no proceeding is scheduled, where, when, and how persons may request an oral proceeding on the proposed rule:**

An oral proceeding regarding the proposed rules will be held as follows:

Date: October 12, 2016

Time: 4:00 pm

Location: 9545 E Doubletree Ranch Road, Scottsdale, AZ 85258

**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:**

None

**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:**

The licenses listed in Table 1 are general permits consistent with A.R.S. § 41-1037 because they are issued to qualified individuals or entities to conduct activities that are substantially similar in nature.

**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:**

None of the rules is more stringent than federal law. Although there are many federal laws that apply to the provision of health care and prescribing controlled substances, none is specifically applicable to the subject matter of this rulemaking.

**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:**

No analysis was submitted.

**12. A list of any incorporated 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:**

**TITLE 4. PROFESSIONS AND OCCUPATIONS**  
**CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS**

**ARTICLE 1. GENERAL PROVISIONS**

Section

Table 1. Time-frames

**ARTICLE 2. PHYSICIAN ASSISTANT LICENSURE**

Section

R4-17-202. Examination  
R4-17-203. Regular License Application  
R4-17-204. Fees and Charges  
R4-17-205. Continuing Medical Education; Request for Extension of Time  
R4-17-206. License Renewal

**ARTICLE 3. ~~REPEALED~~ DUTIES OF THE EXECUTIVE DIRECTOR**

Section

R4-17-301. ~~Repealed~~ Dismissal of Complaint  
R4-17-302. ~~Repealed~~ Referral to Formal Hearing  
R4-17-303. ~~Repealed~~ Non-disciplinary Consent Agreement  
R4-17-304. ~~Repealed~~ Request for Inactive Status and License Cancellation  
R4-17-305. ~~Repealed~~ Referral to Formal Interview  
R4-17-306. Denial of License

**ARTICLE 1. GENERAL PROVISIONS**

**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
Regular License including schedule II or schedule III controlled substances approval R4-17-203	120	30	365	90	<del>270</del> <u>90</u>
License Renewal R4-17-206	<del>30</del> <u>75</u>	30	Not later than Sept. 30 of each year <u>60</u>	Not Applicable <u>45</u>	Not Applicable <u>60</u>

**ARTICLE 2. PHYSICIAN ASSISTANT LICENSURE**

**R4-17-202. Examination**

- ~~A.~~ An applicant for a regular license as a physician assistant shall pass the PANCE or PANRE and be certified by the NCCPA at the time of application for licensure.
- ~~B.~~ ~~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. Regular License Application**

- A. An applicant for a regular license shall submit a completed application to the Board that includes:
  - 1. The applicant's:
    - a. First, last, and middle name;
    - b. Every other name used by the applicant;
    - c. Social Security number;
    - d. ~~Practice address and telephone number~~ Office, mailing, e-mail, and home addresses;
    - e. ~~Mailing address, if different from the practice address~~ Office, mobile, and home telephone numbers; and
    - f. ~~Home address and telephone number; and~~

- ~~g.~~ Birth date and ~~city~~ state or country of birth;
2. The name and address of the approved program completed by the applicant and the date of completion;
  3. The name of each state or province in which the applicant has ever been certified, registered, or licensed as a physician assistant, including the certificate, registration, or license number, and current status;
  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;
  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 an approved program 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~~ the 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~~ health care 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 regulatory authority take any action against the applicant's authority to prescribe, dispense, or administer controlled substances

- including revocation, suspension, or denial, or whether the applicant ever surrendered ~~such~~ the 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 10 years from the date of the application,~~ has been named as a defendant in a malpractice matter currently pending or that resulted in 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;~~ Whether the applicant has received treatment within the last five years for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic or a physical, mental, emotional, or nervous disorder or condition that currently impairs the applicant's ability to exercise the judgment and skills of a medical professional;
  - 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:~~ If the answer to subsection (A)(6)(a) is yes:

- i. ~~The name of each health professional or health care institution that addressed the substance use disorder and a discharge summary that includes progress made by the applicant; or~~ A detailed description of the use, disorder, or condition; and
    - ii. ~~A copy of the confidential agreement or order issued by a health professional or health care institution, if applicable; and~~ An explanation of whether the use, disorder, or condition is reduced or ameliorated because the applicant receives ongoing treatment and if so, the name and contact information for all current treatment providers and for all monitoring or support programs in which the applicant is currently participating; 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; A copy of any public or confidential agreement or order relating to the use, disorder, or condition, issued by a licensing agency or health care institution within the last five years, if applicable;~~
  - 7. Consistent with the Board's statutory authority, ~~such~~ other information as the Board may ~~require~~ deem necessary to ~~fully~~ evaluate the applicant fully; and
  - 8. A sworn statement that complies with A.R.S. § 32-2522(C).
- B.** In addition to the requirements in subsection (A), an applicant shall submit the following to the Board:
- 1. Documentation of citizenship or alien status that conforms to A.R.S. § 41-1080;
  - 2. 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. A form provided by the Board and completed by the applicant that lists all current or past employment with health professionals or health care institutions within five years before the date of application or since graduation from a physician assistant program, if less than five years, including each health professional's or health care institution's name, address, and dates of employment;
  - 4. ~~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:~~ Verification of any medical malpractice matter currently pending or resulting in a settlement or judgment against the applicant, including a copy of the complaint and either the agreed terms of settlement or the judgment and a narrative statement specifying the nature of the occurrence resulting in the medical malpractice action. An applicant who is unable to obtain a document required under this

subsection may submit a written request for a waiver of the requirement. The applicant shall include the following information in a request for waiver:

- a. ~~The applicant's name;~~ The document for which waiver is requested;
- b. ~~A description of the event that led to the malpractice settlement or judgment including:~~ Detailed description of efforts made by the applicant to provide the required document; and
  - 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;~~ Reason the applicant's inability to provide the required document is due to no fault of the applicant; and
- 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~~

5. The fee required in R4-17-204.

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~~ PANCE or PANRE 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. When the Board issues a regular license to an applicant, the Board ~~is also approving~~ approves the applicant to issue prescriptions ~~or~~ and dispense or issue schedule II or schedule III controlled substances subject to the limits and requirements specified in A.R.S. § 32-2532.

**R4-17-204. Fees and Charges**

**A.** ~~The~~ As specifically authorized under A.R.S. § 32-2526(A), 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~~ 370.00, prorated for each month remaining in the ~~annual~~ biennial period;
3. Regular license renewal - ~~\$185.00~~ 370.00 if the renewal application is postmarked no later than ~~July 1~~ the applicant's birthdate; and
4. Penalty for late renewal - \$100.00~~;~~

**B.** As specifically authorized under A.R.S. § 32-2526(B), the Board establishes the following charges for providing the services listed:

- ~~5.~~1. Duplicate license - \$25.00;
- ~~6.~~2. Copies of Board documents - \$1.00 for first three pages, \$.25 for each additional page;
- ~~7.~~3. Medical Directory (CD-ROM) - \$30.00;
- ~~8.~~4. Data Disk - \$100.00; and
- ~~9.~~5. License verification - \$10.00.

**R4-17-205. Continuing Medical Education; Request for Extension of Time**

**A.** Under A.R.S. § 32-2523(A), renewal of a license is conditioned on the licensee completing 40 hours of category I continuing medical education during each biennial license period.

**B.** During a licensee's first biennial license period, the licensee may complete a pro-rated number of continuing medical education hours established by the Board.

**A.C.** A licensee who is unable to complete ~~20~~ the required 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 number of continuing medical education hours completed during the biennial license period;
- ~~3.~~4. The date by dates on which the remaining hours of continuing medical education will be scheduled to be completed; and
- ~~4.~~5. The signature of the licensee.

**B.D.** The Board shall send a written notice of approval ~~or denial~~ of the extension request within seven days from the date of receipt of the request if the Board determines:

1. The extension is needed for a reason specified in A.R.S. § 32-2523(E),
2. The remaining hours of continuing medical education will be completed within 30 days, and
3. The extension is in the best interest of the state.

**R4-17-206. License Renewal**

A. To renew a license, a licensee shall submit 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~~ initial names;
  - b. Arizona license number;
  - c. Office, mailing, e-mail, and home addresses;
  - d. Office, mobile, and home ~~phone~~ telephone numbers;
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.e.~~ 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.f.~~ Whether the licensee has had a federal or state regulatory authority take any action against the licensee's authority to prescribe, dispense, or administer controlled substances including revocation, suspension, or denial, or whether the applicant surrendered ~~such~~ the authority in lieu of any of these actions, and if so, an explanation;
  - ~~h.g.~~ 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 an alcohol- or drug-related offense in any state, or has been pardoned or had a record expunged or vacated, and if so, an explanation;
  - ~~i.h.~~ Whether the licensee has been court-martialed or discharged other than honorably from any branch of military service, and if so, an explanation;

- ~~j.i.~~ 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.j.~~ 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;
- 3. Consistent with the Board's statutory authority, ~~such~~ other information as the Board may ~~require~~ deem necessary to ~~fully~~ evaluate the licensee fully;
- 4. A dated and sworn statement by the licensee verifying that during the past ~~state fiscal year~~ biennial license period, the licensee completed ~~a minimum of 20~~ at least 40 hours of Category I continuing medical education as required by A.R.S. § 32-2523;
- 5. The 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 bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder, and if so, an explanation; Whether the applicant has received treatment since the last renewal for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic or a physical, mental, emotional, or nervous disorder or condition that currently impairs the applicant's ability to exercise the judgment and skills of a medical professional;~~
  - 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: If the answer to subsection (A)(6)(a) is yes:~~
    - ~~i. The name of each health professional or health care institution that addressed the substance use disorder and a discharge summary that includes progress; or A detailed description of the use, disorder, or condition; and~~
    - ~~ii. A copy of the confidential agreement or order issued by a health professional or health care institution, if applicable; and An explanation of whether the use, disorder, or condition is reduced or ameliorated because the applicant receives ongoing treatment and if so, the name and contact information for all current treatment providers and for all monitoring or support programs in which the applicant is currently participating; 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. A copy of any public or confidential agreement or order relating to the use,~~

disorder, or condition, issued by a licensing agency or health care institution since the last renewal, if applicable; and

7. If the document submitted under R4-17-203(B)(1) was a limited form of work authorization issued by the federal government, evidence that the licensee's presence in the U.S. continues to be authorized under federal law.

**B.** The Under A.R.S. §32-2523(A), the Board may shall randomly select a number of statements of completion of continuing education at least 10 percent of renewal applications submitted by licensees who are not currently certified by a national certification organization to verify the accuracy of the statements and the acceptability of the Category I continuing medical education attended. Physician assistants whose statements have been selected shall submit any additional information requested by the Board to assist in the verification compliance with the continuing medical education requirement specified in R4-17-205(A). A licensee selected shall submit to the Board documents that verify compliance with the continuing medical education requirement.

### **ARTICLE 3. REPEALED DUTIES OF THE EXECUTIVE DIRECTOR**

R4-17-301. ~~Repealed~~ Dismissal of Complaint

**A.** The executive director, with concurrence of the investigative staff, shall dismiss a complaint if review shows the complaint is without merit and dismissal is appropriate.

**B.** The executive director shall provide to the Board at each regularly scheduled Board meeting a list of physician assistants about whom complaints were dismissed since the preceding Board meeting.

R4-17-302. ~~Repealed~~ Referral to Formal Hearing

**A.** The executive director may refer a case directly to a formal hearing if the investigative staff, medical consultant, and lead Board member concur after review of the physician assistant's case that a formal hearing is appropriate.

**B.** The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physician assistants whose cases were referred to formal hearing since the preceding Board meeting and whether the case was referred because it involves revocation, suspension, out- of-state disciplinary action, or complexity.

R4-17-303. ~~Repealed~~ Non-disciplinary Consent Agreement

The executive director may enter into a consent agreement under A.R.S. § 32-2505(C)(23) with a physician assistant to limit the physician assistant's practice or rehabilitate the physician assistant if

there is evidence that the physician assistant is mentally or physically unable to engage in the practice of medicine safely and the investigative staff, medical consultant, and lead Board member concur after review of the case that a consent agreement is appropriate.

R4-17-304. ~~Repealed~~ Request for Inactive Status and License Cancellation

**A.** If a physician assistant requests inactive status or license cancellation and meets the requirements of A.R.S. §§ 32-2525 or 32-2528 and is not participating in the program defined under A.R.S. § 32-2552(E), the executive director shall grant the request.

**B.** The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the individuals granted inactive or cancelled license status since the preceding Board meeting.

R4-17-305. ~~Repealed~~ Referral to Formal Interview

The executive director shall refer a case to a formal interview on a future Board meeting agenda if the medical consultant, in cases involving quality of care, and the investigative staff and lead Board member concur after review of the case that a formal interview is appropriate.

R4-17-306. Denial of License

**A.** The executive director shall deny a license to an applicant if the executive director, in consultation with the investigative staff and medical consultant concur after reviewing the application, that the applicant does not meet the statutory requirements for licensure.

**B.** The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physician assistants whose applications were denied since the preceding Board meeting.