Checklist for a PA Renewal Application

Please do not submit this form with your application. Keep it for your records.

APPLICATION FEE	
☐ License Renewal Fee	$370 (if postmarked by due date)
☐ Late Fee	$470 (if postmarked 31 days after due date)
LICENSE APPLICATION	
☐ Completed Application	Provide a complete application, pages 1 - 4. You must complete all questions. If you fail to complete a question, your application will be considered deficient and the processing of your application will be delayed. If your application is not complete, the Board will send you a deficiency notice with a list of the deficient items. **Please Note:** Pursuant to A.R.S. §36-2606(A), A medical practitioner regulatory board shall notify each medical practitioner who receives an initial or renewal license and who intends to apply for registration or has an active registration under the controlled substances act (21 United States Code sections 801 through 904) of the medical practitioner's responsibility to register with the Arizona state board of pharmacy and be granted access to the controlled substances prescription monitoring program's central database tracking system. Therefore, any Arizona practitioner with a DEA registration is required to register with the CSPMP. Failure to do so, may result in Board action. Please visit the Arizona CSPMP website for more information on how to register and access the CSPMP, associate delegates to your account, and how to update your account. https://pharmacypmp.az.gov/
GOVERNMENT ISSUED PHOTO ID	
☐ Government Issued Photo ID	A copy of a government issued photo ID is required if the Board does not currently have a legible copy on file.
CONTINUING MEDICAL EDUCATION	
☐ CME Audit form	If selected for CME Audit, please provide proof of having completed the required Category 1 Continuing Medical Education approved by the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association, or other accrediting organization acceptable to the board, and the three (3) hours of opioid prescribing CME (as part of your total hours).
QUESTIONNAIRE AFFIRMATIVE RESPONSES	
☐ Narrative and Supporting Documents	If you have answered "Yes" to a question on the questionnaire page, you must submit an explanation and photocopies of any corresponding documents. Failure to properly answer these questions can result in Board disciplinary action, including revocation or denial of license.
Information requested to be sent directly to the Board can be sent to the following:	
DO NOT EMAIL APPLICATION(S) Email: licensingreport@azmd.gov	Arizona Regulatory Board of Physician Assistants 1740 W. Adams St. Ste. 4000 Phoenix, AZ 85007-2664