

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51st STREET
OKLAHOMA CITY OK 73105
Phone: (405) 962-1400 Fax: (405) 962-1440 email: Licensing@okmedicalboard.org

PHYSICIAN ASSISTANT APPLICATION INSTRUCTIONS

A. APPLICATION FOR LICENSURE AS A PHYSICIAN ASSISTANT

1. A Physician Assistant (PA) may be considered for licensure if he/she meets the following qualifications: (a) Possesses good moral character, **and**
(b) Graduated from an accredited Physician Assistant Program consisting of at least one year of classroom instruction and one year of clinical experience that includes a minimum of one month each in family medicine, emergency medicine and surgery. **and**
(c) Has passed an examination for physician assistants recognized by the Board.
2. All required documents, forms, and fees must accompany each application before it will be presented to the Physician Assistant Advisory Committee.

B. APPLICATION TO PRACTICE AS A PHYSICIAN ASSISTANT

A Physician Assistant may perform no health care services until the supervising physician and Physician Assistant jointly file a current application to practice and a letter authorizing practice to begin is approved. Applications to Practice received between meetings of the Committee will be reviewed by the Secretary of the Board who may grant permission by letter to practice temporarily until the next meeting of the Committee and the Board.

C. APPLICATION AND FORMS FOR LICENSURE AS A PHYSICIAN ASSISTANT

1. All sections of the on-line application must be completed to the best of your knowledge.
2. The photo attached to the application **MUST** show the notary seal impressed partially on the photograph and partially on the application to insure that the photo on the application was the same photo notarized. Photo must be firmly affixed to the application and must not exceed the space provided, nor obscure other information on the application.
3. Any YES answer to the questions **MUST** be explained in a statement, signed by the applicant, and notarized. If you answer "Yes" to any of the questions regarding previous arrests you must additionally submit copies of all police reports/court records. If you have previously obtained an assessment and/or been treated for the use of any drug or chemical substance (including alcohol), please submit copies of the assessment and treatment records.
4. **All education and examination must be verified.** Graduation from an accredited Physician Assistant Program may be verified on FORM #1 to which a certified copy of the diploma is attached. Applicants must also submit a transcript of grades issued by the school. The National Commission on the Certification of Physician Assistants (NCCPA) **MUST** verify successful completion of the national certifying examination for physician assistants. In lieu of contacting your school and NCCPA, you may contact the Federation Credentials Verification Service (FCVS) and obtain the appropriate application and forms for them to verify your information (FCVS, PO Box 619850, Dallas, TX 75261-9850, Phone: (817) 868-4000).
5. Evidence of all current or previously issued licenses or certificates to practice as a PA must be verified on FORM #3 by the licensing jurisdiction granting the license/certificate.

D. APPLICATION AND FORMS TO PRACTICE AS A PHYSICIAN ASSISTANT

1. The Primary Supervising Physician and PA must jointly complete and sign the Form #5, Application to Practice.
2. Each alternate supervising physician must submit FORM #6. Alternate supervising physicians may exercise their responsibility in the absence of the primary supervising physician and may utilize the PA only in the coverage of the primary supervising physician's practice.
3. The primary supervising physician must complete FORM #7.

E. GENERAL

1. Physicians may supervise FOUR (4) PA's except: (A) The medical director of a state institution may supervise more than four (4) PA's; and (B) A physician may request approval for more than four PA's in the clinical aspect of practice by personal presentation of the application to practice to the Physician Assistant Advisory Committee in meeting.
2. Enclosed for your information are guidelines prepared by the Board of Medical Licensure and Supervision that explain more fully the Board's position on PA utilization.

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F. EXTENDED BACKGROUND CHECK

All applicants for licensure are required to request an **Extended Background Check (EBC)** by completing the online EBC Authorization Form.

G. CHANGE IN PRACTICE LOCATIONS OR SUPERVISING PHYSICIANS

1. Any change in practice locations or primary supervising physicians must be approved by the Board upon submission of a properly completed Application to Practice for each change.
2. Material previously submitted for the original Application to Practice will be reviewed and those documents already on file and verified will be transferred to the request.

H. FEES (ALL FEES ARE NON-REFUNDABLE)

1. Initial Licensure Fee	Current \$150.00 (paid on line – do not resubmit)
2. Application to Practice Fee..... (included with Initial Licensure fee for first time applicants)	\$ 50.00
3. Renewal Fee.....	\$125.00
4. Renewal/Late Fee (between April 1 and May 31).....	\$225.00

I. RENEWALS:

1. Licenses are renewed annually by application PRIOR to March 31 for the subsequent year beginning April 1 and ending the last day of March. Licenses issued BEFORE March 31 must be renewed for the next occurring renewal period most immediately subsequent to the date of issue of the license.
2. Following initial licensure, each PA must provide evidence that he or she has successfully completed 20 hours of Category 1 approved continuing medical education each year. The CME hours shall be logged and reported to the Board on an annual basis by the Oklahoma Academy of Physician Assistants, Inc. The PA shall bear the cost of this requirement.
3. Unrenewed licenses become inactive as of April 1 and if reactivated on or after April 1, a late payment fee is assessed in addition to the renewal fee.
4. If a license is not renewed by May 31, the PA will be required to submit a new Application for Licensure and a new Application to Practice, and pay the initial licensure fees.

PRACTICE MAY NOT BEGIN UNTIL APPROVED BY THE STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION. TO FACILITATE THE APPLICATION AND RENEWAL PROCESS, KEEP THIS OFFICE INFORMED OF YOUR CURRENT ADDRESS AT ALL TIMES.

I, the undersigned, have read the instructions and understand their content. I swear/affirm the contents of my application are true. All information supplied by application may be verified by the Oklahoma State Board of Medical Licensure and Supervision. I have read and understand the Physician Assistant Act that I received with my application information.

Date

Printed Name

Signature