

**ARTICLE 5.
PHYSICIAN ASSISTANTS.**

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12 AAC 40.400. PHYSICIAN ASSISTANT LICENSE. (a) An individual who desires to undertake medical diagnosis and treatment or the practice of medicine in AS 08.64.380(6) or AS 08.64.380(7) as a physician assistant

- (1) shall apply for a permanent renewable license on a form provided by the department;
- (2) shall pay the appropriate fees established in 12 AAC 02.250; and
- (3) must be approved by the board.

(b) The application must contain documented evidence of

(1) graduation from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by its predecessor accrediting agencies the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs;

(2) a passing score on the certifying examination administered by the National Commission on Certification of Physician Assistants;

(3) verification of current certification issued by the National Commission on Certification of Physician Assistants (NCCPA);

~~(4) compliance with continuing medical education standards established by the National Commission on Certification of Physician Assistants;~~

(5) verification of registration or licensure in all other states where the applicant is or has been registered or licensed as a physician assistant or any other health care professional;

(6) verification of successful completion of a physician assistant program that meets the requirements of (1) of this subsection; that verification must be sent directly from the program to the board;

(7) ~~Attestation verification~~ of the applicant's completion of at least two hours of education in pain management and opioid use and addiction earned in a continuing medical education program approved by the National Commission on Certification of Physician assistants (NCCPA), a Category I continuing medical education program accredited by the American Medical Association, or a Category I or II continuing medical education program accredited by the American Osteopathic Association, for an applicant who does not currently hold a valid federal Drug Enforcement Administration registration number, the verification will be waived until the applicant applies for a valid registration number;

(8) clearance from the Board Action Data Bank maintained by the Federation of State Medical Boards; and

(9) clearance from the federal Drug Enforcement Administration (DEA).

(c) Repealed 9/1/2007.

(d) Notwithstanding (b) of this section, an applicant for a physician assistant license may submit the credentials verification documents through the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.405. TEMPORARY PERMIT LICENSE. (a) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits, may approve the issuance of a temporary physician assistant license permit to an applicant who meets the requirements of set out under 12 AAC 40.400 or under (f) of this section 12 AAC 40.445 and pays the fee set out in under 12 AAC 02.250.

(b) A temporary physician assistant permit license is valid for six months or until the board meets and considers the completed application for a permanent renewable license, whichever occurs first.

(c) The board may renew a temporary license physician assistant permit once only, based on good cause.

(d) Repealed 07/25/2008.

~~(e) An applicant who meets the requirements on the checklist established in this section has demonstrated the necessary qualifications for the temporary permit applied for and will be approved by the board, the executive secretary, or the board's designee for issuance of that permit. An applicant who does not meet the requirements on the checklist established in this section for that permit will not be issued a temporary permit unless the board further reviews the application and determines that the applicant meets the qualifications in AS 08.64 and this chapter for that permit. The form titled *Alaska State Medical Board Checklist, Temporary Permit for Physician Assistant*, dated February 2018, is adopted by reference. This form is established by the board for the use by the executive secretary or another employee of the division in completing the application processing for a temporary permit under this section.~~

(f) A member of the board, the executive secretary, or a person designated by the board to issue temporary permits may approve the issuance of a temporary physician assistant permit to an applicant who has on file with the division

1) A completed application on a form provided by the department.

2) A completed authorization for release of records on a form provided by the department

and signed by the applicant.

- 3) Payment of all required application and licensing fees.
- 4) Verification of graduation from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or, before 2001, by its predecessor accrediting agencies the American Medical Association's Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs;
- 5) Verification of current certification issued by the National Commission on Certification of Physician Assistants;
- 6) Clearance from the Board Action Data Bank maintained by the Federation of State Medical Boards; and
- 7) An attestation that the applicant has no adverse or derogatory history, including
 - A. Grounds for which the board may impose disciplinary sanctions under AS 08.64.326;
 - B. A malpractice settlement or payment;
 - C. A criminal charge or conviction, including a conviction based on a guilty plea or a plea of nolo contendere;
 - D. A complaint, investigation, or action regarding the practice of medicine in another state or territory of the United States, Canada, a federal agency, the uniformed services of the United States, or an international jurisdiction; or
 - E. An adverse action taken by a hospital, health care facility, or health care employer. (Eff. 9/19/80, Register 76; am 7/4/84, Register 90; am 3/12/89, Register 109; am 6/28/97, Register 142; am 7/25/2008, Register 187; am 5/8/2013, Register 206; am 8/17/2018, Register 227; am 12/25/2019, Register 232; am __/__/__, Register __)

Authority: AS 08.64.100 AS 08.64.101 AS 08.64.107

~~**Editor's note:** The application checklist form listed in 12 AAC 40.405 is available at the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing offices in Anchorage and Juneau.~~

12 AAC 40.406. LOCUM TENENS AUTHORIZATION TO PRACTICE. Repealed 9/1/2007.

12 AAC 40.408. AUTHORIZATION TO PRACTICE AS A PHYSICIAN ASSISTANT. Repealed 9/1/2007.

12 AAC 40.410. COLLABORATIVE RELATIONSHIP AND PLAN practice agreement.

(a) A licensed physician assistant may not practice without entering into a practice agreement with at least one collaborating physician that reflects the scope of practice of the collaborating physician established under this chapter. The collaborative relationship practice agreement must be documented by a collaborative plan on a form provided by the board and must include

(1) the name, license number, and scope of practice or specialty, if any, for the primary supervising collaborating physician and, if available, an alternate collaborating physician;

(2) A contact protocol and contact information for a physician who may be consulted if there is no alternate collaborating physician and the primary collaborating physician is not available;

(3) (3) the name, place of employment, and both residence address and mailing addresses of the physician assistant with whom the physician intends to establish a collaborative relationship;

(4) the beginning date of employment under the collaborative plan practice agreement and the physical location address of the practice;

(5) compliance with 12 AAC 40.415 if the practice location is a remote practice location; and

(6) prescriptive authority being granted to the physician assistant by the primary collaborating physician under the collaborative plan practice agreement in compliance with 12 AAC 40.450;

(7) (7) the signature of the physician assistant and the primary collaborating physician; a practice agreement may be signed electronically.

(8) (8) a description of practice; the practice agreement may only include actin, tasks, or functions that the physician assistant and the collaborating physician are qualified to preform by education, training, or experience and that are within the scope and expertise and clinical practice of both the physician assistant and the collaborating physician;

(9) (9) a description of how the collaborating physician will assess the practice performance of the physician assistant in compliance with 12 AAC 40.430; and

(10)(10) an effective date.

(b) An alternate collaborating physician must be named and documented in the practice agreement not later than three months after the effective date of the practice agreement.

- (c) Written notice must be provided to the division with the name of the primary collaborative physician and the effective date of the practice agreement not later than three business days after the effective date of the practice agreement, or not later than three business days after the effective date of a change made to the practice agreement. ~~(b) The collaborative plan must be filed with the division within 14 days after the effective date of the collaborative plan or within 14 days after the effective date of any change to that plan. (c) Receipt by the board of the collaborative plan will be considered documented evidence of an established collaborative plan.~~
- (d) Any physician assistant subject to a board order must have their ~~collaborative plan practice agreement~~ approved by the board or ~~it's~~ the board's designee in advance of the effective date of the ~~plan practice agreement~~ to insure that the collaborative plan conforms to the terms of the order.
- (e) (e) A copy of the current ~~plan practice agreement~~ must be retained at the place of employment specified in the ~~plan practice agreement~~ and must be available for inspection by the public.
- (f) (f) A substantive change ~~in~~ to the practice agreement, including a change to the primary collaborating physician, must be reported to the division in accordance with (c) of this section. If there is not a primary collaborating physician and an alternate collaborating physician is not available, the division will change the physician assistant's license status to "not authorized to practice" ~~a collaborative plan automatically suspends a licensed physician assistant's authority to practice under that collaborative plan unless the change is only to replace the primary collaborating physician with an existing alternate collaborating physician and at least one alternate collaborating physician remains in place. Any change to collaborating physicians must be reported to the board in accordance with (b) of this section.~~
- (g) (g) Nothing in this section prohibits ~~periodic~~ the board from conducting periodic review and assessment of ~~the~~ a collaborating physician ~~and the collaborative plan or a practice agreement.~~
- (h) (h) A physician who wishes to establish a collaborative relationship with a physician assistant must hold a current, active, and unrestricted license to practice medicine in this state and be in active practice of ~~allopathic, osteopathic, or podiatric~~ medicine.
- (i) (i) The primary collaborating physician shall maintain in the physician's records a copy of each DEA Form 222 official order form submitted by each physician assistant with whom the physician has a collaborative relationship. ~~The primary collaborating physician is responsible for ensuring that the physician assistant complies with state and federal inventory and record keeping requirements.~~
- (j) (j) A physician assistant subject to this section is responsible for compliance with all state and federal inventory and record keeping requirements.

(k) In this section, "active practice" means ~~at least 200~~ **not less than 480** hours of documented, direct patient contact for each year of practicing medicine ~~with direct patient contact~~. (Eff. 1/13/80, Register 73; am 3/12/89, Register 109; am 6/28/97, Register 142; am 9/1/2007, Register 183; am 9/27/2008, Register 187; am __/__/__, Register __)

Authority: AS 08.64.100 AS 08.64.101 AS 08.64.107

12 AAC 40.415. REMOTE PRACTICE LOCATION. (a) To qualify to practice in a remote practice location, a physician assistant ~~who meets the requirements of 12 AAC 40.410~~ **must have** ~~with less than two years of full-time clinical experience must work 160 hours in direct patient care under the direct and immediate supervision of the collaborating physician or alternate collaborating physician. The first 40 hours must be completed before the physician assistant begins practice in the remote practice location, and the remaining 120 hours must be completed within 90 days after the date the physician assistant starts practice in the remote practice location.~~

- 1) Documented in the practice agreement a process between the physician assistant, the primary collaborating physician, and, if available, an alternate collaborating physician for communication availability and decision making responsibility when providing medical treatment to a patient in an acute health care crisis; communication may occur by videoconference, telephone, electronically, or by an alternative method; and
- 2) Not less than 2400 hours of general medical practice experience obtained within the two years prior to the beginning date of employment at the remote practice location.

~~(b) A physician assistant with less than two years of full-time clinical experience who practices in a remote practice location and who has a change of collaborating physician must work 40 hours under the direct and immediate supervision of the new collaborating physician within 60 days after the effective date of the new collaborative plan unless the change is only to replace the primary collaborating physician with an existing alternate collaborating physician.~~

~~(c) A physician assistant with two or more years of full-time clinical experience who applies for authorization to practice in a remote practice location shall submit with the collaborative plan~~

~~(1) a detailed curriculum vitae documenting that the physician assistant's previous experience as a physician assistant is sufficient to meet the requirements of the location assignment; and~~

~~(2) a written recommendation and approval from the collaborating physician.~~

(d) (b) In this section, “remote practice location” means a location ~~in which a physician assistant practices~~ that is ~~more than 30 or more~~ miles by road from the nearest tertiary care facility or from the primary collaborating physician’s primary office. (Eff. 9/1/2007, Register 183; am ___ / ___ / ___, Register ___)

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.420. CURRENTLY PRACTICING PHYSICIAN ASSISTANT. Repealed 6/28/97.

12 AAC 40.430. PERFORMANCE AND ASSESSMENT OF PRACTICE.

(a) A person may perform medical diagnosis and treatment as a physician assistant only if licensed by the board and ~~only within the scope of practice of the collaborating physician.~~

- 1) Within the scope of practice identified in the practice agreement required under 12 AAC 40.410; and
- 2) If the medical diagnosis and treatment is within the scope of practice of the primary collaborating physician.

~~(b) A periodic method of assessment of the quality of practice must be established by the collaborating physician. In this subsection, “periodic method of assessment” means evaluation of medical care and clinic management. It is the responsibility of the physician assistant and the primary collaborating physician to establish a method and frequency for the assessment of practice of the physician assistant. The practice agreement must describe~~

- 1) the method of assessment, which must include
 - A. direct observation;
 - B. Chart review;
 - C. Feedback from other health care providers or patients.
- 2) The frequency of assessments, which must include not less than two annual direct contacts between the physician assistant and the primary or alternate collaborating physician, either in person or by videoconference; a physician assistant with less than two years of active practice experience must meet quarterly with the primary or alternate collaborating physician either in person or by videoconference.

~~(c) Repealed 3/27/2003.~~

~~(d) Repealed 3/27/2003.~~

~~(e) Assessments must include annual direct personal contact between the physician assistant~~

~~and the primary or alternate collaborating physician, at either the physician or physician assistant's work site. The collaborating physician shall document the evaluation on a form provided by the department.~~

~~(f) Except as provided in (h) of this section, collaborative plans in effect for less than two years must include at least one direct personal contact visit with the primary or alternate collaborating physician per calendar quarter for at least four hours duration.~~

~~(g) Except as provided in (h) of this section, collaborative plans in effect for two years or more must include at least two direct personal contact visits with the primary or alternate collaborating physician per year. Each visit must be of at least four hours duration and must be at least four months apart.~~

(h) ~~(c)~~ A Physician assistant who practice under a collaborative plan for a continuous period of less than three months of each year must have at least one direct personal contact visit with the primary or alternate collaborating physician annually; ~~if both the physician assistant and the primary collaborating physician or the alternate collaborating physician are in the state, videoconference can be used.~~

~~(i) Collaborative plans, regardless of duration, must include at least monthly telephone, radio, electronic, or direct personal contact between the physician assistant and the primary or alternate collaborating physician during the period in which the physician assistant is actively practicing under the collaborative plan. Dates of active practice under the collaborative plan and monthly contact must be documented.~~

~~(j) Contacts, whether direct personal contact or contact by telephone, radio, or other electronic means, must include reviews of patient care and review of health care records.~~

(k) ~~(d)~~ The primary collaborating physician ~~and the physician assistant~~ shall maintain records of ~~performance~~ ~~assessments of practice~~. The board may audit ~~those~~ ~~assessment of practice~~ records.

(l) ~~(e)~~ The primary collaborating physician ~~and the physician assistant~~ shall maintain on file ~~the completed records of assessment form of practice records~~ for ~~at least~~ ~~not less than~~ seven years after the date of ~~the evaluation~~ ~~an assessment of practice~~.

(m) ~~(f)~~ If an alternate collaborating physician performs ~~the evaluation~~ ~~an assessment of practice~~, copies of the ~~record of assessment of practice records~~ must be provided to the primary collaborating physician ~~and to the physician assistant~~ for retention in the primary collaborating physician's ~~and the physician assistant's~~ records.

(n) ~~(g)~~ The board's executive secretary may initiate audits of ~~performance~~ ~~assessment of practice~~ records. In ~~any one~~ a calendar year, the ~~performance~~ ~~assessment of practice~~ records of

not ~~more~~ **less** than 10 percent of the actively licensed physician assistants, selected randomly by computer, will be audited. For each audit,

(1) the **primary** collaborating physician ~~shall~~ **may be required to** produce

A. ~~records of assessment of practice records~~ for the ~~past~~ two calendar years immediately preceding the year of ~~the~~ audit; and

B. **A copy of the practice agreement;**

(2) if the ~~collaborative plan~~ **practice agreement** has been in effect for at least one year, but less than two years, only one year of **assessment practice** records will be audited; ~~collaborative plans of less than one year's duration will not be audited.~~

~~(o) Repealed 5/8/2013.~~

~~(p) Repealed 5/8/2013.~~

~~(q) Repealed 5/8/2013.~~

(r) **(h)** During an urgent situation as determined by the board, direct personal contact as required under this section may be met by audio and video means; **in this section** “urgent situation” has the meaning given in 12 AAC 40.045. (Eff. 1/13/80, Register 73; am 7/11/81, Register 79; am 7/4/84, Register 90; am 3/12/89, Register 109; am 6/28/97, Register 142; am 3/27/2003, Register 165; am 9/1/2007, Register 183; am 5/8/2013, Register 206; am 12/8/20, Register 237; am 3/26/2021, Register 237; am 11/18/2021, Register 240; Register ___; am ___ / ___ / ___)

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.440. STUDENT PHYSICIAN ASSISTANT PERMIT. Repealed 8/17/97.

12 AAC 40.445. GRADUATE PHYSICIAN ASSISTANT LICENSE. (a) An applicant for a license to practice as a graduate physician assistant

(1) shall apply on a form provided by the department;

(2) shall pay the fees established in 12 AAC 02.250; and

(3) must be approved by the board.

(b) The application must include

(1) evidence of having graduated from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) or, before 2001, by its predecessor accrediting agencies the American Medical Association’s Committee on

Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs; and

(2) evidence of having been accepted to take the next entry level examination of the National Commission on Certification of Physician Assistants, Inc. (NCCPA) for initial certification.

(c) A graduate physician assistant license is automatically suspended on the date the board receives notice that the applicant failed to take or failed to pass the NCCPA certifying examination required under (b)(2) of this section.

(d) Upon request, the board will reissue a graduate physician assistant license only if the licensee was prevented from taking a scheduled examination.

(e) A licensed graduate physician assistant must be under the continuous on-site supervision of a physician assistant licensed in this state or a physician licensed **and in good standing in this the state.**

(f) When licensed, the licensee shall display a nameplate designating that person as a “graduate physician assistant.”

(g) Notwithstanding (b) of this section, an applicant for a graduate physician assistant license may submit the credentials verification documents through the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Boards of the United States, Inc., sent directly to the department from FCVS.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.447. AUTHORIZATION TO PRACTICE AS A GRADUATE PHYSICIAN ASSISTANT.

Repealed 9/1/2007.

12 AAC 40.450. AUTHORITY TO PRESCRIBE, ORDER, ADMINISTER, AND DISPENSE

MEDICATIONS. (a) A physician assistant who prescribes, orders, administers, or dispenses controlled substances must

(1) have a current Drug Enforcement Administration (DEA) registration number, valid for that handling of that controlled substance on file with the department; and

(2) comply with 12 AAC 40.976.

(b) Repealed 9/1/2007.

(c) A physician assistant with a valid DEA registration number may order, administer,

dispense, and write a prescription for a schedule II, III, IV, or V controlled substance as outlined in the DEA registration license and in accordance with state and federal prescriptive guidelines and statutes and within the collaborating physician's scope of practice. Compliance with this section requires meeting the registration and reporting requirements set out under 12 AAC 40.976 ~~only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's current collaborative plan on file with the division.~~

~~(d) The physician assistant's authority to prescribe may not exceed that of the primary collaborating physician as documented in the collaborative plan on file with the division.~~

(e) A physician assistant with a valid DEA registration number may request, receive, order, or procure schedule II, III, IV, or V controlled substance supplies from a pharmaceutical distributor, warehouse, or other entity only with the authorization of the physician assistant's primary collaborating physician. If granted this authority, the physician assistant is responsible for complying with all state and federal inventory and record keeping requirements. The authorization must be documented in the physician assistant's ~~current collaborative plan~~ **practice agreement** on file with the division. ~~Within~~ **Not later than** 10 days after the **effective** date of issue ~~on the form practice agreement~~, the physician assistant shall provide to the primary collaborating physician a copy of each DEA Form 222 official order form used to obtain controlled substances.

(f) A physician assistant may prescribe, order, administer, or dispense a medication that is not a controlled substance only with the authorization of the physician assistant's primary collaborating physician. The authorization must be documented in the physician assistant's ~~current collaborative plan on file with the division~~ **practice agreement**.

(g) A graduate physician assistant licensed under this chapter may not prescribe, order, administer, or dispense a controlled substance.

(h) Termination of a ~~collaborative plan~~ **practice agreement** terminates a physician assistant's authority to prescribe, order, administer, and dispense medication under that ~~plan~~ **practice agreement**.

~~(i) A prescription written under this section by a physician assistant must include the~~

- ~~(1) primary collaborating physician's name;~~
- ~~(2) primary collaborating physician's DEA registration number;~~
- ~~(3) physician assistant's name; and~~
- ~~(4) physician assistant's DEA registration number.~~

(j) In this section, unless the context requires otherwise,

- (1) "order" means writing instructions on an order sheet to dispense a medication to a patient

from an on-site pharmacy or drug storage area; for purposes of this paragraph, “on-site pharmacy” means a secured area that provides for the storage and dispensing of controlled substances and other drugs and is located in the facility where the physician assistant is practicing;

(2) “prescription” means a written document regarding a medication, prepared for transmittal to a licensed pharmacy for the dispensing of the medication;

(3) “schedule” used in conjunction with a controlled substance, means the relevant schedule of controlled substances under 21 U.S.C. 812 (Sec. 202, Federal Controlled Substances Act).

(Eff. 1/13/80, Register 73, am 3/12/89, Register 109; am 4/27/97, Register 142; am 6/28/97, Register 142; am 3/16/98, Register 146; am 12/16/99, Register 152; am 10/14/2006, Register 180; am 9/1/2007, Register 183; am 3/7/2021, Register 237, am __/__/__, Register __)

Authority: AS 08.64.100 AS 08.64.107 AS 17.30.200

12 AAC 40.460. IDENTIFICATION. A licensed physician assistant authorized to practice shall conspicuously display on the licensee's clothing a nameplate identifying the physician assistant as a “Physician Assistant-Certified (PA-C)” and shall display at the licensee's customary place of employment

(1) a current state license; and

(2) a sign ~~at least five by eight inches~~ informing the public that documents showing the licensed physician assistant’s **current** education ~~and a copy of the current collaborative plan on file with the division~~ are available **on request for inspection**.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.470. RENEWAL OF A PHYSICIAN ASSISTANT LICENSE. (a) A physician assistant license must be renewed biennially on the date set by the department.

(b) An application for renewal must be made on the form provided by the department and must include

(1) payment of the renewal fee established in 12 AAC 02.250;

(2) ~~documented evidence~~ **an attestation** that the applicant ~~has met the continuing medical education and recertification requirements of the NCCPA, including the NCCPA recertification examination,~~ and is currently certified by ~~NCCPA~~ **the National Commission on Certification of Physician Assistants;**

~~(3) verification on a form provided by the department of each authorization to practice issued before September 1, 2007 under which the physician assistant is practicing. An attestation that the physician assistant has an active collaboration practice agreement with a current practice address.~~

~~(4) An attestation that the applicant has completed at least two hour of education in pain management and opioid use and addiction in a continuing medical educational program approve by the National Commission on Certification of Physician Assistants, a Category I continuing medical education program accredited by the American Medical Association, or a Category I or II continuing medical education accredited by the American Osteopathic Association; verification of their requirement for an applicant who does no currently hold a valid federal Drug Enforcement Administration registration number will be waived until the applicant applies for a valid registration number.~~

Authority: AS 08.64.100 AS 08.64.107 AS 08.64.315

12 AAC 40.473. INACTIVE PHYSICIAN ASSISTANT LICENSE. (a) A physician assistant who is not practicing in the state may hold an inactive license that may be renewed.

(b) A physician assistant may apply for an inactive license at the time of license renewal by

(1) indicating on the form for license renewal that the physician assistant is requesting an inactive license;

and

(2) paying the inactive biennial license fee established in 12 AAC 02.250.

(c) A physician assistant licensed as inactive may not practice as a physician assistant in the state.

(d) A physician assistant licensed as inactive who wishes to resume active practice as a physician assistant in the state must

(1) submit a completed renewal application form indicating request for reactivation;

(2) pay the physician assistant biennial license renewal fee established in 12 AAC 02.250, less any inactive license fee previously paid for the same licensing period;

(3) submit a copy of a current certificate issued by the National Commission on Certification of Physician Assistants; and

(4) request a clearance report from the Federation of State Medical Boards' Board Action Data Bank be sent directly to the board.

(e) Notwithstanding (a) and (b) of this section, the board may refuse to reactivate a physician

assistant authorization for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

Authority: AS 08.64.100 AS 08.64.240 AS 08.64.313
AS 08.64.107

12 AAC 40.475. LAPSED PHYSICIAN ASSISTANT LICENSE. (a) A physician assistant license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant submits

(1) a complete renewal application form;

(2) ~~Attestation that the applicant is currently certified by the National Commission on Certification of Physician Assistants—documentation that the continuing medical education requirements of 12 AAC 40.470(b)(2) have been met;~~ and

(3) the renewal fees required by 12 AAC 02.250.

(b) A physician assistant license that has been lapsed for at least one year but less than five years will be reinstated if the applicant submits

(1) a complete renewal application on a form provided by the department;

(2) ~~Attestation that the applicant is currently certified by the National Commission on Certification of Physician Assistants—documentation that the continuing medical education requirements of 12 AAC 40.470(b)(2) have been met for the entire period that the authorization has been lapsed;~~

(3) verification of licensure from the appropriate licensing authority in each state, territory, or province where the applicant holds or has ever held a license as a physician assistant or other health care professional;

(4) clearance from the Federation of State Medical Boards sent directly to the division;

(5) clearance from the federal Drug Enforcement Administration (DEA); and

(6) the applicable fees required in 12 AAC 02.250.

(c) Notwithstanding (a) and (b) of this section, the board may refuse to reinstate a physician assistant license for the same reasons that it may impose disciplinary sanctions against a licensee under AS 08.64.326 and this chapter.

Authority: AS 08.01.100 AS 08.64.100 AS 08.64.107

12 AAC 40.480. EXEMPTIONS. (a) Nothing in this chapter prevents or regulates the use

of a community health aid in the usual and customary manner in the rural areas of the State of Alaska.

(b) Nothing in this chapter regulates, restricts, or alters the functions of a person traditionally employed in an office, by a physician, performing duties not regulated by the State Medical Board under AS 08.64.

Authority: AS 08.64.100 AS 08.64.107

12 AAC 40.490. GROUNDS FOR SUSPENSION, REVOCATION, OR DENIAL OF LICENSE. The

board, after compliance with the Administrative Procedure Act (AS 44.62), ~~may will, in its discretion,~~ suspend, revoke or deny the license of a physician assistant who

- (1) fails to pay the fees established in 12 AAC 02.250;
- (2) has obtained, or attempted to obtain, a license or authorization to practice as a physician assistant by fraud, deceit, material misrepresentation, or false statement;
- (3) habitually abuses alcoholic beverages, or illegally uses depressants, hallucinogenic or stimulant drugs as defined by AS 17.12.150(3) or uses narcotic drugs as defined by AS 17.10.230(13);
- (4) consistently fails to comply with 12 AAC 40.460;
- (5) practices without the ~~required collaborative plan~~ **practice agreement** as required by 12 AAC 40.410;
- ~~(6) represents or uses any signs, figures, or letters to represent himself or herself as a physician, surgeon, doctor, or doctor of medicine;~~
- ~~(7) violates any section of this chapter;~~
- (8) ~~(7)~~ is found to have demonstrated professional incompetence as defined in 12 AAC 40.970;
- (9) ~~(8)~~ in a clinical setting,
 - (A) fails to clearly identify oneself as a physician assistant to a patient;
 - (B) uses or permits to be used on the physician assistant's behalf the term "doctor," "Dr.," or "doc"; or
 - (C) holds oneself out in any way to be a physician or surgeon;
- (10) ~~(9)~~ practices without maintaining certification by the National Commission on Certification of Physician Assistants (NCCPA).

Authority: AS 08.64.100 AS 08.64.107