



**PHYSICIAN ASSISTANT BOARD**

2005 Evergreen Street, Suite 1100, Sacramento, CA 95815  
P (916) 561-8780 Fax(916) 263-2671 web www.pac.ca.gov

**MEETING NOTICE**

**February 9, 2015**

**PHYSICIAN ASSISTANT BOARD**  
2005 Evergreen Street – Hearing Room #1150  
Sacramento, CA 95815  
8:45 A.M. – 5:00 P.M.

**AGENDA**

**(Please see below for Webcast information)**

**EXCEPT "TIME CERTAIN" ITEMS, ALL TIMES ARE APPROXIMATE AND SUBJECT TO CHANGE**

1. Call to Order by President (Sachs)
2. Roll Call (Winslow)
3. Approval of November 3, 2014 Meeting Minutes (Sachs)
4. Public Comment on items not on the Agenda (Sachs) (Note: The Board may not discuss or take action on any matter raised during this public comment section that is not included on this agenda, except to decide whether to place the matter on the agenda for a future meeting. [Government Code Sections 11125, 11125.7(a).])
5. Reports
  - a. President's Report (Sachs)
    - 1) Oath of Office for board members
    - 2) New California Physician Assistant Educational Programs
  - b. Executive Officer's Report (Mitchell)
    - 1) Update on BreEZe Implementation
    - 2) Controlled Substance Utilization Review and Evaluation System (CURES) Update
  - c. Licensing Program Activity Report (Forsyth)
  - d. Diversion Program Activity Report (Mitchell)
  - e. Enforcement Program Activity Report (Forsyth)
6. Department of Consumer Affairs
  - a. Director's Update (Christine Lally)
7. Regulations
  - a. Proposed Amendments to Title 16, California Code of Regulations, Section 1399.541 - Medical Services Performable: Update (Sachs)
  - b. Title 16 California Code of Regulations Section 1399.573 Citations for Unlicensed Practice – Proposal to amend regulation to authorize Executive Officer to issue citations and order of abatement and levy fines in cases of unlicensed activity. (Schieldge)

**\*TIME CERTAIN 9:00 AM – Regulation Hearings**

8. Regulatory Hearing on Proposed Language for Guidelines for Imposing Discipline/Uniform Standards Regarding Substance-Abusing Healing Arts Licensees, Section 1399.523 of Division 13.8 of Title 16 of the California Code of Regulations (Sachs)

9. Discussion and Possible action to Amend or Adopt changes to Title 16, California Code of Regulations Section 1399.523. (Schildge)

**10. CLOSED SESSION:**

- a. Pursuant to Section 11126(c)(3) of the Government Code, the Board will move into closed session to deliberate on disciplinary matters.
- b. Pursuant to Section 11126(e), the Board will move into closed session to receive advice from legal counsel in the following matter:

*David Ortiz, P.A. v. Physician Assistant Committee, Medical Board of California, Sac County Sup. Ct., Case No. 34-2011-80000863.*

**RETURN TO OPEN SESSION**

11. Lunch break will be taken at some point during the day's meeting.
12. PAB Policy Manual (Sachs)
  - a. Review and approve all proposed revisions to manual.
13. Updates to Application for Licensure as a Physician Assistant (Forsyth/Schildge)
14. Discussion on Accredited Physician Assistant Programs in California; Accreditation Process (Sachs)
  - a. Invitation to ARC-PA for Representative to Attend Board Meeting: Follow-up
15. Medical Board of California Activities Summary and Update. (Bishop)
16. Budget Update (Rumbaoa)
17. The Legislative Committee (Hazelton/Earley)
  - a. Legislation of Interest to the Physician Assistant Board
18. Agenda Items for Next Meeting (Sachs)
19. Adjournment (Sachs)

**Note:** Agenda discussion and report items are subject to action being taken on them during the meeting by the Board at its discretion. All times when stated are approximate and subject to change without prior notice at the discretion of the Board unless listed as "time certain". Agenda items may be taken out of order and total time allocated for public comment on particular issues may be limited.

While the Board intends to webcast this meeting, it may not be possible to webcast the meeting due to limitations on resources or unforeseen circumstances. The webcast can be located at [www.dca.ca.gov](http://www.dca.ca.gov). If you would like to ensure participation, please plan to attend at the physical location.

**Notice:** The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Anita Winslow at (916) 561-8782 or email [Anita.Winslow@mbc.ca.gov](mailto:Anita.Winslow@mbc.ca.gov) send a written request to the Physician Assistant Board, 2005 Evergreen Street, Suite 1100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help to ensure availability of the request.

# Agenda

# Item

# 3



**PHYSICIAN ASSISTANT BOARD**  
2005 Evergreen Street, Suite 1100, Sacramento, CA 95815  
P (916) 561-8780 Fax(916) 263-2671 web www.pac.ca.gov

## **MEETING MINUTES**

**November 3, 2014**

**PHYSICIAN ASSISTANT BOARD**  
**2005 Evergreen Street – Hearing Room #1150**  
**Sacramento, CA 95815**  
**8:00 A.M. – 5:00 P.M.**

### **1. Call to Order by President**

President Sachs called the meeting to order at 8:00 a.m.

### **2. Roll Call**

Staff called the roll. A quorum was present.

Board Members Present:

Robert Sachs, PA-C  
Charles Alexander, Ph.D.  
Michael Bishop, M.D.  
Jed Grant, PA-C  
Catherine Hazelton  
Rosalee Shorter, PA-C  
Cristina Gomez-Vidal Diaz  
Sonya Earley, PA-C  
Xavier Martinez

Staff Present:

Glenn L. Mitchell, Jr., Executive Officer  
Kristy Schieldge, Senior Staff Counsel,  
Department of Consumer Affairs (DCA)  
Dianne Tincher, Enforcement Analyst  
Lynn Forsyth, Licensing Analyst  
Anita Winslow, Administration Analyst

### **3. Approval of August 18, 2014 Meeting Minutes**

The August 18, 2014 meeting minutes were approved as amended.

Mr. Grant noted that agenda item 16 incorrectly identified the California Academy of Physician Assistants (CAPA) as the California County of Physician Assistants (CCPA). Mr. Grant requested that the minutes be amended to state the correct title.

(m/Grant, s/Earley, motion passes unanimously)

#### **4. Public Comment on items not on the Agenda**

There was no public comment at this time.

#### **5. Reports**

##### **a. President's Report**

- 1) President Sachs reported that he attended the California Academy of Physician Assistant (CAPA) annual conference with Board member Jed Grant. Mr. Sachs stated that it was a well-attended and successful conference. Fifty copies of the Laws and Regulations Relating to the Practice of Physician Assistants brought to the conference were distributed and the supply was depleted within 45 minutes. Mr. Sachs noted that he had some very good questions regarding physician assistant scope of practice and laws and regulations. Mr. Sachs also stated that the conference was a good opportunity to discuss and educate physician assistants about the laws and regulations and also to inform physician assistants that our board meetings are webcasted. He encouraged physician assistants to participate at the Board's meetings.
- 2) President Sachs also reported on the program status of the California two year PA Training Programs. He was notified that San Joaquin Valley College was not reaccredited by ARC-PA. Mr. Sachs also noted that Moreno Valley College (formally Riverside) also did not receive reaccreditation, but officials at the program will appeal the decision.

##### **b. Executive Officer's Report**

###### **1) Update on BreEZe Implementation**

Mr. Mitchell stated that Board staff continues to work with the BreEZe team on implementing BreEZe. The main issues continue to be with the enforcement and cashiering aspects of system, and the generation of reports in BreEZe. Staff is working with the BreEZe team to address these concerns.

The licensing aspect of BreEZe continues to function and the Board is not experiencing any delays in processing and issuing physician assistant licenses.

Mr. Mitchell reported that he was informed that our online license renewal system is now scheduled for spring 2015 because the renewal process is not yet fully ready for the rollout.

Additionally he reported that Board staff will be required to modify our online application and renewal documents to capture demographic data (location of practice, race/optional, languages spoken, educational background, classification of primary practice) as required by AB 2102.

The Board staff continues to attend licensing and enforcement user group meetings. Attending these meetings and discussing issues with other Department of Consumer Affairs (DCA) board representatives is greatly assisting in resolving some of the issues with BreEZe that the Board is encountering.

Mr. Mitchell also thanked the staff of the Medical Board's Information Systems Branch for their continued assistance in helping us implement BreEZe. Their professionalism and expertise in helping us learn and make corrections to the system is very much appreciated. The Board and its staff are very grateful for their continued support and assistance.

Mr. Mitchell also thanked the staff for their dedication and commitment during this transition to BreEZe. He appreciates everyone's efforts. He also thanked the BreEZe staff in assisting us in addressing our concerns and making corrections to the system.

Again, Mr. Mitchell also thanked all our applicants, licensees and consumers for their patience during this transition.

## 2) Cures Update

Mr. Mitchell reported that Joint Application Design (JAD) sessions took place between representatives of the Department of Consumer Affairs (DCA) and the Department of Justice (DOJ) for updates to the Controlled Substance Utilization Review and Evaluation System (CURES). These sessions were recently completed. The purpose of these sessions was to facilitate development of aspects of the new system. Information is obtained and validated by session participants to ensure that the system developed will meet the impacted Board's business needs.

Mr. Mitchell stated that he was informed that DOJ is also in the process of finalizing the necessary project plans with the vendor and upon completion will be submitted to the DCA Board representatives for review and approval.

Staff at the Physician Assistant Board (PAB) does not query the system as this is performed by the Medical Board of California (MBC) complaint staff; therefore, they are representing PAB in these sessions. Ms. Tincher and Mr. Mitchell have met with a representative of the MBC to discuss features the Board would like included in the system to ensure that the Board's system requirements will be met. Thankfully, our requirements are similar to those of the MBC. MBC staff has been very helpful in ensuring that our requirements are included in the system and the Board appreciates their assistance.

Mr. Mitchell noted the estimated project milestones as:

Testing: May/June 2015  
Training: June 2015  
Implementation: early summer 2015

c. Licensing Program Activity Report

Between August 1, 2014 and October 1, 2014, 189 physician assistant licenses were issued. As of October 1, 2014, 9,729 physician assistant licenses are renewed and current.

d. Diversion Program Activity Report

As of October 1, 2014, the Board's Diversion Program has 16 participants, which includes 3 self-referral participants and 13 board-referral participants.

A total of 128 participants have participated in the program since implementation in 1990.

e. Enforcement Program Activity Report

Between July 1, 2014 and September 30, 2014, 1 accusation was filed; 1 Statement of Issues was filed; 3 probationary licenses were issued, and there are currently 45 probationers.

**6. Who May Call Themselves a Physician Assistant in California**

Ms. Schieldge referenced Business and Professional Code Section 3501(a)(4), which states:

“Physician Assistant” means a person who meets the requirements of this chapter and is licensed by the board.”

She added that Business and Professions Code Section 3503 states:

“No person other than one who has been licensed to practice as a physician assistant shall practice as a physician assistant or in a similar capacity to a physician and surgeon or podiatrist or hold himself or herself out as a “physician assistant,” or shall use any other term indicating or implying that he or she is a physician assistant.”

Ms. Schieldge stated that these sections of law require that an individual be licensed by the Board to legally use the title “Physician Assistant.”

On another regulatory note, Ms. Schieldge stated that during her review of the laws and regulations regarding this agenda item, she discovered that Title 16, California Code of Regulations, Section 1399.573 does not authorize the Board's Executive Officer to issue citations for unlicensed practice unless the person is

practicing with a delinquent license. She suggested that the Board may wish to seek a regulatory change to address the issue.

Mr. Martinez asked if a physician assistant not meeting their Continuing Medical Education (CME) requirement is related to this discussion, thus, would they be practicing without a license.

Ms. Schiedge responded that CME compliance is a condition of renewal, and these conditions must be met to continue licensure as a physician assistant. Mr. Mitchell informed the Board that licensee's self-certify compliance with CME during the renewal process.

Ms. Shorter asked if the Board audits CME compliance. Mr. Mitchell indicated that the Board has legal authority to audit licensees to determine compliance with the CME requirements.

A motion was made for staff to audit licensees to determine CME compliance.

(m/Bishop s/Grant motion passes)

Public Comment: Teresa Anderson – California Academy of Physician Assistants (CAPA), asked if being a faculty member of a physician assistant training program and using the title physician assistant was the same as practicing as a physician assistant and using the title, “physician assistant.”

Ms. Schiedge responded that not being a California licensed individual and using the P.A. title and thus holding themselves out as a physician assistant whether as a teaching faculty member or not is misleading to the public and could be considered a violation of physician assistant laws and regulations.

## **7. Department of Consumer Affairs**

The new Director of the Department of Consumer Affairs (DCA) Awet Kidane, introduced himself to the Board.

Mr. Kidane stated that he has been attending Board meetings to meet members to discuss his vision of the Department, and how the Department can work with the Boards to improve the services the Department and Boards provide.

He congratulated the Board staff for their hard work and dedication to the implementation of BreEZe and commented on Mr. Mitchell's leadership and interaction with the Department during the implementation of the BreEZe system. He commented that there are 10 Boards in production with scheduled design and testing builds. He noted that BreEZe reports were the biggest hurdle to overcome and that the reports, especially enforcement should be able to provide valid data in the November build and implementation.

Mr. Kidane stated that he was holding internal divisions within the Department, such as Division of Investigations, Human Resources, Contracting and Business Services, accountable to establish a baseline matrix. He is looking for

consistency throughout all of the Boards especially to maintain integrity and consistency in licensing and enforcement.

Ms. Earley asked Mr. Kidane what security measures are being incorporated in the BreZE system. Mr. Kidane responded there are multi-level check points for security and that additional security provisions are being added.

Dr. Bishop made the comment that Boards are dependent on their experts and he was wondering about the review process for the quality of BreZE experts. Mr. Kidane thought this was a good point to address in the future.

Ms. Hazelton asked about sharing information between the Department and the Boards and Mr. Kidane stated that frequent Executive Officer meetings are held and are a good method to accomplish information sharing.

## **8. Nomination and Election of Physician Assistant Board Officers**

Business and Professions Code Section 3509.5 states:

“The Board shall elect annually a chairperson and vice chairperson from among its members.”

Mr. Mitchell called for nominations for Chairperson for 2015.

Mr. Grant nominated Mr. Robert Sachs, second by Dr. Bishop, passed unanimously.

Mr. Mitchell called for nominations for Vice-Chairperson for 2015.

Mr. Alexander nominated Mr. Jed Grant, second by Dr. Bishop, passed unanimously.

## **9. Approval of Passing Score for 2015 Physician Assistant Initial Licensing Examination and 2015 Locations for Physician Assistant Initial Licensing Examination**

Business and Professions Code Section 3517 provides in pertinent part:

“The Board shall, however, establish a passing score for each examination.”

A motion was made to approve the passing score for the physician assistant initial licensing examination for the year 2015 as established by the National Commission on Certification of Physician Assistants.

(m/Grant s/Bishop motion passes unanimously)

Business and Professions Code Section 3517 provides in pertinent part:

“The time and place of examination shall be fixed by the Board.”

A motion was made to approve the dates and locations for the physician assistant initial licensing examination for the year 2015. The examination is given on a year-round basis at the Pearson VUE Professional Testing Centers.

(m/Grant s/Bishop motion passes unanimously)

## **10. Schedule of 2015 Board Meeting Dates and Locations**

The following 2015 Board meeting dates were proposed:

Monday, February 9, 2015  
Monday, May 4, 2015  
Monday, August 3, 2015  
Monday, November 16, 2015

All Board meetings to be held at:  
Hearing Room  
2005 Evergreen Street  
Sacramento, CA 95815.

A motion was made to approve the 2015 meeting dates and location as noted.

(m/Bishop s/Grant motion passes unanimously)

## **11. Regulations**

### **a. Title 16, California Code of Regulations, Section 1399.545 Medical Services Performable**

This regulatory package was submitted by the Medical Board of California (MBC) to the Department of Consumer Affairs (DCA) for their review. The DCA Director recently signed off on the package and it was sent to the Business, Consumer Services, and Housing Agency (Agency) for their review. The package was approved by Agency and returned to the MBC who will file it with the Office of Administrative Law (OAL). Upon receipt, OAL has 30 days to review and approve the file.

The Board has been monitoring and working closely with DCA and MBC staff to ensure that the package is moving through the process.

## **12. Petition Hearings**

The following petition hearings were held before the Board:

- a. Petition for Termination of Probation – Joseph Gregory, PA 19779
- b. Petition for Reinstatement of Physician Assistant License – Michael Anthony Cancilla, Jr., PA 15366 License Revoked.

**13. Closed Session:**

- a. Pursuant to Section 11126(c)(3) of the Government Code, the Board moved into closed session to deliberate on disciplinary matters, including petitions.
- b. Pursuant to Section 11126(a) (1) of the Government Code, the Board moved into closed session to conduct the annual evaluation of the Executive Officer.

**RETURN TO OPEN SESSION**

**14. A lunch break was taken.**

**15. Physician Assistant Board Policy Manual**

- a. New policy – Board Member Reporting: Knowledge of Violations of Physician Assistant Laws and Regulations.

Mr. Grant stated that he requested the Board consider drafting a policy to give the Board members some guidance as to their responsibility to report possible violations of physician assistant laws and regulations.

Ms. Schiedge noted that the proposed policy to address this matter was drafted by staff.

After reviewing the policy, she suggested the following amendment:

“the Board member is encouraged to report this information to the Executive Officer and is also ~~encouraged~~ expected to cooperate with the Executive Officer”

A motion was made to adopt the policy as amended.

(m/Grant s/Alexander motion passes unanimously)

**16. Discussion on Accredited Physician Assistant Programs in California: Accreditation Process**

President Sachs reported that the Mr. Mitchell sent a letter to ARC-PA on the Board's behalf inviting the Executive Director or a representative to attend a Board meeting to discuss the accreditation process and how the Board may work cooperatively with ARC-PA to better facilitate the development, accreditation, and approval of additional physician assistant training programs to address the need for additional physician assistants in the health care delivery system. Mr. Sachs reported that ARC-PA did not respond to the request.

The Board has directed staff to reach out again to ARC-PA with a follow-up telephone call and send another letter to express the Board's interest in engaging in a dialogue about this important topic. Mr. Sachs requested that Awet Kidane,

Director of the Department of Consumer Affairs, be “cc’d” on the letter. Mr. Sachs asked legal counsel what options the Board had available to address this issue.

Ms. Schieldge referenced Business and Professions Code Section 3513, in pertinent part:

“The Board shall recognize the approval of training programs for physician assistants approved by a national accrediting organization.”

Ms. Schieldge stated that more research needs to be done to explore the Board’s options.

President Sachs proposed that the Board also contact the Commission on Accreditation of Allied Health Education Programs (CAAHEP) to determine if there could be another avenue for national accreditation. He also directed staff to contact the National Commission on Certification of Physician Assistants (NCCPA) for clarification on whether CAAHEP could be used as an additional training program accreditation body which would allow individuals to take the Physician Assistant National Certifying Examination (PANCE). The Board utilizes the PANCE as its licensing examination.

#### Public Comment

Christine Lally, Deputy Director, Department of Consumer Affairs (DCA), agreed that a follow-up letter to ARC-PA should be sent copying the DCA director, as well as a possible phone call to them. This creates due diligence on the Boards part, which puts the Board in the best position possible with regard to this issue.

Teresa Anderson, California Academy of Physician Assistants (CAPA), noted that CAPA is also trying to work with ARC-PA. She noted that they contacted the Legislature and Senator Bullard was able to speak with ARC-PA and voiced the concerns that California is experiencing a shortage of physician assistants.

### **17. Telehealth**

- a. Telehealth for the physician assistant in California – discussion and presentation by Cama Lock, PA, San Mateo Medical Center

Ms. Lock introduced to the Board a Telehealth website/app that she is associated with. She noted that it may be useful for consumers who would like to use this method of patient care. The website focuses on availability of medical consultation services when doctor’s offices are closed, allowing patients to have general health related questions answered in a timely manner. Questions relating to diagnosis or treatment are patient specific and addressed by a supervising physician. Ms. Lock stated that medical providers on the site do not prescribe any medications. She added that a detailed electronic patient record meeting HIPPA requirements is also maintained.

Ms. Lock ended her presentation noting that the website users who wish to use the Telehealth site must be California residents. Typical users are in the 20-30 years age.

## **18. Medical Board of California Activities**

Dr. Bishop reported on several items that were discussed at the Medical Board of California's (MBC) quarterly board meeting held in San Diego on October 23 and 24, 2014.

The Board approved their "Guidelines for Prescribing Controlled Substances for Pain." The finalized document is one that can be used by physicians for guidance in prescribing practices for patient pain management. The document is posted on the Medical Board of California's website.

The MBC also approved changing its current policy regarding the expert reviews of pain management cases. The previous policy required the Board to send these cases to two experts, one in pain management and one in the specialty of the physician performing the services. Since pain management training has been received the policy has been revised to send cases to only one expert in the same specialty as the physician performing the prescribing.

The Board updated its policy statement on recommending marijuana for medical purposes. The document used the term, "medical marijuana," which is not an actual term as there is no such thing as "medical marijuana." It is marijuana recommended for medical purposes. In addition, the policy stated that the first examination must be in-person, however, this statement does not comport with current law due to the Telehealth laws. Therefore, the Board changed the policy to state the examination had to be an appropriate prior examination.

The Medical Board members also began an overview of policies to assist staff in analyzing proposed legislation. Three policies were approved relating to scope of practice, continuing medical education, and funding for physician education.

The Board also reviewed its current committees and eliminated those committees that had either finalized their work or it was determined the committee no longer needed to continue. MBC streamlined its committees down to its mandated committees and four standing committees.

The MBC will be reviewing and analyzing a new Interstate Compact developed by the Federation of State Medical Boards. This compact would allow physicians who meet certain requirements to be licensed in multiple states at the same time.

The Board is finalizing regulations to allow the Board's Executive Director or his or her designee to issue citations. With the movement of the Board's Investigative Unit to the Department of Consumer Affairs (DCA) in July 2014, the Board could no longer issue citations and fines due to specific language in the Board's regulations that only allowed the Chief, Deputy Chief, or Supervising Investigator IIs to issue these citations. With these former MBC staff moving to DCA, they could no longer perform these services for the Board.

The Board is also drafting regulations and will be going through the regulatory process to allow physicians to use their Maintenance of Certification continuing medical education in order to meet the Board's continuing education requirements.

In closing, Dr. Bishop reported that the MBC was notified that its regulations pertaining to Senate Bill 1441 regarding the Uniform Standards for Substance Abusing Licensees were disapproved by the Office of Administrative Law (OAL). The Board will hold an interim meeting in order to meet the 120-day deadline to make the requested changes and meet the requirements of the OAL, which will hopefully lead to OAL's approval of the regulatory package.

## **19. Budget Update**

- a. Ms. Tincher reported that there were no changes from the previous report given at the August 2014 Board meeting.
- b. Wilbert Rumbaoa, Department of Consumer Affairs Budget Analyst, reported to the Board on the developmental process of the Board's budget.

Mr. Rumbaoa stated that the budget summary is defined as all changes to the current and budget year appropriations. The summary identifies base funding levels and specific funding adjustments needed to provide final budget detail. This process is used for building the budget for the next fiscal year.

Mr. Rumbaoa then defined the expenditure projection as itemizing the Board's budget on a line-by-line basis. Items include the actual expenditures which were spent last fiscal year, the budgeted amount which is the budget for the current fiscal year and the current year expenditures which is what was spent in the current fiscal year.

Mr. Rumbaoa noted that the most important thing for the budget is the "bottom line." He ensures that funds are available and the Board does not over spend its budget as the Board's Executive Officer is financially liable for overspending the budget. Additionally Mr. Rumbaoa added that he closely monitors revenues and expenditures.

## **20. The Legislative Committee**

Ms. Hazelton reported that the Legislature concluded all business at the end of August and noted that all bills sent to the Governor were either signed into law or vetoed. She then discussed the outcome of three bills that were of interest to the Board.

**AB 1841 (Mullin)** – Allows medical assistants to furnish labeled and prepackaged prescription drugs, other than controlled substances, to a patient, if so ordered by a licensed physician, licensed doctor of podiatric medicine, a physician assistant, a nurse practitioner or a certified nurse midwife.

Ms. Schieldge clarified that this law is effective only in certain practice settings licensed by the California Board of Pharmacy such as ambulatory surgical centers, nonprofit community clinics, free clinics, and student health centers at colleges.

AB 1841 was signed into law by the Governor on September 15, 2014.

AB 2058 (Wilk) – This legislation would modify the definition of “state body” within the Bagley-Keene Open Meeting Act, to exclude advisory bodies with less than three individuals, except for certain standing committees.

AB 2058 was vetoed by the Governor on September 27, 2014.

SB 1083 (Pavley) – This bill authorizes a physician assistant to certify disability, after performance of a physical examination by the physician assistant under the supervision of a physician, and would correspondingly expand the definition of practitioner to include a physician assistant.

SB 1083 was signed into law by the Governor on September 18, 2014.

Ms. Schieldge also reported on additional legislation that will impact the Board.

AB 2102 (Ting) – This legislation would require the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board and the Board of Vocational Nursing and Psychiatric Technicians to annually collect and report licensee demographic data to the Office of Statewide Health Planning and Development.

Ms. Schieldge noted that this information would be collected on the initial licensees and renewals.

AB 2102 was signed into law by the Governor on September 15, 2014.

AB 2396 (Bonta) – This legislation would provide that a person may not be denied licensure solely based upon a conviction that has been dismissed following rehabilitation.

Ms. Schieldge reported that the current law allows the Board to deny a license on a criminal conviction even if it has been expunged. If an individual has completed the terms and conditions of their probation they may be eligible to apply to the court to have the record of their conviction dismissed. After January 1, 2015 a Board, including the Physician Assistant Board, may not deny a license solely based upon an expunged conviction.

The Board would have to re-prove any underlying misconduct or find other grounds for denial.

AB 2396 was signed into law by the Governor on September 28, 2014.

SB-1159 (Lara) – This bill prohibits licensing boards under the Department of Consumer Affairs (DCA) from denying licensure to an applicant based on his or her citizenship or immigration status, and requires a licensing board and the State Bar to require by January 1, 2016, that an applicant for licensure provide his or her individual taxpayer identification number (ITIN) or a social security number (SSN) for an initial or renewal license.

Ms. Schieldge reported that the greatest impact of this legislation is that the Board will need to update forms and processes to allow applicants to submit a taxpayer identification number in lieu of a social security number.

**21. Agenda Items for the Next Meeting**

- a. Possible amendments to Title 16, California Code of Regulations Section 1399.573
- b. Report on ARC-PA: update
- c. Regulatory hearing to implement the provisions of SB 1441.

**22. Adjournment**

With no further business, the meeting was adjourned at 6:00 P.M.

Agenda

Item

5c

***PHYSICIAN ASSISTANT BOARD  
LICENSING PROGRAM ACTIVITY REPORT***

***INITIAL LICENSES***

	<i>Oct 1, 2014 – Dec 1, 2014</i>	<i>Oct 1, 2013 – Dec 1, 2013</i>
<i>Initial Licenses</i>	<i>185</i>	<i>79</i>

***SUMMARY OF RENEWED/CURRENT LICENSES***

	<i>As of Dec 1, 2014</i>	<i>As of October 1, 2014</i>
<i>Physician Assistant</i>	<i>9,914</i>	<i>9,729</i>

Agenda

Item

5d

**PHYSICIAN ASSISTANT BOARD  
DIVERSION PROGRAM**

**ACTIVITY REPORT**

California licensed physician assistants participating in the Physician Assistant Board drug and alcohol diversion program:

	As of 1 January 2015	As of 1 January 2014	As of 1 January 2013
Voluntary referrals	03	02	03
Board referrals	12	15	15
Total number of participants	15	17	18

**HISTORICAL STATISTICS**

(Since program inception: 1990)

Total intakes into program as of 1 January 2015:	131
Closed Cases as of 1 January 2015	
• Participant expired:	01
• Successful completion:	44
• Dismissed for failure to receive benefit:	04
• Dismissed for non-compliance:	24
• Voluntary withdrawal:	22
• Not eligible:	21
Total closed cases:	116

**OTHER DCA BOARD DIVERSION PROGRAM PARTICIPANTS**

(As of January 2015)

Dental Board of California:	28
Osteopathic Medical Board of California:	16
Board of Pharmacy:	62
Physical Therapy Board of California:	14
Board of Registered Nursing:	454
Veterinary Board of California:	2

Agenda

Item

5e

**PHYSICIAN ASSISTANT BOARD  
ENFORCEMENT ACTIVITY REPORT**

**October 1, 2014 through December 31, 2014**

**Disciplinary Decisions**

License Denied .....	0
Probation .....	3
Public Reprimand/Reproval .....	0
Revocation .....	0
Surrender .....	1
Probationary Licenses Issued .....	2
Petition for Reinstatement Denied .....	0
Petition for Reinstatement Granted .....	0
Petition for Termination of Prob Denied .....	1
Petition for Termination of Prob Granted .....	1
Other .....	0

**Accusation/Statement of Issues**

Accusation Filed .....	1
Accusation Withdrawn .....	0
Statement of Issues Filed .....	0
Statement of Issues Withdrawn .....	0
Petition to Revoke Probation Filed .....	0
Petition to Compel Psychiatric Exam .....	0
Interim Suspension Orders (ISO)/PC23 .....	0

**Citation and Fines**

Pending from previous FY .....	10
Issued .....	0
Closed .....	2
Withdrawn .....	0
Sent to AG/noncompliance .....	0
Pending .....	0
Initial Fines Issued .....	\$1250
Modified Fines Due .....	\$1250
Fines Received .....	\$1300

**Current Probationers**

Active .....	43
Tolled .....	13

Agenda

Item

7a

State of California  
Office of Administrative Law

In re:  
Medical Board of California

NOTICE OF APPROVAL OF REGULATORY  
ACTION

Regulatory Action:

Government Code Section 11349.3

Title 16, California Code of Regulations

OAL File No. 2014-1105-01 S

Adopt sections:

Amend sections: 1399.541

Repeal sections:

This action amends the supervision requirements applicable to physician assistants in surgery to allow physician assistants to assist surgery without the personal presence of a supervising physician if the supervising physician is immediately available to the physician assistant. The action defines immediately available as physically accessible and able to return to the patient, without any delay, upon the request of the physician assistant to address any situation requiring the supervising physician's services.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 4/1/2015.

Date: 12/17/2014



Mark Storm  
Senior Attorney

For: DEBRA M. CORNEZ  
Director

Original: Kimberly Kirchmeyer  
Copy: Glenn Mitchell

RECEIVED

DEC 22 2014

PHYSICIAN ASSISTANT  
BOARD

**MEDICAL BOARD OF CALIFORNIA  
SPECIFIC LANGUAGE OF PROPOSED CHANGES  
MEDICAL SERVICES PERFORMABLE**

**SECOND MODIFIED TEXT**

Legend

Proposed amendments are shown by ~~strikethrough~~ for deleted text and underline for new text.

Changes to the originally proposed language are shown by ~~double-strikethrough~~ for deleted text and by double underline for new text.

Second modified text is shown by ~~double-strikethrough with highlight~~ for deleted text and **bold double underline with highlight** for new modified language.

Amend Section 1399.541 of Article 4 of Division 13.8 as follows:

**§ 1399.541. Medical Services Performable.**

Because physician assistant practice is directed by a supervising physician, and a physician assistant acts as an agent for that physician, the orders given and tasks performed by a physician assistant shall be considered the same as if they had been given and performed by the supervising physician. Unless otherwise specified in these regulations or in the delegation or protocols, these orders may be initiated without the prior patient specific order of the supervising physician.

In any setting, including for example, any licensed health facility, out-patient settings, patients' residences, residential facilities, and hospices, as applicable, a physician assistant may, pursuant to a delegation and protocols where present:

(a) Take a patient history; perform a physical examination and make an assessment and diagnosis therefrom; initiate, review and revise treatment and therapy plans including plans for those services described in Section 1399.541(b) through Section 1399.541(i) inclusive; and record and present pertinent data in a manner meaningful to the physician.

(b) Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services.

(c) Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures and therapeutic procedures.

(d) Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient.

(e) Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging, and understanding of and long-term management of their diseases.

(f) Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home.

(g) Initiate and facilitate the referral of patients to the appropriate health facilities, agencies, and resources of the community.

(h) Administer or provide medication to a patient, or issue or transmit drug orders orally or in writing in accordance with the provisions of subdivisions (a)-(f), inclusive, of Section 3502.1 of the Code.

(i)(1) Perform surgical procedures without the personal presence of the supervising physician which are customarily performed under local anesthesia. Prior to delegating any such surgical procedures, the supervising physician shall review documentation which indicates that the physician assistant is trained to perform the surgical procedures. All other surgical procedures requiring other forms of anesthesia may be performed by a physician assistant only in the personal presence of an approved supervising physician.

(2) A physician assistant may also act as first or second assistant in surgery under the supervision of an approved supervising physician. The physician assistant may so act without the personal presence of the supervising physician if the supervising physician is immediately available to the physician assistant. "Immediately available" means the physician is physically accessible and able to return to the patient, without any delay, upon the request of the physician assistant or to address any situation requiring the supervising physician's services.

Note: Authority cited: Sections 2018, 3502 and 3510, Business and Professions Code.  
Reference: Sections 2058, 3502 and 3502.1, Business and Professions Code.

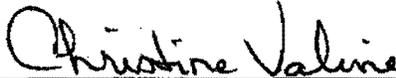
## AVAILABILITY OF SECOND MODIFIED TEXT

NOTICE IS HEREBY GIVEN that Medical Board of California has proposed modifications to the text of section 1399.541 in Title 16 Cal. Code Reg. which was the subject of a regulatory hearing on February 7, 2014. A copy of the second modified text is enclosed. Any person who wishes to comment on the proposed modifications may do so by submitting written comments on or before June 10, 2014, to the following:

Glenn L. Mitchell, Jr.  
Physician Assistant Board  
2005 Evergreen Street, Suite 1100  
Sacramento, CA 95815

Telephone Number: 916. 561.8783  
Fax Number: 916.261.2671  
E-Mail Address: glenn.mitchell@mbc.ca.gov

DATED: 5/23/14

  
\_\_\_\_\_  
Christine Valine, Regulations Coordinator

Agenda

Item

7b

**CALIFORNIA CODE OF REGULATIONS TITLE 16, SECTION 1399.573  
CITATIONS FOR UNLICENSED PRACTICE**

**PROPOSAL TO AMEND REGULATION TO AUTHORIZE EXECUTIVE OFFICER  
TO ISSUE CITATIONS AND ORDER OF ABATEMENT AND LEVY FINES ON CASES  
OF UNLICENSED ACTIVITY**

**Title 16. Physician Assistant Board**

**Proposed Language**

**To Amend § 1399.573 in Article 6 of Division 13.8 of Title 16 of the California Code of Regulations to read as follows:**

**§ 1399.573. Citations for Unlicensed Practice.**

The executive officer is authorized to determine when and against whom a citation will be issued and to issue citations containing orders of abatement and fines against persons, partnerships, corporations or associations who are performing or who have performed services for which licensure as a physician assistant is required under the Physician Assistant Practice Act. The executive officer is authorized to issue citations and orders of abatement and levy fines only in the case of a physician assistant who has practiced with a delinquent license against any person who is acting in the capacity of a licensee under the jurisdiction of the board and who is not otherwise exempt from licensure. Each citation issued shall contain an order of abatement. Where appropriate, the executive officer shall levy a fine for such unlicensed activity in accordance with subdivision (b)(3) of Section 125.9 of the code. The provisions of Sections 1399.570 and 1399.572 shall apply to the issuance of citations for unlicensed activity under this subsection. The sanction authorized under this section shall be separate from and in addition to any other civil or criminal remedies.

Note: Authority cited: Sections 125.9, 148 and 3510, Business and Professions Code.  
Reference: Sections 125.9 and 148, Business and Professions Code.

Agenda

Item

8

## TITLE 16. PHYSICIAN ASSISTANT BOARD

NOTICE IS HEREBY GIVEN that the Physician Assistant Board is proposing to take the action described in the Informative Digest. Any person interested may present statements or arguments orally or in writing relevant to the action proposed at a hearing to be held at 2005 Evergreen Street, Hearing Room Sacramento, California, at 9:00 a.m., on 9 February 2015. Written comments, including those sent by mail, facsimile, or e-mail to the addresses listed under Contact Person in this Notice, must be received by the Physician Assistant Board at its office not later than 5:00 p.m. on 9 February 2015 or must be received by the Physician Assistant Board at the hearing. The Physician Assistant Board, upon its own motion or at the instance of any interested party, may thereafter adopt the proposals substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as contact person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: Pursuant to the authority vested by Sections 3510, 3527, 3528, 3529, 3530, 3531, 3532, and 3533 of the Business and Professions Code, and Section 11400.20 of the Government Code and to implement, interpret or make specific Sections 11400.20 and 11425.50(e) of the Government Code and 315, 315.2, 315.4, 729, 3527, 3528, 3529, 3530, 3531, and 3533 of the Business and Professions Code, the Physician Assistant Board is considering changes to Division 13.8 of Title 16 of the California Code of Regulations as follows:

### INFORMATIVE DIGEST

#### A. Informative Digest

Business and Professions Code Section 3510 authorizes the Board to adopt, amend, or repeal regulations as may be necessary to enable it to carry into effect the provisions of the Physician Assistant Practice Act.

Existing law, Business and Professions Code Section 315, established the Substance Abuse Coordination Committee (SACC) within the Department of Consumer Affairs (Department) and required the SACC to formulate uniform and specific standards in sixteen specified areas for each healing arts boards to use in dealing with substance-abusing licensees, whether or not a board chooses to have a formal diversion program.

Business and Professions Code Section 315.2 specifies that a healing arts board within the Department is required to order a licensee to cease practice if the licensee tests positive for any substance that is prohibited under the terms of the licensee's probation or diversion program. The cease practice order pursuant to this section does not constitute disciplinary action and is not subject to adjudicative hearings.

Business and Professions Code section 315.4 authorizes healing arts boards within the Department to order a licensee on probation or in a diversion program to cease practice for major violations and when the board orders a licensee to undergo a clinical diagnostic evaluation pursuant to the uniform and specific standards adopted and authorized under section 315. The cease practice order pursuant to this section does not constitute disciplinary action and is not subject to adjudicative hearings.

Title 16, California Code of Regulations Section 1399.523 incorporates by reference the "Physician Assistant Board Manual of Model Disciplinary Guidelines and Model Disciplinary Orders, (hereinafter referred to as the "Guidelines,") 3<sup>rd</sup> Edition, 2007.

The Guidelines are intended as a guide to persons involved in setting administrative disciplinary terms and conditions for violation by licensed physician assistants of the Physician Assistant Practice Act and other laws and regulations applicable to physician assistants and the practice of medicine. The use of the Guidelines helps to ensure that the selected terms and conditions are appropriate and consistent with decisions reached in comparable disciplinary actions for physician assistants.

This proposal will amend Section 1399.523 to incorporate by reference the 4<sup>th</sup> Edition Guidelines as proposed by the Board in August 2013, which includes provisions that would implement the Uniform Standards formulated by the SACC pursuant to Section 315. As part of that implementation, this proposal would also add a new provision to Section 1399.523 that would specify that a clinical diagnostic evaluation shall be ordered in every probationary case where the conduct found to be a violation involves drugs, alcohol, or both.

Additionally, this proposal will further amend Section 1399.523 to incorporate by reference the SACC's April 2011 document entitled "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" (hereinafter referred to as the "Uniform Standards"). This proposal would adopt these uniform standards established by the SACC and also standard language ("Conditions Applying the Uniform Standards") for probationary orders to be used by Administrative Law Judges, Deputy Attorneys General and the Board if a licensee is determined to be a substance abuser. This proposal would also specify that the proposed provisions contained in section 1399.523 would not prohibit the Board from imposing additional terms or conditions of probation that would provide greater public protection.

In addition to proposing to adopt the Uniform Standards formulated by the SACC, the Board is also proposing the following updates to the Guidelines:

1. Senate Bill 1236 (Chapter 332, Statutes of 2012) changed the name of the Physician Assistant Committee to Physician Assistant Board, effective January 1, 2013. The Guidelines are being modified to reflect the name change throughout the document.
2. The Introduction would be modified to reference the use of the Uniform Standards and their application to probationary orders in light of the Board's public protection mandate. In addition, the Introduction would add "Special Considerations" applicable to certain disciplinary cases involving sexual contact,

sexual offenses, drugs, alcohol or violations involving the Medical Practice Act. Section 1399.523 is also re-stated here for ease-of-reference.

3. An explanation of the distinctions between self-referrals and probationary participants and an overview of participant requirements and costs for the Board's alcohol and drug recovery monitoring program would be included at the beginning of the Guidelines.
4. In the "Causes for Discipline and License Restriction": Sections 726, 729, and 3527(a) - Sexual Misconduct violations section is being amended to add language from existing Title 16, CCR sections 1399.523 and 1399.523.5 regarding required penalties (revocation/denial) for sexual misconduct if the individual is required to register as a sex offender. Additional terms and conditions of probation would also be added for this type of violation if probation is imposed and drugs or alcohol violations are present, consistent with the Uniform Standards.
5. In the "Causes for Discipline and License Restriction" portion of the Manual, the following sections will be amended to reference consideration of the Uniform Standards in imposing discipline, including the ability to make the standards contingent upon a clinical diagnostic evaluator's finding that the individual is a substance abuser:
  - §820 – Mental or Physical Illness;
  - §2237 & §3527(a) Conviction Related to Drugs;
  - §2239 & §3527(a) Drug or Alcohol Abuse
  - §2241 & §3527(a) Furnishing Drugs or Transmitting Drug Orders to Addict;
  - §2242 & 3527(a) Administering or Furnishing Drugs, or Transmitting Drugs Orders, Without Prior Good Faith Examination; and,
  - §3527(a) Administering, Furnishing, or Transmitting Drug Orders Not Prescribed by Supervising Physician;

Additional terms and conditions of probation would also be added for these types of violations if probation is imposed and drug or alcohol violations are present, consistent with the Uniform Standards.

6. In the "Causes for Discipline and License Restriction" portion of the Manual, the following violation sections will be amended to require consideration of a prescribing practices course (as described in the Optional Conditions): excessive treatments, sexual misconduct, gross negligence, repeated negligent acts, incompetence, dishonesty, conviction related to drugs, violation of drug statutes, drug or alcohol abuse, intoxication while treating patients, furnishing drugs or transmitting drug orders to addict, administering or furnishing drugs, or transmitting drugs orders, without prior good faith examination, illegal cancer treatment, making or signing false documents, alteration of medical records, administering, furnishing, or transmitting drug orders not prescribed by supervising physician, practicing medicine without delegated authority from a supervising physician, exceeding delegated scope of practice; and, practicing

without adequate supervision.

7. Model Order 3, "Initial Probationary License" "Notes" section is being modified to add clarification language where a license is being issued, the condition deadlines should commence from the issuance of the license rather than issuance of the decision.
8. Optional Condition 7, "Controlled Drugs – Maintain Record" is being modified to require that controlled substances records must remain at the worksite and be available for inspection by the Board or its designee at all times during business hours.
9. The current Optional Conditions related to abstention from drugs or alcohol, biological fluid testing, and diversion are being modified and moved to a new section entitled "Conditions Applying the Uniform Standards."
10. Optional Condition 11 "Clinical Training Program" is being modified to include language to clarify the consequences for failure to complete or pass the clinical training program and an Option 2 that requires completion of the clinical training program prior to the issuance of a license (Condition Precedent).
11. Optional Condition 14 "Prescribing Practices Course" has been added. This condition would require the probationer to enroll in a course equivalent to the Prescribing Practices Course at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine within 60 days of the effective date of the Board's decision.
12. Optional Condition 17, "Third Party Chaperone" is being modified to add clarification language that all required logs must remain at the worksite and be available for inspection by the Board or its designee.
13. Optional Condition 19 "Maintenance of Patient Medical Records" "Option 1" is being modified to require that written medical records must remain at the worksite and be available for immediate inspection by the Board or its designee on the premises at all times during business hours.
14. A new section is being added entitled "Conditions Applying Uniform Standards Related to Substance Abuse", which includes probationary terms that must be used in all cases when the violation involved the licensee's use of drugs, alcohol, or both. Those terms and conditions are:
  - a) Clinical Diagnostic Evaluation: This condition of probation requires the probationer to undergo a clinical diagnostic evaluation as specified.
  - b) Abstain from Use of Alcohol, Controlled Substances, and Dangerous Drugs: These conditions of probation require the probationer to abstain completely from the use of alcohol, controlled substances, and dangerous drugs unless lawfully prescribed as specified.

c) Drug and Alcohol Recovery Program: This condition of probation requires the probationer to enroll in and successfully complete the Board's drug and alcohol recovery monitoring program. The probationer is responsible for all costs associated with the program.

d) Biological Fluid Testing: This condition of probation requires the probationer to comply with specified drug and alcohol testing requirements. The probationer is responsible for all costs associated with testing.

e) Facilitated Group Support Meetings: This condition of probation requires the probationer to attend facilitated group support meetings as specified.

f) Work Site Monitor: This condition of probation requires the probationer to comply with specified work site monitor requirements.

g) Major Violations: This condition of probation requires the probationer to immediately cease practice upon notification by the Board that the he or she has committed a major violation, as specified.

15. Optional Condition 29 "Approval of Supervising Physician" is being modified to require that if the supervising physician resigns or is no longer available, within 15 days the respondent shall notify the Board of a new supervising physician and respondent may not practice until a new supervising physician has been approved by the Board or its designee.

16. Optional Condition 30 "Notification of Employer and Supervising Physician" is being updated to require respondent to provide a copy of the accusation, decision, and order before accepting or continuing employment. The condition shall also apply to any changes in place of employment. Additional language is included to state that the respondent shall provide practice site information, contact information, and shall give written consent to allow Board staff to communicate with respondent's employer, supervising physician, or work site monitor regarding their work status, performance, and monitoring.

17. Optional Condition 35 "Non-practice While on Probation," is being added replacing "Tolling for Out-of-State Practice or Residence" and "Failure to Practice as a Physician Assistant – California Resident" combining the language of the two tolling/non practice conditions (out of state and in state) into one condition of non-practice for a probationer.

#### B. Policy Statement Overview/Anticipated Benefits of Proposal

The Uniform Standards are being adopted into regulation by Department of Consumer Affairs healing arts boards, including the Physician Assistant Board, to ensure that consumer safety remains their paramount mission and to implement consistent practices with regard to substance-abusing licensees.

The Board's Guidelines were established to facilitate uniformity in taking appropriate disciplinary action against licensees and to provide transparency in

regards to the Board's actions when imposing discipline.

The Uniform Standards not only address penalties for licensees, but administrative requirements for the Board, and, if applicable, the monitoring program. The Board will use the amended provisions of Section 1399.523 and the Guidelines when taking action to suspend, revoke, or place a license on probation when the individual has been determined to be a substance abuser. Updating the Guidelines will ensure continued consumer protection through consistent application and interpretation of the standards and increased monitoring of substance abusing licensees. The proposed language is necessary to aid the Board in the discipline and monitoring of substance abusing licensees to provide better public protection to the people of California.

C. Consistency and Compatibility with Existing State Regulations

During the process of developing these regulations and amendments, the Physician Assistant Board has conducted a search of any similar regulations on this topic and has concluded that these regulations are neither inconsistent nor incompatible with existing state regulations.

INCORPORATION BY REFERENCE

1. Physician Assistant Board Manual of Disciplinary Guidelines and Model Disciplinary Orders, 4th Edition, 2014.
2. Department of Consumer Affairs' Substance Abuse Coordination Committee's document entitled "Uniform Standards Regarding Substance-Abusing Healing Arts Licensees" (April 2011).

FISCAL IMPACT ESTIMATES

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State: None.

Nondiscretionary Costs/Savings to Local Agencies: None.

Local Mandate: None.

Cost to Any Local Agency or School District for Which Government Code Sections 17500 - 17630 Require Reimbursement: None.

Business Impact:

The Board has made an initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states because it will only impact physician assistant licensees subject to disciplinary action. The Board only has authority to take administrative action against a licensee and not a business. Accordingly, the initial or ongoing impact to a business at which a licensee works who is the

subject of disciplinary action cannot be projected. Businesses employing licensees who are in compliance with the law will not incur any fiscal impact.

The following studies/relevant data were relied upon in making the above determination:

The Board currently regulates approximately 9,000 physician assistants. Any "adverse economic impact" would only occur as the result of a disciplinary order following a formal administrative proceeding and a finding of fact affirming a violation of the Board's laws or regulations and would only affect individuals who are disciplined by the Board. Any potential "adverse economic impact" may be avoided simply by complying with the law. Licensees who are placed on probation as a result of a violation involving drugs or alcohol and are deemed to be substance-abusing may incur additional costs as set forth in the "Cost Impact on Representative Private Person or Business" section below.

#### Cost Impact on Representative Private Person or Business:

The Board identified potentially significant costs which only impact those licensees who have been deemed substance-abusing and are subject to the Uniform Standards. The Uniform Standards are part of the monitoring program in which substance-abusing licensees are required to participate, pursuant to their terms of probation. The monitoring program with which the Board contracts with has already implemented the Uniform Standards.

The following costs may be incurred by licensees participating in the Board's monitoring program:

1. Monthly participation fee: \$306. The monthly participation fee increase 3 to 5 % annually.
2. Biological Fluid Testing: the average cost for each test is approximately \$60.00 per test plus a collection fee at the testing site which can cost up to \$125.
3. Professional Support Group Meetings: \$200 to \$500 monthly.
4. Inpatient Treatment Program may be required: \$3,000 to \$5,000.
5. Clinical Diagnostic Evaluation: \$2,000 to \$5,000 per evaluation.

EFFECT ON HOUSING COSTS: None

#### EFFECT ON SMALL BUSINESS

The Physician Assistant Board has determined that the proposed regulations would not affect small businesses. The proposed regulation will only affect individual licensees. The Board only has authority to take administrative action against a licensee and not a business. Accordingly, the initial or ongoing costs for a small business at which a licensee works who is the subject of disciplinary action cannot be projected. Businesses employing licensees who are in compliance with the law will not incur any fiscal impact.

## RESULTS OF ECONOMIC IMPACT ASSESSMENT/ANALYSIS:

### Impact on Jobs/Businesses:

The Physician Assistant Board has determined that this regulatory proposal will not have any significant impact on the creation of jobs or new businesses or the expansion of businesses in the State of California because it will only impact licensees subject to disciplinary action. The Board only has authority to take administrative action against a licensee and not a business. Accordingly, the initial or ongoing costs for a small business at which a licensee works who is the subject of disciplinary action cannot be projected. Businesses employing licensees who are in compliance with the law will not incur any fiscal impact

It will not eliminate jobs within the State of California because the proposal imposes specific requirements on a specific set of licensees who are subject to disciplinary action due to violations of the law and may be subject to more rigorous Uniform Standards due to violations of law involving drugs or alcohol. A business owned by a licensee who faces disciplinary action may incur a significant fiscal impact depending on the nature and severity of the violation.

The Board does not maintain data relating to the number or percentage of licensees who own a business; therefore, the number or percentage of businesses that may be impacted cannot be predicted. The Board only has authority to take administrative action against a licensee and not a business.

Accordingly, the initial or ongoing costs for a small business owned by a licensee who is the subject of disciplinary action cannot be projected. Businesses operated by licensees who are in compliance with the law will not incur any fiscal impact.

### Benefits of Regulation:

The Board has determined that this proposed regulatory change updating the Board's Guidelines will benefit California consumers by enhancing the Board's ability discipline physician assistants who violate the Physician Assistant Practice Act or other laws and regulations regarding the practice of medicine by a physician assistant. In addition, incorporating the Uniform Standards provides maximum protection to California consumers against licensees who are found to be in violation of the law or who do not demonstrate the competency necessary to perform their duties due to substance abuse. These benefits are a direct result of the Board's statutorily mandated priority set forth in Business and Professions Code section 3504.1. The protection of the public is the highest priority for the Board in exercising licensing, regulatory, and disciplinary functions. The proposed adoption of these additional probation conditions will ensure that individuals who have been determined to be substance-abusing licensees will be effectively disciplined in a manner that will protect the public. Additionally, updated Guidelines will provide clarity for licensees to understand what specifically could apply to them in the disciplinary matters. Administrative Law

Judges and Attorney Generals will also benefit from the updated Guidelines when drafting decisions, which will help ensure consistency in interpretation and application of penalties in disciplinary matters.

### CONSIDERATION OF ALTERNATIVES

The Physician Assistant Board must determine that no reasonable alternative is considered to the regulation or that has otherwise been identified and brought to its attention would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposal described in this Notice, or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

Any interested person may present statements or arguments orally or in writing relevant to the above determinations at the above-mentioned hearing.

### INITIAL STATEMENT OF REASONS AND INFORMATION

The Physician Assistant Board has prepared an initial statement of the reasons for the proposed action and has available all the information upon which the proposal is based.

### TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations, and any document incorporated by reference, and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained at the hearing or prior to the hearing upon request from the Physician Assistant Board at 2005 Evergreen Street, Suite 1100, Sacramento, California 95615.

### AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE

All the information upon which the proposed regulations are based is contained in the rulemaking file which is available for public inspection by contacting the person named below.

You may obtain a copy of the final statement of reasons once it has been prepared, by making a written request to the contact person named below or by accessing the Physician Assistant Board's website below.

### CONTACT PERSON

Inquiries or comments concerning the proposed rulemaking action may be addressed to:

Name:	Glenn L. Mitchell, Jr.
Address:	2005 Evergreen Street, Suite 1100 Sacramento, CA 95815
Telephone No.:	916.561-8783

Fax No.: 916.263.2671  
E-Mail Address: glenn.mitchell@mbc.ca.gov

The backup contact person is:

Name: Lynn Forsyth  
Address: 2005 Evergreen Street, Suite 1100  
Sacramento, CA 95815  
Telephone No.: 916.561-8785  
Fax No.: 916.263.2671  
E-Mail Address: [lynn.forsyth@mbc.ca.gov](mailto:lynn.forsyth@mbc.ca.gov)

Website Access: Materials regarding this proposal can be found at: [www.pac.ca.gov](http://www.pac.ca.gov).

**Physician Assistant Board  
Specific Language of Proposed Change**

**Amend title 16, California Code of Regulations, § 1399.523, “Disciplinary Guidelines,” as follows:**

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the Physician Assistant Board shall consider the disciplinary guidelines entitled “Physician Assistant Board Manual of Model Disciplinary Guidelines and Model Disciplinary Orders” ~~3<sup>rd</sup>~~ 4<sup>th</sup> Edition 2007~~14~~, which are hereby incorporated by reference. Subject to the limitations of subsection (c), Deviation from these guidelines and orders, including the standard terms of probation, is appropriate where the Physician Assistant Board, in its sole discretion, determines that the facts of the particular case warrant such a deviation—for example: the presence of mitigating factors; the age of the case; evidentiary problems.

(b) Notwithstanding the disciplinary guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or any finding that the licensee has committed a sex offense or been convicted of a sex offense as defined in Section 44010 of the Education Code, shall contain an order revoking the license. The proposed decision shall not contain an order staying the revocation of the license.

(c) If the conduct found to be a violation involves drugs, alcohol, or both, and the individual is permitted to practice under conditions of probation, a clinical diagnostic evaluation shall be ordered as a condition of probation in every case, without deviation.

(1) Each of the “Conditions Applying the Uniform Standards,” as set forth in the model disciplinary orders, shall be included in any order subject to this subsection, but may be imposed contingent upon the outcome of the clinical diagnostic evaluation.

(2) The Substance Abuse Coordination Committee’s *Uniform Standards Regarding Substance Abusing Healing Arts Licensees (4/2011)* (Uniform Standards), which are hereby incorporated by reference, shall be used in applying the probationary conditions imposed pursuant to this subsection.

(d) Nothing in this section shall prohibit the Board from imposing additional terms or conditions of probation in any order that the Board determines would provide greater public protection.

NOTE: Authority cited: Sections 3510, 3527, 3528, 3529, 3530, 3531, 3532 and 3533, Business and Professions Code; and Section 11400.20, Government Code. Reference: Section 11400.20 and 11425.50(e), Government Code; and Sections 315, 315.2, 315.4, 729, 3527, 3528, 3529, 3530, 3531, 3532, and 3533, Business and Professions Code.

# Agenda

# Item

# 9

To be distributed at meeting

Agenda

Item

12

AGENDA ITEM # 12  
February 9, 2015

# **PHYSICIAN ASSISTANT BOARD**

## **POLICY MANUAL**



## **ADMINISTRATION**

### **~~ABSENCE; ABSENTEE COMMITTEE MEMBERS~~**

**GENERAL AREA: Administration**

**SPECIFIC SUBJECT: Attendance**

**STATEMENT:**

**A report on member attendance will be presented to the Executive and Budget Subcommittee Committee and given to the full ~~committee~~ Board.**

**INITIAL POLICY REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 12/12/94**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 01/20/95**

**REVIEWED AND RECOMMENDED MODIFICATION BY THE EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE SENT TO FULL COMMITTEE: 11/20/03**

**MODIFICATION APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE:  
11/20/03**

## **CONFLICT OF INTEREST**

**GENERAL AREA: Administration**

**SPECIFIC SUBJECT: Conflict of Interest**

### **STATEMENT:**

**A Committee Board member is expected to exercise impartial and reasoned judgment in all matters brought before the Committee Board. It is the policy of the Physician Assistant Committee Board that members may sometimes need to recuse themselves to ensure such impartiality. Illustrative of these times are when a member (or someone in the member's immediate family) has close personal knowledge of, or substantial business interests with, an individual or entity brought before the Committee Board for enforcement or decision of any sort.**

### **NECESSITY:**

**In order for any deliberative body to ensure the trust placed in it by the government and the public, it is necessary to avoid any bias or perception of bias by individual Committee Board members. To reassure all parties of the impartial nature of discussions and decisions, Committee Board members who have personal involvement or business interests relevant to a decision must refrain from interjecting opinion or bias into those discussions. It is appropriate that members who have or may reasonably be perceived as having inappropriate interest or bias in a matter should recuse themselves from discussion and voting in that matter.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED BY THE EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE: 2/26/04**

## **~~EXPERTS; ROLE OF SPECIAL SERVICES/CONTENT EXPERTS~~**

**GENERAL AREA: Administration**

**SPECIFIC SUBJECT: Experts: Role of Special Services and Content Experts**

### **STATEMENT:**

From time to time, the **PAC PAB** may require special services, certain content experts, or consultants for specific projects and problems. Such services are arranged by means of state approved contracts established in the standard ways. Such individuals functioning as specialists serve as contractual consultants to (e.g.,) the Executive Officer, the full **Committee Board**, or a **subcommittee committee** of **PAC PAB**. Consistent with state law, such individuals may not serve as members of **subcommittees committees**; nor may they function as (e.g.,) ex officio members of the **PAC PAB**.

### **NECESSITY:**

The **PAC PAB** may require expert assistance in fulfilling its responsibilities to the consumers of California. Still, the actual decision makers in **PAC PAB** operations and decisions must remain those individuals duly appointed to the **Committee Board**. Consequently, although consultants and others may provide information and other expertise to the **PAC PAB**, their role will remain that of advisor or consultant -- not that of decision-maker, **Committee Board** member, or **subcommittee committee** member in any sense.

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED BY THE EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE: 2/26/04**

**GENERAL AREA: Administration**

**SPECIFIC SUBJECT: Outreach, Information, Complaints**

**STATEMENT:**

Outreach and consumer education shall be provided by the **PAC PAB** to consumers regarding the role of the **PAC PAB** and how to file complaints against practitioners. This information shall be provided by the **PAC PAB** through:

- a toll-free (800) telephone number placed in most California telephone directories;
- **PAC's PAB's** newsletter;
- information and special bulletins distributed to all current licensee of the **PAC PAB**;
- information provided to state depository libraries;
- speaking engagements by **PAC PAB** members and staff;
- press releases and public affairs announcements;
- telephone responses;
- written, FAX, and E-mail inquiries; and
- the **PAC PAB** ~~Home Page~~ website, when operational.

Additional sources of information concerning **PAC PAB** and the complaint process specifically shall include:

- various services and information of the Medical Board of California
- Osteopathic Medical Board of California; and
- services and publications of the ~~Division of Consumer Services~~ Department of Consumer Affairs.

**NECESSITY:**

Incumbent in the oversight responsibility of the **PAC PAB** is the provision of information concerning the practices and roles of the PA practitioners, as well as specific information that promotes understanding of and means of access to the process of making complaints against practicing PAs and their supervising physicians. This information must be made available to every Californian through the most diverse media possible.

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED BY THE EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE: 2/26/04**

**GENERAL AREA: Administration; ~~Budget~~**

**SPECIFIC SUBJECT: Projects: Approval for New Projects**

**STATEMENT:**

The Chair of the Physician Assistant ~~Committee~~ Board will be responsible for approving all new projects submitted by Physician Assistant ~~Committee~~ Board members and staff. New projects will be submitted in writing to the Executive Officer for perspective and feasibility. The Executive Officer will then seek approval of the Chair.

**NECESSITY:**

Fiscal responsibility and appropriate utilization of resources is essential to protect the integrity and purpose of the Department of Consumer Affairs and the Physician Assistant ~~Committee~~ Board. Annual meetings, ongoing projects and travel plans are the responsibility of the Executive and Budget ~~Subcommittee~~ Committee. Additional requests for new projects need to be carefully reviewed by the Chair and Executive Officer for cost and appropriate contribution to the goals of the Physician Assistant ~~Committee~~ Board. The final decision will rest with the Chair of the Physician Assistant ~~Committee~~ Board.

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 10/05/95**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 10/27/95**

**REVIEWED BY THE EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE:  
10/28/04**

**GENERAL AREA: Administration**

**SPECIFIC SUBJECT: Training/Orientation of Newly Appointed Committee Board Members**

**STATEMENT:**

Newly appointed Committee Board members are expected to become familiar with PAC PAB policies and regulations, as well as key laws relating to PAC PAB practices and programs. Within the first thirty days of appointment if possible, but certainly before the sixth month of appointment, new members will meet with the Executive Officer of the PAC PAB and the PAC PAB Chair or the Chairs designee for orientation to PAC's PAB's mission and goals and for instruction in relevant policies, procedures, regulations, and laws.

**NECESSITY:**

Committee Board members must understand the practices, the procedures, and the standards of the medical and physician assistant professions, state government, and the PAC PAB. Such understanding must be built on a foundation of knowledge of:

1. policies that govern the PAC PAB and its subcommittees and committees;
2. Committee Board regulations that relate to PA practices; and
3. state laws and regulations that define the nature, scope, minimum standards of performance, etc., of PA practices.

In addition, Board members are required by California law to complete the following training:

1. Board Member Orientation Training (within one year of assuming office);
2. Ethics Training (within the first 6 months of appointment and repeated every 2 years throughout their term);
3. Sexual Harassment Prevention Training (every 2 years); and,
4. Defensive Driver Online Training (every 4 years);

In addition, after appointment, Board members will receive a Form 700 (Statement of Economic Interests and Conflict of Interest Filing) packet from the Department of Consumer Affairs. The Form 700 "Assuming Office" form must be filed within 30 days of a new board member appointment. Appointees must file the Form 700 Annual Statement every April 1. Appointees must file a Form 700 "Leaving Office" Statement within 30 days of leaving the Physician Assistant Board.

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE: 10/28/04**

**GENERAL AREA: Administration**

**SPECIFIC SUBJECT: Travel: Approval of Unscheduled Travel**

**STATEMENT:**

The Chair of the Physician Assistant Committee Board will be responsible for approving all unscheduled travel plans submitted by Physician Assistant Committee Board members and staff. Unscheduled travel plans will be submitted in writing to the Executive Officer for perspective and feasibility. The Executive Officer will then seek approval of the Chair.

**NECESSITY:**

Fiscal responsibility and appropriate utilization of resources is essential to protect the integrity and purpose of the Department of Consumer Affairs and the Physician Assistant Committee Board. Annual meetings, ongoing projects and travel plans are the responsibility of the Executive and Budget Subcommittee Committee. Additional requests for unscheduled travel need to be carefully reviewed by the Chair and Executive Officer for cost and appropriate contribution to the goals of the Physician Assistant Committee Board. The final decision will rest with the Chair of the Physician Assistant Committee Board.

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION THE PAC: 10/05/95**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 10/27/95**

**REVIEWED BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE: 10/28/04**

**GENERAL AREA:            Licensing**

**SPECIFIC SUBJECT:       Criminal History: Responses to Criminal History Reports  
(a.k.a., rap sheets)**

**STATEMENT:**

**Criminal history reports concerning prospective licensees who self-report a prior conviction shall be examined and evaluated by the PAC PAB Executive Officer or his/her designee. If there exist one or more criminal convictions significantly related to practice as a PA, PAC PAB grants to the Executive Officer discretion to respond appropriately, including:**

- 1. issuing a notification of intent to deny the license;**
- 2. issuing a Statement of Issues if the applicant seeks to pursue the license;  
and**
- 3. proceeding through the administrative law process.**

**The Executive Officer shall make full and regular reports (typically, quarterly) to the PAC PAB concerning actions taken on the basis of application review by the Executive Officer, including review of information pertaining to criminal convictions.**

**NECESSITY:**

**PAC PAB and the PA profession are committed to the highest standards of professional conduct that promote the health, safety, and welfare of the citizens of California. When apparent issues arise in the application process that may affect these goals, the PAC PAB is committed to rapid, fair, and consistent responses. While the PAC PAB, of course, retains oversight responsibility, the Executive Officer or his/her designee is delegated the responsibility of timely and efficient evaluations and appropriate responses to criminal history reports.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE: 10/28/04**

**GENERAL AREA:           Disciplinary Action**

**SPECIFIC SUBJECT:     Administrative Hearings**

**STATEMENT:**

**Administrative hearings shall be conducted in compliance with the Administrative Procedures Act. In addition, licensees who file petitions for penalty relief to reinstate license, modify terms of probation, or terminate probation may also be heard before an ALJ with participation by the members of the PAC PAB.**

**NECESSITY:**

**Administrative hearings on accusations against PAC PAB licensees should must be conducted thoroughly and completely, but also with sensitivity to differing situations and choices by individuals accused of misconduct. It is important to PAC's PAB's obligations both to the citizens of California and to the accused licensee or other parties that equitable procedures, as provided within the context of the Administrative Procedures Act, be available, accessible, and followed faithfully.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED AND RECOMMENDED MODIFICATION BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE SENT TO FULL COMMITTEE: 6/30/05**

**MODIFICATION APPROVED BY PHYSICIAN ASSISTANT COMMITTEE: 6/30/05**

**GENERAL AREA:           Disciplinary Action**

**SPECIFIC SUBJECT:     ALJ Decisions: Acceptance Standards for ALJ  
Decisions**

**STATEMENT:**

**Disciplinary decisions proposed by administrative law judges shall be evaluated on a case-by-case basis by the PAC PAB. The Committee Board shall evaluate such proposals on the basis of five criteria; that is, proposed decisions must attempt to:**

- 1. be based on the community standards of medical/health care and standards of practice;**
- 2. respond to the situation in a way consistent with the nature and degree of the violation;**
- 3. serve as a reflection of the PACs PABs commitment to protect the health and safety of the citizens of California**
- 4. be reasonable and practical in terms of implementation; and**
- 5. be equitable and consistent with decisions made in earlier, similar cases, utilizing model orders and disciplinary guidelines adopted by the committee Board and set forth in regulation.**

**Decisions judged in writing by any Committee Board member not to meet one or more of these criteria may be judged unacceptable by the Committee Board. The Committee Board will then discuss the decision in closed session. If the Committee Board votes to non-adopt the proposed decision, it can call up the hearing transcript, and decide the case itself.**

**NECESSITY:**

**The PAC PAB has great respect for the administrative hearing process as practiced in California. Whenever possible, the Committee Board wishes to, and expects to, accept *proposed* decisions made through that process. Still, the Committee Board cannot abrogate its responsibility to guarantee that the complex issues of medical practice be decided in ways that are medically sound, fair, and effective in promoting the highest standards of the PA profession, while protecting consumers.**

**Therefore, the PAC PAB reserves the right to evaluate each administrative law disciplinary judgment based upon the aforementioned criteria in order to fulfill these Committee Board responsibilities of high standards of PA practice and consumer protection.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED AND RECOMMENDED MODIFICATIONS BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE SENT TO FULL COMMITTEE: 6/30/05**

**MODIFICATIONS APPROVED BY PHYSICIAN ASSISTANT COMMITTEE: 6/30/05**

**GENERAL AREA:           Disciplinary Action**

**SPECIFIC SUBJECT:     Information: Disclosure of Information**

**STATEMENT:**

**Disciplinary action is public information once an accusation has been filed. The information disclosed shall be the accusation and decision documents.**

**Information concerning citations or citations and fines shall be disclosed once the citation or citation and fine are issued. Such citation information shall be provided on request, but it shall be accompanied by the explanation that payment of a citation is considered a satisfactory resolution but is not tantamount to either an admission of violation or a judicial determination of a violation.**

**Disciplinary information, excluding information about citations or citations and fines as discussed above, shall be disclosed to the public by means of the *MBC Action Report Newsletter*, *MBC Hot Sheet*, and *PAC PAB Update*, and the *PAC PAB* website. In addition, in accordance with DCA policy, the *PAC PAB* shall provide a copy of the accusation and decision without charge to any member of the public upon request.**

**NECESSITY:**

**The *PAC PAB* is required to comply with Open Meetings Act, the Public Records Act, and other applicable laws. Additionally, the *PAC PAB* believes that its role in protecting the health, safety, and welfare of California citizens is best fulfilled in an atmosphere of open communication with members of the public. Consumers and patients must be accorded easily accessible means of identifying those practitioners found in violation of applicable statutes and regulations. Moreover, the prevention of future violations may be best accomplished when it is clear that information concerning violations, and the name of the physician assistant who has committed a violation, is accurately and promptly disclosed publicly.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED AND RECOMMENDED MODIFICATIONS BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE SENT TO FULL COMMITTEE: 6/30/05**

**MODIFICATIONS APPROVED BY PHYSICIAN ASSISTANT COMMITTEE: 6/30/05**

**GENERAL AREA:           Disciplinary Action**

**SPECIFIC SUBJECT:       Education through Disciplinary Action**

**STATEMENT:**

**Disciplinary questions and consumer complaints shall be highlighted in the various communication media used by PAC the Board. Such matters shall include, for example, cases of illegal prescribing (vis a vis, transmitting a physician's prescription), and questions about the PAC's PAB's alcohol and drug diversion program. Relevant communication media shall include, but are not limited to, discussions at PAC Board meetings, newsletter articles, press releases, and public speaking occasions.**

**NECESSITY:**

**The PAC PAB believes that education in legal matters and professional conduct matters that are subjects of discipline can be a valuable help in encouraging the best possible PA care for California's citizens. Such education can be accomplished in part by publicizing instances of especially harmful and unacceptable conduct -- and the discipline that resulted from that unacceptable conduct. The PAC PAB strives to promote safe, honest, and ethical behavior by its licensees in order to reduce or preclude the need for PAC the Board to take action to protect consumers.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED AND RECOMMENDED MODIFICATIONS BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE SENT TO FULL COMMITTEE: 6/30/05**

**MODIFICATIONS APPROVED BY PHYSICIAN ASSISTANT COMMITTEE: 6/30/05**

**GENERAL AREA:            Investigations**

**SPECIFIC SUBJECT:        Investigative Staff and Services**

**STATEMENT:**

**The PAC PAB shall contract primarily with the ~~Medical Board of California's~~ Department of Consumer Affairs' Enforcement Unit Division of Investigation (DOI) for the use of investigators and investigative services.**

**NECESSITY:**

**Evidence obtained during investigations involving PA behavior and practice must meet a standard of clear and convincing evidence for use in court. As sworn peace officers, ~~Medical Board of California~~ DOI investigators are trained to obtain this level of evidence. Such contracting with the ~~Medical Board's~~ Department of Consumer Affairs' Unit represents an efficient and effective approach to PAC PAB investigations. Moreover, since DOI investigates complaints against physicians such an arrangement is appropriate since PAs by definition provide medical services under the supervision of physicians approved by either the MBC or the OMBC to supervise PAs.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED AND RECOMMENDED MODIFICATION BY THE EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE SENT TO FULL COMMITTEE: 10/6/05**

**MODIFICATION APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 10/6/05**

**GENERAL AREA:            Investigations**

**SPECIFIC SUBJECT:        Priority of Complaints**

**STATEMENT:**

**The PAC PAB has decided that the ~~Medical Board of California's~~ Division of Investigation's case prioritization categories shall be used and applied to complaints about the conduct of licensed PAs or persons describing themselves as licensed PAs.**

**NECESSITY:**

**In order to ensure prompt, effective, and consistent treatment of complaints, the PAC PAB endorses the need for complaints to be processed according to time frames related to the severity of the alleged offense. The ~~Medical Board's~~ Division of Investigation's system of complaint prioritization has been judged by the PAC PAB to be a fair and effective means of assuring that urgent complaints are addressed in an efficient and timely manner.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED AND RECOMMENDED MODIFICATION BY THE EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE SENT TO FULL COMMITTEE: 10/6/05**

**MODIFICATION APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 10/6/05**

**GENERAL AREA:            Investigations**

**SPECIFIC SUBJECT:      Time Limitations**

**STATEMENT:**

The standard investigation in a typical case shall be limited initially to no more than twenty (20) hours of investigative work. Investigators (contracted through the ~~MBC's Enforcement Unit or the DCA's Division of Enforcement Investigation~~) are asked to contact the **PAC PAB's Enforcement Coordinator** or the **Executive Officer** to request prior approval of additional time to complete particular cases. Such additional time may be granted at the discretion of the **PAC's PAB's Executive Officer** or his/her designee based on the facts presented. Alternative ways of efficiently and effectively completing the investigation shall be considered before an approval for additional time is granted.

**NECESSITY:**

Investigations must be thorough and systematic, but they also need to be efficient and consistent. The provision of standard initial time frames for investigations allows these activities to be managed equitably. The allowance for additional contracted time ensures that particularly complex or wide-ranging situations are investigated adequately and cost efficiently to ensure that the **PAC PAB** fulfills its consumer protection obligation.

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED AND RECOMMENDED MODIFICATION BY THE EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE SENT TO FULL COMMITTEE: 10/6/05**

**MODIFICATION APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 10/6/05**

**GENERAL AREA: Enforcement**

**SPECIFIC SUBJECT: Auditing of Enforcement Cost**

**STATEMENT:**

The PAC PAB Executive Officer or his/her designee shall collect monthly and annual enforcement cost reports provided by the Office of Administrative Hearings, the Office of Attorney General, and the ~~Medical Board of California~~ Division of Investigation, in addition to CALSTARS reports. These collected reports shall be reviewed on a monthly basis by the Executive Officer.

**NECESSITY:**

The efficient use of public moneys depends in part on wise and prudent outlays even for something so as critical as enforcement. Prudent allocation of funds -- and any future use of funds -- cannot occur without a systematic and regular monitoring of the current use of funds. Monthly analyses by the Executive Officer allow him or her to prepare the materials and information for ~~Committee~~ Board review.

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED AND RECOMMENDED MODIFICATIONS BY THE EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE SENT TO FULL COMMITTEE: 10/6/05**

**MODIFICATIONS APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 10/6/05**

**GENERAL AREA:** Enforcement

**SPECIFIC SUBJECT:** Consultants: Selection of Expert Consultants

**STATEMENT:**

Expert consultants for matters of investigation shall be selected by the **PAC's PAB's** Executive Officer on the bases of the following submitted information, selection criteria, and process:

***Submitted Information.*** Potential expert consultants shall submit to the **PAC PAB** Executive Officer:

1. a curriculum vitae;
2. two professionally-relevant references;
3. a statement of areas of expertise and experience; and
4. evidence of knowledge in/history of testifying and/or giving depositions.

***Selection Criteria.*** Potential expert consultants may be evaluated on the basis of:

1. the appropriateness and relevance of their education, training, and the needs of the **PAC PAB**;
2. the background factors listed in Submitted Information above;
3. evidence of diagnostic and analytical ability in reviewing matters;
4. level of credibility, reputation, and professional status;
5. ability to translate complex medical issues orally and in writing for laypersons (e.g., deputy attorneys general, juries, ALJs);
6. record of any disciplinary actions or judgments against the applicant expert consultant by **PAC PAB** , hospitals, or any other agencies, excluding minor traffic violations, and;
7. evidence of productive, effective, and successful testimonial skills.

***Selection Process.*** Potential expert consultants may be selected by the following process steps:

1. a review and confirmation of submitted materials by the Executive Officer or designee;
2. an interview by the Executive Officer and **PAC PAB** Enforcement Analyst;
3. evaluation of the potential consultant by the Executive Officer in terms of the seven (7) selection criteria listed above;
4. evaluation of candidate's written and oral responses to a "sample" case;
5. selection as expert consultant by the Executive Officer; and
6. notification of the expert consultant and briefing on administrative procedures to be followed.

**NECESSITY:**

**Enforcement is a primary and fundamental duty of the PAC PAB. The Committee Board is committed to fulfilling this responsibility with the utmost care, fairness, and effectiveness. When it is determined that expert witnesses are crucial to the enforcement process, the selection of such witnesses must be accomplished efficiently, but with the highest degree of professionalism. A clear, effective, and thorough selection process, therefore, is a pivotal part of the enforcement process.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE: 10/6/05**

**GENERAL AREA:** Enforcement

**SPECIFIC SUBJECT:** Evaluation of Consultants; Assignment and  
Evaluation of Expert Consultants

**STATEMENT:**

The **PACs Boards** assignment of an expert consultant and the evaluation and possible re-assignment of that consultant are integrally connected and may be conducted in the following manner:

1. Approved and selected expert consultants shall be assigned initially to fairly simple and straightforward cases;
2. First reports by expert consultants shall be reviewed and evaluated by the **Committees Board's** Executive Officer and Enforcement Analyst, and feedback shall be given to the consultant;
3. The expert consultant shall be deemed acceptable if he/she is characterized by:
  - a. evidence of technical and medical expertise;
  - b. credibility and professionalism;
  - c. systematic and thorough modes of investigation and analysis;
  - d. clarity and specificity in (e.g.,) conclusions and recommendations, and;
  - e. clarity and effectiveness in both oral and written communication, including presentations at hearings and trials;
  - f. efficiency in preparing timely reports;
4. The reports shall be compared to those of other, more senior PA expert consultants;
5. Newly contracted expert consultants shall receive oral critique of their work by **PAC's PAB's** Executive Officer and/or more senior PA expert consultants. Their work will be evaluated as "standard/acceptable" or "needs improvement" or "unacceptable";
6. An expert consultant whose initial work has been evaluated as unacceptable by the Executive Officer (see 3 a-f above) shall be assigned no future cases;
7. An expert consultant whose work is deemed acceptable or "needs improvement" (see 3 a-f above) shall enter a probationary period of evaluation, the length of which is determined by the Executive Officer;
8. During the probationary period, the work of the expert consultant shall be continually evaluated by the Executive Officer, using criteria listed in 3 a-f above;
9. At the conclusion of specified probationary period, successfully performing expert consultants shall be assigned to more complex cases and situations.

**Just as enforcement is a major commitment of the PAC PAB, expert consultants are crucial to the fulfillment of that commitment. Despite the PACs Boards careful and systematic selection of candidates for the role of expert consultants, both the evaluation of their performance and the methodical process of using effective consultants on increasingly complex cases are pivotal elements in the highest standards of enforcement activities.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 04/05/97**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 04/24/97**

**REVIEWED BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE: 10/6/05**

**GENERAL AREA: Enforcement**

**SPECIFIC SUBJECT: Mail Ballot Voting**

**STATEMENT:**

**When considering any enforcement action (proposed decision, stipulation or default decision) by mail ballot, votes from two or more Committee Board members to do anything other than adopt means that the item will be held for review and discussion during closed session at the next scheduled Committee Board meeting.**

**NECESSITY:**

**A protocol must be established to allow Committee Board members to present questions and concerns regarding proposed actions to one another-for discussion and resolution. This better allows the Committee Board to make informed and compassionate decisions and allows the Committee Board to offer meaningful feedback to the parties where necessary.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 12/12/94**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 01/20/95**

**REVIEWED AND RECOMMENDED MODIFICATION BY THE EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE SENT TO FULL COMMITTEE: 10/6/05**

**MODIFICATION APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 10/6/05**

**REVIEWED AND RECOMMENDED MODIFICATION BY THE COMMITTEE 5/31/07.**

**MODIFICATION APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 5/31/07**

**GENERAL AREA: Enforcement**

**SPECIFIC SUBJECT: Vote: Quorum for Deciding Disciplinary Cases**

**STATEMENT:**

For mail votes a quorum will consist of a majority of nine ~~Committee~~ Board members, or five votes. A majority decision, at a meeting or by mail, will consist of a majority of the quorum. A fax, email, or a telephone vote by a member is acceptable if the paper copy is mailed within 72 hours.

**NECESSITY:**

The ~~Committee~~ Board must define for the public, profession, and members the term voting quorum as used by the Physician Assistant ~~Committee~~ Board.

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED FOR PRESENTATION TO THE PAC: 12/12/94**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 01/20/95**

**REVIEWED BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE: 10/6/05**

**GENERAL AREA:            Legislation**

**SPECIFIC SUBJECT:        Definition of the Positions Taken by the Physician  
Assistant Committee Board Regarding Proposed  
Legislation**

**STATEMENT:**

**As required the Physician Assistant Committee Board will adopt by the  
Committee Board as a whole, requiring a forum, the following positions regarding  
pending or proposed legislation.**

**Oppose: The Committee Board will actively oppose proposed legislation  
and demonstrate opposition through letters, testimony and other action  
necessary to communicate the oppose position taken by the PAC PAB.**

**Disapprove: The Committee Board will communicate a general disapprove  
position but will not actively lobby the legislature regarding the proposed  
legislation.**

**Watch: The watch position adopted by the Committee Board will indicate  
concern regarding the proposed legislation. The PAC PAB staff and members  
will closely monitor the progress of the proposed legislation and amendments  
before taking ~~an oppose, disapprove, approve, or support~~ any position.**

**Approve: The Committee Board will communicate a general approve  
position but will not actively lobby the legislature regarding the proposed  
legislation.**

**Support: The Committee Board will actively support proposed legislation  
and demonstrate support through letters, testimony and any other action  
necessary to communicate the support position taken by the PAC PAB.**

**NECESSITY:**

**The Physician Assistant Committee Board needs clearly defined positions  
to adopt regarding proposed legislation. Defining the level of activity involved in  
any position taken allows the committee Board to take considered, reasoned, and  
consistent positions and actions regarding proposed legislation.**

**REVIEWED BY THE EXECUTIVE AND BUDGET SUBCOMMITTEE AND APPROVED  
FOR PRESENTATION TO THE PAC: 10/05/95**

**APPROVED BY THE PHYSICIAN ASSISTANT COMMITTEE: 10/27/95**

**REVIEWED BY EDUCATION AND PUBLIC AFFAIRS SUBCOMMITTEE: 10/6/05**

**GENERAL AREA:            Legislation**

**SPECIFIC SUBJECT:        Legislative Committee: Role and Operating Procedures**

**STATEMENT:**

**Role of Committee and Basic Operating Procedures**

- 1. The Physician Assistant Board's Legislative Committee ("the committee") is created to identify legislation about which the Physician Assistant Board of the State of California ("the board") may want to be notified and/or take a position.**
- 2. The committee shall be comprised of two members appointed by the President/Chair.**
- 3. The committee reviews state legislation relevant to the board or the education or practice of physician assistants in California. The committee may place on the agenda of the board's public meetings legislation it recommends the board consider. The committee may recommend the board adopt a support, oppose, watch or other position on legislation as defined in the Policy Manual (Legislation, page 26). The committee or the board may suggest additional actions, including by not limited to sending letters to the legislature, recommending amendments to legislation or testifying at legislative hearings.**
- 4. The committee's recommendation may be distributed and/or included with the board's agenda package, if available. Board members may use the materials to take a position at those meetings if so desired.**
- 5. The board's staff should provide the committee with guidance on selecting and understanding legislation, as further defined below.**
- 6. At board meetings, the committee, or any individual board members, may ask the board to take a position regardless of whether a specific position was recommended in advance of the board meeting.**
- 7. If the board chooses to send the Legislature a letter of support, opposition or another position on specific legislation, the staff drafts the letter based on the board's decision, and the committee chair approves the letter. If the committee chair is unavailable, the other committee member of the President/Chair may sign the letter. On behalf of the board, the staff sends the approved letter to the author, and any other recipients designated by the committee, including the committee reviewing the legislation, the department, or other relevant individuals.**

- 8. In recognition of the limited time and resources committee members have to review legislation, committee members are not expected to spend more than 30 hours per year evaluating legislation, preparing recommendations and preparing follow-up materials.**

### **Sources of information**

- 1. The board, its members, and the board's staff may ask the committee to review specific pieces of legislation.**
- 2. Committee will consider any relevant bills identified by the Medical Board of California, Department of Consumer Affairs' legislative office (DCA), and California Academy of Physician Assistants (CAPA) or other health care related organizations or agencies.**
  - a. Staff seeks lists and analyses of bills relevant to physician assistants and shares with committee members.**
  - b. Staff provides committee members with contact information for DCA, or other individuals at the aforementioned organizations and others they may contact for additional information.**
- 3. Committee members review recent legislative committee and floor analyses to learn about key issues, fiscal and policy impacts, and supporters and opponents. In some cases, it may also be helpful to review legislative language, particularly if a bill has not yet been reviewed by a state legislative committee. Analysis, legislative language, votes and other official information is available here:  
<http://leginfo.legislature.ca.gov/faces/billSearchClient.xhtml>**
- 4. Optionally, committee members may want to conduct additional review, such as contacting the author's office to request a fact sheet or clarification or conducting an internet news search for reactions to the legislation.**

### **Preparing for board meetings**

- 1. At least one month prior to board meetings, staff will provide the committee members with a relevant bill lists as noted above.**
- 2. The committee members review the materials obtained from the above sources and, at least three weeks prior to board meetings, determine and/or develop agenda items and materials.**
- 3. At least two weeks before board meetings, committee members send staff agenda items and materials for any legislation the committee wants the board to consider.**

- 4. Materials sent to the board will include the summary document prepared by the committee, the most recent, relevant bill language, and analysis of bills in question. The summary document may include recommended positions and a brief explanation of the recommendation. At least one copy of the text of the bill will be available at the board meeting.**
- 5. At the board meetings, the committee, or any individual board members may make a motion that the board take a position on a bill.**

**NECESSITY:**

**The Physician Assistant Board needs a method to be informed of proposed legislation so that, where appropriate, it may take a position on bills. This structure allows the board to receive timely notice of relevant bills so that it may take considered, reasoned, and consistent positions and actions regarding proposed legislation.**

**REVIEWED BY THE LEGISLATION COMMITTEE AND APPROVED FOR  
PRESENTATION TO THE PHYSICIAN ASSISTANT BOARD: 08/26/13**

**APPROVED BY THE PHYSICIAN ASSISTANT BOARD: 08/26/13**

**GENERAL AREA:**        General

**SPECIFIC SUBJECT:**    Professional Reporting Requirements

**STATEMENT:**

If a Board member has knowledge that another physician assistant may be in violation of, or has violated, any of the statutes or regulations administered by the Board, the Board member is encouraged to report this information to the Executive Officer and is also expected to cooperate with the Executive Officer in furnishing information or assistance as may be required.

**NECESSITY:**

Business and Professional Code Section 3504.1 states that "protection of the public shall be the highest priority for the Physician Assistant Board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount."

When a Board member witnesses or has knowledge of any alleged violations that member is encouraged to report those violations to the Executive Officer, thus maintaining the highest standard of professional conduct to promote the health, safety, and welfare of the citizens of California.

**REVIEWED AND APPROVED BY THE PHYSICIAN ASSISTANT BOARD:** 11/03/14

Agenda

Item

13

### UPDATES TO THE PHYSICIAN ASSISTANT APPLICATION FOR LICENSURE

Staff is requesting the Physician Assistant Board approve the following changes to the current printable physician assistant application for licensure.

The following updates are being made to the application:

- 1) Remove "Have you ever served in the United States Military" and "Military Spouses/Partners See instructions" from the top of page 1 of the application.
- 2) Change question 3 to SSN/ITIN. (SB 1159 (Lara, Chapter 750)
- 3) Change question 5 to read Gender not Sex.
- 4) Remove the # sign on question 4a.
- 5) Separate the email address from the address request section and assign it to be question number 6. This will require that the rest of the application numbers will need to be updated.
- 6) Add a new question to the top of page 2 of the application which will be placed before the current question 9. The new language should read as follows:

10. Have you ever served or are you currently serving in the United States military? (AB 1057 (Medina) Chapter 693)

10a. Are you relocating to California as a result of your spouse's/partner's active duty military service?

"Yes" and "No" boxes added to questions 10 and 10a.

- 7) Update the language in question 21a to read: Have you ever been convicted of or plead nolo contendere to any violation (including misdemeanor or felony) of any local, state or federal law of any state, territory, country, or U.S. federal jurisdiction? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4, or 123.41 of the California Penal Code or equivalent non-California law MUST be disclosed. (AB 2396 (Bonita) Chapter 737)
- 8) The "initial box" on page 4 is being removed and replaced with a signature line and date line.
- 9) A line of separation is to be added after the attestation signature and date line to separate the notary information.
- 10) Additional language is to be added under the Signature of Applicant line which current reads (Please sign full name) to read (DO NOT SIGN EXCEPT IN THE PRESENCE OF NOTARY – PLEASE SIGN FULL NAME).

# Current Application



**PHYSICIAN ASSISTANT BOARD**  
 2005 Evergreen Street, Suite 1100, Sacramento, CA 95815  
 P (916) 561-8780 Fax(916) 263-2671 web www.pac.ca.gov

**APPLICATION FOR LICENSURE  
 PHYSICIAN ASSISTANT**

Please **READ** all instructions prior to completing this application. **ALL** questions on this application must be answered, and all supporting documents must be submitted with this application as per instructions. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper.

- HAVE YOU EVER SERVED IN THE UNITED STATE MILITARY       MILITARY SPOUSES/PARTNERS See instructions

<b>Application and licensing fees. Select one option only, application fee using:</b> <input type="checkbox"/> LiveScan      \$ 225.00 <input type="checkbox"/> Fingerprint cards      \$ 274.00			<b>PAC USE ONLY</b> <input type="checkbox"/>	
<b>PART I: TO BE COMPLETED BY APPLICANT</b>				
1. Name:      Last      First      Middle			<b>Personal Data</b> <input type="checkbox"/>	
2. Other names you have used (include birth name)		3. Social Security Number		<input type="checkbox"/>
4a. Public Address; may be released by the Board to the public and posted on our website if a license issues. This address will also be used for all correspondence throughout the application process until a license is issued.  _____ Number and Street (include apartment number, if applicable)  _____ City      State      Zip Code      Country Confidential Address; Applicants must provide a confidential street address if a P.O. Box is used as the Public Address in Question #4a.  _____ Number and Street (include apartment number, if applicable)  _____ City      State      Zip Code      Country E-mail Address (Optional - for office use only): _____		5. Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/>
6. Date of Birth: Mo/Day/Year	7. Telephone: Home      Message (    )      (    )		<input type="checkbox"/>	
8. Physician Assistant Program Attended			<b>Education</b>	
Name of PA Training Program	Graduation Date	Address	Telephone Number	<input type="checkbox"/>
			<b>School Code</b> _____	
<b>MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS</b> Disclosure of your social security number (or federal employer identification number (FEIN), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2)(C) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or FEIN, your application for initial licensure will not be processed.				
<b>STATE TAX OBLIGATION NOTICE:</b> Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended or denied if the state tax obligation is not paid.			<b>PA1</b>	

9. Have you ever applied for a California physician assistant license?  Yes  No

10. Are you, or have you ever been, licensed or otherwise registered in any manner in any state or country in any healthcare occupation?  Yes  No  
 (If YES, please complete Form PA6. See Instruction page.)  
 If YES, list type of license, state, license number, issue date, expiration date and current status. (Use a separate sheet if necessary.)

Type of License	State or Country	License Number	Date of Licensure From: To:		Current status of License (active, inactive, suspended, revoked, other, explain)

11. Have you ever taken the Physician Assistant National Certifying Examination (PANCE) as administered by the National Commission on Certification of Physician Assistants (NCCPA) .....  Yes  No

**Written Exam**

12. Indicate the month and year of the PANCE examination:  
 \_\_\_\_\_ Month \_\_\_\_\_ Year

**Exam Date**

**QUESTIONS 13 - 18: For any affirmative response to the following questions, please provide ALL official documentation regarding the matter in addition to a written narrative description. If applicable, an applicant should also provide official hearing/court documents and original letters of explanation from training program directors or other appropriate authorities. APPLICANTS ARE ALSO REQUIRED TO REPORT ANY MATTER THAT IS PENDING OR IN WHICH CHARGES HAVE BEEN DROPPED OR EXPUNGED.**

13. Have you ever had a healing arts license or certificate denied or disciplined by this state or any other state or have you ever surrendered such a license or certificate? .....  Yes  No  
 (If YES, give details (locations, dates, rulings). Use a separate sheet if necessary.)

State	Date	Charge	Disposition

14. Have you ever withdrawn from, or been suspended, dismissed or expelled from a physician assistant training program or have you ever taken a leave of absence from such a program? If YES, please attach a written explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
15. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence or repeated negligent acts or malpractice by any licensing board, other agency, or hospital or has any disciplinary action ever been filed or taken regarding any healing arts license which you now hold or have ever held, or is any such actions pending? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service or other U.S. governmental agency. If YES, give details below ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
<b>State</b>	<b>Date</b>	<b>Charge</b>	<b>Disposition</b>	
16. Have you ever been denied a license, permission to practice medicine or any other healing art, or denied permission to take an examination in any state, country, or U.S. federal jurisdiction, or is any such action pending? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give details below.				<input type="checkbox"/>
<b>State</b>	<b>Date of Denial</b>	<b>Reason for denial</b>		
17. Have you ever voluntarily surrendered a license to practice in the healing arts in this or any other state, or voluntarily surrendered your narcotic (controlled substance) permit (state or federal) to any licensing board or any other agency, or is any such action pending? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
18. Do you have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety, including but not limited to, any of the following? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please check the appropriate box(es) below: <input type="checkbox"/> A condition which required admission to an inpatient psychiatric facility. <input type="checkbox"/> Alcohol or chemical substance dependency or addiction <input type="checkbox"/> Emotional, mental or behavioral disorder. <input type="checkbox"/> Other,				<input type="checkbox"/>
explain: _____ For any of the boxes checked above, please submit complete <u>official</u> inpatient and outpatient treatment records, evidence of ongoing rehabilitation treatment, and a personal written explanation.				
19. For each conviction disclosed, you must provide CERTIFIED copies of arresting agency reports and CERTIFIED copies of court documents, including a plea form and court docket and a detailed written narrative description of the incident that led to the conviction. All documents will need to be provided directly by the issuing agency to the Board. If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required. <b>YOU ARE REQUIRED TO INCLUDE ANY CONVICTION THAT HAS BEEN SET ASIDE AND DISMISSED OR EXPUNGED, OR WHERE A STAY OF EXECUTION HAS BEEN ISSUED.</b>				
19a. Have you ever been convicted of or pled nolo contendere to any violation (including misdemeanor or felony) of any local, state, or federal law of any state, territory, country, or U.S. federal jurisdiction? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
19b. Is any appeal related to the above pending? <input type="checkbox"/> Yes <input type="checkbox"/> No				
19c. Have you had any conviction expunged? <input type="checkbox"/> Yes <input type="checkbox"/> No				
19d. Have you had any conviction dismissed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
19e. Was a stay of execution issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give details below.				
<b>Violation and Location</b>		<b>Date</b>	<b>Penalty or disposition</b>	
				<b>PA3</b>

TOP OF PHOTO

INSTRUCTIONS: Photographs, must be of head and shoulders only.

Attach a 2@ x 2" (approximate size) photograph in this space.

Scanned, altered, or Polaroid photos are not acceptable.

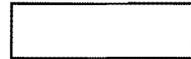
BOTTOM OF PHOTO

NOTICE OF COLLECTION OF PERSONAL INFORMATION All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure per Section 3519 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

The applicant, \_\_\_\_\_, \_\_\_\_\_, being first duly sworn upon his/her  
(Please print full name) (date of birth)

oath deposes and says: that I am the person herein named subscribing to this application: that I have read the complete application and know the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the Physician Assistant Licenses as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which the applicant is aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present, and future), business and professional associates (past, present, and future), and all government agencies (local, state, federal or foreign) to release to the Physician Assistant Board or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application; or any further or future investigation by the Board necessary to determine my medical competence, professional conduct or physical or mental ability to safely engage in the practice of medicine. I further authorize the Physician Assistant Board or list successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHEMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.



PLEASE INITIAL BOX

SIGNATURE OF APPLICANT:

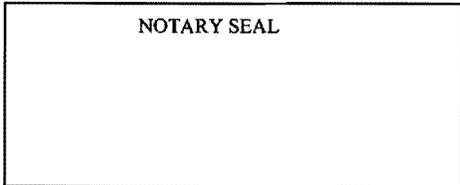
\_\_\_\_\_  
(PLEASE SIGN FULL NAME)

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by: (applicant's name to be printed here) \_\_\_\_\_

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



NOTARY SEAL

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

PA 4

# Revised Application



EUSHI EBBS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**PHYSICIAN ASSISTANT BOARD**  
 2005 Evergreen Street, Suite 1100, Sacramento, CA 95815  
 P (916) 561-8780 Fax(916) 263-2671 web www.pac.ca.gov



**APPLICATION FOR LICENSURE  
 PHYSICIAN ASSISTANT**

Please **READ** all instructions and general information prior to completing this application. **ALL** questions on this application must be answered, and all supporting documents must be submitted with this application as per instructions. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper.

Application and licensing fees. Select one option only, application fee using:				PAC USE ONLY
Live Scan	\$ 225.00	Fingerprint cards	\$ 274.00	
<b>PART I: TO BE COMPLETED BY APPLICANT</b>				
1. Name: Last First Middle				Personal Data
2. Other names you have used (include birth name)			3. SSN/ITIN:	
4a. <del>Public Address</del> Address of Record/Mailing Address: may will be released by the Board to the public and posted on our PAB's website if a license issues. This address will also be used for service of all official correspondence, notices, and orders from the Board. throughout the application process until a license is issued.			5. Gender: Female Male	
Number and Street (include apartment number, if applicable)				
City State Zip Code Country				
4b. Confidential Address: Applicants must provide a confidential street address if a P.O. Box is used as the Public Address of Record in Question #4a, you must also provide a street address that will not be posted on the PAB's website.				
Number and Street (include apartment number, if applicable)				
City State Zip Code Country				
6. E-mail Address (Optional - for office use only):				
7. Date of Birth: Mo/Day/Year	8. Telephone: Home		MessageCell	
9. Physician Assistant Program Attended				Education
Name of PA Training Program	Graduation Date	Address	Telephone Number	
				School Code
<b>MANDATORY DISCLOSURE OF SOCIAL SECURITY NUMBERS</b>				
Disclosure of your social security number (or federal employer individual taxpayer identification number (FEIN/ITIN), if you are a partnership) is mandatory. Sections 30 and 31 of the Business and Professions Code and Public Law 94-455 (42-USCA 405 (e)-(2)(C)) authorize collection of your social security number or ITIN. Your social security number or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or FEIN/ITIN, your application for initial licensure will not be processed AND you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.				

Formatted: Indent Left: 0.08", Hanging: 0.21"

A response to Question 10.1 A & B is required even if you answered NO to Question 8.1.

10.1 A. Have you ever resigned your business, trade, or professional license while charges were pending?  
If YES, please explain: .....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES  NO --

B. Have you ever permitted a business, trade, or professional license to expire? .....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES  NO --

**MENTAL ILLNESS, DISEASE OR DISORDER**

In answering Questions 10.2, applicants should consider the following definitions for the words and phrases:

- "Ability to practice law" includes performing services in a court of justice, in any manner, throughout its various stages and in conformity with adopted rules of procedure. In a larger sense it includes providing legal advice and counsel and preparation of legal instruments and contracts by which legal rights are protected. Law practice may also include the resolution of legal questions for consumers by advice and action if difficult or doubtful legal questions are involved, which, to safeguard the public, reasonably demand the application of a trained legal mind.
- "Good moral character" includes qualities of honesty, fairness, candor, trustworthiness, observance of fiduciary responsibility, respect for and obedience to the laws to the state and the nation and respect for the rights of others and for the judicial process.
- "Mental illness, disease or disorder" includes mental or psychological conditions or disorders, such as, but not limited to, schizophrenia, paranoia, bipolar illness (manic depression), sociopathy or any other psychotic disorder.

*insert this definition on the last page of instructions*

- "Currently" does not mean on the day of, or even in the weeks or months preceding, the completion of the application. Rather, it means recently enough so that you believe that the mental condition may have an ongoing impact on your functioning as a ~~lawyer~~ *Physician Assistant.*

10.2 Have you been diagnosed or treated for a medically recognized mental illness, disease or disorder that would currently interfere with your ability to practice law? .....

YES  NO

If YES, complete FORMS 4 and 5. Make as many COPIES of FORMS 4 and 5 as you need to describe the problem.

10.3 Have you ever been adjudged an incompetent or a conservatee? .....

YES  NO

If YES, complete FORM 4 and on a separate piece of paper state the question number and provide a narrative explanation. Give full details, including the name of the court, title, and name of the case, the date of the proceeding, the name and address of the institution and the inclusive dates you were adjudged either an incompetent or a conservatee.

*a Physician Assistant.*

*← insert on last page of instructions*

**STATE TAX OBLIGATION NOTICE:**

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended or denied if the state tax obligation is not paid.

**PA1**

1011. Are you serving in, or have you previously served in, the United States military? \_\_\_\_\_ Yes No

1012. Are you married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders? \_\_\_\_\_ Yes No  
If "yes", please see instructions for further documentation required to expedite licensure.

1113. Have you ever applied for a California physician assistant license? \_\_\_\_\_ Yes No

1214. Are you, or have you ever been, licensed or otherwise registered in any manner in any state, or country or with any federal agency in any healthcare occupation? \_\_\_\_\_ Yes No  
(If YES, please complete Form PA6. See Instruction page.)  
If YES, list type of license, state, license number, issue date, expiration date and current status. (Use a separate sheet if necessary.)

Type of License	State or Country	License Number	Date of Licensure		Current status of License (active, inactive, suspended, revoked, probation, other, explain)
			From:	To:	

1315. Have you ever taken the Physician Assistant National Certifying Examination (PANCE) as administered by the National Commission on Certification of Physician Assistants (NCCPA) \_\_\_\_\_ Yes  
No

**Written Exam**

Please see instructions for authorization and release requirements for PANCE scores. Your PANCE scores must be sent by NCCPA directly to the Board.

Formatted: Indent: First line: 0"

14. Indicate the month and year of the PANCE examination:

\_\_\_\_\_ Month \_\_\_\_\_ Year

**Exam Date**

**QUESTIONS 15-20:** For any affirmative response to the following questions, please provide ALL official documentation regarding the matter in addition to a written narrative description. If applicable, an applicant should also provide official hearing/court documents and original letters of explanation from training program directors or other appropriate authorities.

1516. Have you ever had a ~~healing arts/healthcare~~ license or certificate, or narcotics (controlled substances) permit denied or disciplined by this state, or any other state, agency of the federal government, or another country or have you ever surrendered such a license, or certificate or permit? \_\_\_\_\_ Yes No

17. Have you ever had charges filed against a healthcare license that you currently hold or held in the past, including charges that are still pending or charges that were dropped?

(If YES to either #16 or #17, give details (locations, dates, rulings). Use a separate sheet if necessary.)

State	Date	Charge	Disposition

1618. Have you ever withdrawn from, or been suspended, dismissed or expelled from a physician assistant training program or have you ever taken a leave of absence from such a program? If YES, please attach a written explanation. \_\_\_\_\_ Yes

No

NEEDS FOOTER INSERTED

PA2

1719. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence or repeated negligent acts or malpractice by any licensing board, other agency, or hospital or has any disciplinary action ever been filed or taken regarding any ~~healing arts~~ healthcare license which you now hold or have ever held, or is any such action(s) pending? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service or other U.S. governmental agency. If YES, give details below

..... Yes No

State	Date	Charge	Disposition

1820. Have you ever been denied a license, permission to practice medicine or any other ~~healing arts~~ healthcare occupation, or denied permission to take an examination in any state, country, or U.S. federal jurisdiction, or is any such action pending? ..... If YES, give details below.

State	Date of Denial	Reason for denial

19. Have you ever voluntarily surrendered a license to practice in the healing arts in this or any other state, or voluntarily surrendered your narcotic (controlled substance) permit (state or federal) to any licensing board or any other agency, or is any such action pending? ..... Yes No

2021. Do you have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety, including but not limited to, any of the following. Have you been diagnosed or treated for a medically recognized mental illness, disease or disorder that would currently interfere with your ability to practice medicine? (See instructions for further details.) ..... Yes No

If YES, please check the appropriate box(es) below:

- A condition which required admission to an inpatient psychiatric facility.
- Alcohol or chemical substance dependency or addiction
- Emotional, mental or behavioral disorder.
- Other, explain: \_\_\_\_\_

22. Do you have a current physical or mental impairment related to drugs or alcohol? ..... Yes No

23. Have you been adjudicated by a court to be mentally incompetent or are you currently under a conservatorship? Yes No

If "yes" for #23, please submit copies of official court documents regarding the legal proceedings.

For any of the boxes checked above, please submit complete ~~official inpatient and outpatient treatment~~ medical, psychiatric and treatment records related to the specific medical or psychiatric issue, evidence of ongoing rehabilitation treatment, and a personal written explanation statement identifying and describing the mental illness, disease, disorder, or other condition. Completion of an authorization and release of medical or psychiatric records form may be required by the Board to finalize the application process.

Formatted: Left

Formatted: Indent: Left: 0.08", First line: 0", Tab stops: 0.42", Left + Not at 0.24"

Formatted: Indent: Left: 0.08", First line: 0", Tab stops: 0.42", Left + Not at 0.24"

Formatted: Indent: Left: 0.08", First line: 0", Space After: 0 pt, Tab stops: 0.3", Left + Not at 0.29"

For each conviction disclosed, you must provide CERTIFIED copies of arresting agency reports and CERTIFIED copies of court documents, including a plea form and court docket and a detailed written narrative description of the incident that led to the conviction. All documents will need to be provided directly by the issuing agency to the Board. If documents were purged by arresting agency and/or court, a letter of explanation

from these agencies is required. **YOU ARE REQUIRED TO INCLUDE ANY CONVICTION THAT HAS BEEN SET ASIDE AND DISMISSED OR EXPUNGED, OR WHERE A STAY OF EXECUTION HAS BEEN ISSUED.**

- 25a. Have you ever been convicted of or pled nolo contendere to any violation (including misdemeanor or felony) of any local, state, or federal law of any state, territory, country, or U.S. federal jurisdiction? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.
- |   |     |    |
|---|-----|----|
|   | Yes | No |
| 25b. Is any appeal related to the above pending?                              | Yes | No |
| 25c. Have you had any conviction <del>dismissed</del> /expunged?              | Yes | No |
| 25d. <del>Have you had any conviction dismissed?</del>                        | Yes | No |
| 25e/25d. Was a stay of execution of the court's judgment in your case issued? | Yes | No |

If YES to any of the above questions, give details below. In addition, please provide any written statements or other evidence of rehabilitation with this application that you would like the Board to consider, including any information about the circumstances surrounding the conviction. Please review Title 16, California Code of Regulations section 1399.526 of the Board's regulations for further information on the Board's rehabilitation criteria.

Violation and Location	Date	Penalty or disposition
<b>PA3</b>		

TOP OF PHOTO

INSTRUCTIONS: Photographs, must be of head and shoulders only.  
 Attach a 2@ x 2" (approximate size) photograph in this space.  
 Scanned, altered, or Polaroid photos are not acceptable.

BOTTOM OF PHOTO

**NOTICE OF COLLECTION OF PERSONAL INFORMATION** All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application and may result in the application being rejected as incomplete. The information provided will be used to determine your qualifications for licensure per Section 3519 of the California Business and Professions Code and Title 16, California Code of Regulations section 1399.506, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. You have the right to review your application and your files except information that is exempt from disclosure as provided in Civil Code section 1798.40, or as otherwise provided by the California Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order, subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records responsible for maintaining the information in this form and may be contacted at 2005 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 561-8780 regarding questions about this notice or access to records.

I hereby certify, under penalty of perjury under the laws of the State of California, that I have read the questions in the foregoing application and that all information, statements, attachments and representations provided by me in this application are true and correct. By submitting this application and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

Formatted: Font: 12 pt

My signature on this application, or copy thereof, authorizes the National Practitioner Data Bank and the Federal Drug Enforcement Agency to release any and all information required by the Physician Assistant Board of California.

Formatted: Left

applicant, \_\_\_\_\_, being first duly sworn upon his/her  
(Please print full name) (date of birth)

I oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application and know the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of the Physician Assistant Licenses as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which the applicant is aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present, and future), business and professional associates (past, present, and future), and all government agencies (local, state, federal or foreign) to release to the Physician Assistant Board or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application; or any further or future investigation by the Board necessary to determine my medical competence, professional conduct or physical or mental ability to safely engage in the practice of medicine. I further authorize the Physician Assistant Board or list successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

I UNDERSTAND THAT NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHEMENT HERETO IS A SUFFICIENT BASIS/GROUNDS FOR DENYING OR REVOKING A LICENSE.

Formatted: Font: 12 pt

SIGNATURE OF APPLICANT: \_\_\_\_\_

Formatted: Font: 10 pt

DATE: \_\_\_\_\_

Formatted: Font: 12 pt

Formatted: Left

Formatted: Font: 12 pt

SIGNATURE OF APPLICANT: \_\_\_\_\_

(DO NOT SIGN EXCEPT IN THE PRESENCE OF NOTARY - PLEASE SIGN FULL NAME)

Formatted: Tab stops: 2", Left + 2.5", Left + Not at 1.87" + 2.37"

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on

Formatted: Justified, Tab stops: 2", Left + 2.5", Left + Not at 1.87" + 2.37"

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by: (applicant's name to be printed here) \_\_\_\_\_

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Formatted: Tab stops: 4", Left + Not at 1.87" + 4.18" + 4.74"

NOTARY SEAL

SIGNATURE OF NOTARY PUBLIC

PA 4

Revised  
Application  
with edits



10. Are you serving in, or have you previously served in, the United States military? Yes No

11. Are you married to, or in a domestic partnership or other legal union, with an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders? Yes No

If "YES", please see instructions for further documentation required to expedite licensure.

12. Have you ever applied for a California physician assistant license? Yes No

13. Are you, or have you ever been, licensed or otherwise registered in any manner in any state, country or with any federal agency in any healthcare occupation? Yes No

If "YES", please complete Form PA6 and the National Practitioner Data Bank report, see Instructions. Please list type of license, state, license number, issue date, expiration and current status. Use a separate sheet of paper if necessary.

Type of License	State or Country	License Number	Date of Licensure From: To:		Current status of License (active, inactive, suspended, revoked, probation, other, explain)

14. Have you ever taken the Physician Assistant National Certifying Examination (PANCE) as administered by the National Commission on Certification of Physician Assistants (NCCPA)? Yes No

Please see instructions for authorization and release requirements for PANCE scores. Your PANCE scores must be sent by the NCCPA directly to the Board.

**Written Exam**

**QUESTIONS 15 - 18: For any affirmative response to the following questions, please provide ALL official documentation regarding the matter, in addition to a written narrative description. If applicable, an applicant should also provide official hearing/court documents and original letters of explanation from training program directors or other appropriate authorities.**

15. Have you ever had a healthcare license or certificate, or narcotics (controlled substance) permit denied or disciplined by this state, any other state, agency of the federal government, or another country or have you ever surrendered such a license, certificate or permit? Yes No

16. Have you ever had charges filed against a healthcare license that you currently hold or held in the past, including charges that are still pending or charges that were dropped? Yes No

(If YES, to either #15 or #16, give details (locations, dates, rulings). Use a separate sheet if necessary.)

State	Date	Charge	Disposition

**PA2**

17. Have you ever withdrawn from, or been suspended, dismissed or expelled from a physician assistant training program or have you ever taken a leave of absence from such a program? If YES, please attach a written explanation. Yes No

18. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence or repeated negligent acts or malpractice by any licensing board, other agency, or hospital or has any disciplinary action ever been filed or taken regarding any healthcare license which you now hold or have ever held, or is any such actions pending? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service or other U.S. governmental agency. If YES, give details below. Yes No

State	Date	Charge	Disposition

19. Have you ever been denied a license, permission to practice medicine or any other healthcare occupation, or denied permission to take an examination in any state, country, or U.S. federal jurisdiction, or is any such action pending? Yes No

State	Date of Denial	Reason for denial

20. Have you ever been diagnosed or treated for a medically recognized mental illness, disease or disorder that would currently interfere with your ability to practice medicine? (See instructions for further details.) Yes No

21. Do you have a current physical or mental impairment related to drugs or alcohol? Yes No

22. Have you been adjudicated by a court to be mentally incompetent or are you currently under a conservatorship? Yes No

If "Yes" for #22, please submit copies of official court documents regarding the legal proceedings.

For any of the boxes checked above, please submit complete official medical, psychiatric and treatment records related to the specific medical or psychiatric issue, evidence of ongoing rehabilitation treatment, and a personal written statement identifying and describing the mental illness, disease, disorder, or other condition. Completion of an authorization and release of medical or psychiatric records form may be required by the Board to finalize the application process.

**For each conviction disclosed, you must provide CERTIFIED copies of arresting agency reports and CERTIFIED copies of court documents, including a plea form and court docket and a detailed written narrative description of the incident that led to the conviction. All documents will need to be provided directly by the issuing agency to the Board. If documents were purged by arresting agency and/or court, a letter of explanation from these agencies is required. YOU ARE REQUIRED TO INCLUDE ANY CONVICTION THAT HAS BEEN SET ASIDE AND DISMISSED OR EXPUNGED, OR WHERE A STAY OF EXECUTION HAS BEEN ISSUED.**

25a. Have you ever been convicted of or pled nolo contendere to any violation (including misdemeanor or felony) of any local, state, or federal law of any state, territory, country, or U.S. federal jurisdiction? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code sections 11357(b), (c), (d) and (e) or sections 11360(b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed. Yes No

25b. Is any appeal related to the above pending? Yes No

25c. Have you had any conviction dismissed/expunged? Yes No

25d. Was a stay of execution of the court's judgment in your case issued? Yes No

Violation and Location	Date	Penalty or disposition

**TOP OF PHOTO**

**INSTRUCTIONS:** Photographs must be of head and shoulders only.

Attach a 2@ x 2" (approximate size) photograph in this space.

Scanned, altered, or Polaroid photos are not acceptable.

**BOTTOM OF PHOTO**

**NOTICE OF COLLECTION OF PERSONAL INFORMATION** All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application and may result in the application being rejected as incomplete. The information provided will be used to determine your qualifications for licensure per Section 3519 of the California Business and Professions Code and Title 16, California Code of Regulations section 1399.506, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, other governmental or law enforcement agencies to perform their statutory or constitutional duties, or otherwise transferred or disclosed as provided in California Civil Code Section 1798.24. You have the right to review your application and your files except information that is exempt from disclosure as provided in Civil Code section 1798.40, or as otherwise provided by the California Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act or pursuant to court order. The Executive Officer is responsible for maintain the information in this form and may be contacted at 2005 Evergreen Street, Suite 1100, Sacramento, CA 95815, telephone number (916)561-8780 regarding questions about this notice or access to records.

**CERTIFICATION**

I hereby certify, under penalty of perjury under the laws of the State of California, that I have read the questions in the foregoing application and that all information, statements, attachments and representations provided by me in this application are true and correct. By submitting this applications and signing below, I am granting permission to the Board or its assignees and agents to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

My signature on this application, or copy thereof, authorizes the National Practitioner Data Bank and the Federal Drug Enforcement Agency to release any and all information required by the Physician Assistant Board of California.

**NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING OR REVOKING A LICENSE.**

**SIGNATURE OF APPLICANT:**

DATE: \_\_\_\_\_

	<b>PA 4</b>

Agenda

Item

14a



## PHYSICIAN ASSISTANT BOARD

2005 Evergreen Street, Suite 1100, Sacramento, CA 95815  
P (916) 561-8780 Fax(916) 263-2671 web [www.pac.ca.gov](http://www.pac.ca.gov)

January 7, 2015

John McCarty, Executive Director  
Accreditation Review Commission on Education  
for the Physician Assistant, Inc.  
12000 Findley Road, Suite 150  
Johns Creek, GA 20097

Dear Mr. McCarty,

On September 12, 2014, Robert E. Sachs, President, Physician Assistant Board, wrote to you and expressed an interest, on behalf of the Board, to learn more about the physician assistant training program accreditation process and how the Board may work cooperatively with ARC-PA to assist in the development, accreditation, and approval of additional physician assistant training programs in California. He also invited you or a representative of ARC-PA to attend a Board meeting to meet members and to discuss this issue.

As Mr. Sachs stated in his letter to you, California is faced with an increase in consumers who are eligible for health care due to the implementation of the Patient Protection and Affordable Care Act. Mid-level health care providers, including physician assistants, are a sensible way to help address the need for additional medical care providers.

On behalf of the Board, I am again inviting you or an ARC-PA representative to attend a future Physician Assistant Board meeting to discuss this issue and how we may work with your organization to better meet the health care needs of California consumers. The Board is also interested in hearing about how physician assistant educational standards are evolving and reasons for this evolution. The Board will be meeting in 2015 on February 9, May 4, August 3, and November 16. All meetings will be in Sacramento, California.

The Board understands that travel to a meeting may not be possible. In the alternative, the Board would like to extend an invitation for a representative to participate in a discussion regarding this matter via a conference call at a scheduled meeting.

Please contact me to let me know if you or a representative of ARC-PA would be able to attend a future Board meeting or participate telephonically at a noticed board meeting. You may contact me at 916.561.8783 or [glenn.mitchell@mbc.ca.gov](mailto:glenn.mitchell@mbc.ca.gov). A response within the next week would be much appreciated.

John McCarty, Executive Director  
January 7, 2015  
Page two

I will be reaching out to you soon to discuss this important issue.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Glenn L. Mitchell, Jr.", written in a cursive style.

Glenn L. Mitchell, Jr.  
Executive Officer

cc. Members, Physician Assistant Board  
Awet Kidane, Director, Department of Consumer Affairs



*Accreditation Review Commission on Education  
for the Physician Assistant, Inc*

February 2, 2015

**John E. McCarty**  
**Executive Director**

12000 Findley Road, Suite 150  
Johns Creek, GA 30097  
Phone: 770-476-1224  
Fax: 770-476-1738  
Email: [arc-pa@arc-pa.org](mailto:arc-pa@arc-pa.org)

Glen L. Mitchell, Jr.  
Executive Officer  
Physician Assistant Board  
2005 Evergreen Street Suite 1100  
Sacramento, CA 95815

Dear Mr. Mitchell

This letter is in response to your letter of January 7, 2015. I vaguely remember having received, as you noted in your letter, a previous correspondence from Robert Sachs the President of the Physician Assistant board. I would have received that letter at a time when I was on limited availability, and I believe that was stated in my email response. Somewhere in the activities that occurred in the office during my intermittent absence, the correspondence was lost in the shuffle.

Your letter highlights a common misunderstanding regarding the responsibilities of the ARC-PA. Nowhere in the mission, philosophy or goals of the ARC-PA is it stated that we work with other agencies in the development of physician assistant education programs.

The ARC-PA is responsible for evaluating applicant programs' demonstrated compliance with the standards set forth for physician assistant education. The onus of demonstrating compliance rests entirely with the applicant program. We avoid decision-making that is based on demand for PAs or on the educational programs that graduate PAs into the workforce. The applicant program is responsible for demonstrating the need for its program and additional providers. The information that you are seeking can best be obtained from the American Academy of Physician Assistants (AAPA), the PA professional organization and the Physician Assistant Education Association (PAEA), the organization of professional educators.

The educational standards will be coming up for comprehensive review within the next couple of years. Members of the PA profession, its organizations and the public are welcome to provide suggestions for changes in the educational standards. This process commonly takes approximately two years before a new edition is ready for publication and implementation. When we publish an open call for comments,

**Collaborating Organizations:** American Academy of Family Physicians • American Academy of Pediatrics • American Academy of Physician Assistants • American College of Physicians • American College of Surgeons • American Medical Association • Physician Assistant Education Association

**Member:** Association of Specialized and Professional Accreditors (ASPA)  
**Recognized by:** Council for Higher Education Accreditation (CHEA)

February 2, 2015

Page 2 of 2

we often do so through our website and through the other PA organizations. We encourage members of your board to remain vigilant for that type of announcement.

Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "John E. McCarty".

John E. McCarty  
Executive Director

c: Grace P. Landel, MEd, PA-C; - Chair, ARC-PA  
Lynn D. Fleisher, PhD, J.D., Legal Counsel, ARC-PA

Agenda

Item

16

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

BUDGET REPORT  
AS OF 12/31/2014

RUN DATE 1/13/2015

PAGE 1

FM 06

PHYSICIAN ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
<b>PERSONAL SERVICES</b>							
<b>SALARIES AND WAGES</b>							
003 00 CIVIL SERVICE-PERM	196,078	37,870	117,053	0	117,053	79,025	
033 04 TEMP HELP (907)	30,000	2,651	16,199	0	16,199	13,801	
063 00 STATUTORY-EXEMPT	75,564	7,968	41,688	0	41,688	33,876	
063 03 COMM MEMBER (911)	1,530	1,800	4,800	0	4,800	(3,270)	
083 00 OVERTIME	0	1,702	1,702	0	1,702	(1,702)	
<b>TOTAL SALARIES AND WAGES</b>	<b>303,172</b>	<b>51,991</b>	<b>181,441</b>	<b>0</b>	<b>181,441</b>	<b>121,731</b>	<b>40.15%</b>
<b>STAFF BENEFITS</b>							
103 00 OASDI	15,959	2,922	9,722	0	9,722	6,237	
104 00 DENTAL INSURANCE	1,650	164	1,069	0	1,069	581	
105 00 HEALTH/WELFARE INS	39,362	1,902	13,723	0	13,723	25,639	
106 01 RETIREMENT	57,498	4,416	31,828	0	31,828	25,670	
125 00 WORKERS' COMPENSAT	4,266	0	0	0	0	4,266	
125 15 SCIF ALLOCATION CO	0	196	818	0	818	(818)	
134 00 OTHER-STAFF BENEFI	0	759	4,474	0	4,474	(4,474)	
135 00 LIFE INSURANCE	0	7	41	0	41	(41)	
136 00 VISION CARE	445	26	199	0	199	246	
137 00 MEDICARE TAXATION	314	748	2,578	0	2,578	(2,264)	
<b>TOTAL STAFF BENEFITS</b>	<b>119,494</b>	<b>11,139</b>	<b>64,452</b>	<b>0</b>	<b>64,452</b>	<b>55,042</b>	<b>46.06%</b>
<b>TOTAL PERSONAL SERVICES</b>	<b>422,666</b>	<b>63,130</b>	<b>245,894</b>	<b>0</b>	<b>245,894</b>	<b>176,772</b>	<b>41.82%</b>
<b>OPERATING EXPENSES &amp; EQUIPMENT</b>							
<b>FINGERPRINTS</b>							
213 04 FINGERPRINT REPORT	14,890	784	6,664	0	6,664	8,226	
<b>TOTAL FINGERPRINTS</b>	<b>14,890</b>	<b>784</b>	<b>6,664</b>	<b>0</b>	<b>6,664</b>	<b>8,226</b>	<b>55.25%</b>
<b>GENERAL EXPENSE</b>							
201 00 GENERAL EXPENSE	13,556	0	0	0	0	13,556	
206 00 MISC OFFICE SUPPLI	0	0	2,343	78	2,421	(2,421)	
207 00 FREIGHT & DRAYAGE	0	67	626	0	626	(626)	
213 02 ADMIN OVERHEAD-OTH	0	0	1,149	0	1,149	(1,149)	
217 00 MTG/CONF/EXHIBIT/S	0	944	5,341	4,158	9,499	(9,499)	
<b>TOTAL GENERAL EXPENSE</b>	<b>13,556</b>	<b>1,011</b>	<b>9,458</b>	<b>4,236</b>	<b>13,694</b>	<b>(138)</b>	<b>-1.02%</b>

AGENDA ITEM # 16  
FEBRUARY 9, 2015

DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

BUDGET REPORT

AS OF 12/31/2014

RUN DATE 1/13/2015

PAGE 2

FM 06

PHYSICIAN ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
<b>PRINTING</b>							
241 00 PRINTING	3,344	0	0	0	0	3,344	
242 03 COPY COSTS ALLO	0	0	400	0	400	(400)	
242 05 METRO PRINT/MAIL	0	0	2,624	0	2,624	(2,624)	
244 00 OFFICE COPIER EXP	0	0	309	1,011	1,320	(1,320)	
<b>TOTAL PRINTING</b>	<b>3,344</b>	<b>0</b>	<b>3,333</b>	<b>1,011</b>	<b>4,344</b>	<b>(1,000)</b>	<b>-29.92%</b>
<b>COMMUNICATIONS</b>							
251 00 COMMUNICATIONS	5,669	0	0	0	0	5,669	
252 00 CELL PHONES,PDA,PA	0	62	303	0	303	(303)	
257 01 TELEPHONE EXCHANGE	0	3	384	0	384	(384)	
<b>TOTAL COMMUNICATIONS</b>	<b>5,669</b>	<b>65</b>	<b>687</b>	<b>0</b>	<b>687</b>	<b>4,982</b>	<b>87.88%</b>
<b>POSTAGE</b>							
261 00 POSTAGE	8,187	0	0	0	0	8,187	
262 00 STAMPS, STAMP ENVE	0	0	44	0	44	(44)	
263 05 DCA POSTAGE ALLO	0	258	1,071	0	1,071	(1,071)	
<b>TOTAL POSTAGE</b>	<b>8,187</b>	<b>258</b>	<b>1,115</b>	<b>0</b>	<b>1,115</b>	<b>7,072</b>	<b>86.38%</b>
<b>TRAVEL: IN-STATE</b>							
291 00 TRAVEL: IN-STATE	20,957	0	0	0	0	20,957	
292 00 PER DIEM-I/S	0	1,152	2,803	0	2,803	(2,803)	
294 00 COMMERCIAL AIR-I/S	0	0	2,119	0	2,119	(2,119)	
296 00 PRIVATE CAR-I/S	0	313	1,511	0	1,511	(1,511)	
297 00 RENTAL CAR-I/S	0	53	578	0	578	(578)	
301 00 TAXI & SHUTTLE SER	0	0	39	0	39	(39)	
305 01 CALATERS SERVICE F	0	96	96	0	96	(96)	
<b>TOTAL TRAVEL: IN-STATE</b>	<b>20,957</b>	<b>1,614</b>	<b>7,145</b>	<b>0</b>	<b>7,145</b>	<b>13,812</b>	<b>65.90%</b>
<b>TRAINING</b>							
331 00 TRAINING	1,034	0	0	0	0	1,034	
<b>TOTAL TRAINING</b>	<b>1,034</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,034</b>	<b>100.00%</b>
<b>FACILITIES OPERATIONS</b>							
341 00 FACILITIES OPERATI	55,958	0	0	0	0	55,958	
343 00 RENT-BLDG/GRND(NON	0	3,694	22,068	21,974	44,042	(44,042)	
347 00 FACILITY PLNG-DGS	0	76	380	0	380	(380)	
<b>TOTAL FACILITIES OPERATIONS</b>	<b>55,958</b>	<b>3,770</b>	<b>22,449</b>	<b>21,974</b>	<b>44,423</b>	<b>11,535</b>	<b>20.61%</b>

# DEPARTMENT OF CONSUMER AFFAIRS

PHYSICIAN ASSISTANT COMMITTEE

## BUDGET REPORT

AS OF 12/31/2014

RUN DATE 1/13/2015

PAGE 3

FM 06

PHYSICIAN ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
<b>C/P SVS - INTERDEPARTMENTAL</b>							
382 00 CONSULT/PROF-INTER	1,899	0	0	59,000	59,000	(57,101)	
<b>TOTAL C/P SVS - INTERDEPARTMENTAL</b>	<b>1,899</b>	<b>0</b>	<b>0</b>	<b>59,000</b>	<b>59,000</b>	<b>(57,101)</b>	<b>-3006.90%</b>
<b>C/P SVS - EXTERNAL</b>							
402 00 CONSULT/PROF SERV-	31,561	0	0	0	0	31,561	
404 05 C&P EXT ADMIN CR C	16,568	29	303	23,697	24,000	(7,432)	
409 00 INFO TECHNOLOGY-EX	0	837	837	0	837	(837)	
418 02 CONS/PROF SVS-EXTR	0	1,534	9,798	29,240	39,038	(39,038)	
<b>TOTAL C/P SVS - EXTERNAL</b>	<b>48,129</b>	<b>2,400</b>	<b>10,938</b>	<b>52,937</b>	<b>63,875</b>	<b>(15,746)</b>	<b>-32.72%</b>
<b>DEPARTMENTAL SERVICES</b>							
424 03 OIS PRO RATA	76,423	0	38,212	0	38,212	38,211	
427 00 INDIRECT DISTRB CO	49,490	0	24,746	0	24,746	24,744	
427 01 INTERAGENCY SERVS	7,717	0	0	0	0	7,717	
427 02 SHARED SVS-MBC ONL	93,326	0	22,528	67,584	90,112	3,214	
427 30 DOI - ISU PRO RATA	1,549	0	774	0	774	775	
427 34 PUBLIC AFFAIRS PRO	1,512	0	756	0	756	756	
427 35 PCSD PRO RATA	1,653	0	826	0	826	827	
<b>TOTAL DEPARTMENTAL SERVICES</b>	<b>231,670</b>	<b>0</b>	<b>87,842</b>	<b>67,584</b>	<b>155,426</b>	<b>76,244</b>	<b>32.91%</b>
<b>CONSOLIDATED DATA CENTERS</b>							
428 00 CONSOLIDATED DATA	4,810	0	0	0	0	4,810	
<b>TOTAL CONSOLIDATED DATA CENTERS</b>	<b>4,810</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4,810</b>	<b>100.00%</b>
<b>DATA PROCESSING</b>							
431 00 INFORMATION TECHNO	3,019	0	0	0	0	3,019	
436 00 SUPPLIES-IT (PAPER)	0	0	31	0	31	(31)	
<b>TOTAL DATA PROCESSING</b>	<b>3,019</b>	<b>0</b>	<b>31</b>	<b>0</b>	<b>31</b>	<b>2,988</b>	<b>98.99%</b>
<b>CENTRAL ADMINISTRATIVE SERVICES</b>							
438 00 PRO RATA	69,681	0	34,841	0	34,841	34,841	
<b>TOTAL CENTRAL ADMINISTRATIVE SERVICES</b>	<b>69,681</b>	<b>0</b>	<b>34,841</b>	<b>0</b>	<b>34,841</b>	<b>34,841</b>	<b>50.00%</b>
<b>ENFORCEMENT</b>							
396 00 ATTORNEY GENL-INTE	271,418	42,218	136,709	0	136,709	134,709	
397 00 OFC ADMIN HEARNG-I	75,251	2,261	18,277	0	18,277	56,975	
414 31 EVIDENCE/WITNESS F	492	150	21,800	0	21,800	(21,308)	
418 97 COURT REPORTER SER	0	229	979	0	979	(979)	
427 32 INVEST SVS-MBC ONL	218,870	10,633	72,050	0	72,050	146,820	

DEPARTMENT OF CONSUMER AFFAIRS

BUDGET REPORT

AS OF 12/31/2014

RUN DATE 1/13/2015

PAGE 4

FM 06

PHYSICIAN ASSISTANT COMMITTEE

PHYSICIAN ASSISTANT BOARD

DESCRIPTION	BUDGET	CURR. MONTH	YR-TO-DATE	ENCUMBRANCE	YTD + ENCUMBRANCE	BALANCE	PCNT REMAIN
<u>TOTAL</u> ENFORCEMENT	566,031	55,491	249,815	0	249,815	316,216	55.87%
MINOR EQUIPMENT							
226 00 MINOR EQUIPMENT	2,500	0	0	0	0	2,500	
226 55 MIN EQPMT-PHONE-RE	0	0	323	0	323	(323)	
<u>TOTAL</u> MINOR EQUIPMENT	2,500	0	323	0	323	2,177	87.07%
<u>TOTAL</u> OPERATING EXPENSES & EQUIPMEN	1,051,334	65,392	434,641	206,743	641,384	409,950	38.99%
PHYSICIAN ASSISTANT BOARD	1,474,000	128,523	680,535	206,743	887,278	586,722	39.80%
	1,474,000	128,523	680,535	206,743	887,278	586,722	39.80%