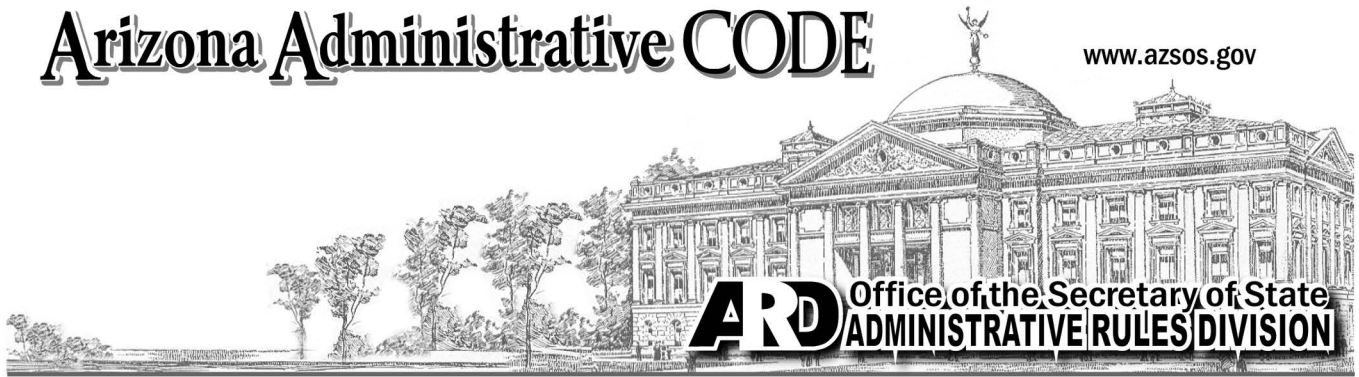




4 A.A.C. 17

Supp. 24-4

TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

The table of contents on page one contains links to the referenced page numbers in this Chapter.

Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of
October 1, 2024 through December 31, 2024

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Questions about these rules? Contact:

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The release of this Chapter in Supp. 24-4 replaces Supp. 23-4, 1-9 pages.

Please note that the Chapter you are about to replace may have rules still in effect after the publication date of this supplement. Therefore, all superseded material should be retained in a separate binder and archived for future reference.

PREFACE

Under Arizona law, the Department of State, Office of the Secretary of State (Office), Administrative Rules Division, accepts state agency rule notice and other legal filings and is the publisher of Arizona rules. The Office of the Secretary of State does not interpret or enforce rules in the *Administrative Code*. Questions about rules should be directed to the state agency responsible for the promulgation of the rule.

Scott Cancelosi, Director
ADMINISTRATIVE RULES DIVISION

RULES

The definition for a rule is provided for under A.R.S. § 41-1001. “‘Rule’ means an agency statement of general applicability that implements, interprets, or prescribes law or policy, or describes the procedures or practice requirements of an agency.”

THE ADMINISTRATIVE CODE

The *Arizona Administrative Code* is where the official rules of the state of Arizona are published. The *Code* is the official codification of rules that govern state agencies, boards, and commissions.

The *Code* is separated by subject into Titles. Titles are divided into Chapters. A Chapter includes state agency rules. Rules in Chapters are divided into Articles, then Sections. The “R” stands for “rule” with a sequential numbering and lettering outline separated into subsections.

Rules are codified quarterly in the *Code*. Supplement release dates are printed on the footers of each Chapter.

First Quarter: January 1 - March 31
Second Quarter: April 1 - June 30
Third Quarter: July 1 - September 30
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2022 is cited as Supp. 22-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

RULE HISTORY

Refer to the HISTORICAL NOTE at the end of each Section for the effective date of a rule. The note also includes the *Register* volume and page number in which the notice was published (A.A.R.) and beginning in supplement 21-4, the date the notice was published in the *Register*.

AUTHENTICATION OF PDF CODE CHAPTERS

The Office began to authenticate Chapters of the *Code* in Supp. 18-1 to comply with A.R.S. §§ 41-1012(B) and A.R.S. § 41-5505.

A certification verifies the authenticity of each *Code* Chapter posted as it is released by the Office of the Secretary of State. The authenticated pdf of the *Code* includes an integrity mark with a certificate ID. Users should check the validity of the signature, especially if the pdf has been downloaded. If the digital signature is invalid it means the document’s content has been compromised.

HOW TO USE THE CODE

Rules may be in effect before a supplement is released by the Office. Therefore, the user should refer to issues of the *Arizona Administrative Register* for recent updates to rule Sections.

ARIZONA REVISED STATUTE REFERENCES

The Arizona Revised Statutes (A.R.S.) are available online at the Legislature’s website, www.azleg.gov. An agency’s authority note to make rules is often included at the beginning of a Chapter. Other Arizona statutes may be referenced in rule under the A.R.S. acronym.

SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, www.azsos.gov under Services-> Legislative Filings.

EXEMPTIONS FROM THE APA

It is not uncommon for an agency to be exempt from the steps outlined in the rulemaking process as specified in the Arizona Administrative Procedures Act, also known as the APA (Arizona Revised Statutes, Title 41, Chapter 6, Articles 1 through 10). Other agencies may be given an exemption to certain provisions of the Act.

An agency’s exemption is written in law by the Arizona State Legislature or under a referendum or initiative passed into law by Arizona voters.

When an agency files an exempt rulemaking package with our Office it specifies the law exemption in what is called the preamble of rulemaking. The preamble is published in the *Register* online at www.azsos.gov/rules, click on the *Administrative Register* link.

Editor’s notes at the beginning of a Chapter provide information about rulemaking Sections made by exempt rulemaking. Exempt rulemaking notes are also included in the historical note at the end of a rulemaking Section.

The Office makes a distinction to certain exemptions because some rules are made without receiving input from stakeholders or the public. Other exemptions may require an agency to propose exempt rules at a public hearing.

PERSONAL USE/COMMERCIAL USE

This Chapter is posted as a public courtesy online, and is for private use only. Those who wish to use the contents for resale or profit should contact the Office about Commercial Use fees. For information on commercial use fees review A.R.S. § 39-121.03 and 1 A.A.C. 1, R1-1-113.

Rhonda Paschal, rules managing editor, assisted with the editing of this Chapter.

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Administrative Rules Division

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

Authority: A.R.S. § 32-2504

Supp. 24-4

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Editor's Note: The name of the Joint Board on the Regulation of Physician's [sic] Assistants was changed to the Arizona Regulatory Board of Physician Assistants by Laws 2002, Ch. 277, § 7, effective August 22, 2002 (Supp. 03-2).

Laws 1984, Ch. 102, changed the name of the Joint Board of Medical Examiners and Osteopathic Examiners in Medicine and Surgery to Joint Board on the Regulation of Physician's Assistants.

Chapter 17 consisting of Article 1, Section R4-17-101; Article 2, Sections R4-17-201 through R4-17-204; Article 3, Sections R4-17-301 through R4-17-304; Article 4, Sections R4-17-401 and R4-17-402 adopted effective July 8, 1986.

Former Chapter 17 consisting of Article 1, Section R4-17-01; Article 2, Sections R4-17-02 through R4-17-06; Article 3, Sections R4-17-07 through R4-17-12; Article 4, Sections R4-17-13 through R4-17-17; Article 5, Sections R4-17-18 through R4-17-22; and Article 6, Section R4-17-23 repealed effective July 8, 1985.

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TITLE 4. PROFESSIONS AND OCCUPATIONS

CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

ARTICLE 1. GENERAL PROVISIONS

R4-17-101. Definitions

For the purposes of A.R.S. Title 32, Chapter 25 and this Chapter:

1. "Ability to perform health care tasks authorized by A.R.S. § 32-2531" means:
 - a. The cognitive capacity to make clinical diagnoses and exercise medical judgments and to learn and keep abreast of medical developments through the completion of continuing medical education,
 - b. The ability to communicate medical judgments and medical information to patients and other professionals, and
 - c. The physical capability to perform the health care tasks authorized by A.R.S. § 32-2531.
2. "Applicant" means an individual seeking a regular license or renewal license.
3. "Category I" means a designation given to a continuing medical education activity provided by an institution or organization that has been accredited for continuing medical education by the:
 - a. Accreditation Council for Continuing Medical Education,
 - b. American Medical Association,
 - c. American Academy of Physician Assistants,
 - d. American Osteopathic Association,
 - e. Accreditation Council for Continuing Medical Education,
 - f. Accreditation Review Commission on Education for Physician Assistants, or
 - g. Commission on the Accreditation of Allied Health Education Programs.
4. "Controlled Substance" means the same as in A.R.S. § 32-1901.
5. "Dispense" means the same as in A.R.S. § 32-1901.
6. "Drug" means the same as in A.R.S. § 32-1901.
7. "Health care institution" means the same as in A.R.S. § 36-401.
8. "Health professional" means the same as in A.R.S. § 32-3201 or its equivalent in another state.
9. "Health profession regulatory authority" means a state or federal entity that issues and regulates health professional licenses.
10. "NCCPA" means the National Commission on the Certification of Physician Assistants.
11. "PANCE" means the Physician Assistant National Certifying Examination.
12. "PANRE" means the Physicians Assistants National Recertification Examination.
13. "Prescribe" means to issue:
 - a. A signed, written order to a pharmacist for drugs or medical devices; or
 - b. An order transmitted to a pharmacist by word of mouth, telephone, or other means of communication.
14. "Privileges" means the authority granted by a health care institution to a physician or physician assistant to practice medicine at the health care institution.
15. "Service" means personal delivery or mailing by certified mail to a physician assistant, supervising physician, or applicant affected by a decision of the Board at the physician assistant's, supervising physician's, or applicant's last known residence or place of business.
16. "State fiscal year" means from July 1 of one calendar year to June 30 of the next calendar year.

17. "Substance use disorder" means the maladaptive pattern of the use of a drug, alcohol, or chemical leading to effects that are detrimental to an individual's physical or mental health.

Historical Note

Adopted effective July 8, 1986 (Supp. 86-4). Amended effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3).

R4-17-102. Time-frames for Licenses and Approvals

- A. The overall time-frame described in A.R.S. § 41-1072(2) for a regular license or renewal license is set forth in Table 1.
- B. The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for a regular license or renewal license is set forth in Table 1 and begins on the date the Board receives an application.
 1. If the application is not administratively complete, the Board shall send a deficiency notice to the applicant.
 - a. The deficiency notice shall state each deficiency and the information needed to complete the application.
 - b. Within the time provided in Table 1 for response to the deficiency notice, the applicant shall submit to the Board the missing information specified in the deficiency notice. The time-frame for the Board to finish the administrative completeness review is suspended from the date the Board mails the deficiency notice to the applicant until the date the Board receives the missing information.
 - c. If the applicant does not submit the missing information within the time to respond to the deficiency notice set forth in Table 1, the Board shall send a written notice to the applicant informing the applicant that the application is deemed withdrawn.
 2. If the application is administratively complete, the Board shall send a written notice of administrative completeness to the applicant.
- C. The substantive review time-frame described in A.R.S. § 41-1072(3) for a regular license or renewal license is set forth in Table 1 and begins on the date the Board sends written notice of administrative completeness to the applicant.
 1. During the substantive review time-frame, the Board may make one comprehensive written request for additional information. The applicant shall submit the additional information within the time provided in Table 1 for response to a comprehensive written request for additional information. The time-frame for the Board to finish the substantive review is suspended from the date the Board mails the request until the Board receives the information.
 2. The Board shall issue a written notice informing the applicant that the application is deemed withdrawn if the applicant does not submit the requested additional information within the time-frame in Table 1.
 3. The Board shall issue a written notice of denial of a license or license renewal if the Board determines that the applicant does not meet all of the substantive criteria required by statute or this Chapter for licensure or license renewal.
 4. If the applicant meets all of the substantive criteria required by statute and this Chapter for a license or license renewal, the Board shall issue the license or license renewal to the applicant.

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- D.** In computing any period of time prescribed in this Section, the day of the act, event, or default shall not be included. The last day of the period shall be included unless it is Saturday, Sunday, or a state holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or state holiday. The computation shall include intermediate Saturdays, Sundays, and holidays. The time period for an applicant to respond to a deficiency notice or request for additional information shall commence on the date of personal service or the date of mailing.

Historical Note

Adopted effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3).

Table 1. Time Frames (in days)

Type of License	Overall Time Frame	Administrative Review Time Frame	Time to Respond to Deficiency Notice	Substantive Review Time Frame	Time to Respond to Request for Additional Information
Regular License including schedule II or schedule III controlled substances approval R4-17-203	120	30	365	90	90
License Renewal R4-17-206	75	30	60	45	60
Registration as an Out-of-state Health Care Provider of Telehealth Services A.R.S. § 36-3606(A)(3)	40	20	30	20	30

Historical Note

Adopted effective April 22, 1998 Amended by final exempt rulemaking at 27 A.A.R. 1647, with an immediate effective date of September 22, 2021 (Supp. 21-3). (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 1647, with an immediate effective date of September 22, 2021 (Supp. 21-3).

ARTICLE 2. PHYSICIAN ASSISTANT LICENSURE**R4-17-201. Repealed****Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Section R4-17-201 renumbered to R4-17-202; new Section adopted effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3).

R4-17-202. Examination

An applicant for a regular license as a physician assistant shall pass the PANCE or PANRE and be certified by the NCCPA at the time of application for licensure.

Historical Note

Adopted effective July 8, 1986 (Supp. 86-4). Section repealed; new Section R4-17-202 renumbered from R4-17-201 and amended effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

R4-17-203. Regular License Application

- A.** An applicant for a regular license shall submit a completed application to the Board that includes:

1. The applicant's:
 - a. First, last, and middle name;
 - b. Every other name used by the applicant;
 - c. Social Security number;
 - d. Office, mailing, e-mail, and home addresses;
 - e. Office, mobile, and home telephone numbers; and
 - f. Birth date and state or country of birth;
2. The name and address of the approved physician assistant program completed by the applicant and the date of completion;

3. The name of each state or province in which the applicant has ever been certified, registered, or licensed as a physician assistant, including the certificate, registration, or license number, and current status;
4. Whether the applicant has practiced as a physician assistant for 10 continuous years before the date the application was submitted to the Board or since graduation from a physician assistant program and if not, an explanation;
5. A questionnaire that includes answers to the following:
 - a. Whether the applicant has had an application for a certificate, registration, or license refused or denied by any licensing authority, and if so, an explanation;
 - b. Whether the applicant has had the privilege of taking an examination for a professional license refused or denied by any entity, and if so, an explanation;
 - c. Whether the applicant has ever resigned or been requested to resign, been suspended or expelled from, been placed on probation, or been fined while enrolled in an approved physician assistant program or a postsecondary educational program, and if so, an explanation;
 - d. Whether, while attending an approved physician assistant program, the applicant has ever had any action taken against the applicant by the approved program, resigned, or been asked to leave the approved program for any amount of time, and if so, an explanation;
 - e. Whether the applicant has ever surrendered a health professional license, and if so, an explanation;
 - f. Whether the applicant has ever had a health professional license suspended or revoked, or whether any other disciplinary action has ever been taken against a health professional license held by the licensee, and if so, an explanation;
 - g. Whether the applicant is currently under investigation by any health profession regulatory authority,

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- health care association, licensed health care institution, or there are any pending complaints or disciplinary actions against the applicant, and if so, an explanation;
- h. Whether the applicant has ever had any action taken against the applicant's privileges, including termination, resignation, or withdrawal by a health care institution or health profession regulatory authority, and if so, an explanation;
 - i. Whether the applicant has ever had a federal or state regulatory authority take any action against the applicant's authority to prescribe, dispense, or administer controlled substances including revocation, suspension, or denial, or whether the applicant ever surrendered the authority in lieu of any of these actions, and if so, an explanation;
 - j. Whether the applicant has ever been charged with, convicted of, pleaded guilty to, or entered into a plea of no contest to a felony or misdemeanor involving moral turpitude or has been pardoned or had a record expunged or vacated, and if so, an explanation;
 - k. Whether the applicant has ever been charged with or convicted of a violation of any federal or state drug statute, rule, or regulation, regardless of whether a sentence was or was not imposed, and if so, an explanation;
 - l. Whether the applicant has been named as a defendant in a malpractice matter currently pending or that resulted in a judgment or settlement entered against the applicant, and if so, an explanation;
 - m. Whether the applicant has ever been court-martialed or discharged other than honorably from any component of the uniformed services of the United States, and if so, an explanation;
 - n. Whether the applicant has ever been involuntarily terminated from a health professional position, resigned, or been asked to leave the health care position, and if so, an explanation;
 - o. Whether the applicant has ever been convicted of insurance fraud or received a sanction, including limitation, suspension, or removal from practice, imposed by any state or the federal government, and if so, an explanation; and
 - p. Whether the applicant, within the three years before the date of the application, has completed 45 hours in pharmacology or clinical management of drug therapy or is certified by a national commission on the certification of physician assistants or its successor;
6. A confidential questionnaire that includes answers to the following:
 - a. Whether the applicant currently has a medical condition that impairs the applicant's judgment or ability to practice medicine in a competent, ethical, and professional manner;
 - b. If the answer to subsection (A)(6)(a) is yes:
 - i. Provide an explanation of the medical condition; and
 - ii. If currently practicing under a monitoring agreement with a licensing board in another state, attach a copy of the monitoring agreement to the application; and
 7. Consistent with the Board's statutory authority, other information the Board may deem necessary to evaluate the applicant fully; and
 8. A sworn statement that complies with A.R.S. § 32-2522(C).
- B.** In addition to the requirements in subsection (A), an applicant shall submit the following to the Board:
 1. Documentation of citizenship or alien status that conforms to A.R.S. § 41-1080;
 2. Documentation of a legal name change if the applicant's legal name is different from that shown on the document submitted in accordance with subsection (B)(1);
 3. A form provided by the Board and completed by the applicant that lists all current or past employment with health professionals, health professions educational institutions, or health care institutions within five years before the date of application or since graduation from a physician assistant program, if less than five years, including each health professional's, health professions educational institution's, or health care institution's name, address, and dates of employment;
 4. Verification of any medical malpractice matter currently pending or resulting in a settlement or judgment against the applicant, including a copy of the complaint and either the agreed terms of settlement or the judgment and a narrative statement specifying the nature of the occurrence resulting in the medical malpractice action. An applicant who is unable to obtain a document required under this subsection may submit a written request for a waiver of the requirement. The applicant shall include the following information in a request for waiver:
 - a. The document for which waiver is requested;
 - b. Detailed description of efforts made by the applicant to provide the required document; and
 - c. Reason the applicant's inability to provide the required document is due to no fault of the applicant; and
 5. The fee required in R4-17-204.
 - C.** In addition to the requirements in subsections (A) and (B), an applicant shall have the following directly submitted to the Board:
 1. A copy of the applicant's certificate of successful completion of the PANCE or PANRE and the applicant's examination score provided by the NCCPA;
 2. An approved program form provided by the Board, completed and signed by the director or administrator of the approved program that granted the applicant a physician assistant degree, that includes the:
 - a. Applicant's full name,
 - b. Type of degree earned by the applicant,
 - c. Name of the physician assistant program completed by the applicant,
 - d. Starting and ending dates, and
 - e. Date the applicant's degree was granted.
 - D.** The Board's issuance of a regular license to an applicant certifies the applicant to issue, dispense, or administer schedule II or schedule III controlled substances, subject to the limits and requirements specified in A.R.S. § 32-2532. Additionally, beginning October 1, 2018, a physician assistant previously certified by the Board for 30-day prescription privileges for schedule II or schedule III controlled substances is certified for 90-day prescription privileges for schedule II or schedule III controlled substances that are not opioids or benzodiazepine.

Historical Note

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Adopted effective July 8, 1986 (Supp. 86-4). Section repealed; new Section adopted effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 401, effective April 6, 2019 (Supp. 19-1). Amended by final rulemaking at 28 A.A.R. 1757 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

R4-17-204. Fees and Charges

- A.** As expressly authorized under A.R.S. § 32-2526(A)(1) through (4), the Board shall charge the following fees:
 1. License application - \$125.00;
 2. Regular license - \$370.00, prorated for each month remaining in the biennial period;
 3. Regular license renewal - \$370.00 if the renewal application is postmarked no later than the applicant's birthdate; and
 4. Penalty for late renewal - \$100.00.
- B.** Under the specific authority provided by A.R.S. § 36-3606(A)(3), the Board establishes and shall collect the following fee to register as an out-of-state health care provider of telehealth services: \$200.
- C.** The fees specified in subsections (A) and (B) are nonrefundable unless A.R.S. §§ 32-2526(B) or 41-1077 applies.
- D.** As expressly authorized under A.R.S. § 32-2526(A)(5) through (9), the Board establishes the following charges for providing the services listed:
 1. Duplicate license - \$25.00;
 2. Copies of Board documents - \$1.00 for first three pages, \$.25 for each additional page;
 3. Medical Directory (CD-ROM) - \$30.00;
 4. Data Disk - \$100.00; and
 5. License verification - \$100.00.

Historical Note

Adopted effective July 8, 1986 (Supp. 86-4). Section repealed; new Section adopted effective April 22, 1998 (Supp. 98-2). Section repealed; new Section adopted by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 1647, with an immediate effective date of September 22, 2021 (Supp. 21-3).

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

- A.** Under A.R.S. § 32-2523(A), renewal of a license is conditioned on the licensee completing 40 hours of category I continuing medical education during each biennial license period.
- B.** During a licensee's first biennial license period, the licensee may complete a pro-rated number of continuing medical education hours established by the Board.
- C.** A licensee who is unable to complete the required hours of continuing medical education for any of the reasons in A.R.S. § 32-2523(E) may submit a written request to the Board for an extension no later than 30 days before expiration of the license that contains:
 1. The name, address, and telephone number of the licensee;
 2. The reason for the request;
 3. The number of continuing medical education hours completed during the biennial license period;
 4. The dates on which the remaining hours of continuing medical education are scheduled to be completed; and

5. The signature of the licensee.

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

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

Historical Note

Adopted effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

R4-17-206. License Renewal

- A.** To renew a license, a licensee shall submit a completed application to the Board that includes:
 1. An application form that contains the licensee's:
 - a. First, last, and middle names;
 - b. Arizona license number;
 - c. Office, mailing, e-mail, and home addresses;
 - d. Office, mobile, and home telephone numbers;
 2. A questionnaire that includes answers to the following since the last renewal date:
 - a. Whether the licensee has had an application for a certificate, registration, or license refused or denied by any licensing authority, and if so, an explanation;
 - b. Whether the licensee has had the privilege of taking an examination for a professional license refused or denied by any entity, and if so, an explanation;
 - c. Whether the licensee has voluntarily surrendered a health care professional license, and if so, an explanation;
 - d. Whether the licensee has had a health professional license suspended or revoked, or whether any other disciplinary action has been taken against a health professional license held by the licensee, and if so, an explanation;
 - e. Whether the licensee has had any action taken against the applicant's privileges, including termination, resignation, or withdrawal by a health care institution or health profession regulatory authority, and if so, an explanation;
 - f. Whether the licensee has had a federal or state regulatory authority take any action against the licensee's authority to prescribe, dispense, or administer controlled substances including revocation, suspension, or denial, or whether the applicant surrendered the authority in lieu of any of these actions, and if so, an explanation;
 - g. Whether the licensee has been charged with, convicted of, pleaded guilty to, or entered into a plea of no contest to a felony or misdemeanor involving moral turpitude or an alcohol- or drug-related offense in any state, or has been pardoned or had a record expunged or vacated, and if so, an explanation;
 - h. Whether the licensee has been court-martialed or discharged other than honorably from any component of the uniformed services of the United States, and if so, an explanation;
 - i. Whether the licensee has been involuntarily terminated from a health professional position with any

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city, county, state, or federal government, and if so, an explanation;

- j. Whether the licensee has been convicted of insurance fraud or a state or the federal government has sanctioned or taken any action against the licensee, such as suspension or removal from practice, and if so, an explanation;
- 3. Consistent with the Board's statutory authority, other information the Board may deem necessary to evaluate the licensee fully;
- 4. A dated and sworn statement by the licensee verifying that during the past biennial license period, the licensee completed at least 40 hours of Category I continuing medical education as required by A.R.S. § 32-2523;
- 5. The fee required in R4-17-204;
- 6. A confidential questionnaire that includes answers to the following:
 - a. Whether the licensee currently has a medical condition that impairs the licensee's judgment or ability to practice medicine in a competent, ethical, and professional manner;
 - b. If the answer to subsection (A)(6)(a) is yes:
 - i. Provide an explanation of the medical condition; and
 - ii. If currently practicing under a monitoring agreement with a licensing board in another state, attach a copy of the monitoring agreement to the application; and
- 7. If the document submitted under R4-17-203(B)(1) was a limited form of work authorization issued by the federal government, evidence that the licensee's presence in the U.S. continues to be authorized under federal law.

- B. Under A.R.S. §32-2523(A), the Board shall randomly select at least 10 percent of renewal applications submitted by licensees who are not currently certified by a national certification organization to verify compliance with the continuing medical education requirement specified in R4-17-205(A). If selected, a licensee shall submit to the Board documents that verify compliance with the continuing medical education requirement.

Historical Note

Adopted effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4). Amended by final rulemaking at 28 A.A.R. 1757 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

R4-17-207. Denial of License or Extension to Complete Continuing Education

An applicant for a license who is denied the license or a physician assistant who is denied an extension to complete continuing medical education may request a hearing to contest the matter by filing a written notice with the Board within 30 days of receipt of notice of the Board's action. A hearing shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 and Article 10.

Historical Note

Adopted effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3).

R4-17-208. Expired**Historical Note**

Adopted effective April 22, 1998 (Supp. 98-2). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 1569, effective March 31, 2005 (Supp. 05-2).

ARTICLE 3. DUTIES OF THE EXECUTIVE DIRECTOR**R4-17-301. Dismissal of Complaint**

- A. The executive director, with concurrence of the investigative staff, shall dismiss a complaint if review shows the complaint is without merit and dismissal is appropriate.
- B. The executive director shall provide to the Board, at each regularly scheduled Board meeting, a list of physician assistants about whom complaints were dismissed since the preceding Board meeting.

Historical Note

Adopted effective July 8, 1986 (Supp. 86-4). Section R4-17-301 renumbered to R4-17-302; new Section R4-17-301 adopted effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

R4-17-302. Referral to Formal Hearing

- A. The executive director may refer a case directly to a formal hearing if the investigative staff, medical consultant, and lead Board member concur after review of the case that a formal hearing is appropriate.
- B. The executive director shall provide to the Board, at each regularly scheduled Board meeting, a list of the physician assistants whose cases were referred to formal hearing since the preceding Board meeting and indicate whether each case was referred because it involves revocation, suspension, out-of-state disciplinary action, or complexity.

Historical Note

Adopted effective July 8, 1986 (Supp. 86-4). Section repealed; new Section renumbered from R4-17-301 and amended effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

R4-17-303. Non-disciplinary Consent Agreement

The executive director may enter into a consent agreement under A.R.S. § 32-2505(C)(23) with a physician assistant to limit the physician assistant's practice or rehabilitate the physician assistant if there is evidence the physician assistant is mentally or physically unable to engage in the practice of medicine safely and the investigative staff, medical consultant, and lead Board member concur after review of the case that a consent agreement is appropriate.

Historical Note

Adopted effective July 8, 1986 (Supp. 86-4). Section renumbered to R4-17-304; new Section R4-17-303 adopted effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

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

- A. If a physician assistant requests inactive status or license cancellation, meets the requirements of A.R.S. §§ 32-2525 or 32-2528, and is not participating in the program defined under

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A.R.S. § 32-2552(E), the executive director shall grant the request.

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

Historical Note

Adopted effective July 8, 1986 (Supp. 86-4). Section R4-17-304 renumbered to R4-17-305; new Section R4-17-304 renumbered from R4-17-303 and amended effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

R4-17-305. Referral to Formal Interview

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

Historical Note

New Section R4-17-305 renumbered from R4-17-304 and amended effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

R4-17-306. Denial of License

- A.** The executive director shall deny a license to an applicant if the executive director, in consultation with the investigative staff and medical consultant concur after review of the application, that the applicant does not meet the statutory requirements for licensure.
- B.** The executive director shall provide to the Board, at each regularly scheduled Board meeting, a list of the physician assistants whose applications were denied since the preceding Board meeting.

Historical Note

New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

R4-17-307. Appealing Executive Director Actions

- A.** Any person aggrieved by an action taken by the executive director under the authority delegated in this Article may appeal that action to the Board. The aggrieved person shall file a written request with the Board no later than:
1. Thirty days after notification of the action, if personally served; or
 2. Thirty-five days after the date on the notification, if mailed.
- B.** The aggrieved person shall provide, in the written request, evidence showing:
1. An irregularity in the investigative process or the executive director's review deprived the party of a fair decision;
 2. Misconduct by Board staff, a Board consultant, or the executive director that deprived the party of a fair decision; or
 3. Material evidence newly discovered that could have a bearing on the decision and that, with reasonable diligence, could not have been discovered and produced earlier.

- C.** The fact that the aggrieved party does not agree with the executive director's action is not grounds for a review by the Board.
- D.** If an aggrieved person fails to submit a written request within the time specified in subsection (A), the Board is relieved of the requirement to review actions taken by the executive director. The executive director may, however, evaluate newly provided information that is material or substantial in content to determine whether the Board should review the case.
- E.** If a written request is submitted that meets the requirements of subsection (B):
1. The Board shall consider the written request at its next regularly scheduled meeting.
 2. If the written request provides new material or substantial evidence that requires additional investigation, the investigation shall be conducted as expeditiously as possible and the case shall be forwarded to the Board at the first possible regularly scheduled meeting.

Historical Note

New Section made by final rulemaking at 28 A.A.R. 1757 (July 22, 2022), effective September 4, 2022 (Supp. 22-3).

ARTICLE 4. COLLABORATIVE PRACTICE; REGULATION**R4-17-401. Application for Certification of Clinical Practice Hours; Waiver of Documentation**

- A.** As required under A.R.S. § 32-2536(A), a physician assistant who is licensed by the Board and in good standing may apply to the Board for certification of the clinical practice hours required to practice collaboratively with a physician or entity. A physician assistant is in good standing if the physician assistant is not:
1. Under investigation by a regulatory authority, or
 2. Subject to a public or confidential probation order.
- B.** To be eligible to practice collaboratively with a physician or entity, a physician assistant shall have at least 8,000 hours of clinical practice, as described in subsection (E), obtained:
1. In the five years before the date of the application submitted under subsection (C), or
 2. In the 10 years before the date of the application submitted under subsection (C) if:
 - a. At least 2,000 hours of clinical practice were obtained in the three years before the date of application submitted under subsection (C); and
 - b. The physician assistant is currently certified by the National Commission on Certification of Physician Assistants.
- C.** To apply for certification of clinical practice hours, a physician assistant shall submit to the Board an application form, which is available on the Board's website.
- D.** In addition to complying with subsection (C), a physician assistant applying for certification of clinical practice hours shall have submitted directly to the Board by the document custodian or an individual with direct knowledge, documentation of hours of clinical practice performed by the physician assistant. Documentation may be submitted by multiple persons.
- E.** Clinical practice includes:
1. Performing medical services related directly to patient care;
 2. Providing instruction to physician assistants at an institution accredited by the Accreditation Review Commission on Education for the Physician Assistant. Time spent preparing to provide instruction or performing administrative

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tive tasks related to providing instruction is not clinical practice.

- F. The Board may waive the documentation requirement specified under subsection (D). To obtain a waiver of the documentation requirement, the physician assistant shall submit to the Board a written request that includes the following information:
1. The physician assistant's name and license number;
 2. Date on the request for waiver;
 3. Identification and an estimate of the number of clinical hours for which documentation has not been submitted under subsection (D);
 4. Description of the physician assistant's efforts to have the documentation submitted as required under subsection (D);
 5. Explanation of why the documentation cannot be submitted;
 6. If applicable, evidence that supports the request for waiver; and
 7. The physician assistant's affirmation that the physician assistant has performed the required hours of clinical practice even though documentation has not been submitted.
- G. The Board shall waive the documentation requirement if the Board determines the documentation is unavailable for a reason beyond the control of the physician assistant requesting the waiver. In making this determination, the Board shall consider:
1. The sufficiency of the physician assistant's effort to have the documentation submitted;
 2. Evidence it is not possible to have the documentation submitted because:
 - a. The required document does not exist;
 - b. The individual or entity responsible for maintaining and submitting the documentation is unable to do so; or
 - c. Another reason beyond the control of the physician assistant; and
 3. Whether the Board is able to obtain the required documentation from another source.
- H. The Board shall document the Board's decision regarding a request for waiver submitted under subsection (F) in the official record regarding the application submitted under subsection (C). The Board's decision regarding a request for waiver is not subject to review or appeal.
- I. The Board shall maintain on the Board's website a list of physician assistants who have at least 8,000 hours of clinical practice certified by the Board and are eligible to practice in collaboration with a physician, physician group practice, or health care institution.

Historical Note

Adopted effective July 8, 1986 (Supp. 86-4). Section R4-17-401 renumbered to R4-17-402; new Section R4-17-401 adopted effective April 22, 1998 (Supp. 98-2). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 1569, effective March 31, 2005 (Supp. 05-2). New Section made by final exempt rulemaking at 30 A.A.R. 63 (January 12, 2024), effective December 31, 2023 (Supp. 23-4).

R4-17-402. Practicing Collaboratively with a Physician Assistant

- A. Before practicing collaboratively with a physician assistant, the collaborating physician or entity shall verify that the physi-

cian assistant is qualified under A.R.S. § 32-2536 and R4-17-401 to practice collaboratively. The collaborating physician or entity shall maintain evidence of the verification as long as the physician assistant is employed by the collaborating physician or entity.

- B. A collaborating physician or entity shall designate one or more physicians by name or position as responsible for the oversight of the physician assistant. When requested by the Board, the collaborating physician or entity shall notify the Board of the identity of the physician designated as responsible for oversight of the physician assistant.
- C. The collaborating physician or entity shall ensure the physician assistant is competent to practice in any new area that is not substantially similar to the practice area in which the physician assistant previously practiced collaboratively. If the collaborating physician or entity determines the physician assistant needs additional education, training, and oversight, the collaborating physician or entity shall ensure additional education, training, and oversight is provided until the physician assistant acquires the necessary competence.
1. If the collaborating physician or entity determines a supervision agreement is warranted, the collaborating physician or entity shall require the physician assistant to enter a supervision agreement, as defined at A.R.S. § 32-2501, until the physician assistant acquires the education, experience, and competence necessary to practice in the practice setting or specialty in which the physician assistant has not previously practiced.
 2. The collaborating physician or entity shall document all actions taken under this subsection, including any additional education, training, and oversight or the initiation or termination of a supervision agreement, to ensure the actions are recorded in the employment file of the physician assistant. When requested by the Board, the collaborating physician or entity shall provide a copy of the information required under this subsection to the Board.
- D. The collaborating physician or entity shall make a determination required under subsection (C) in collaboration with the physician assistant.
- E. When certified under A.R.S. § 32-2536 to practice collaboratively, a physician assistant shall continue to collaborate or consult with or refer to the appropriate health care professional according to the policies of the practice setting at which the physician assistant is employed.

Historical Note

Adopted effective July 8, 1986 (Supp. 86-4). Section R4-17-402 renumbered to R4-17-403; new Section R4-17-402 renumbered from R4-17-401 and amended effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). New Section made by final exempt rulemaking at 30 A.A.R. 63 (January 12, 2024), effective December 31, 2023 (Supp. 23-4). The Governor's Regulatory Review Council determined subsections (B) through (G) exceeded the agency's statutory authority, were not authorized by statute, and therefore void under A.R.S. § 41-1033(K) at 30 A.A.R. 2665 (August 23, 2024), effective July 30, 2024; in consultation with the Arizona State Association of Physician Assistants the Board amended the voided provisions in a Notice of Final Exempt Rulemaking at 31 A.A.R. 129 (January 10, 2025), effective December 17, 2024 (Supp. 24-4).

R4-17-403. Rehearing or Review

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- A. Except as provided in subsection (B), a party who is aggrieved by a decision issued by the Board may file with the Board, no later than 30 days after service of the decision, a written request for rehearing or review of the decision, specifying the grounds for rehearing or review. For purposes of this Section, a decision is considered to have been served when personally delivered to the party's last known home or business address or five days after the decision is mailed by certified mail to the party or the party's attorney.
- B. If the Board makes specific findings that the immediate effectiveness of the decision is necessary for the preservation of the public health and safety and determines that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the Board may issue the decision as a final decision without an opportunity for rehearing or review. If the Board issues the decision as a final decision, without an opportunity for a rehearing or review, the aggrieved party may make an application for judicial review within the time limits permitted for an application for judicial review of the Board's final decision under A.R.S. § 12-904.
- C. A party filing a request for rehearing or review may amend the request at any time before it is ruled upon by the Board. Another party may file a response within 15 days after the date the request or amended request for rehearing is filed. The Board may require a party to file supplemental memoranda explaining the issues raised in the request or response and may permit oral argument.
- D. The Board may grant a rehearing or review of a decision for any of the following causes materially affecting the requesting party's rights:
1. Irregularity in the Board's or administrative law judge's administrative proceedings or any order or abuse of discretion that deprived the party of a fair hearing;
 2. Misconduct of the Board, administrative law judge, or the prevailing party;
 3. Accident or surprise that could not have been prevented by ordinary prudence;
 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
 5. Excessive or insufficient penalties;
 6. Error in the admission or rejection of evidence, or other errors of law that occurred at the hearing;
 7. The decision is the result of passion or prejudice; or
 8. The decision or findings of fact are not justified by the evidence or are contrary to law.
- E. The Board may affirm or modify a decision or grant rehearing or review on all or part of the issues for any of the reasons set forth in subsection (D). An order granting a rehearing or review shall specify each ground for the rehearing or review.
- F. No later than 30 days after a decision is issued by the Board, the Board on its own initiative may order a rehearing or review for any reason in subsection (D).
- G. When a request for rehearing or review is based on affidavits, a party shall serve the affidavits with the request. The opposing party may, within 10 days after service, serve opposing affidavits. The Board may extend the time for serving opposing affidavits for no more than 20 days for good cause shown or by written stipulation by the parties. The Board may permit reply affidavits.

Historical Note

New Section R4-17-403 renumbered from R4-17-402 and amended effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3).