



# PHYSICIAN ASSISTANT LICENSURE APPLICATION INSTRUCTIONS AND GENERAL INFORMATION

Please review this information carefully prior to completing the application and requesting any supporting documents. For current PA students, the Physician Assistant Board recommends applying no earlier than 45–60 days prior to graduation.

## APPLICATION PROCESSING TIMES

The Board will complete an initial review of the application and notify you of any application deficiencies a minimum of 30 days of receiving the application and fees for licensure. Applications submitted without payment will not be reviewed. Updates will not be available until completion of the initial review.  
If supporting documentation is received without delay, licenses are typically issued 30-45 days after submission of the application and fees.

## APPLICATION INSTRUCTIONS

### FEES

**Applications submitted without payment are considered incomplete and will not be processed.**  
Applicants completing the required criminal history background check using Live Scan services must submit the following fees:

- Application processing fee (\$25) and initial licensing fee (\$200)..... \$225

Applicants completing the required criminal history background check using the hard card fingerprint method must submit the following fees:

- Application processing fee (\$25), initial licensing fee (\$200), and fingerprint card processing fee (\$49) .....\$274

If licensure is not granted or the application is withdrawn or abandoned, the initial licensing fee (\$200) will be refunded.

### APPLICATION FOR LICENSURE

Submit your application through the California Department of Consumer Affairs BreEZe Online Services by visiting [www.breeze.ca.gov](http://www.breeze.ca.gov).

As an applicant, you are personally responsible for all information disclosed on your application, including any responses completed on your behalf. Falsification or misrepresentation of any application response, supporting document, or any attachment, is grounds for denial.

- Applicants must apply using their legal name.
- **All** questions on the application must be answered.
- Applications are valid for one year from the submission date of the application and payment.
- Supporting documentation is valid for one year from the date it is received by the Board and will be purged if an application is not submitted.

### ADDRESS OF RECORD

As an applicant, the Address of Record (AOR) provided on the initial application for licensure is not disclosed to the public or posted on the Board's website until a California physician assistant license is issued. All Board correspondence is automatically mailed to the AOR. Applicants choosing to use an alternate address, such as a post office box or place of business, shall provide a street (confidential) address. Once licensed, your AOR is public record and will be both provided to the public upon request and posted on the Board's website.

The confidential address, phone number(s), and email address are confidential and will not be provided to the public or posted on the Board's website.

It is your responsibility to provide the Board with written notification of any and all address changes within 30 days from the date the change occurred, or update your address by logging into your BreZe account.

### MILITARY EXPEDITE

The Physician Assistant Board will expedite the application review for an applicant who meets one of the following criteria:

- A. Military Veteran:** Have you ever served as an active duty member of the Armed Forces of the United States and were honorably discharged? If yes, please provide the following:
- Certificate of Release or Discharge from Active Duty (DD214).
- B. Active Duty Military—Spouses or Partners:** 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, and do you hold a current physician assistant license in another state? If yes, please provide the following:
- A copy of the marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State. For other forms of legal union not recognized by California, you may submit other documentary evidence issued by the state that recognizes your legal union for consideration by the Board in meeting this requirement.
  - A copy of your current physician assistant license.
  - A copy of the military orders establishing duty station in California.

### FEE WAIVER FOR APPLICANTS MEETING EXPEDITED LICENSURE REQUIREMENTS OF [SB 607](#)

In addition to expediting the licensure process, the Board will waive the application fee and initial licensure fee for an applicant who is 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 applying for licensure in California and who holds a current physician assistant license in another state or territory. To qualify for the fee waiver, individuals must include the following with their application:

- A copy of the marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State. For other forms of legal union not recognized by California, you may submit other documentary evidence issued by the state that recognizes your legal union for consideration by the Board in meeting this requirement.
- A copy of your current physician assistant license.
- A copy of the military orders establishing duty station in California.

## EXPEDITED AUTHORIZATION FOR TEMPORARY LICENSURE REQUIREMENTS

The Physician Assistant Board will expedite temporary authorization to practice for an out-of-state licensed applicant who meets the following requirements:

- Is married to, in a domestic partnership with, or other legal union with, an active-duty member of the United States Armed Forces who is assigned to a duty station in California under official active-duty military orders.
- Holds a current, active, and unrestricted license that grants the authority to practice medicine in another state, district, or territory of the United States.
- Has not committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the Board.
- Has not been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.
- Completes and clears a criminal background check.

To qualify, you must complete the Military Spouse or Domestic Partner Physician Assistant Temporary License application through the Department of Consumer Affairs' BreEze online services and attach the following documents to your online application:

- Satisfactory evidence that you are 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 this state under official active-duty military orders.
- A copy of the spouse's or domestic partner's active-duty military orders establishing a duty station in California.
- A copy of your current, active, and unrestricted license that confers the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which you are seeking a temporary license from the Board.

## REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER EXPEDITE

The Physician Assistant Board will expedite the application review for an applicant who meets one of the following criteria:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code.
- You were granted asylum by the secretary of Homeland Security or the United States Attorney General's Office pursuant to section 1158 of title 8 of the United States Code.
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

If yes, please provide the following:

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the classification codes of "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card", with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

## EXPEDITED LICENSURE REQUIREMENTS OF AB 657

An applicant who demonstrates they intend to provide abortions within the scope of practice of their license may qualify for expedited application processing, if they provide the board with the documentation identified below. An “abortion” is any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth.

You must submit the following documentation with your application:

- A letter declaring your intent to provide abortions.
- A letter from an employer or health care entity indicating that you have accepted employment or entered into a contract to provide abortions. This letter must include:
  1. The starting date.
  2. The location where you will be providing abortions.
  3. That you will be providing abortions within the scope of practice of your applicable license, in accordance with Business and Professions Code Sections 2253, 2725.4, and 3502.4.

## MENTAL ILLNESS, DISEASE, OR DISORDER

“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. “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 functions as a physician assistant.

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.

## TRAINING PROGRAM CERTIFICATION

The [Training Program Certification](#) is a mandatory form and cannot be substituted.

- Complete Part A and fax, email, or mail to your training program for completion.
- Part B must be completed by the training program and mailed or emailed directly to the Board.
- **Transcripts are not required and should not be requested.**

## REQUEST FOR RELEASE OF PANCE SCORE FROM THE NCCPA

Visit the National Commission on Certification of Physician Assistants at [www.nccpa.net](http://www.nccpa.net) to authorize the electronic release of your Physician Assistant National Certifying Examination (PANCE) score to the Board. Letters verifying certification or the Physician Assistant National Recertifying Examination (PANRE) will not be accepted.

## LICENSE VERIFICATIONS

A verification must be provided to the Board for every state in which you are, or have been licensed, certified, or otherwise registered in **ANY** healthcare occupation, regardless of the status.

- The Board's [license verification form](#) is a courtesy form you can choose to use to request a verification of a license/certificate/registration.
- The Board accepts other agencies' verification forms.
- Original verifications must be completed by the issuing agency, and either be mailed or emailed directly to the Board by the issuing agency.
- If the agency no longer provides paper verifications, electronic verifications will be accepted.
- The Board will not accept verifications submitted by applicants.
- **Faxed copies are not acceptable.**
- For additional information regarding the verification requirement, visit [https://pab.ca.gov/applicants/attn\\_verification\\_info.shtml](https://pab.ca.gov/applicants/attn_verification_info.shtml).

## NATIONAL PRACTITIONER DATA BANK REPORT

Applicants are required to place a Self-Query order with the Federation of State Medical Boards' (FSMB) Practitioner Direct portal by visiting <https://fsmb.org>. Practitioner Direct allows applicants to submit an NPDB report electronically to a state medical board. From the top of the FSMB home page, select "For Physicians" option. Under Licensure Services, select the "Practitioner Direct" option. Create an FSMB account and select the California Physician Assistant Board (Board) as the recipient to receive the NPDB Direct Report. The Board will receive notification when an electronic report is ready for download. For assistance regarding the process, please contact the FSMB directly by calling (817) 868-4010 or emailing [pdca@fsmb.org](mailto:pdca@fsmb.org).

## FINGERPRINT PROCEDURE

[Business and Professions Code section 144](#) requires applicants to complete a criminal history background check by submitting a full set of fingerprints and the fingerprint processing fees established by the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). You are required to submit fingerprints in order for the Board to complete a criminal history background check, even if you were previously fingerprinted for another California employer or regulatory body.

**A Live Scan can only be completed in California. The Board will not accept a Live Scan completed in another state.**

Live Scan Instructions:

1. Complete the Applicant Information section of the Request for Live Scan Service form at [https://www.pab.ca.gov/forms\\_pubs/livescan.pdf](https://www.pab.ca.gov/forms_pubs/livescan.pdf).
2. Take the completed form to a Live Scan location. A list of Live Scan locations is available by visiting <https://oag.ca.gov/fingerprints/locations>. Hours of operation and fees may vary; contact the Live Scan site directly for information.
3. If not previously submitted with your application fee, include the processing fee (\$49) and rolling fees (varies per site) are paid directly to the Live Scan operator.
4. Submit a copy of the completed Request for Live Scan Service form to the Board with your application, or by fax or email.
5. The results of the criminal history background check are transmitted electronically to the Board within 1-3 business days.

## FINGERPRINT PROCEDURE (Continued)

**Fingerprint cards must be submitted if you are unable to obtain Live Scan services in California.**

Fingerprint Card Instructions:

1. Obtain two fingerprint cards (FD-258) directly from your local law enforcement agency, authorized agency, or by contacting the [Board](#).
2. Complete all areas on both cards as indicated on the [example](#).
3. Visit a local law enforcement office, or other authorized agency, to be fingerprinted. The fingerprint impressions must be distinct from each other as the DOJ/FBI may reject fingerprint cards containing identical impressions.
4. Submit fingerprint cards to the Board for processing. **DO NOT FOLD CARDS.**
5. Submit a check or money order for the fingerprint card processing fee (\$49), if not previously submitted with your application fee.
6. The Board submits fingerprint cards to the DOJ/FBI for processing on a weekly basis. Once the DOJ/FBI receives and processes the fingerprint cards, the results are typically transmitted electronically to the Board within 2-4 weeks.

## BIRTH MONTH LICENSURE REQUEST

Your license will expire on the last day of your second birth month after licensure. If your license is issued during your birth month, your initial license will be valid for a full 24-month term. If your license is issued in a month other than your birth month, the term of your initial license may be valid for as few as 13 months or as many as 23 months.

**Please submit a [Birth Month Licensure Request](#) with your application if you would like to wait until your birth month to be licensed.**

## RELEASE OF APPLICATION STATUS

A pending application is not public record; therefore, to release information to anyone other than yourself, you must submit written authorization to the Board.

## 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, and 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 for 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 maintaining the information in this form and may be contacted at 2005 Evergreen Street, Suite 2250, Sacramento, CA 95815-3893, telephone number (916) 561-8780, regarding questions about this notice or access to records.



## GENERAL INFORMATION

### PHYSICIAN ASSISTANT LAWS AND REGULATIONS

It is your responsibility to know the [laws and regulations](#) pertaining to the practice of a physician assistant as they are subject to change.

### PRACTICING AS A PHYSICIAN ASSISTANT

You may not begin practicing as a physician assistant in California until you:

1. Have been granted a license by the Board;
2. Have a supervising physician; and
3. Have a signed Practice Agreement.

Business and Professions Code [section 3502.3](#) requires the Practice Agreement to address all of the following:

1. The types of medical services a physician assistant is authorized to perform,
2. Policies and procedures to ensure adequate supervision of the PA,
3. The methods for continuing evaluation of the competency and qualifications of the PA,
4. The furnishing or ordering of drugs or devices by a PA pursuant to Business and Professions Code section [3502.1](#); and,
5. Any additional provisions agreed to by the PA and the supervising physician.

### DRUG ENFORCEMENT ADMINISTRATION (DEA) REGISTRATION

Physician assistants are required to register with the DEA if prescribing controlled substances. For information on obtaining a DEA license, contact the [DEA](#).

### CURES REGISTRATION

The Controlled Substance Utilization Review and Evaluation System (CURES), maintained by the Department of Justice (DOJ), tracks all Schedule II, III, and IV controlled substances dispensed in California. CURES contains the following information: patient name, patient date of birth, patient address, prescriber name, prescriber DEA number, pharmacy name, pharmacy license number, date prescription was dispensed, prescription number, drug name, drug quantity and strength, and number of refills remaining.

Effective January 1, 2016, prescribers who obtain a Federal Drug Enforcement Administration registration certificate are required to register for CURES. Registration requirements are not based on dispensing, prescribing, or administering activities but, rather, on possession of a DEA registration certificate AND valid California physician assistant license.

[Registration](#) for California-licensed prescribers and pharmacists is fully automated. Applicants must complete the online registration form and provide a valid email address, medical or pharmacist license number, and DEA registration certificate number (prescribers only).

CURES was certified for statewide use by the DOJ on April 2, 2018. Thereafter, the mandate to [consult](#) CURES prior to prescribing, ordering, administering, or furnishing a Schedule II–IV controlled substance became effective October 2, 2018.

## LICENSE RENEWALS

Your license will expire the last day of your second birth month after licensure. Therefore, your initial license may be valid for as few as thirteen (13) months or as many as twenty-four (24) months. Thereafter, your license will expire biennially on the last day of your birth month.

A courtesy renewal reminder is mailed to your address of record approximately 120 days prior to the license expiration date. Your license detail may be verified by visiting <https://search.dca.ca.gov> or by calling (916) 561-8780.

Renewal processing times are as follows:

- Renewal applications mailed directly to the Board at 2005 Evergreen Street, Suite 2250, Sacramento CA 95815-3893; allow 10–12 business days.
- Licenses renewed online through [www.breeze.ca.gov](http://www.breeze.ca.gov) update upon the submission of payment.

## CONTINUING MEDICAL EDUCATION

Licensees are required to complete continuing medical education (CME) as a condition of license renewal per Title 16, California Code of Regulations section [1399.615](#), unless exempt (renewing as inactive or been granted a CME waiver). Physician assistants may demonstrate their compliance by either:

- Maintaining certification by the National Commission on Certification of Physician Assistants (NCCPA).  
OR
- Completing 50 hours of approved Category 1 (Pre-approved) CME during the current renewal period.

As of January 1, 2020, as a condition of renewal, a licensee who holds an active license and is authorized through a Practice Agreement to furnish Schedule II controlled substances, and is registered with the United States Drug Enforcement Administration shall complete, as part of their continuing education requirements, a one-time controlled substances education course meeting the standards in the Board's regulations at sections [1399.610](#) and [1399.612](#).

## CONTROLLED SUBSTANCE EDUCATION COURSE REQUIREMENT

Senate Bill 697 (Chapter 707, Statutes of 2018) became effective on January 1, 2020, and made numerous changes to the Physician Assistant Practice Act (Act), which provides for licensure and regulation of physician assistants by the Physician Assistant Board.

One of the changes impacted Business and Professions Code section 3502.1(e)(3) that states a PA who holds an active license, who is authorized through a practice agreement to furnish Schedule II controlled substances, who is registered with the U.S. Drug Enforcement Administration, and who has not successfully completed a one-time course in compliance with Title 16, Sections 1399.610 and 1399.612 of the California Code of Regulations, as those provisions read on June 7, 2019, shall complete, as part of their continuing education requirement, a course that covers Schedule II controlled substance, and the risks of addiction associated with their use, based on the standards developed by the board.

This course is not required by the DEA and, if not completed, will not impede your ability to register with the DEA. This course is a renewal requirement impacting licensees who are authorized through a practice agreement to furnish Schedule II controlled substance and registered with the DEA at the time of renewal. A certificate of completion meeting the requirements of 16 CCR sections [1399.610](#) and [1399.612](#) must be filed with the Board at the time of renewal or you may be ineligible to renew.

Visit [https://pab.ca.gov/licensees/csec\\_info.shtml](https://pab.ca.gov/licensees/csec_info.shtml) for additional information regarding this requirement.

## ABANDONMENT OF LICENSURE APPLICATION

If an applicant fails to complete the application process within 12 months from the date the application is received by the Board, the application is deemed abandoned and the \$200 licensing fee will be refunded to the applicant.



### APPLICATION DENIAL

The Board has the authority to deny licensure based upon an applicant's act of dishonesty or unprofessional conduct, conviction of a crime substantially related to the qualifications, functions, or duties of the physician assistant profession, discipline by another state, country, or agency of the federal government, or inability to practice safely.

If your application for licensure is denied, you will have a right to a hearing under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code upon written request. The right to a hearing is deemed waived unless a written request for a hearing is made within a 60-day period following denial.

Once a license denial is final, you may reapply one year from the date of the denial. You will be notified in writing of the reason(s) for denial and provided information about the appeal process.

### CANCELLED PHYSICIAN ASSISTANT LICENSE

Business and Professions Code [section 3526](#) states, "A person who fails to renew his or her license or approval within five years after its expiration may not renew it, and it may not be reissued, reinstated, or restored thereafter, but that person may apply for and obtain a new license or approval if he or she:

- a. Has not committed any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475).
- b. Takes and passes the examination, if any, which would be required of him or her if application for licensure was being made for the first time, or otherwise establishes to the satisfaction of the Board that, with due regard for the public interest, he or she is qualified to practice as a physician assistant.
- c. Pays all of the fees that would be required as if application for licensure was being made for the first time."

A California physician assistant license will automatically cancel if not renewed within five (5) years of the expiration date.

### RESOURCE

The Board's website address is [www.pab.ca.gov](http://www.pab.ca.gov). You may obtain forms, general information, relevant laws and regulations, and other resources on the Board's website.

Please join the Board's [email subscriber list](#), an online subscription service, to receive notices of changes in laws and regulations, enforcement actions taken against licensees, and information related to the physician assistant practice.