



LICENSE RENEWAL APPLICATION

Online renewal is available at www.breeze.ca.gov

Please follow the instructions below when submitting your renewal application to the Physician Assistant Board (Board) by mail:

- Complete the License Renewal Application.
- Make check, money order, or cashier’s check in the amount of \$318 payable to the Physician Assistant Board.
- Mail renewal application and fees to the Physician Assistant Board at the address listed above 30 days prior to the license expiration date.
- Verify your license details at <https://search.dca.ca.gov> to ensure that your renewal application has been processed.
- Contact the Board directly to request a receipt.

Inactive licenses are exempt from paying the \$18 Controlled Substance Utilization Review and Evaluation System (CURES) fee and pay only the \$300 license fee. Please visit <https://search.dca.ca.gov> to confirm your license status or call the Board for assistance. To request inactive status, complete the Request for Inactive Status form available at https://www.pab.ca.gov/forms_pubs/inactivestatus.pdf and submit the form with your renewal application, **OR** contact the Board for assistance. You are prohibited from engaging in any activity in California for which an active physician assistant license is required while in an inactive status.

You are prohibited from engaging in any practice where a valid and active license issued by the Board is required if, your license status is delinquent and has expired. Practicing as a physician assistant without a current license is subject to disciplinary action. The Board recommends renewing a delinquent license online through BreEZe, www.breeze.ca.gov, as the license expiration date will update immediately upon submission of application and fees.

Last Name		First Name		Middle Initial	
Email (Confidential—for office use only)			Telephone Number		License Number
Address of Record (AOR); the AOR is a public record and disclosed on the internet.					
<input type="checkbox"/> Check here to change your address of record to the above address; no additional form is needed. NOTE: If you choose to use a PO Box as your address of record, you are required by the law to provide a street address below under Confidential Address. Confidential addresses are not disclosed to the public or on the internet.					
Confidential Address					
Please see page 2 for additional information on the application renewal process.					
1. During your renewal period have you either:					
a) Had any license denied or disciplined by another licensing authority of this state, of another state, of any agency the federal government, or of another country; or,				Yes <input type="checkbox"/>	
b) Been convicted of any violation of the law in this or any other state, the United States, or other territory of the United States, or other country, omitting traffic infractions under \$500 not involving alcohol, dangerous drugs, or controlled substances.				No <input type="checkbox"/>	
2. Do you meet the Board’s continuing medical education requirement?				Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	

3. Are you authorized through your California practice agreement to furnish Schedule II controlled substances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you registered with the DEA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you completed a one-time controlled substance education course on or after January 1, 2008? Visit https://search.dca.ca.gov to verify if the controlled substance education course certificate is on file with the Board. If the certificate is not on file, please include a copy of the certificate with your renewal application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you served or are you currently serving in the military?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

SIGNATURE: _____ **DATE:** _____

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 3524 of the California Business and Professions Code and Title 16, California Code of Regulations section 1399.514, 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 California Public Records Act or as otherwise provided by 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. The California State Board of Equalization (BOE) and the California Franchise Tax Board (FTB) may share taxpayer information with the Board. You are required to pay your state tax obligation and your license may be suspended or your renewal application denied if the state tax obligation is not paid and your name appears on either the BOE of FTB certified list of top 500 tax delinquencies (Sections 31 and 494.5 of the California Business and Professions Code).

IMPORTANT RENEWAL INFORMATION

QUESTION 1. MANDATORY CONVICTION AND LICENSE DISCIPLINE DISCLOSURE

You are required to disclose all convictions including convictions that have been set aside, dismissed or expunged, or where a stay of execution has been issued.

You must respond "yes" to the conviction and license discipline disclosure questions if, during the renewal period, you have:

- Had any license denied or disciplined by another licensing authority of this state, of another state, of any agency of the federal government, or other country; or,
- Been convicted of any violation of the law in this or any other state, the United States, or any territory of the United States, or other country. Omit traffic infractions under \$500 not involving alcohol, dangerous drugs, or controlled substances.

For each conviction or disciplinary action, please submit any documents listed below when submitting your renewal application:

- A detailed written explanation describing the circumstances and events that led to your license discipline, arrest(s), and/or conviction(s).
- Documents relating to your license discipline or disciplinary actions taken against any other license by a government agency or disciplinary body.
- Certified copies of the police report, citation, and/or ticket.
- Certified copies of any and all court documents.
- Relating mitigating evidence or evidence of rehabilitation.

Upon receipt and review of this documentation, the Board will determine what, if any, action will be taken against your license.

QUESTION 2. CONTINUING MEDICAL EDUCATION REQUIREMENTS

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:

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

If you are currently in an inactive status or have been granted a CME waiver, you are in compliance with the Board's CME requirement and must answer "yes" to the CME question.

For additional information regarding CME requirements visit the Board's website at <https://pab.ca.gov/licensees/cmeregs.shtml>

QUESTIONS 3 and 4. CONTROLLED SUBSTANCE EDUCATION COURSE

Effective January 1, 2020, physician assistants who hold an active license, who are authorized through a practice agreement to furnish Schedule II controlled substance, and who are registered with the United States Drug Enforcement Administration (DEA), and who have not successfully completed a one-time controlled substance education course in compliance with Title 16, California Code of Regulations sections [1399.610](#) and [1399.612](#), shall as part of their continuing education requirements, complete a course that covers Schedule II controlled substances, and the risks of addiction associated with their use, based on the standards developed by the Board. Until the course is completed Section [3502.1\(d\)\(2\)](#) of the Code requires a patient-specific order approved by the treating supervising physician and surgeon in order to prescribe Schedule II controlled substances. Once the course is completed you are required to send a copy of the certificate of completion to the Board.

To verify submission of your controlled substance course certificate, visit <https://search.dca.ca.gov>

For additional information on the controlled substance education course, visit https://www.pab.ca.gov/licensees/csec_info.shtml

CONTINUING MEDICAL EDUCATION WAIVERS

Title 16, California Code of Regulations section 1399.618 exempts a licensee from the continuing medical education requirements (CME) for a renewal cycle, if the licensee cannot meet those requirements for reasons of health, military service, or undue hardship. A licensee may request a waiver for one (1) renewal cycle of the CME requirement. If the Board denies a licensee's application for a CME waiver, the licensee shall be ineligible to renew their license unless the licensee complies with the CME requirements of Section [1399.615](#).

To request a CME waiver, please complete and submit an Application for Continuing Medical Education Waiver form to the Board 30 days prior to the expiration date of the license. Visit https://www.pab.ca.gov/forms_pubs/cme_waiver.pdf to access the form.

INACTIVE STATUS

Title 16, California Code of Regulations section [1399.619](#) permits a licensee who is not engaged in any activity for which a license is required, to request that their license be placed in an inactive status. Inactivating a license does not change the expiration date. Licensees must renew the license by the expiration date or the license status will change to delinquent. Licensees are required to pay the renewal fee of \$300; the CURES fee of \$18 is waived.

Please complete and submit a Request for Inactive Status form to change your license status to inactive. Visit https://www.pab.ca.gov/forms_pubs/inactivestatus.pdf to access the form.