

SUBCHAPTER 32S - PHYSICIAN ASSISTANTS

SECTION .0100 - REPEALED

- 21 NCAC 32S .0101** **DEFINITIONS**
21 NCAC 32S .0102 **QUALIFICATIONS FOR LICENSE**

History Note: *Authority G.S. 90-11; 90-18(c)(13); 90-18.1;*
Eff. May 1, 1999;
Amended Eff. June 1, 2006;
Repealed Eff. September 1, 2009.

- 21 NCAC 32S .0103** **TEMPORARY LICENSE**

History Note: *Authority G.S. 90-18(13); 90-18.1;*
Eff. May 1, 1999;
Repealed Eff. April 1, 2006.

- 21 NCAC 32S .0104** **INACTIVE LICENSE STATUS**
21 NCAC 32S .0105 **ANNUAL REGISTRATION**
21 NCAC 32S .0106 **CONTINUING MEDICAL EDUCATION**
21 NCAC 32S .0107 **EXEMPTION FROM LICENSE**
21 NCAC 32S .0108 **SCOPE OF PRACTICE**
21 NCAC 32S .0109 **PRESCRIPTIVE AUTHORITY**
21 NCAC 32S .0110 **SUPERVISION OF PHYSICIAN ASSISTANTS**
21 NCAC 32S .0111 **SUPERVISING PHYSICIANS**
21 NCAC 32S .0112 **NOTIFICATION OF INTENT TO PRACTICE**
21 NCAC 32S .0113 **VIOLATIONS**

History Note: *Authority G.S. 90-13(c)(13); 90-14; 90-14(a)(11); 90-14.2; 90-15; 90-18(c)(13); 90-18.1; 90-171.23(14); 58 Fed. Reg. 31,171(1993) (to be codified at 21 C.F.R. 301);*
Eff. May 1, 1999;
Amended Eff. July 1, 2006; June 1, 2006; April 1, 2006; April 1, 2005; May 1, 2004; April 1, 2004;
Repealed Eff. September 1, 2009.

- 21 NCAC 32S .0114** **RESERVED FOR FUTURE CODIFICATION**

- 21 NCAC 32S .0115** **TITLE AND PRACTICE PROTECTION**
21 NCAC 32S .0116 **IDENTIFICATION REQUIREMENTS**
21 NCAC 32S .0117 **FEES**
21 NCAC 32S .0118 **PRACTICE DURING A DISASTER**

History Note: *Authority G.S. 90-12.1; 90-12.2; 90-15; 90-18(c)(13); 90-18.1; 166A-6;*
Eff. May 1, 1999;
Amended Eff. April 1, 2006; April 1, 2005;
Repealed Eff. September 1, 2009.

SECTION .0200 – PHYSICIAN ASSISTANT REGISTRATION

- 21 NCAC 32S .0201** **DEFINITIONS**

The following definitions apply to this Subchapter:

- (1) "Board" means the North Carolina Medical Board.
- (2) "Examination" means the Physician Assistant National Certifying Examination.
- (3) "Family member" means a spouse, parent, grandparent, child, grandchild, sibling, aunt, uncle or first cousin, or persons to the same degree by marriage.

- (4) "Physician Assistant" means a person licensed by the Board under the provisions of G.S. 90-9.3.
- (5) "Physician Assistant License" means approval for the physician assistant to perform medical acts, tasks, or functions under North Carolina law.
- (6) "Physician Assistant Educational Program" is the educational program set out in G.S. 90-9.3(a)(1).
- (7) "License Renewal" means paying the annual fee and providing the information requested by the Board as outlined in this Subchapter.
- (8) "Supervise" or "Supervision" means the physician's function of overseeing the medical acts performed by a physician assistant.
- (9) "Supervisory Arrangement" is the written statement that describes the medical acts, tasks, and functions delegated to the physician assistant by the primary supervising physician appropriate to the physician assistant's education, qualification, training, skills, and competence.
- (10) "Supervising Physician" means the licensed physician who shall provide on-going supervision, consultation, and evaluation of the medical acts performed by the physician assistant as defined in the in the Supervisory Arrangement. The physician may serve as a primary supervising physician or as a back-up supervising physician.
 - (a) "Primary Supervising Physician" is the physician who is accountable to the Board for the physician assistant's medical activities and professional conduct at all times, whether the physician personally is providing supervision or the supervision is being provided by a Back-up Supervising Physician. The Primary Supervising Physician shall assure the Board that the physician assistant is qualified by education, training, and competence to perform all medical acts required of the physician assistant in the particular field or fields that the physician assistant is expected to perform medical acts. The Primary Supervising Physician shall also be accountable to the Board for his or her physician assistant's compliance with the rules of this Subchapter.
 - (b) "Back-up Supervising Physician" means the physician who is accountable to the Board for supervision of the physician assistant's activities in the absence of the Primary Supervising Physician and while actively supervising the physician assistant.
- (11) "Volunteer practice" means performance of medical acts, tasks, or functions without expectation of any form of payment or compensation.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1; Eff. September 1, 2009; Amended Eff. May 1, 2015; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0202 QUALIFICATIONS AND REQUIREMENTS FOR LICENSE

- (a) Except as otherwise provided in this Subchapter, an individual shall obtain a license from the Board before practicing as a physician assistant. An applicant for a physician assistant license shall:
 - (1) submit a completed application, available at www.ncmedboard.org, to the Board;
 - (2) meet the requirements set forth in G.S. 90-9.3 and has not committed any of the acts listed in G.S. 90-14;
 - (3) supply a certified copy of the applicant's birth certificate if the applicant was born in the United States or a certified copy of an unexpired U.S. passport. If the applicant does not possess a certified birth certificate or unexpired U.S. passport, the applicant shall provide information about the applicant's immigration and work status that the Board shall use to verify applicant's ability to work lawfully in the United States;
 - (4) submit to the Board an education form that the applicant completed a Physician Assistant Educational Program. He or she shall also show proof of achieving a passing score of completion of the Physician Assistant National Certifying Examination;
 - (5) pay to the Board a non-refundable fee of two hundred thirty dollars (\$230.00) plus the cost of a criminal background check. There is no fee to apply for a physician assistant limited volunteer license;
 - (6) submit National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports. These reports shall be requested by the applicant and submitted to the Board within 60 days of the request;

- (7) submit a Board Action Data Bank Inquiry report from the Federation of State Medical Boards (FSMB). This report shall be requested by the applicant and submitted to the Board within 60 days of the request;
- (8) submit to the Board, at P. O. Box 20007, Raleigh, NC 27619, two complete original fingerprint record cards, on fingerprint record cards supplied by the Board upon request;
- (9) submit to the Board, at P. O. Box 20007, Raleigh, NC 27619 or license@ncmedboard.org, a signed consent form allowing a search of local, state, and national files to disclose any criminal record;
- (10) disclose whether he or she has ever been suspended from, placed on academic probation, expelled, or required to resign from any school, including a PA educational program;
- (11) attest that he or she has no license, certificate, or registration as a physician assistant currently under discipline, revocation, suspension, probation, or any other action resulting from a health care licensing board;
- (12) certify that he or she is mentally and physically able to practice as a physician assistant;
- (13) provide the Board with two original recommendation forms dated within six months of the application, at P. O. Box 20007, Raleigh, NC 27619, These recommendations shall come from persons under whom the applicant has worked or trained who are familiar with the applicant's academic competence, clinical skills, and character. At least one reference form shall be from a physician and the other reference form must be from a physician assistant peer under whom the applicant has worked or trained. References shall not be from any family member or, in the case of applicants who have not been licensed anywhere, references shall not be from fellow students of the applicant's Physician Assistant Educational Program;
- (14) if two years or more have passed since graduation from a Physician Assistant Educational Program, document that he or she has completed at least 100 hours of continuing medical education (CME) during the preceding two years, at least 50 hours of which must be recognized by the National Commission on Certification of Physician Assistants as Category I CME. An applicant who is currently certified with the NCCPA shall be deemed in compliance with this Subparagraph; and

(b) In the event any of the information required by Paragraph (a) of this Rule indicates a concern about the applicant's qualifications, the applicant shall supply any other information the Board deems necessary to evaluate the applicant's qualifications, including explanation or documentation of the information required in this Rule. In addition, an applicant may be required to appear in person for an interview with the Board, if the Board determines that more information is needed to evaluate the application.

History Note: Authority G.S. 90-9.3; 90-11; 90-13.2; 90-14(a); 90-18(c)(13); 90-18.1;
 Eff. September 1, 2009;
 Amended Eff. January 1, 2016; May 1, 2015; March 1, 2011;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Amended Eff. April 1, 2019.

21 NCAC 32S .0203 MANDATORY NOTIFICATION OF INTENT TO PRACTICE

(a) Prior to the performance of any medical acts, tasks, or functions under the supervision of a primary supervising physician, a physician assistant shall submit notification of such intent using the Board's Intent to Practice form located on the Board's website. The notification of intent to practice shall include:

- (1) the name, practice addresses, and telephone number of the physician assistant; and
- (2) the name, practice addresses, and telephone number of the primary supervising physician(s).

(b) The physician assistant shall not commence practice until he/she receives acknowledgment from the Board that the Board has received and processed the Intent to Practice Form. By checking the Board's website, the physician assistant can confirm that the primary supervising physician has been added to the physician assistant's personal information page on the Board's website.

(c) The physician assistant shall notify the Board of any changes to the information required in Paragraph (a) of this Rule within 15 days of the occurrence.

History Note: Authority G.S. 90-9.3; 90-14(a)(11); 90-18(c)(13); 90-18.1;
 Eff. September 1, 2009;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0204 ANNUAL RENEWAL

- (a) A physician assistant shall renew his or her license each year no later than 30 days after his or her birthday by:
- (1) completing the Board's renewal form; and
 - (2) submitting a nonrefundable fee of one hundred sixty-five dollars (\$165.00), except that a physician assistant who renews not later than 30 days after his or her birthday shall pay an annual renewal fee of one hundred forty dollars (\$140.00);
- (b) If a physician assistant fails to renew his or her license, the Board shall send a certified notice, return receipt requested. If the physician assistant does not renew his or her license within 30 days of the date of the mailing of that notice, his or her license shall automatically be inactive.

*History Note: Authority G.S. 90-9.3(c); 90-13.2;
Eff. September 1, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. April 1, 2019.*

21 NCAC 32S .0205 INACTIVE LICENSE STATUS

*History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Expired Eff. April 1, 2016 pursuant to G.S. 150B-21.3A.*

21 NCAC 32S .0206 LICENSE REACTIVATION

- (a) A physician assistant may apply to reactivate his/her license if:
- (1) he/she had a license in North Carolina;
 - (2) the license was placed on inactive status within the past calendar year; and
 - (3) the licensee did not become inactive as a result of disciplinary action or to avoid disciplinary action.
- (b) A physician assistant requesting reactivation shall:
- (1) complete the board's reactivation application;
 - (2) pay to the board a nonrefundable fee of one hundred twenty dollars (\$120), plus the cost of a criminal background check;
 - (3) submit to the board two completed original fingerprint record cards, on fingerprint record cards provided by the Board;
 - (4) submit to the board a completed signed and dated original Authority for Release of Information Form allowing a search of local, state, and national files to disclose any criminal record;
 - (5) submit National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports, dated within 60 days of their submission to the board;
 - (6) submit a board action data bank inquiry from the Federation of State Medical Boards (FSMB), dated within 60 days of its submission to the board;
 - (7) provide documentation to the board verifying completion of 100 hours of continuing medical education during the preceding two years; and
 - (8) supply any other information the board deems necessary to evaluate the applicant's qualifications.
- (c) An applicant may be required to appear in person for an interview.

*History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32S .0207 LICENSE REINSTATEMENT

- (a) A physician assistant may apply to reinstate his/her license if the license has been inactive for more than one calendar year, or if the inactive status resulted from disciplinary action or was taken to avoid disciplinary action.
- (b) A physician assistant requesting reinstatement shall satisfy all the requirements set forth in 21 NCAC 32S .0202.
- (c) An applicant may be required to appear in person for an interview with the Board.

*History Note: Authority G.S. 90-9.3; 90-13(c)(13); 90-18.8;
Eff. September 1, 2009;*

Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0208 LIMITED VOLUNTEER LICENSE

*History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Repealed Eff. December 1, 2012.*

21 NCAC 32S .0209 EXEMPTION FROM LICENSE

Nothing in this Subchapter shall be construed to require licensure for:

- (1) a student enrolled in a Physician Assistant Educational Program accredited by the Commission on Accreditation of Allied Health Education Programs or its successor organizations;
- (2) a physician assistant employed by the federal government while performing duties incident to that employment; or
- (3) an agent or employee of a physician who performs delegated tasks in the office of a physician but who is not rendering services as a physician assistant and identifying him/herself as a physician assistant.

*History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Amended Eff. November 1, 2013;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32S .0210 IDENTIFICATION REQUIREMENTS

A physician assistant shall keep proof of current licensure and renewal available for inspection at the primary place of practice and shall, when engaged in professional activities, wear a name tag consistent with G.S. 90-640.

*History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-640;
Eff. September 1, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32S .0211 AGENCY

*History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Repealed Eff. May 1, 2015.*

21 NCAC 32S .0212 PRESCRIPTIVE AUTHORITY

A physician assistant may prescribe, order, procure, dispense, and administer drugs and medical devices subject to the following conditions:

- (1) The physician assistant complies with all State and federal laws regarding prescribing, including G.S. 90-18.1(b);
- (2) Each supervising physician and physician assistant incorporates within his or her written supervisory arrangements, as defined in Rule .0201(9) of this Section, instructions for prescribing, ordering, and administering drugs and medical devices and a policy for periodic review by the physician of these instructions and policy;
- (3) In order to compound and dispense drugs, the physician assistant complies with G.S. 90-18.1(c);
- (4) In order to prescribe controlled substances:
 - (a) the physician assistant must have a valid Drug Enforcement Administration (DEA) registration and prescribe in accordance with DEA rules;
 - (b) refills shall be issued consistent with Controlled Substance Law and regulations; and
 - (c) the supervising physician shall possess at least the same schedule(s) of controlled substances as the physician assistant's DEA registration;
- (5) Each prescription issued by the physician assistant contains, in addition to other information required by law, the following:
 - (a) the physician assistant's name, practice address, and telephone number; and

- (b) if applicable, the physician assistant's DEA number for controlled substances prescriptions;
- (6) The physician assistant documents prescriptions in writing on the patient's record, including the medication name and dosage, amount prescribed, directions for use, and number of refills;
- (7) A physician assistant who requests, receives, and dispenses medication samples to patients complies with all applicable State and federal regulations; and
- (8) A physician assistant shall not prescribe controlled substances, as defined by the State and federal controlled substances acts, for:
 - (a) the physician assistant's own use;
 - (b) the use of the physician assistant's supervising physician;
 - (c) the use of the physician assistant's immediate family;
 - (d) the use of any person living in the same residence as the physician assistant; or
 - (e) the use of any anyone with whom the physician assistant is having a sexual relationship.

As used in this Item, "immediate family" means a spouse, parent, child, sibling, parent-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, step-parent, step-child, or step-sibling.

History Note: Authority G.S. 90-5.1(a)(3); 90-18.1; Eff. September 1, 2009; Amended Eff. May 1, 2015; August 1, 2012; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016; Amended Eff. February 1, 2021; Amended Eff. May 1, 2018.

21 NCAC 32S .0213 PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANTS

- (a) A physician wishing to serve as a primary supervising physician shall exercise supervision of the physician assistant in accordance with rules adopted by the Board.
- (b) A physician assistant may perform medical acts, tasks, or functions only under the supervision of a physician. Supervision shall be continuous but, except as otherwise provided in the rules of this Subchapter, shall not be construed as requiring the physical presence of the supervising physician at the time and place that the services are rendered.
- (c) Each team of physician(s) and physician assistant(s) shall ensure:
 - (1) the physician assistant's scope of practice is identified;
 - (2) delegation of medical tasks is appropriate to the skills of the supervising physician(s) as well as the physician assistant's level of competence;
 - (3) the relationship of, and access to, each supervising physician is defined; and
 - (4) a process for evaluation of the physician assistant's performance is established.
- (d) Each supervising physician and physician assistant shall sign a statement, as defined in Rule .0201(9) of this Subchapter, that describes the supervisory arrangements in all settings. The physician assistant shall maintain written prescribing instructions at each site. This statement shall be kept on file at all practice sites, and shall be available upon request by the Board.
- (e) A primary supervising physician and a physician assistant in a new practice arrangement shall meet monthly for the first six months to discuss practice relevant clinical issues and quality improvement measures. Thereafter, the primary supervising physician and the physician assistant shall meet at least once every six months. A written record of these meetings shall be signed and dated by both the supervising physician and the physician assistant, and shall be available upon request by the Board. The written record shall include a description of the relevant clinical issues discussed and the quality improvement measures taken.
- (f) Physician assistants enrolled and participating in a postgraduate training program shall designate on their intent to practice form as required by Rule .0203 of this Subchapter a single physician as their primary supervising physician as determined by the postgraduate training program. For purposes of this Rule, a postgraduate training program shall mean a professional development program of at least 12 months sponsored or co-sponsored by a licensed hospital and healthcare system in which the participants rotate through at least three or more distinct medical specialties. As the participants rotate through the program's various specialties, all other supervising physicians shall be designated as Back-Up Supervising Physicians.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1; Eff. September 1, 2009; Amended Eff. May 1, 2015; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;

Amended Eff. May 1, 2022.

21 NCAC 32S .0214 SUPERVISING PHYSICIAN

*History note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Repealed Eff. May 1, 2015.*

21 NCAC 32S .0215 RESPONSIBILITIES OF PRIMARY SUPERVISING PHYSICIANS IN REGARD TO BACK-UP SUPERVISING PHYSICIANS

(a) The primary supervising physician shall ensure that a supervising physician, either primary or back-up, is accessible for the physician assistant to consult whenever the physician assistant is performing medical acts, tasks, or functions.
(b) A back-up supervising physician shall be licensed to practice medicine by the Board, not prohibited by the Board from supervising a physician assistant, and approved by the primary supervising physician as a person willing and qualified to oversee the medical acts performed by the physician assistant in the absence of the primary supervising physician. A current list of all approved back-up supervising physicians, signed and dated by each back-up supervising physician, the primary supervising physician, and the physician assistant, shall be retained as part of the Supervisory Arrangement.

*History Note: Authority G.S. 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Amended Eff. May 1, 2015;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.*

21 NCAC 32S .0216 CONTINUING MEDICAL EDUCATION

(a) A physician assistant shall complete at least 50 hours of Continuing Medical Education (CME) every two years. The CME shall be recognized by the National Commission on Certification of Physician Assistants (NCCPA) as Category I CME. The physician assistant shall provide CME documentation for inspection by the Board or its agent upon request. The two-year period shall begin on the physician assistant's birthday following the issuance of his or her license.
(b) A physician assistant who prescribes controlled substances shall complete at least two hours of CME, from the required 50 hours, designed specifically to address controlled substance prescribing practices. The controlled substance prescribing CME shall include instruction on controlled substance prescribing practices and controlled substance prescribing for chronic pain management. CME that includes recognizing signs of the abuse or misuse of controlled substances, or non-opioid treatment options shall qualify for purposes of this Rule.
(c) A physician assistant who possesses a current certification with the NCCPA shall be deemed in compliance with the requirement of Paragraph (a) of this Rule. The physician assistant shall attest on his or her annual renewal he or she is currently certified by the NCCPA. Physician assistants who attest he or she possesses a current certificate with the NCCPA shall not be exempt from the controlled substance prescribing CME requirement of Paragraph (b) of this Rule. A physician assistant shall complete the required two hours of controlled substance CME unless the CME is a component part of their certification activity.
(d) Courses pertaining to interprofessional continuing education and courses pertaining to cultural competency or implicit bias training shall qualify for any CME hours required under this Rule so long as such courses are approved by the NCCPA.

*History Note: Authority G.S. 90-5.1(a)(3); 90-5.1(a)(10); 90-18.1; S.L. 2015-241, 12F.16(b) and 12F.16(c);
Eff. September 1, 2009;
Amended Eff. May 1, 2015; November 1, 2010;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. January 1, 2022; April 1, 2020; September 1, 2016.*

21 NCAC 32S .0217 VIOLATIONS

It is unprofessional conduct for a physician assistant to violate the rules of this Subchapter, or to represent himself or herself as a physician. The Board may take disciplinary action against a supervising physician or a physician assistant pursuant to G.S. 90-14(a)(6) and (7) for violations of the rules of this Subchapter.

History Note: Authority G.S. 90-9.3; 90-14; 90-14.2;
Eff. September 1, 2009;
Amended Eff. May 1, 2015;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0218 TITLE AND PRACTICE PROTECTION

- (a) Any person not licensed by the Board violates G.S. 90-18.1 if he or she:
- (1) falsely identifies him/herself as a physician assistant;
 - (2) uses any combination or abbreviation of the term "physician assistant" to indicate or imply that he or she is a physician assistant; or
 - (3) acts as a physician assistant without being licensed by the Board.
- (b) An unlicensed physician may not use the title of "physician assistant" or practice as a physician assistant unless he/she fulfills the requirements of this Subchapter.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1;
Eff. September 1, 2009;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0219 PHYSICIAN ASSISTANT PRACTICE AND LIMITED LICENSE FOR DISASTERS AND EMERGENCIES

- (a) The Board shall waive requirements for licensure in the circumstances set forth in G.S. 90-12.5.
- (b) There are two ways for physician assistants to practice under this Rule:
- (1) Hospital to Hospital Credentialing: A physician assistant who holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district and has unrestricted hospital credentials and privileges in any U.S. state, territory, or district may come to North Carolina and practice medicine at a North Carolina hospital that is licensed by the North Carolina Department of Health and Human Services upon the following terms and conditions:
 - (A) the licensed North Carolina hospital shall verify all physician assistant credentials and privileges;
 - (B) the licensed North Carolina hospital shall keep a list of all physician assistants coming to practice and their respective supervising physicians and shall provide this list to the Board within 10 days of each physician assistant practicing at the licensed North Carolina hospital. The licensed North Carolina hospital shall also provide the Board a list of when each physician assistant has stopped practicing medicine in North Carolina under this Rule within 10 days after each physician assistant has stopped practicing medicine under this Rule;
 - (C) all physician assistants practicing under this Rule shall be authorized to practice medicine in North Carolina and deemed to be licensed to practice medicine in the State and the Board shall have jurisdiction over all physician assistants practicing under this Rule for all purposes set forth in or related to Article 1 of Chapter 90 of the North Carolina General Statutes, and such jurisdiction shall continue in effect even after any and all physician assistants have stopped practicing medicine under this Rule;
 - (D) the physician assistant must practice under the direct supervision of an on-site physician and the supervising physician must be licensed in this State or approved to practice in this State during a disaster or state of emergency pursuant to G.S. 90-12.5;
 - (E) a physician assistant may practice under this Rule for the shorter of:
 - (i) 30 days from the date the physician assistant has started practicing under this Rule; or
 - (ii) a statement by an appropriate authority is made that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license deemed to be issued shall become inactive; and
 - (F) physician assistants practicing under this Rule shall not receive any compensation outside of their customary compensation for the provision of medical services during a disaster or emergency.

- (2) Limited Emergency License: A physician assistant who holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district may apply for a limited emergency license on the following conditions:
- (A) the applicant must complete a limited emergency license application;
 - (B) the Board shall verify that the physician assistant holds a full, unlimited, and unrestricted license to practice medicine in another U.S. state, territory, or district;
 - (C) in response to a declared disaster or state of emergency and in order to best serve the public interest, the Board may limit the physician assistant's scope of practice;
 - (D) the physician assistant must practice under the direct supervision of an on-site physician and the supervising physician must be licensed in this State or approved to practice in this State during a disaster or state of emergency pursuant to G.S. 90-12.5;
 - (E) the Board shall have jurisdiction under G.S. 90-14(a) over all physician assistants practicing under this Rule for all purposes set forth in or related to G.S. 90, Article 1, and such jurisdiction shall continue in effect even after such physician assistant has stopped practicing medicine under this Rule or the Limited Emergency License has expired;
 - (F) this license shall be in effect for the shorter of:
 - (i) 30 days from the date it is issued; or
 - (ii) a statement by an appropriate authority is made that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license issued shall become inactive; and
 - (G) physician assistants holding limited emergency licenses shall not receive any compensation outside of their customary compensation for the provision of medical services during a disaster or emergency.
- (3) physician assistants and physicians practicing pursuant to this Rule are not required to maintain onsite documentation describing supervisory arrangements and instructions for prescriptive authority as otherwise required by 21 NCAC 32S .0213.
- (4) National Guard supervision waiver. The rules of this Subchapter are waived during a declared state of emergency by the Governor of the State of North Carolina or by a resolution of the North Carolina General Assembly for members of the North Carolina National Guard who are actively licensed as physician assistants in the State of North Carolina and are serving in a State Active Duty status.

History Note: Authority G.S. 90-5.1(a)(3); 90-12.5; 90-13.2(e); 90-14(a);
 Eff. September 1, 2009;
 Amended Eff. November 1, 2010;
 Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
 Emergency Amendment Eff. October 2, 2018;
 Emergency Amendment Expired Eff. December 14, 2018;
 Amended Eff. July 1, 2019.

21 NCAC 32S .0220 EXPEDITED APPLICATION FOR PHYSICIAN ASSISTANT LICENSURE

- (a) A physician assistant who has been licensed, certified, or authorized to practice in at least one other state, the District of Columbia, U.S. Territory or Canadian province for at least five years, has been in active clinical practice during the past two years and who has a clean license application, as defined in Paragraph (c) of this Rule, may apply for a license on an expedited basis.
- (b) In order to apply for an expedited Physician Assistant License, an applicant shall:
- (1) submit a completed application, using the Board's form, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
 - (2) submit documentation of a legal name change, if applicable;
 - (3) on the Board's form, submit a photograph, at least two inches by two inches, certified as a true likeness of the applicant by a notary public;
 - (4) supply a certified copy of applicant's birth certificate if applicant was born in the United States or a certified copy of a valid and unexpired US passport. If the applicant does not possess a certified birth certificate or an unexpired U.S. passport, the applicant must provide information about applicant's

immigration and work status, which the Board will use to verify applicant's ability to work lawfully in the United States;

- (5) provide a certified copy of any license, certification or authorization as a physician assistant the applicant has acquired in at least one other state or jurisdiction for the last five years immediately preceding this application;
 - (6) submit proof of achieving a passing score of completion of the Physician Assistant National Certifying Examination;
 - (7) submit proof of unexpired certification by the National Commission on Certification of Physician Assistants;
 - (8) provide proof of clinical practice, providing patient care for an average of 20 hours or more per week, for at least the last two years;
 - (9) submit National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB) reports. These reports shall be requested by the applicant and submitted to the Board within 60 days of the request;
 - (10) submit a Board Action Data Bank Inquiry report from the Federation of State Medical Boards (FSMB). This report shall be requested by the applicant and submitted to the Board within 60 days of the request;
 - (11) submit to the Board, at P. O. Box 20007, Raleigh, NC 27619, two complete original fingerprint record cards, on fingerprint record cards supplied by the Board upon request;
 - (12) submit to the Board, at P. O. Box 20007, Raleigh, NC 27619 or license@ncmedboard.org, a signed consent form allowing a search of local, state, and national files to disclose any criminal record;
 - (13) pay to the Board a non-refundable fee of two hundred thirty dollars (\$230.00), as required by 21 NCAC 32S .0202, plus the cost of a criminal background check;
 - (14) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.
- (c) A clean license application means that the physician assistant has none of the following:
- (1) professional liability insurance claims or payments;
 - (2) misdemeanor or felony conviction;
 - (3) medical conditions which could affect the physician assistant's ability to practice safely;
 - (4) regulatory board complaints, investigations, or actions (including applicant's withdrawal of a license application);
 - (5) action taken by a health care institution;
 - (6) investigations or actions taken by a federal agency, the US military, medical societies or associations; or
 - (7) suspension or expulsion from any school, including an educational program for physician assistants.
- (d) When possible, all reports must be submitted to the Board from the entity that created the report.
- (e) All information required by this Rule shall be provided within one year of submitting the application.

*History Note: Authority G.S. 90-9.3; 90-13.1;
Eff. November 1, 2010;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. April 1, 2019.*

21 NCAC 32S .0221 LIMITED VOLUNTEER LICENSE

- (a) A physician assistant who holds a regular license in North Carolina may convert that license to a Limited Volunteer License by notifying the Board in writing.
- (b) The Board may issue a Limited Volunteer License to a physician assistant who holds an active license or registration in another state. In order to obtain a Limited Volunteer License, an applicant shall:
- (1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
 - (2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
 - (3) submit documentation of a legal name change, if applicable;
 - (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S.

- citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
- (5) submit proof of active licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against it;
 - (6) submit two completed fingerprint record cards supplied by the Board;
 - (7) submit a signed consent form allowing a search of local, state and national files for any criminal record;
 - (8) pay a non-refundable fee to cover the cost of a criminal background check;
 - (9) submit a FSMB Board Action Data Bank report;
 - (10) submit a NPDB/HIPDB report, dated within 60 days of submission of the application;
 - (11) submit documentation of CME obtained in the last three years;
 - (12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character.
- (c) All materials must be submitted to the Board from the primary source, when possible.
- (d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
- (e) An application must be completed within one year of the date of submission.

History Note: Authority G.S. 90-9.3; 90-18(c)(13); 90-18.1; Eff. December 1, 2012; Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0222 RETIRED LIMITED VOLUNTEER LICENSE

- (a) The Retired Limited Volunteer License is available to a physician assistant who has been licensed in North Carolina or another state or jurisdiction, has an inactive license, and wishes to volunteer at civilian indigent clinics.
- (b) A physician assistant with an inactive North Carolina license who wishes to return to practice on a volunteer basis must first reactivate or reinstate his or her license, whichever applies, by complying with 21 NCAC 32S .0206 or 21 NCAC 32S .0207. Once reactivated or reinstated, a physician assistant may convert that license to a limited volunteer license without paying an additional fee. A physician assistant who has been inactive for more than two years will be required to complete a reentry program.
- (c) In order to obtain a Retired Limited Volunteer License an applicant who has not held a North Carolina license shall:
- (1) submit a completed application, attesting under oath that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
 - (2) submit a recent photograph, at least two inches by two inches, affixed to the oath, and attested by a notary public;
 - (3) submit documentation of a legal name change, if applicable;
 - (4) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;
 - (5) submit proof of licensure from another state or jurisdiction indicating the status of the license and whether or not any action has been taken against it;
 - (6) submit two completed fingerprint record cards supplied by the Board;
 - (7) submit a signed consent form allowing a search of local, state and national files for any criminal record;
 - (8) pay a non-refundable fee to cover the cost of a criminal background check;
 - (9) submit a FSMB Board Action Data Bank report;
 - (10) submit a NPDB/HIPDB report, dated within 60 days of submission of the application;
 - (11) submit documentation of CME obtained in the last three years; and
 - (12) upon request, supply any additional information the Board deems necessary to evaluate the applicant's competence and character
- (c) All materials must be submitted to the Board from the primary source, when possible.
- (d) An applicant may be required to appear in person for an interview with the Board or its agent to evaluate the applicant's competence and character.
- (e) An application must be completed within one year of the date of submission.

History Note: Authority G.S. 90-8.1; 90-12.1B;
Eff. December 1, 2012;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32S .0223 SCOPE OF PRACTICE

History Note: Authority G.S. 90-8.1; 90-12.4B;
Eff. December 1, 2012;
Expired Eff. April 1, 2016 pursuant to G.S. 150B-21.3A.

21 NCAC 32S .0224 SCOPE OF RULES

The rules in this Subchapter are intended for the purpose of fulfilling the Board's statutory directive with regard to the regulation, supervision, and disciplining of physician assistants and their supervising physicians, and for no other purpose.

History Note: Authority G.S. 90-5.1(a)(2); 90-5.1(a)(3); 90-18.1;
Eff. May 1, 2015.

21 NCAC 32S .0225 DEFINITION OF CONSULTATION FOR PRESCRIBING TARGETED CONTROLLED SUBSTANCES

For purposes of G.S. 90-18.1(b), the term "consult" shall mean a meaningful communication, occurring either in person or electronically, between the physician assistant and a supervising physician that is documented in the patient medical record. For the purposes of this Rule, "meaningful communication" shall mean an exchange of information sufficient for the supervising physician to make a determination that the prescription for a targeted controlled substance is medically indicated.

History Note: Authority G.S. 90-18.1;
Eff. May 1, 2018.