

**Conversion of Physician Assistant Full License
To
Physician Assistant Limited Volunteer License**

By submission of this form I wish to convert my full North Carolina physician assistant license to a Physician Assistant Limited Volunteer License. By my signature below, I certify that I have no expectation of payment or compensation for any medical services I render pursuant to the PA Limited Volunteer License, if granted by the Board. I certify that I shall not receive or accept any compensation or payment, direct, monetary, in-kind, or otherwise, for the provision of medical services pursuant to the P A Limited Volunteer License. I understand I will be required to comply with Continuing Medical Education requirements as required by NC General Statute 90-12.1B(b). I understand that the P A Limited Volunteer License allows me to perform medical acts, tasks, or functions as a physician assistant under the supervision of a physician only at clinics that specialize in the treatment of indigent patients.

The holder of a Physician Assistant Limited Volunteer License shall practice within the state of North Carolina for no more than 30 days per calendar year and may not receive compensation for the services rendered at clinics specializing in the care of indigent patients.

I propose to practice in the following location(s):

Full Name (Printed)

Social Security Number

Signature

Date