

APPLICATION FOR REINSTATEMENT OF PHYSICIAN ASSISTANT LICENSE - CHECKLIST

The following checklist is designed to assist applicants in submitting the necessary materials needed during the application process. Delays often occur when applicants fail to provide required information to the Board. The Licensing section encourages use of provided checklists for all license types.

Status	Item	Notes
<input type="checkbox"/>	PA Reference Forms	Three recent (no older than six months) references required. Each must be completed in full with an original signature and date. At least one reference form must be from a physician with whom you have worked or trained regarding your competence to practice as a PA. Two reference forms must be completed by peers (coworker, professor, preceptor, physician) and must be someone with whom you have worked or trained. References must be able to evaluate your academic competence, clinical skills and character as a physician assistant. References cannot be from relatives or fellow students. Send the reference forms to the references.
<input type="checkbox"/>	Citizenship	U.S. citizens must submit a photocopy of one of the following: 1) birth certificate 2) valid, unexpired U.S. passport 3) statement regarding immigration status Not a U.S. citizen? Provide a photocopy of one of the following: 1) Alien Registration Card or Green Card (form I-555) 2) Employment Authorization Document (form I-688 B or I-766) 3) Certification of Report of Birth (form DS-1350) 4) Arrival/Departure Record (form I-94) 5) Other documentation providing lawful U.S. status
<input type="checkbox"/>	Applicant's Oath	Complete, have notarized and send the original form to the NCMB.
<input type="checkbox"/>	Authority for Release of Information	Complete, sign/date and send the original form to the NCMB. The Board cannot send for your background check report without this form.
<input type="checkbox"/>	Federation of State Medical Boards	Complete form and fax or mail the form to the Federation of State Medical Boards (FSMB). Address is listed on form. This requirement is non-applicable for PAs who have graduated less than six months ago.
<input type="checkbox"/>	Fingerprint Cards (2)	Complete two fingerprint cards and return the two completed fingerprint cards to the NCMB along with the Authority for Release of Information Form.
<input type="checkbox"/>	NCCPA Authorization for Release of Information	Complete form and send to NCCPA. NCCPA's address is on the bottom of the form. Request that NCCPA send the certification exam results to the NCMB.
<input type="checkbox"/>	CME Summary Log	Send the NCCPA CME Summary Log (with your name typed directly on the summary page by NCCPA) to the NCMB or use the hand-written form including your CME for the past two years. This requirement is non-applicable for PAs who have graduated within the past two years.

<input type="checkbox"/>	Name Change Documentation	Provide copies to the NCMB of your marriage, divorce, adoption, legal name change certificates, if applicable.
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Annual Renewal: NC law requires licensed physician assistants to renew with the Board within 30 days of their birthday, every year, no matter when the license is issued. A renewal fee is required.

Updated: 12/18