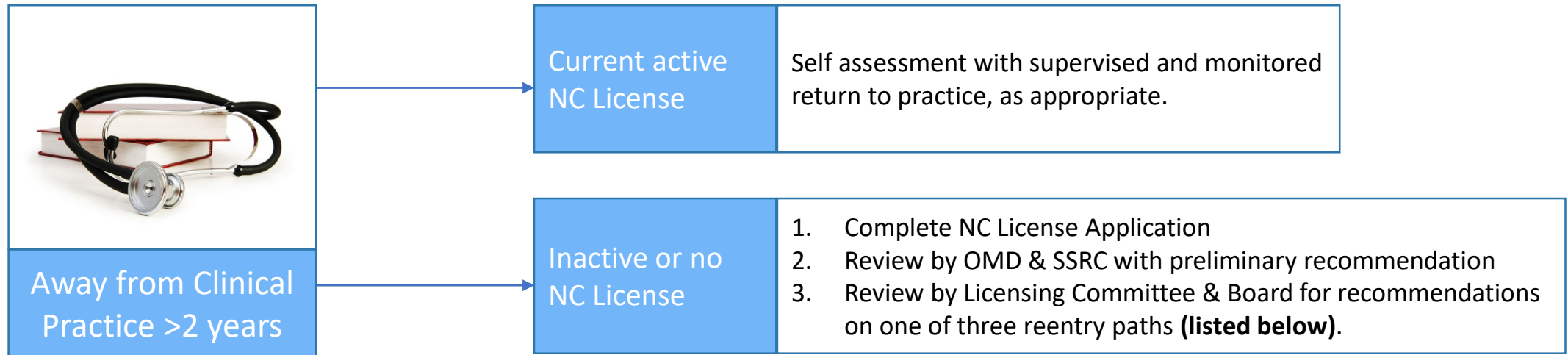


NCMB PA Reentry Process - Overview



Path 1

Practice site approval by OMD (supervising physician without recent public actions, etc.)

Onsite mentor for 100% of the first three months, then at least 50% for the next three months.

Written acknowledgment from both PA and supervising physician there will be ongoing assessment of the PA's engagement in the six AAPA core competencies.

Path 2

Consideration for SBLI prior to final determination.

Comprehensive area of practice-relevant CME to be completed within a specified time after licensure.

Supervision requirements similar to path 1.

Issue either:

- PLOC with semi-voluntary Board expectation of CME completion.
- Non-disciplinary reentry consent order requiring specified CME.

Path 3

Optional SBLI prior to final determination.

Comprehensive professional competency assessment and compliance with formal monitored reentry plan.

Results of competency evaluation returned to Board for final licensing decision and approval of reentry plan.

NCMB PA Reentry Process - Narrative

PA reentry guidelines for license applicants who may need a formal comprehensive competency assessment

Path 1 - Presumptive path for most applicants. Applicants with no prior Board action, discipline, or malpractice. Temporarily left practice for professional (academic/research), personal (non-impairment) or family reasons.

Path 2 - Applicants who have been out of practice for a greater length of time or who had other items of minor concern in their license application.

Path 3 - Applicants with limited clinical training or experience, away from practice for many years, prior professional, ethical, or conduct concerns which resulted in a disciplinary action by a SMB or by other governmental or regulatory agencies.

PA reentry guidelines for license applicants who may not need a formal comprehensive competency assessment

- Left clinical practice in good standing
- Re-entering an area of previous experience or training
- Maintained or regained national certification
- Out of practice two to five years, with at least five years of clinical experience prior to the clinically inactive years
- AAPA core competencies include: medical knowledge, interpersonal and communication skills, patient care, professionalism, practice based learning and improvement, and systems based practice

Additional Considerations:

Applicants with an established history of prior unprofessional conduct should not be referred for comprehensive assessment until their license application has been reviewed by the Board. Once eligibility is established, a referral for comprehensive competency assessment can be made, where appropriate. Examples of conduct concerns include but are not limited to serious or recent criminal convictions, unprofessional or unethical behavior.

The optional SBLI is used to discuss reentry options and the reentry process. The applicant will be informed that final licensing decisions will be made **after** completion of the competency evaluation and the Board review of the formal recommendations of the evaluators.

An applicant, at his or her own discretion, and without any assurances by the board regarding outcome, may choose to undergo a competency evaluation at any time in the licensing application process.