

**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"/>	Online Application	Complete the chronological information in month / year format beginning with high school and answer all questions. Documentation can be uploaded to your application via the gateway for any affirmative responses provided.
<input type="checkbox"/>	Applicant Oath	Document will need to be signed and notarized. The original must be sent to the NCMB. Faxes and emailed copies will not be accepted.
<input type="checkbox"/>	Legal Resident Status	<p>U.S. citizens must submit a photocopy of one of the following:</p> <ol style="list-style-type: none"> 1) Birth certificate 2) Valid, unexpired U.S. passport <p>Not a U.S. citizen? Provide a photocopy of one of the following:</p> <ol style="list-style-type: none"> 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 <p>Documentation can be uploaded to your application via the gateway.</p>
<input type="checkbox"/>	Name Change Documentation (if applicable)	A photocopy of documentation of a legal name change (marriage certificate, divorce decree, etc). Documentation can be uploaded to your application via the gateway.
<input type="checkbox"/>	NCCPA Examination Scores	<p>Request NCCPA scores documenting current certification be sent to the NCMB. The scores can be emailed directly from the NCCPA to the NCMB at license@ncmedboard.org.</p> <p>If you are not currently certified by NCCPA and two years or more have passed since graduation from a Physician Assistant Education Program, provide documentation of 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 NCCPA as Category I CME. Documentation can be sent to license@ncmedbord.org.</p>
<input type="checkbox"/>	PA Reference Forms	Two original reference forms are required. One form must be completed by a physician, and the other reference form must be from a physician assistant peer whom you have worked or trained with. Reference forms can be emailed to license@ncmedboard.org from the author.

<input type="checkbox"/>	Fingerprint Cards, Authority for Release of Information Form, and Criminal History	<p><u>Applicants outside North Carolina</u></p> <p>You will need to go to your local law enforcement office to be fingerprinted. Your fingerprints will need to be provided on a FD-258 fingerprint card which can be provided by the law enforcement office. 2 fingerprint cards will need to be submitted.</p> <p>You will need to upload the Authority for Release of Information form to you application via the gateway.</p> <p><u>Applicants in North Carolina</u></p> <p>Live Scan is available to those applicants who are in NC. You will need to go to your local law enforcement office to have this process completed and take the following with you: (1) Applicant Information form, and (2) Electronic Fingerprint Submission Release of Information form.</p> <p>Once the fingerprinting process has been completed, you will need to upload the Electronic Fingerprint Submission Release of Information form to your application via the gateway.</p> <p>The Applicant Information form can be discarded after being fingerprinted.</p>
<input type="checkbox"/>	Interview	<p>You will be notified if a personal interview will be required.</p>

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: 9/21