

### APPLICATION FOR FULL PHYSICIAN ASSISTANT EXPEDITED 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 department encourages use of provided checklists for all license types.

| Status                   | Item   | Notes  |
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| <input type="checkbox"/> | <b>Online application</b>                        | <p>Complete the online application including your name, and if relevant, name change, address, practice plan, areas of practice, and chronology. Complete the chronological information in month / year format beginning with high school and answer all questions. Any gaps in chronology should be explained in detail.</p> <p>Documentation can be uploaded to your application via the gateway as required.</p>  |
| <input type="checkbox"/> | <b>Name change documentation (if applicable)</b> | Documentation of a legal name change (marriage certificate, divorce decree, etc). Documentation can be uploaded to your application via the gateway.   |
| <input type="checkbox"/> | <b>Questionnaire</b>                             | <p>Applicants must answer questions pertaining to:</p> <ul style="list-style-type: none"> <li>• Complaints, investigations, or adverse actions by other licensing boards, regulatory boards or agencies.</li> <li>• Withdrawal, denial, surrender, restrictions or limitations of a license application, license, or renewal.</li> <li>• The use of controlled substances or prescriptions drugs obtained illegally or improperly; illicit or illegal drug use; or impairment due to alcohol or other substances. (These questions do not apply to anonymous participants in the NC Professionals Health Program who are in compliance with their agreement.).</li> <li>• Cancellation, denial or nonrenewal of any professional liability insurance.</li> <li>• Separation or discharge other than honorably from U.S. military, Veteran's Administration or public health service</li> <li>• Acknowledgment of NC employee misclassification law and reporting investigations for employee misclassification.</li> </ul> |
| <input type="checkbox"/> | <b>Immigration/Legal Resident Status</b>         | <p>U.S. citizens must submit a photocopy of one of the following:</p> <ol style="list-style-type: none"> <li>1) U.S. birth certificate</li> <li>2) Valid, unexpired U.S. passport</li> </ol> <p>Not a U.S. citizen? Provide a photocopy of one of the following:</p> <ol style="list-style-type: none"> <li>1) Alien Registration Card or Green Card (form I-555)</li> <li>2) Employment Authorization Document (form I-688 B or I-766)</li> <li>3) Certification of Report of Birth (form DS-1350)</li> <li>4) Arrival/Departure Record (form I-94)</li> <li>5) Other documentation providing lawful U.S. status</li> </ol> <p>Documentation can be uploaded to your application via the gateway.</p>   |

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| <input type="checkbox"/> | <b>NCCPA Certification</b>                       | Request NCCPA submit your current certification to NCMB. The certification can be emailed directly from NCCPA to NCMB at <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a> .  |
| <input type="checkbox"/> | <b>Out of State/Country License Verification</b> | <p>Applicants must secure a report from one state, US territory or Canadian province where they currently hold a full unrestricted active license for the previous five years immediately preceding the application.</p> <p>This report must come directly from the Licensing Board and indicate whether the licensee is in good standing, has any open investigations and whether there has been any discipline in the past 5 years.</p>  |
| <input type="checkbox"/> | <b>Applicant Fingerprints</b>                    | <p>Applicants must provide fingerprints in order for the North Carolina Medical Board to conduct State and Federal criminal history record checks. There is a \$38 fee from the North Carolina State Bureau of Investigation (NCSBI) to cover the processing of the record check. This fee will be added to your NCMB licensee fee at the end of the online application. Questions regarding the fingerprinting process should be emailed to the License Department at <a href="mailto:license@ncmedboard.org">license@ncmedboard.org</a>.</p> <p><b>If you are completing your fingerprinting outside of North Carolina:</b></p> <p>Obtain <b>two (2)</b> FD-258 fingerprint cards from your local law enforcement office (or Amazon if not provided). Once fingerprint cards have been completed, mail <b>both</b> cards to:</p> <p>NC Medical Board<br/>3127 Smoketree Ct<br/>Raleigh NC 27604</p> <p><b>If you are completing your fingerprinting inside North Carolina: DO NOT do Live Scan until after you have completed your application and paid the application fee.</b></p> <p>Go to a fingerprinting agency that does Live Scan. <b>Be sure to confirm that the prints will be sent directly to the NCSBI. If not, we will not receive the results which will delay your application.</b> Photo identification and a fee may be required by the agency performing the service.</p> <p>If you are unable to be fingerprinted electronically, follow the instructions for completing fingerprints outside of North Carolina.</p> |
| <input type="checkbox"/> | <b>Applicant's oath and photo</b>                | At the end of the application, complete the attestation and applicant's oath. A recent photo of yourself showing the front of your face will be required to complete the application.  |
| <input type="checkbox"/> | <b>Supporting Documentation</b>                  | <p>If applicable, supporting documentation for the following may be required:</p> <ul style="list-style-type: none"> <li>• Actions taken against you by a health care institution;</li> <li>• Regulatory actions by licensing boards, regulatory boards or agencies;</li> <li>• Malpractice actions – if applicable, you will be asked to provide a copy of the plaintiff's complaint, a copy of the judgment, award, payment, or settlement documents.</li> </ul>   |

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| <input type="checkbox"/> | Interview (if needed) | You will be notified if a personal interview will be required. |
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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: 01/29/2026