



## Nevada State Board of Osteopathic Medicine Application for Physician Assistant Licensure Requirements and Instructions

### Minimum Requirements for Licensure refer to NRS 633.311.

1. 21 YEARS OF AGE and CITIZEN OF THE UNITED STATES OR IS LAWFULLY ENTITLED TO REMAIN AND WORK IN THE UNITED STATES, and,
2. GRADUATION FROM A SCHOOL WITH A DEGREE IN PHYSICIAN ASSISTANT
3. PASSES ALL PARTS OF THE NATIONAL COMMISSION on CERTIFICATION of PHYSICIAN ASSISTANTS (NCCPA) or.
4. COMPLETION OF THE APPLICATION AND ALL REQUESTED DOCUMENTATION; and.
5. SUBMISSION OF 1 (ONE) FINGERPRINT CARD.
6. COMPLETION OF FORM #5 - COLLABORATION AGREEMENT
7. PAYMENT OF FEES: Non-refundable application and initial licensure fee \$450.00 (Includes Fingerprinting Fee). Please remit payment of \$250.00 with this application.
  - a) Licenses issued between January 1 and June 30 will have to pay \$450.00.
  - b) Licenses issued between July 1 and November 30 will pay \$250.00, but will require to be renewed by December 31.
  - c) Please include a payment of \$250.00 with this application; if additional payment is required, you will be contacted.

**THIS MUST BE RECEIVED BEFORE YOUR LICENSE IS APPROVED.**

### INSTRUCTIONS

**Application** (pages 1-9); forms 4 and form 5 are to be completed by the applicant, notarized as indicated, and returned to the Nevada State Board of Osteopathic Medicine with the application fee.

**FEES ARE NON-REFUNDABLE** AND ONLY APPLY TO THE YEAR THAT YOUR LICENSE IS APPROVED. THIS BOARD HAS A YEARLY RENEWAL.

**FCVS** Is no longer required for physician assistant applicants. We will require original college transcripts, NCCPA certification letter, notarized copy of your passport, or a certified copy of your birth certificate. You may enroll in the FCVS service by going to [www.fsmb.org](http://www.fsmb.org) or call 1-817-868-4000.

**FBI Fingerprint Card** and instructions will be sent to you upon receipt of your COMPLETED APPLICATION and FEE or you can call to get them mailed to you.

Form #1, **VERIFICATION OF LICENSE**: Applicant is to fill out top portion and then forward to each State Board in which a license is/was held. Each state board will complete the bottom portion and return to the *Nevada State Board of Osteopathic Medicine*. Many States charge a fee for verification, which is the responsibility of the applicant. This form will only be accepted if received **FROM** that states professional licensing authority or board. We do accept verification through VeriDoc.

Form #4, **AFFIDAVIT OF MORAL AND PROFESSIONAL CHARACTER**: Must be delivered by the applicant to three licensed physicians or physician assistants, (PA, DO or MD) and **returned directly to the Board from the physician completing the affidavit** after being completed and notarized. Additional copies may be obtained by photocopying Form 4.

**PHYSICIAN ASSISTANT COLLABORATING AGREEMENT**: Must be completed by the physician assistant and the employing physician.

If additional space is required for answers, separate sheets may be attached to the application. All additional sheets must be 8 and ½ x 11 inches in size. Any "Yes" question other than #15 and #16 on the survey section, **MUST** be explained on a separate sheet of paper. **No Application will be processed prior to receipt of all required fees.**

## Checklist

After completing the enclosed application, you are responsible for submitting the application along with certain documents. This checklist is intended to help you ensure that all proper documents accompany your application.

Completed Application	<input type="checkbox"/>
State Licensure Verification form sent to the Board from <b>all</b> states in which you have ever held <b>any</b> healthcare license(s)	<input type="checkbox"/>
Enclose and have notarized the completed "Affidavit and Authorization for Release of Information" form with this application when submitting it to the Board	<input type="checkbox"/>
Education Transcripts, NCCPA certification, passport or birth certificate <b>or</b> Federation Credentials Verification Service (FCVS) completed report. <b>Note:</b> This Board requires current NCCPA certification.	<input type="checkbox"/>
Initial check in the amount of \$450.00 (application and FBI Fingerprint fee). Licenses approved prior to July 1 will require an additional payment of and \$200.00.	<input type="checkbox"/>
Child Support Information Form (per NRS 633.307)	<input type="checkbox"/>
Completed Medical Malpractice and or Professional Liability Reporting form or <b>any and all</b> malpractice claims, settlements, and or judgments.	<input type="checkbox"/>
1 (one) Completed FBI Applicant Fingerprint Card	<input type="checkbox"/> <input type="checkbox"/>
3 (three) Affidavits of Moral and Professional Character from licensed DO, MD, or PA.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

It is your responsibility to immediately notify the board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license being granted to you by the board.

All forms should be sent directly to the board unless otherwise indicated:

**State of Nevada - Board of Osteopathic Medicine**  
**2275 Corporate Circle, Suite 210**  
**Henderson, NV 89074**  
**(702) 732-2147**  
**(702) 732-2079 (fax)**  
**Toll Free: (877) 325-7828**    [tsine@bom.nv.gov](mailto:tsine@bom.nv.gov)