

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,
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: All application fees are non-refundable. Fee for a **regular PA license**: \$350. (Includes \$50 Fingerprinting Fee). Please include deposit payment of \$200 with this application. If additional payment is required, you will be contacted.

Fee for a **dual PA license** (simultaneous application to the Osteopathic and Allopathic Boards): \$200 (Includes \$50 Fingerprinting Fee). A deposit payment for a dual license is \$100. See fee detail, below (all include fingerprint fees):

- a) **Fee for regular licenses issued between January 1 and June 30: \$350.**
- b) **Fee for dual Licenses issued between January 1 and June 30: \$200.**
- c) **Fee for regular licenses issued between July 1 and November 30: \$200**
- d) **Fee for dual licenses between July 1 and November 30: \$125.**

PAYMENT MUST BE RECEIVED BEFORE YOUR LICENSE IS APPROVED

INSTRUCTIONS

Application (pages 1-9): Completed by the applicant, notarized as indicated, and returned to the Nevada State Board of Osteopathic Medicine with the application fee. 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 #14 and #15, 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.**

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/fcvs or call 817-868-4000.

FBI Fingerprint Card and instructions will be sent to you upon receipt of this APPLICATION, the online application, **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 www.VeriDoc.org.

Form #2, **MEDICAL MALPRACTICE**: Applicant is to complete this form if there is an open, closed, or dismissed medical malpractice claim. Please also provide copies of the court documents for each case.

Form #3, **AFFIDAVIT OF MORAL AND PROFESSIONAL CHARACTER**: Applicant provides to three references and returns directly to the Board 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. All signatures on the agreement must be originals and use of an in-person notary is required. Return all pages of the original, completed, and notarized agreement to the Board

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.

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| Completed Application | <input type="checkbox"/> |
| State Licensure Verification form sent to the Board from all states in which you have ever held any PA license(s) | <input type="checkbox"/> |
| Completed and notarized "Affidavit and Authorization for Release of Information" form with color photo attached | <input type="checkbox"/> |
| <p>(1) Official transcripts for PA program, NCCPA certification letter, and passport or birth certificate; or</p> <p>(2) Federation Credentials Verification Service (FCVS) completed report.</p> <p>Note: This Board requires current NCCPA certification.</p> | <input type="checkbox"/> |
| Payment of initial licensing fee. (Please see #7 - PAYMENT OF FEES - on previous page for amount.) | <input type="checkbox"/> |
| Child Support Information Form (per NRS 633.307) | <input type="checkbox"/> |
| Completed Medical Malpractice and or Professional Liability Reporting form for any and all malpractice claims, settlements, and or judgments. | <input type="checkbox"/> |
| A certified birth certificate or notarized passport copy | <input type="checkbox"/> |
| 1 (one) Completed FBI Applicant Fingerprint Card (A fingerprint packet will be mailed to you upon receipt of application.) | <input type="checkbox"/> |
| 3 (three) Affidavits of Moral and Professional Character from licensed DO, MD, PA, or APRN. | <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:

Nevada State Board of Osteopathic Medicine

2275 Corporate Circle, Suite 210

Henderson, NV 89074

Phone: 702-732-2147

Fax: 702-732-2079

Toll Free: 877-325-7828

Email: nmontano@bom.nv.gov