

## Physician Assistant – Application Checklist

_____	a.	<p><b>APPLICATION:</b></p> <ul style="list-style-type: none"> <li>• Properly completed, signed and notarized application, including Applicant Responsibility statement;</li> <li>• Recent passport quality photograph (at least 2”x 2”);</li> <li>• Appropriate explanations and copies of all pertinent documentation must be attached for affirmative responses to questions numbered 8, 9, 10, 11, 12, 12a, 13, 20, 21, 22, 23, 24, and 25;</li> <li>• Release form - signed and notarized (Form A);</li> </ul>
_____	b.	<p><b>FEES:</b></p> <ul style="list-style-type: none"> <li>• Proper application, registration, AND criminal background investigation fees – cashier’s check or money order made payable to Nevada State Board of Medical Examiners (NSBME) or by credit card as instructed. Credit cards will only be accepted by receipt of the signed credit card authorization form or online via the Applicant Portal. Note: Application and criminal background investigation fees are <u>non</u>-refundable;</li> </ul>
_____	c.	<p><b>IDENTITY:</b></p> <ul style="list-style-type: none"> <li>• <b>U.S. born citizens</b> – Photocopy of U.S. Birth Certificate or current (unexpired) U.S. passport <u>with notarized</u> Certificate of Identification</li> <li>• Proof of affiliation with the Armed Forces of the United States (DD214, Orders, Military ID., etc.) <i>if applicable</i>;</li> <li>• <b>Foreign-born citizens</b> – Photocopy of current (unexpired) U.S. passport or Certificate of Naturalization <u>with notarized</u> Certificate of Identification</li> <li>• <b>Non U.S. citizens</b> – Copy of both sides of Alien Registration card, Employment Authorization card, or Visa <u>and</u> copy of foreign passport;</li> </ul>
_____	d.	<p><b>SELF-QUERY VERIFICATION:</b></p> <ul style="list-style-type: none"> <li>• Self-query response from the National Practitioner Data Bank (NPDB); The NPDB will send the report directly to you and you will forward <u>the final report</u> to the Board office;</li> </ul> <p>The request form for the National Practitioner Data Bank (NPDB) is available at <a href="http://www.npdb.hrsa.gov">http://www.npdb.hrsa.gov</a>. Click on ‘Self-Query’ for Healthcare Professionals on the right side of the page and follow the instructions provided. If you require additional information, please call the NPDB at (800) 767-6732. Once you have received the <u>final report</u> or self-query response from the NPDB, forward a copy of this report to the Board office.</p>
_____	e.	<p><b>SUPPLEMENTARY FORM:</b></p> <ul style="list-style-type: none"> <li>• <b>FORM B: ONLY</b> if you have answered affirmatively to either of the two malpractice questions on the application. List all carriers held within the past 10 years. Also include; <ul style="list-style-type: none"> <li>○ Copy of the legal Complaint</li> <li>○ Copy of the Settlement and/or filed Dismissal</li> </ul> </li> </ul>
_____	f.	<p><b>EDUCATION:</b></p> <ul style="list-style-type: none"> <li>• Copy of high school transcripts or diploma;</li> <li>• Copy of transcripts or diplomas for degrees other than Physician Assistant degree – an Associates, Bachelors or Masters Degree that you would like added to your educational profile on the Board’s website;</li> </ul>
_____	g.	<p><b>NOTIFICATION OF SUPERVISION</b></p> <ul style="list-style-type: none"> <li>• Notification for supervision of Physician Assistant to Nevada State Board of Medical Examiners (signed and notarized);</li> </ul> <p><i>Please note: If you do not yet have a supervising physician who is a Nevada licensed Medical Doctor, you can obtain licensure; however, you cannot practice in the state of Nevada until such time as you have a supervising physician agreement (Notification for Supervision of a Physician Assistant) approved by the Board.</i></p>
_____	h.	<p><b>CONTINUING EDUCATION:</b></p> <ul style="list-style-type: none"> <li>• Proof of 4 hours bioterrorism <u>AMA Cat 1 or AAPA Cat 1</u> continuing medical education (CME) relating to the medical consequences of an act of terrorism that involves the use of a weapon of mass destruction. Search for an online course “AMA Category 1 bioterrorism continuing medical education” or take a classroom course;</li> <li>• Proof of 2 hours <u>AMA Cat 1 or AAPA Cat 1</u> continuing medical education (CME) in clinically-based suicide prevention and awareness;</li> <li>• Proof of 2 hours <u>AMA Cat 1 or AAPA Cat 1</u> continuing medical education (CME) in Screening, Brief Intervention &amp; Referral to Treatment (SBIRT);</li> <li>• Proof of 2 hours <u>AMA Cat 1 or AAPA Cat 1</u> continuing medical education (CME) in instruction relating to cultural competency, diversity, equity and inclusion, <b>if being supervised by a Psychiatrist</b>;</li> </ul>
_____	j.	<p><b>FINGERPRINTING:</b></p> <ul style="list-style-type: none"> <li>• Once the application and criminal background investigation fee have been received, a sample fingerprint card and instructions will be emailed to you. The sample fingerprint card you receive from the Board contains the necessary account numbers required for processing. The completed card <u>must</u> be returned to the Board as well as the signed Civil Applicant Waiver prior to licensure. <b>Note:</b> Receipt of the Criminal history background results will not delay licensure.</li> </ul>

**PHYSICIAN ASSISTANT  
APPLICATION CHECKLIST**

**DIRECT SOURCE VERIFICATIONS  
TO BE SOLICITED BY APPLICANT FOR DIRECT RETURN  
BY THE VERIFYING INSTITUTION TO BOARD OFFICE**

*Verifying agencies may charge a fee. Do not provide pre-stamped or pre-addressed envelopes for direct source verifications.*

_____	a.	PHYSICIAN ASSISTANT SCHOOL: <ul style="list-style-type: none"><li><input type="checkbox"/> Verification of completion of Physician Assistant Education (Form 1) to be completed by your Physician Assistant program;</li><li><input type="checkbox"/> Official transcripts from Physician Assistant program;</li></ul>
_____	b.	EXAMINATION: <ul style="list-style-type: none"><li>• Current certification by the National Commission on Certification of Physician Assistants (Form 2);</li></ul>
_____	d.	MALPRACTICE INSURANCE CARRIER VERIFICATIONS: <ul style="list-style-type: none"><li>• Malpractice insurance carrier verification (Form 4) to be completed by appropriate entity and returned directly by the verifying institution to the Board office and must include the loss history report for any and all malpractice cases that occurred within the past 10 years with a liability, settlement or claim paid on your behalf (see Disclaimer below).</li></ul>

**Disclaimer: Per Nevada Revised Statute 630.173(2), the Board has the right to consider information for any malpractice history or derogatory hospital privilege history that is more than 10 years old.**