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**A CONTINUING MEDICAL EDUCATION PRESENTATION  
FROM THE FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS**

**PA PRACTICE IN FLORIDA:  
WHAT EVERY PA AND SUPERVISING  
PHYSICIAN NEEDS TO KNOW**

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This continuing medical education activity is designed to specifically to assist Physician Assistants applying for initial licensure to understand the Florida statutes and the Florida Administrative Code (FAC) and to learn what their legal responsibilities are as a licensed Physician Assistant in Florida. It is also designed to assist those licensed Physician Assistants who are applying for license renewal in updating their knowledge base of current statutes and laws. Finally, it is designed to assist physicians who are currently supervising physicians of PAs, and physicians who are considering becoming a supervising physician, to better understand the PA practice acts and rules and their responsibilities as a supervising physician.

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**Course Author & Administrator**

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Past President, Florida Academy of Physician Assistants**



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### **PA PRACTICE IN FLORIDA: WHAT EVERY PA AND SUPERVISING PHYSICIAN NEEDS TO KNOW**

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#### **Accreditation:**

This program meets the criteria for NCCPA Category II CME credit as per the guidelines of the NCCPA. You should claim only those hours actually spent in reviewing the material.

## Introduction

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**The Florida Department of Health Application for Licensure As A Physician Assistant form contains the following statement which the applicant must sign:**

Statement of Applicant:

I state that these statements are true and correct. I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084 F.S. **I declare that I have read Chapters 456, 458 and 459, and Sections 766.301-316, Florida Statutes, and Chapters 64B8-30, and 64B15-6, Florida Administrative Code.** I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the board within 30 days. I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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As a licensed health care practitioner in this state PAs are required to be aware of the laws and rules relevant to your practice. Physician assistants (PAs) are expected to stay abreast of changes in the laws and rules from year to year. As a resident of this state, a PA practicing here is expected to abide by the laws and when they run afoul of them the judges and juries do not take ignorance of the law as an excuse. The PA Council and the Board of Medicine are of similar mind on this. A physician assistant is expected to know what he/she can do and cannot do. Supervising physician(s) are expected to know the role of the PA and what can be delegated to them as well, and also what he/she can and cannot do as a supervising physician in relation to supervising a physician assistant.

If a physician assistant becomes the subject of a complaint that alleges a violation of the practice act and the accused tells the investigator that they “did not know what they did was a violation”, it will NOT be an acceptable excuse. It must be emphasized that a physician assistant is expected and required to know the laws and rules and abide by them. Ignorance of the law is no excuse period!

This continuing medical education activity is designed to specifically to assist physician assistants applying for initial licensure to understand the Florida statutes and the Florida Administrative Code (FAC) and to learn what your legal responsibilities are as a licensed physician assistant in Florida. It is also designed to assist those licensed physician assistants who are applying for license renewal in updating their knowledge base of current statutes and laws. Finally, it is designed to assist physicians who are currently supervising physicians of PAs, and physicians who are considering becoming a supervising physician, to better understand the PA practice acts and rules and their responsibilities as a supervising physician.

In Florida, as in many states, there are normally separate practice acts for allopathic and osteopathic physicians, and each has their own board under a Department of Health type agency. However, in Florida there is only one PA Council composed of a physician assistant, medical doctors and osteopathic physicians. The PA Council oversees matters relating to physician assistants. The PA Council makes recommendations to the boards regarding licensure approvals. It also recommends rules changes, and other considerations relating to physician assistant practice to the two medical boards. The Osteopathic and Allopathic Practice Acts are very similar in wording. Identical rules must be adopted by both boards in order for the change to occur. For simplicity we will only utilize the allopathic medical practice act, Florida Statute 458.347, for this activity relating to the practice act for physician assistants. In addition we will review the Florida Administrative Code (FAC) relevant to physician assistant practice. It should be noted that changes to the Florida Statutes are usually effective on July 1<sup>st</sup> of the year passed by the Legislature and signed into law by the Governor. However, there is an administrative process that is required to be followed in order to change the Florida Administrative Code that will delay the implementation of some statutory changes. This process may take up to one year to complete in some cases, and in some instances the changes may not take effect until the administrative process has been complete. We will also review the Florida Statute chapter relevant to normal supervisory relationships, standing orders, and established protocols.

The following format will be used to examine PA laws and rules. Each section will be reviewed verbatim and then following the quote will be explanatory comment in **large bold font** at appropriate areas. Not all sections will have commentary as many are very clear and need no clarification. We are trying to emphasize those areas where there have been questions posed to the Florida Academy of Physicians Assistants (FAPA) in the past. Using this method we will be easily capable of updating this program each year as changes to the statutes and rules are made by the appropriate legislative bodies.

*This is a sample of the font used in the explanatory commentary.*

## Course Objectives:

Upon completion of this course the participant will:

1. Define the basic requirements of the Florida Medical Practice Act relevant to Physician Assistants.
2. Describe the basic components of the Florida Administrative Code relevant to Physician Assistants.
3. Be capable of explaining the professional relationship between a practicing physician assistant and a supervising physician.
4. Be able to compare and contrast the relationship between the various Florida statutes and rules pertaining to prescribing privileges for physician assistants.

**This materiel has been updated to reflect legislative changes signed into as of July 1st, 2011 and subsequent Florida Administrative Code rule changes.**

The course is divided into three sections:

- A. Part I –  
Review of the Medical Practice Act, F. S. 458.347 Physician assistants.
- B. Part II –  
Review of the Medical Practice Act, F.S. 458.348 Formal supervisory relationships, standing orders, and established protocols; notice; standards.
- C. Part III –  
Review of the Florida Administrative Code, Chapter 64B8-30, Physician Assistant

**PART I**  
**Review of the Medical Practice Act**  
**FS Chapter 458.347**

**THE 2010 FLORIDA STATUTES, CHAPTER 458.347**  
**REGULATION OF PROFESSIONS AND OCCUPATIONS**  
**MEDICAL PRACTICE**

**458.347 Physician assistants.--**

(1) LEGISLATIVE INTENT.--

(a) The purpose of this section is to encourage more effective utilization of the skills of physicians or groups of physicians by enabling them to delegate health care tasks to qualified assistants when such delegation is consistent with the patient's health and welfare.

(b) In order that maximum skills may be obtained within a minimum time period of education, a physician assistant shall be specialized to the extent that he or she can operate efficiently and effectively in the specialty areas in which he or she has been trained or is experienced.

(c) The purpose of this section is to encourage the utilization of physician assistants by physicians and to allow for innovative development of programs for the education of physician assistants.

*The intent of the PA practice act is to encourage physician(s) to enhance their practice and provide quality medical practice to patients through utilization of properly trained physician assistants in a practice consistent with their training and expertise.*

(2) DEFINITIONS.--As used in this section:

(a) "Approved program" means a program, formally approved by the boards, for the education of physician assistants.

(b) "Boards" means the Board of Medicine and the Board of Osteopathic Medicine.

(c) "Council" means the Council on Physician Assistants.

(d) "Trainee" means a person who is currently enrolled in an approved program.

(e) "Physician assistant" means a person who is a graduate of an approved program or its equivalent or meets standards approved by the boards and is licensed to perform medical services delegated by the supervising physician.

*The law definitively states that a physician assistant must be a graduate of an approved program, and is licensed by the boards to provide medical services delegated by a supervising physician. It states "approved program or its equivalent" and the equivalent phrase is included as there are still practicing PAs in Florida who were grandfathered in from prior training experiences. Also, there was a special program in the early 1990's that allowed for some foreign medical graduates to be licensed as a PA here in Florida. This was a limited program but there are still some PAs practicing in Florida who were licensed under this program. The license is valid only in Florida and cannot be transferred to other states as they were never eligible to take the NCCPA exam.*

(f) "Supervision" means responsible supervision and control. Except in cases of emergency, supervision requires the easy availability or physical presence of the licensed physician for consultation and direction of the actions of the physician assistant. For the purposes of this definition, the term "easy availability" includes the ability to communicate by way of telecommunication. The boards shall establish rules as to what constitutes responsible supervision of the physician assistant.

*This definition of supervision is one of the most important definitions for PAs and their supervising physicians to understand. The Florida Administrative Code, 64B8-3001, defines "direct supervision" as the physical presence of the supervising physician on the premises so that the supervising physician is immediately available to the PA. "Indirect supervision" is defined as easy availability of the supervising physician to the PA, which includes the ability to communicate by telecommunications. The supervising physician must be within reasonable proximity. Reasonable proximity does not include out of state, nor over 75 miles from the facility.*

(g) "Proficiency examination" means an entry-level examination approved by the boards, including, but not limited to, those examinations administered by the National Commission on Certification of Physician Assistants.

*NCCPA regulations state that only those who are graduates of an accredited PA training program are eligible to sit for the NCCPA examination. FMGs licensed in Florida but who are not graduates of an accredited PA program are not eligible to sit for the NCCPA examinations.*

(h) "Continuing medical education" means courses recognized and approved by the boards, the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association, or the Accreditation Council on Continuing Medical Education.

*Make sure that any CME that you claim for state licensure and renewal meets the guidelines as an approved course from one of the above noted accrediting agencies. If you are audited for CME and the provider is not an approved agency then those hours will not be allowed.*

(3) PERFORMANCE OF SUPERVISING PHYSICIAN.--Each physician or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform and shall be individually or collectively responsible and liable for the performance and the acts and omissions of the physician assistant. A physician may not supervise more than four currently licensed physician assistants at any one time. A

physician supervising a physician assistant pursuant to this section may not be required to review and cosign charts or medical records prepared by such physician assistant.

*This means the supervising physician can supervise a PA only in a medical area in which the supervising physician is qualified to practice. An internal medicine specialist whose primary office setting is in internal medicine could not supervise a PA in an orthopedic clinical setting or any other setting other than internal medicine. The provision would also prevent an OB-Gyn specialist from setting up a Dermatology Clinic staffed by a PA. **The PA must practice within the scope of practice of the supervising physician.***

*This is not to imply that a physician who is board certified in one specialty cannot practice in another specialty. Scope of practice refers to the specialty that the physician has on file with the Board of Medicine in their profile as their primary office setting. For medico-legal purposes, a practitioner will be held accountable for practicing medicine within the standard of care for the specialty within which they are practicing. For instance if a PA is working in an occupational medicine practice being supervised by a physician who is board certified in family medicine but is practicing in an occupational medicine setting as their primary office setting, then both will be held accountable to the standard of care for an occupational medicine specialty.*

*The supervising physician(s) are not required by law to co-sign medical records. Supervising physicians may choose at their discretion to review and co-sign records*

#### (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.--

(a) The boards shall adopt, by rule, the general principles that supervising physicians must use in developing the scope of practice of a physician assistant under direct supervision and under indirect supervision. These principles shall recognize the diversity of both specialty and practice settings in which physician assistants are used.

*PAs that practice in Florida do not require protocols or collaborative agreements with one exception. This was intentional to allow for maximum utilization of PA skills and training in a variety of practice settings. Those PAs practicing in health department settings do practice under an additional statute and a different set of rules, see rule (d) below, which does require protocols to be utilized in that particular practice setting.*

(b) This chapter does not prevent third-party payors from reimbursing employers of physician assistants for covered services rendered by licensed physician assistants.

(c) Licensed physician assistants may not be denied clinical hospital privileges, except for cause, so long as the supervising physician is a staff member in good standing.

*By law if a supervising physician has privileges at a hospital, a PA under supervision of that physician cannot be denied privileges. However, the exact privileges allowed are up to the purview of the individual facility generally through their credentialing process. The privileges may be more restrictive than the statutes, but cannot allow anything less restrictive.*

(d) A supervisory physician may delegate to a licensed physician assistant, pursuant to a written protocol, the authority to act according to s. 154.04(1)(c). Such delegated authority is limited to

the supervising physician's practice in connection with a county health department as defined and established pursuant to chapter 154. The boards shall adopt rules governing the supervision of physician assistants by physicians in county health departments.

*This provision of law requires PAs working in a county health department to practice under written protocols.*

(e) A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervisory physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

*PAs may dispense medications under the dispensing license of their supervising physician. PAs are not required or authorized to get a separate dispensing license. PAs may not dispense controlled medications, or any those medications prohibited from prescribing by PAs.*

1. A physician assistant must clearly identify to the patient that he or she is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician prior to any prescription being prescribed or dispensed by the physician assistant.

*The patient has a right to see a physician prior to medication being prescribed or dispensed to them and PAs are required by law to inform them of that right each and every time.*

2. The supervisory physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and notify the department of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.

*PAs must submit the proper form to the State to receive these prescribing privileges and each supervising physician must complete the form for PAs to prescribe medications under their supervision. Make sure that the proper form is used. There are forms for initial application, renewal of licensure; initial application for prescribing privileges and for changes in prescribing privileges. There is one Supervision Data Form that functions for initial notification to the state, and additions or deletions of supervising physicians and practice settings. Changes enacted in 2010 will allow the state to develop electronic forms for all forms required in PA licensure application, renewal, and prescribing privileges and these will be forthcoming from the state. The state will notify licensees as these become available online on the official state website for the Department of Health.*

3. The physician assistant must file with the department, before commencing to prescribe or dispense, evidence that he or she has completed a continuing medical education course of at least 3 classroom hours in prescriptive practice, conducted by an accredited program approved by the boards, which course covers the limitations, responsibilities, and privileges involved in prescribing medicinal drugs, or evidence that he or she has received education comparable to the continuing education course as part of an accredited physician assistant training program.

*PAs must complete a three hour prescribing privileges course prior to applying or prescribing privileges. This course is given to students in all Florida PA programs. It is designed for those PAs moving from out of state to Florida who did not attend a Florida PA program where the course material is covered in the curriculum. The course is also available from the Florida Academy on the FAPA website, [www.fapaonline.org](http://www.fapaonline.org). This is a one time requirement for initial application for prescribing privileges.*

4. The physician assistant must file with the department a signed affidavit that he or she has completed a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal application.

*Ten hours of CME in each specialty for which the PA is issued prescribing privileges is required for each renewal cycle. If you work in two or more specialties and have prescribing privileges in each, then the PA must have ten hours in each specialty which they have prescribing privileges. This is specifically addressed in the FAC 64B8-30.005(6). These CME hours in a specialty may be included in the total of 100 hours of CME required in each renewal cycle and are not in addition to this 100 hours of required CME.*

5. The department shall issue a license and a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the foregoing requirements. The physician assistant shall not be required to independently register pursuant to s. 465.0276

*The Department will issue a licensed PA a prescriber number after applying for same, then the PA can prescribe according to law. A PA cannot prescribe until they receive a prescriber number. They no longer issue letters notifying the PA of the issuance of a prescriber number but instead you must check your profile on the DOH website to see if your license includes prescribing privileges. If the PA changes specialties, or adds a specialty, you cannot prescribe in the new specialty until you submit a Changes in Prescribing Privileges Form and the change(s) is noted in your online profile.*

6. The prescription must be written in a form that complies with chapter 499 and must contain, in addition to the supervisory physician's name, address, and telephone number, the physician assistant's prescriber number. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The appearance of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.

*Prescription forms must include the prescribing PA's name and prescriber number as well as the supervising physician's name, practice location, and telephone number. Other laws and regulatory agencies regarding prescription forms require these forms to be pre-printed on security type paper with all this information.*

*Written prescriptions by PAs must be filled in a pharmacy licensed in the state of Florida. Out of state pharmacies that ship or mail prescriptions to residents of Florida must be licensed by the state as a nonresident pharmacy. So yes, PAs can write prescriptions to be mailed out of state if the pharmacy where it will be filled is licensed in Florida.*

*PAs may not call in a prescription under their own name. It must be called in under their supervising physician's name. The statutes require that prescriptions by PAs must be in a written form.*

*The statute requires the prescription must be in a written form in compliance with chapter 499. Refills and new prescriptions can be authorized by phone or facsimile under the supervising physician's name. PAs are the only prescribing practitioners that cannot call in by telephone prescriptions under their own name at this time.*

7. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

*Prescribing of medication must be noted in the medical record. Dispensing medication is not the same as prescribing medication. Prescribing implies that the patient was given a written prescription by a practitioner to have filled at a pharmacy, or a prescription was called in to a pharmacy under a supervising physician's name. Dispensing means the patient was given the medication in the office for fee, or at no charge as with dispensing sample medication.*

8. This paragraph does not prohibit a supervisory physician from delegating to a physician assistant the authority to order medication for a hospitalized patient of the supervisory physician.

*PAs may order any medication in a hospital setting. This is not considered prescribing but simply an order to be carried out by the nursing staff.*

This paragraph does not apply to facilities licensed pursuant to chapter 395.

1. The council shall establish a formulary of medicinal drugs that a fully licensed physician assistant, licensed under this section or s. 459.022, may not prescribe. The formulary must include controlled substances as defined in chapter 893, general anesthetics and radiographic contrast materials.

*PAs with prescribing privileges can prescribe any medication used within the scope of their supervising physician(s) practice except for those medications specifically excluded by law. At present, Florida is one of only two states where PAs **cannot** prescribe controlled medicinal.*

2. In establishing the formulary, the council shall consult with a pharmacist licensed under chapter 465, but not licensed under this chapter or chapter 459, who shall be selected by the State Surgeon General.

3. Only the council shall add to, delete from, or modify the formulary. Any person who requests an addition, deletion, or modification of a medicinal drug listed on such formulary has the burden of proof to show cause why such addition, deletion, or modification should be made.

4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of chapter 120 to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to

each fully licensed physician assistant, licensed under this section or s. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed \$200 to fund the provisions of this paragraph and paragraph (e).

*This provision of the law was more relevant when PAs had an inclusionary formulary which listed all the medications that a PA could prescribe. Our formulary now is an exclusionary formulary with only three classes of drugs excluded from our prescribing privileges.*

(5) PERFORMANCE BY TRAINEES.--Notwithstanding any other law, a trainee may perform medical services when such services are rendered within the scope of an approved program.

*This allows PA students to do medical services under the auspices of their training program.*

(6) PROGRAM APPROVAL.--

(a) The boards shall approve programs, based on recommendations by the council, for the education and training of physician assistants which meet standards established by rule of the boards. The council may recommend only those physician assistant programs that hold full accreditation or provisional accreditation from the Commission on Accreditation of Allied Health Programs or its successor organization. Any educational institution offering a physician assistant program approved by the boards pursuant to this paragraph may also offer the physician assistant program authorized in paragraph (c) for unlicensed physicians.

(b) The boards shall adopt and publish standards to ensure that such programs operate in a manner that does not endanger the health or welfare of the patients who receive services within the scope of the programs. The boards shall review the quality of the curricula, faculties, and facilities of such programs and take whatever other action is necessary to determine that the purposes of this section are being met.

*This provision gives the Boards authority to review the quality of PA programs to make sure they provide proper education and protect the public.*

(c) Any community college with the approval of the State Board of Education may conduct a physician assistant program which shall apply for national accreditation through the American Medical Association's Committee on Allied Health, Education, and Accreditation, or its successor organization, and which may admit unlicensed physicians, as authorized in subsection (7), who are graduates of foreign medical schools listed with the World Health Organization. The unlicensed physician must have been a resident of this state for a minimum of 12 months immediately prior to admission to the program. An evaluation of knowledge base by examination shall be required to grant advanced academic credit and to fulfill the necessary requirements to graduate. A minimum of one 16-week semester of supervised clinical and didactic education, which may be completed simultaneously, shall be required before graduation from the program. All other provisions of this section shall remain in effect.

*This provision was passed specifically for the Miami Dade University. That program is now a Bachelors Degree program and is now fully accredited by the Committee on Accreditation of*

*Allied Health, Education, and Accreditation, thus this no longer applicable. The accreditation process now requires a program to be university affiliated and also affiliate with a medical school.*

## 7) PHYSICIAN ASSISTANT LICENSURE.--

(a) Any person desiring to be licensed as a physician assistant must apply to the department. The department shall issue a license to any person certified by the council as having met the following requirements:

1. Is at least 18 years of age.

2. Has satisfactorily passed a proficiency examination by an acceptable score established by the National Commission on Certification of Physician Assistants. If an applicant does not hold a current certificate issued by the National Commission on Certification of Physician Assistants and has not actively practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the National Commission on Certification of Physician Assistants to be eligible for licensure.

*If an applicant has not practiced as a PA for the four years immediately preceding their application or does not have a current valid NCCPA certificate they must retake and successfully complete the NCCPA PANCE, which is the entry level examination.*

3. Has completed the application form and remitted an application fee not to exceed \$300 as set by the boards. An application for licensure made by a physician assistant must include:

a. A certificate of completion of a physician assistant training program specified in subsection (6).

*The only persons now eligible for licensure as a PA in the State of Florida are graduates of an approved and accredited PA training program. No exceptions are provided in statute.*

b. A sworn statement of any prior felony convictions.

c. A sworn statement of any previous revocation or denial of licensure or certification in any state.

d. Two letters of recommendation.

(b)1. Notwithstanding subparagraph (a) 2. and sub-subparagraph (a) 3.a., the department shall examine each applicant who the Board of Medicine certifies:

a. Has completed the application form and remitted a nonrefundable application fee not to exceed \$500 and an examination fee not to exceed \$300, plus the actual cost to the department to provide the examination. The examination fee is refundable if the applicant is found to be ineligible to take the examination. The department shall not require the applicant to pass a

separate practical component of the examination. For examinations given after July 1, 1998, competencies measured through practical examinations shall be incorporated into the written examination through a multiple-choice format. The department shall translate the examination into the native language of any applicant who requests and agrees to pay all costs of such translation, provided that the translation request is filed with the board office no later than 9 months before the scheduled examination and the applicant remits translation fees as specified by the department no later than 6 months before the scheduled examination, and provided that the applicant demonstrates to the department the ability to communicate orally in basic English. If the applicant is unable to pay translation costs, the applicant may take the next available examination in English if the applicant submits a request in writing by the application deadline and if the applicant is otherwise eligible under this section. To demonstrate the ability to communicate orally in basic English, a passing score or grade is required, as determined by the department or organization that developed it, on the test for spoken English (TSE) by the Educational Testing Service (ETS), the test of English as a foreign language (TOEFL) by ETS, a high school or college level English course, or the English examination for citizenship, Bureau of Citizenship and Immigration Services. A notarized copy of an Educational Commission for Foreign Medical Graduates (ECFMG) certificate may also be used to demonstrate the ability to communicate in basic English; and

b.(I) Is an unlicensed physician who graduated from a foreign medical school listed with the World Health Organization who has not previously taken and failed the examination of the National Commission on Certification of Physician Assistants and who has been certified by the Board of Medicine as having met the requirements for licensure as a medical doctor by examination as set forth in s. 458.311(1), (3), (4), and (5), with the exception that the applicant is not required to have completed an approved residency of at least 1 year and the applicant is not required to have passed the licensing examination specified under s. 458.311 or hold a valid, active certificate issued by the Educational Commission for Foreign Medical Graduates; was eligible and made initial application for certification as a physician assistant in this state between July 1, 1990, and June 30, 1991; and was a resident of this state on July 1, 1990, or was licensed or certified in any state in the United States as a physician assistant on July 1, 1990; or

(II) Completed all coursework requirements of the Master of Medical Science Physician Assistant Program offered through the Florida College of Physician's Assistants prior to its closure in August of 1996. Prior to taking the examination, such applicant must successfully complete any clinical rotations that were not completed under such program prior to its termination and any additional clinical rotations with an appropriate physician assistant preceptor, not to exceed 6 months, that are determined necessary by the council. The boards shall determine, based on recommendations from the council, the facilities under which such incomplete or additional clinical rotations may be completed and shall also determine what constitutes successful completion thereof, provided such requirements are comparable to those established by accredited physician assistant programs. This sub-sub-subparagraph is repealed July 1, 2001.

2. The department may grant temporary licensure to an applicant who meets the requirements of subparagraph 1. Between meetings of the council, the department may grant temporary licensure to practice based on the completion of all temporary licensure requirements. All such

administratively issued licenses shall be reviewed and acted on at the next regular meeting of the council. A temporary license expires 30 days after receipt and notice of scores to the license holder from the first available examination specified in subparagraph 1. following licensure by the department. An applicant who fails the proficiency examination is no longer temporarily licensed, but may apply for a one-time extension of temporary licensure after reapplying for the next available examination. Extended licensure shall expire upon failure of the license holder to sit for the next available examination or upon receipt and notice of scores to the license holder from such examination.

3. Notwithstanding any other provision of law, the examination specified pursuant to subparagraph 1. shall be administered by the department only five times. Applicants certified by the board for examination shall receive at least 6 months' notice of eligibility prior to the administration of the initial examination. Subsequent examinations shall be administered at 1-year intervals following the reporting of the scores of the first and subsequent examinations. For the purposes of this paragraph, the department may develop, contract for the development of, purchase, or approve an examination that adequately measures an applicant's ability to practice with reasonable skill and safety. The minimum passing score on the examination shall be established by the department, with the advice of the board. Those applicants failing to pass that examination or any subsequent examination shall receive notice of the administration of the next examination with the notice of scores following such examination. Any applicant who passes the examination and meets the requirements of this section shall be licensed as a physician assistant with all rights defined thereby.

*While this paragraph is still in statute, this above section is no longer valid as the test was administered five times, and only graduates of approved PA training programs are now eligible for licensure as a PA.*

(c) The license must be renewed biennially. Each renewal must include:

1. A renewal fee not to exceed \$500 as set by the boards.
2. A sworn statement of no felony convictions in the previous 2 years.

(d) Each licensed physician assistant shall biennially complete 100 hours of continuing medical education or shall hold a current certificate issued by the National Commission on Certification of Physician Assistants.

*Every two years PAs have to complete 100 hours of continuing medical education (CME). If a PA is NCCPA certified they have fulfilled this requirement. Other provisions of law and rules place additional requirements that must be followed as well such as obtaining the ten hours of CME in your specialty(s) if they are a prescribing PA, and the state required courses in medical errors and domestic violence. If a PA is not NCCPA certified then all the hours must be obtained every two years before they renew their license and these hours have to have been obtained during the time frame of the license renewal period.*

(e) Upon employment as a physician assistant, a licensed physician assistant must notify the department in writing within 30 days after such employment or after any subsequent changes in the supervising physician. The notification must include the full name, Florida medical license number, specialty, and address of the supervising physician.

*PAs must notify the department within 30 days after changing employment positions, adding a new or part-time employment setting or location, adding or deleting supervising physicians. This means the PA must complete an updated Supervision Data Form, and/or a Change in Prescribing Privileges Form as applicable if they are a prescribing PA.*

(f) Notwithstanding subparagraph (a)2., the department may grant to a recent graduate of an approved program, as specified in subsection (6), who expects to take the first examination administered by the National Commission on Certification of Physician Assistants available for registration after the applicant's graduation, a temporary license. The temporary license shall expire 30 days after receipt of scores of the proficiency examination administered by the National Commission on Certification of Physician Assistants. Between meetings of the council, the department may grant a temporary license to practice based on the completion of all temporary licensure requirements. All such administratively issued licenses shall be reviewed and acted on at the next regular meeting of the council. The recent graduate may be licensed prior to employment, but must comply with paragraph (e). An applicant who has passed the proficiency examination may be granted permanent licensure. An applicant failing the proficiency examination is no longer temporarily licensed, but may reapply for a 1-year extension of temporary licensure. An applicant may not be granted more than two temporary licenses and may not be licensed as a physician assistant until he or she passes the examination administered by the National Commission on Certification of Physician Assistants. As prescribed by board rule, the council may require an applicant who does not pass the licensing examination after five or more attempts to complete additional remedial education or training. The council shall prescribe the additional requirements in a manner that permits the applicant to complete the requirements and be reexamined within 2 years after the date the applicant petitions the council to retake the examination a sixth or subsequent time.

*New graduates are eligible for a temporary license to practice until they sit for the next available NCCPA examination. Once they receive their scores the PA has thirty days to report their results. It is not done automatically. If the PA passed the NCCPA examination, the PA Council will issue a regular license. If the PA fails they may apply for a one-time extension of the temporary license after applying for and taking the next available NCCPA examination. If the PA fails the second attempt, they cannot apply for a license until they have successfully passed the exam and they can no longer practice with a temporary license. The NCCPA allows six attempts to pass the PANCE examination.*

(g) The Board of Medicine may impose any of the penalties authorized under ss. 456.072 and 458.331(2) upon a physician assistant if the physician assistant or the supervising physician has been found guilty of or is being investigated for any act that constitutes a violation of this chapter or chapter 456.

*Simply stated, if a PA violates the statute they may be investigated, and if found guilty of a violation, they may be fined, disciplined, or lose their license. You should review FAC 64B8-*

*30.015 Disciplinary Guidelines as the amount of fines that may be imposed has been dramatically increased this year.*

(8) DELEGATION OF POWERS AND DUTIES.--The boards may delegate such powers and duties to the council as they may deem proper.

(9) COUNCIL ON PHYSICIAN ASSISTANTS.--The Council on Physician Assistants is created within the department.

*This section outlines the duties and responsibilities of the PA Council.*

(a) The council shall consist of five members appointed as follows:

1. The chairperson of the Board of Medicine shall appoint three members who are physicians and members of the Board of Medicine. One of the physicians must supervise a physician assistant in the physician's practice.

2. The chairperson of the Board of Osteopathic Medicine shall appoint one member who is a physician and a member of the Board of Osteopathic Medicine.

3. The State Surgeon General or his or her designee shall appoint a fully licensed physician assistant licensed under this chapter or chapter 459.

(b) Two of the members appointed to the council must be physicians who supervise physician assistants in their practice. Members shall be appointed to terms of 4 years, except that of the initial appointments, two members shall be appointed to terms of 2 years, two members shall be appointed to terms of 3 years, and one member shall be appointed to a term of 4 years, as established by rule of the boards. Council members may not serve more than two consecutive terms. The council shall annually elect a chairperson from among its members.

(c) The council shall:

1. Recommend to the department the licensure of physician assistants.

2. Develop all rules regulating the use of physician assistants by physicians under this chapter and chapter 459, except for rules relating to the formulary developed under paragraph (4)(f). The council shall also develop rules to ensure that the continuity of supervision is maintained in each practice setting. The boards shall consider adopting a proposed rule developed by the council at the regularly scheduled meeting immediately following the submission of the proposed rule by the council. A proposed rule submitted by the council may not be adopted by either board unless both boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed rules submitted by the council must be approved by both boards pursuant to each respective board's guidelines and standards regarding the adoption of proposed rules. If either board rejects the council's proposed rule, that board must specify its objection to the council with particularity and include any recommendations it may have for the modification of the proposed rule.

*While the legislature has the responsibility for changing statutes and laws, the PA Council has the responsibility for addressing rule changes to comply with the statutes. Changing rules is an arduous fixed process that may take several months to accomplish due to a myriad of complex rules and review processes involving several state agencies that have a series of checks and balances to ensure that changes are legally sound and would withstand any legal challenge.*

3. Make recommendations to the boards regarding all matters relating to physician assistants.
4. Address concerns and problems of practicing physician assistants in order to improve safety in the clinical practices of licensed physician assistants.

(d) When the council finds that an applicant for licensure has failed to meet, to the council's satisfaction, each of the requirements for licensure set forth in this section, the council may enter an order to:

1. Refuse to certify the applicant for licensure;
2. Approve the applicant for licensure with restrictions on the scope of practice or license; or
3. Approve the applicant for conditional licensure. Such conditions may include placement of the licensee on probation for a period of time and subject to such conditions as the council may specify, including but not limited to, requiring the licensee to undergo treatment, to attend continuing education courses, to work under the direct supervision of a physician licensed in this state, or to take corrective action.

(10) INACTIVE AND DELINQUENT STATUS.--A license on inactive or delinquent status may be reactivated only as provided in s. 456.036.

(11) PENALTY.--Any person who has not been licensed by the council and approved by the department and who holds himself or herself out as a physician assistant or who uses any other term in indicating or implying that he or she is a physician assistant commits a felony of the third degree, punishable as provided in s. 775.082 or s. 775.084 or by a fine not exceeding \$5,000.

***It is a third degree felony to call ones self a physician assistant if one does not have a current valid license from the Florida Department of Health. The State of Florida takes this very seriously and will vigorously prosecute violators.***

(12) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.--The boards may deny, suspend, or revoke a physician assistant license if a board determines that the physician assistant has violated this chapter.

***If a PA violates the statute or rules, the Boards have the power to deny, suspend, or revoke the license of the involved party. There is a complex due process system involved and except in cases of emergency where the public is in potential harm, the process will take several months to proceed from initial investigation to final resolution.***

(13) RULES.--The boards shall adopt rules to implement this section, including rules detailing the contents of the application for licensure and notification pursuant to subsection (7) and rules to ensure both the continued competency of physician assistants and the proper utilization of them by physicians or groups of physicians.

*The rules in the Florida Administrative Code set forth more specific details needed to implement the statutes. The rules are proposed by the PA Council and adopted by the Boards.*

(14) EXISTING PROGRAMS.--This section does not eliminate or supersede existing laws relating to other paramedical professions or services and is supplemental to all such existing laws relating to the licensure and practice of paramedical professions.

*This simply states that one cannot equate other paramedical professions or services to that of a physician assistant and that other such paramedical professions are adjudicated under their own specific practice acts.*

(15) LIABILITY.--Each supervising physician using a physician assistant is liable for any acts or omissions of the physician assistant acting under the physician's supervision and control.

*This unequivocally puts forth in statute the fact that a supervising physician is liable for any acts or omissions of that a PA while said PA is being supervised and controlled by that supervising physician.*

(16) LEGAL SERVICES.--Legal services shall be provided to the council pursuant to s. 456.009(1).

(17) FEES.--The department shall allocate the fees collected under this section to the council.

**History.**--ss. 1, 8, ch. 79-302; s. 301, ch. 81-259; ss. 2, 3, ch. 81-318; s. 8, ch. 84-543; s. 8, ch. 84-553; ss. 20, 25, 26, ch. 86-245; s. 29, ch. 88-1; s. 15, ch. 88-277; s. 3, ch. 88-361; s. 26, ch. 89-162; s. 2, ch. 90-60; ss. 33, 34, ch. 90-134; s. 2, ch. 91-22; s. 43, ch. 91-201; s. 4, ch. 91-429; s. 1, ch. 92-22; s. 108, ch. 94-218; s. 1, ch. 95-231; s. 1, ch. 96-197; s. 223, ch. 97-101; s. 1094, ch. 97-103; s. 27, ch. 97-264; s. 6, ch. 98-49; s. 49, ch. 98-166; s. 155, ch. 99-251; s. 1, ch. 99-370; s. 100, ch. 99-397; s. 107, ch. 2000-160; ss. 27, 42, ch. 2000-318; s. 1, ch. 2001-100; ss. 23, 55, ch. 2001-277; s. 75, ch. 2002-1; s. 76, ch. 2004-5; s. 15, ch. 2004-41.



## **PART II**

### **Medical Practice Act**

#### **F. S. 458.348**

#### **THE 2006 FLORIDA STATUTES, CHAPTER 458.348**

## REGULATION OF PROFESSIONS AND OCCUPATIONS MEDICAL PRACTICE

**458.348 Formal supervisory relationships, standing orders, and established protocols; notice; standards.—**

**This is the section of law pertaining to supervision of physician assistants, and others by physicians. Paragraph (4) and beyond pertain specifically to PAs.**

### (1) NOTICE.--

(a) When a physician enters into a formal supervisory relationship or standing orders with an emergency medical technician or paramedic licensed pursuant to s. 401.27, which relationship or orders contemplate the performance of medical acts, or when a physician enters into an established protocol with an advanced registered nurse practitioner, which protocol contemplates the performance of medical acts identified and approved by the joint committee pursuant to s. 464.003(3)(c) or acts set forth in s. 464.012(3) and (4), the physician shall submit notice to the board. The notice shall contain a statement in substantially the following form:

I, (name and professional license number of physician), of (address of physician) have hereby entered into a formal supervisory relationship, standing orders, or an established protocol with (number of persons) emergency medical technician(s), (number of persons) paramedic(s), or (number of persons) advanced registered nurse practitioner(s).

(b) Notice shall be filed within 30 days of entering into the relationship, orders, or protocol. Notice also shall be provided within 30 days after the physician has terminated any such relationship, orders, or protocol.

(2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.--The joint committee created by s. 464.003(3)(c) shall determine minimum standards for the content of established protocols pursuant to which an advanced registered nurse practitioner may perform medical acts identified and approved by the joint committee pursuant to s. 464.003(3)(c) or acts set forth in s. 464.012(3) and (4) and shall determine minimum standards for supervision of such acts by the physician, unless the joint committee determines that any act set forth in s. 464.012(3) or (4) is not a medical act. Such standards shall be based on risk to the patient and acceptable standards of medical care and shall take into account the special problems of medically underserved areas. The standards developed by the joint committee shall be adopted as rules by the Board of Nursing and the Board of Medicine for purposes of carrying out their responsibilities pursuant to part I of chapter 464 and this chapter, respectively, but neither board shall have disciplinary powers over the licensees of the other board.

*Section (2) applies to advanced registered nurse practitioners, not PAs.*

(3) PROTOCOLS REQUIRING DIRECT SUPERVISION.--All protocols relating to electrolysis or electrology using laser or light-based hair removal or reduction by persons other

than physicians licensed under this chapter or chapter 459 shall require the person performing such service to be appropriately trained and work only under the direct supervision and responsibility of a physician licensed under this chapter or chapter 459.

(4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.--A physician who supervises an advanced registered nurse practitioner or physician assistant at a medical office other than the physician's primary practice location, where the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising physician, must comply with the standards set forth in this subsection. For the purpose of this subsection, a physician's "primary practice location" means the address reflected on the physician's profile published pursuant to s. 456.041.

*The primary practice location is the location listed on the physician's profile with the state, in other words their main office or central office. Satellite offices would be those other than the primary practice location.*

(a) A physician who is engaged in providing primary health care services may not supervise more than four offices in addition to the physician's primary practice location. For the purpose of this subsection, "primary health care" means health care services that are commonly provided to patients without referral from another practitioner, including obstetrical and gynecological services, and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

*Primary care physicians can have a primary practice location and four additional offices. Primary care means a practice providing services without referral from another practitioner. Most specialties require referral from the patient's primary care provider in order to be seen. But the law was written specifically excluding dermatology and skin care services from this definition.*

(b) A physician who is engaged in providing specialty health care services may not supervise more than two offices in addition to the physician's primary practice location. For the purpose of this subsection, "specialty health care" means health care services that are commonly provided to patients with a referral from another practitioner and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

*Specialists are limited to their primary office and two additional offices, excluding those practices providing dermatology and skin care services.*

(c) A physician who supervises an advanced registered nurse practitioner or physician assistant at a medical office other than the physician's primary practice location, where the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising physician and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, must comply with the standards listed in subparagraphs 1.-4. Notwithstanding s. 458.347(4)(e)8., a physician supervising a physician assistant pursuant to this paragraph may not be required to review and cosign charts or medical records prepared by such physician assistant.

*The Florida Legislature believed there was adequate supervision of PA's in the dermatology setting, i.e., limitation to two offices. PAs in these settings did not have to have their charts co-signed when this statute was enacted. The chart co-signature requirement was later deleted for all PAs in July 2009.*

*Dermatology and skin care services practices must comply with the following:*

1. The physician shall submit to the board the addresses of all offices where he or she is supervising an advanced registered nurse practitioner or a physician's assistant which are not the physician's primary practice location.
2. The physician must be board certified or board eligible in dermatology or plastic surgery as recognized by the board pursuant to s. 458.3312.

*If a physician is not board certified or board eligible in dermatology or plastic surgery but practices in these specialties then these rules do not apply to those practices. They of course may practice in that area but they would not be eligible for the exceptions in the law that apply to dermatology or skin care services.*

3. All such offices that are not the physician's primary place of practice must be within 25 miles of the physician's primary place of practice or in a county that is contiguous to the county of the physician's primary place of practice. However, the distance between any of the offices may not exceed 75 miles.

*This provision would prohibit a physician practicing in Miami from supervising an office in Tallahassee. This is what is considered reasonable proximity.*

4. The physician may supervise only one office other than the physician's primary place of practice except that until July 1, 2011, the physician may supervise up to two medical offices other than the physician's primary place of practice if the addresses of the offices are submitted to the board before July 1, 2006. Effective July 1, 2011, the physician may supervise only one office other than the physician's primary place of practice, regardless of when the addresses of the offices were submitted to the board.

*From July 1, 2006 to July 1, 2011 the physician may have two offices outside of their primary practice location if submitted to the board before July 1, 2006, and after July 1, 2011 it will be decreased to only one other office.*

(d) A physician who supervises an office in addition to the physician's primary practice location must conspicuously post in each of the physician's offices a current schedule of the regular hours when the physician is present in that office and the hours when the office is open while the physician is not present.

*Each office must post the office hours noting when the physician is there and not there. There is no requirement that a patient must be seen by a physician, however if they choose to be seen by a physician then that is within the patient's right.*

(e) This subsection does not apply to health care services provided in facilities licensed under chapter 395 or in conjunction with a college of medicine, a college of nursing, an accredited graduate medical program, or a nursing education program; offices where the only service being performed is hair removal by an advanced registered nurse practitioner or physician assistant; not-for-profit, family-planning clinics that are not licensed pursuant to chapter 390; rural and federally qualified health centers; health care services provided in a nursing home licensed under part II of chapter 400, an assisted living facility licensed under <sup>1</sup>part III of chapter 400, a continuing care facility licensed under chapter 651, or a retirement community consisting of independent living units and a licensed nursing home or assisted living facility; anesthesia services provided in accordance with law; health care services provided in a designated rural health clinic; health care services provided to persons enrolled in a program designed to maintain elderly persons and persons with disabilities in a home or community-based setting; university primary care student health centers; school health clinics; or health care services provided in federal, state, or local government facilities.

*These are the clinics and facilities that are excluded from this section of the law.*

(5) REQUIREMENTS FOR NOTICE AND REVIEW.--Upon initial referral of a patient by another practitioner, the physician receiving the referral must ensure that the patient is informed of the type of license held by the physician and the type of license held by any other practitioner who will be providing services to the patient. When scheduling the initial examination or consultation following such referral, the patient may decide to see the physician or any other licensed practitioner supervised by the physician and, before the initial examination or consultation, shall sign a form indicating the patient's choice of practitioner. The supervising physician must review the medical record of the initial examination or consultation and ensure that a written report of the initial examination or consultation is furnished to the referring practitioner within 10 business days following the completion of the initial examination or consultation.

*In specialty offices the patient must be informed of the type of license of the physician or the type of license by any other practitioner who will be providing services. The patient must be given the choice of seeing the physician or another type of provider and at the time their initial examination is scheduled. They shall sign a form indicating their choice of practitioner at the time of their initial examination.*

*If the patient is seen by a PA or ARNP then the physician must review the medical record and ensure that a written report of the initial evaluation is furnished to the referring practitioner within 10 business days following completion of the initial exam or consult.*

(6) LIMITATION ON RULEMAKING.--This section is self-executing and does not require or provide authority for additional rulemaking.

**History.**--ss. 1, 4, ch. 82-32; s. 33, ch. 83-215; s. 83, ch. 83-218; s. 65, ch. 86-220; ss. 25, 26, ch. 86-245; s. 4, ch. 88-361; s. 15, ch. 91-220; s. 4, ch. 91-429; ss. 40, 118, ch. 2000-318; s. 5, ch. 2006-251. <sup>1</sup>**Note.**--Redesignated as part I of chapter

**PART III**  
**Florida Administrative Code**  
**Chapter 64B8-30**

**CHAPTER 64B8-30 PHYSICIAN ASSISTANT**

- 64B8-30.001 Definitions.
- 64B8-30.002 Application for Licensure.
- 64B8-30.003 Physician Assistant Licensure.
- 64B8-30.004 Change in Employment Status.
- 64B8-30.005 Physician Assistant Licensure Renewal and Reactivation.
- 64B8-30.006 Dispensing Drugs.
- 64B8-30.007 Requirements and Limitations of Prescribing Privileges.
- 64B8-30.008 Formulary.
- 64B8-30.009 Requirements for Approval of Training Programs.
- 64B8-30.010 Grounds for Discipline. (Repealed)
- 64B8-30.011 Advertising.
- 64B8-30.012 Physician Assistant Performance.
- 64B8-30.013 Notice of Noncompliance.
- 64B8-30.014 Citation Authority.
- 64B8-30.015 Disciplinary Guidelines.
- 64B8-30.016 Mediation.
- 64B8-30.017 HIV/AIDS Education. (Repealed)
- 64B8-30.018 Course Required on Domestic Violence. (Repealed)
- 64B8-30.019 Fees Regarding Physician Assistants.

*The Florida Administrative Code (FAC) establishes rules that further define and delineate Florida statutes. All practitioners have to be aware of the statutes and the rules.*

**64B8-30.001 Definitions.**

(1) The term “Primary Supervising Physician” as herein used refers to a physician licensed pursuant to Chapter 458 or 459, F.S., who assumes responsibility and legal liability for the services rendered by the physician assistant(s) at all times the physician assistant is not under the supervision and control of an alternate supervising physician.

*PAs can have only one primary supervising physician in each employment setting. All the others will be alternates. If a PA has two separate employment settings, they must have a separate primary supervising physician for the second setting.*

(2) The term “Alternate Supervising Physician” as herein used refers to the physician(s) licensed pursuant to Chapter 458 or 459, F.S., who assumes responsibility and legal liability for the

services rendered by the physician assistant while the physician assistant is under his or her supervision and control.

*Anytime a PA practices in any work setting as a physician assistant he/she **must** have a supervising physician, either a primary or an alternate supervising physician who will be responsible for their actions legally. This applies to any employment setting, volunteer or humanitarian setting. If you are practicing medicine according to Florida statute definitions then the PA must have a supervising physician on file with the state.*

(3) The term “responsible supervision” as used herein refers to the ability of the supervising physician to responsibly exercise control and provide direction over the services of the physician assistant. In providing supervision, the supervising physician shall periodically review the physician assistant’s performance. It requires the easy availability or physical presence of the supervising physician to the physician assistant. In determining whether supervision is adequate, the following factors should be considered:

- (a) The complexity of the task;
- (b) The risk to the patient;
- (c) The background, training and skill of the physician assistant;
- (d) The adequacy of the direction in terms of its form;
- (e) The setting in which the tasks are performed;
- (f) The availability of the supervising physician;
- (g) The necessity for immediate attention; and
- (h) The number of other persons that the supervising physician must supervise.

*Since the statute no longer requires chart co-signature, this section was added to the rules to further delineate responsible supervision requirements for physicians so that supervising physicians and physician assistants have written guidelines as to what the Board of Medicine views as responsible supervision.*

(4) The term “direct supervision” as used herein refers to the physical presence of the supervising physician on the premises so that the supervising physician is immediately available to the physician assistant when needed.

*Direct supervision means a physical presence for immediate availability on the premises in the building, not across town or down the street, but actually in the building.*

(5) The term “indirect supervision” as used herein refers to the easy availability of the supervising physician to the physician assistant, which includes the ability to communicate by telecommunications. The supervising physician must be within reasonable physical proximity.

*Reasonable physical proximity is the key here. Hawaii or New York would not be considered reasonable proximity to Florida as in the situation where the supervising physician is on vacation or at a CME conference for instance. Other statutes state that satellite offices must be within 25 miles of the primary place of practice in the same county or within 75 miles in a contiguous county. Even though the physician may be available by telephone, if they are not in reasonable proximity, it would be a difficult position to defend legally should there be a problem.*

(6) The term “recent graduate” as herein used refers to a person who completed the approved program no more than two years (24 months) prior to the date the application for licensure as a physician assistant was received.

(7) The term “Fully Licensed Physician Assistant” as used herein refers to those physician assistants who have successfully passed the NCCPA examination or other examination approved by the Board and have been issued a license other than a temporary license authorized under Section 458.347(7)(b)2., 458.347(7)(f) or 459.022(7), F.S.

*Specific Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History–New 4-28-76, Amended 11-15-78, 12-5-79, 2-3-82, 5-15-85, 12-4-85, Formerly 21M-17.01, Amended 5-13-87, 5-24-88, 11-15-88, Formerly 21M-17.001, Amended 9-21-93, Formerly 61F6-17.001, Amended 4-1-96, Formerly 59R-30.001, Amended 5-12-98, 3-28-99, 9-4-05.*

### **64B8-30.002 Application for Licensure.**

(1) All persons applying for licensure as a physician assistant shall submit an application to the Department on forms approved by the Council and Boards and provided by the Department.

*Make sure to use the most up to date forms available from the state website. The Florida Academy of Physician Assistants website has a direct link section to these state forms for physician assistants.*

(2) The application may not be used for more than one year from the date of original submission of the application and fee. The fees are found in Rule 64B8-30.019, F.A.C. After one year from the date that the original application and fee have been received in the Council office, a new application and fee shall be required from any applicant who desires licensure as a physician assistant.

(3) All application information must be submitted no later than 15 days prior to the Council meeting at which the applicant desires his or her application to be considered.

*Specific Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History–New 4-28-76, Amended 2-14-79, 9-3-85, 10-20-85, Formerly 21M-17.02, Amended 5-13-87, 1-9-92, Formerly 21M-17.002, 61F6-17.002, 59R-30.002, Amended 6-7-98, 7-30-03.*

*This is the latest date one can submit for licensure but understand the staff has 30 days to review the application for completeness and correctness before making a decision on issuance of a license.*

### **64B8-30.003 Physician Assistant Licensure.**

(1) Requirements for Licensure.

(a) All applicants for licensure as physician assistants shall submit an application to the Department. The application shall be made on Form DH-MQA 2000, entitled “Application for Licensure as a Physician Assistant,” (revised 10/09), hereby adopted and incorporated by reference, and can be obtained from the Board of Medicine’s website at <http://www.doh.state.fl.us/mqa/PhysAsst/index.html>. The applicant must meet all of the

requirements of Section 458.347(7) or 459.022(7), F.S., and the applicant must submit two personalized and individualized letters of recommendation from physicians. Letters of recommendation must be composed and signed by the applicant's supervising physician, or, for recent graduates, the preceptor physician, and give details of the applicant's clinical skills and ability. Each letter must be addressed to and directed to the Council on Physician Assistants and must have been written no more than six months prior to the filing of the application.

*The letters of recommendation must go directly to the PA Council to be included in an application. You do not send these letters yourself, but they are mailed to the PA Council by the person submitting the letter for you. It should be written to the Council on Physician Assistants and not "To Whom It May Concern". Those will be rejected and not accepted and the application process will be delayed until acceptable letters or recommendation are received, approved and filed with the application package. It will not even be reviewed until the package is complete with all the required forms and information.*

(b) In addition, upon employment, a licensed physician assistant must notify the Board of Medicine, in writing, utilizing Form DH-MQA 2004, entitled "Supervision Data Form," (revised 8/10), hereby adopted and incorporated by reference, which can be obtained from the Board of Medicine's website at <http://www.doh.state.fl.us/mqa/PhysAsst/index.html>, within 30 days of such employment. Any subsequent changes to the physician assistant's employment must also be made, in writing, within 30 days of such change, utilizing this same form.

(2) Applicants who have not passed the NCCPA PANCE examination within five (5) attempts and have not practiced as a fully licensed physician assistant shall be required to successfully complete a minimum of three (3) months in a full-time review course at an accredited physician assistant program approved by the Chair of the Physician Assistant Committee. Said completion shall be documented by a letter signed by the head of the program stating that the applicant has satisfactorily completed the course.

*The law provides that physician assistants (PAs) will now only be required to complete one (1) hour credit in HIV/AIDS - this must be done prior to the first renewal of the license, but once the physician assistant has taken one (1) credit, he or she does not ever have to take it again. Most Florida physician assistants have already met this requirement and will not need to take the course again.*

*The new law provides that physician assistants (PAs) will now only be required to complete two (2) credits in Domestic Violence every six (6) years, or every third renewal cycle.*

*The HIV/AIDS and Domestic Violence courses are no longer required prior to initial licensure. For initial licensure, the only requirement will be two (2) credits in Prevention of Medical Errors. The biennial requirement for Prevention of Medical Errors also remains the same. PAs must complete two (2) hours during each two-year licensure cycle.*

*End of life and palliative care courses can no longer be used in lieu of the HIV/AIDS course or Domestic Violence course.*

*Below is a summary of Florida CME requirements, effective July 1, 2006:*

***Initial licensure:***

*(Two 2) credits in Prevention of Medical Errors and Every renewal thereafter:*

*If you ARE currently certified by NCCPA:*

- 1. NCCPA certificate*
- 2. Proof of completing a 2-hour course of category 1 or 2, Preventing Medical Errors*

*If you ARE NOT currently certified by NCCPA:*

*Proof of completing no less than ninety-six (96) category 1, general CME, plus Proof of completing a 2-hour course of category 1 or 2, Preventing Medical Errors*

***Prescribing Physician Assistants:***

- 1. In addition to the above, proof of completing 10 hours of CME in the specialty area of your supervising physician(s). The 10 hours is inclusive of the 96 general CME hours listed above.*
- 2. 96 credit hours of CME including two (2) credits in Prevention of Medical Errors*

*In addition to the above, every third renewal must include:*

*Two (2) credits in Domestic Violence.*

*PAS renewing on January 31, 2008 will be required to complete two (2) credits of Domestic Violence before renewing on 2012.*

*State law still refers to Category I and Category II CME hours. The current terminology utilized by the NCCPA and AAPA is Category I (pre-approved), and Category and II (elective).*

*Remember that these state required courses must be done through a course recognized by the State of Florida. Courses usually advertise that the course meets the state requirements. This one can be Category I or II in nature.*

*This course also can be Category I or II in nature and can be done in a class, written type presentation, or online.*

(3) The applicant must submit a statement documenting completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. One hour of a two hour course which is provided by a facility licensed pursuant to Chapter 395, F.S.,

for its employees may be used to partially meet this requirement.

(4) Restrictions. For purposes of carrying out the provisions of Sections 458.437(7) and 459.022, F.S., every physician assistant is prohibited from being supervised by any physician whose license to practice medicine is on probation.

*Supervising physician(s) must have a license in good standing without any restrictions or probation conditions. No exceptions to this rule! It is highly advisable to go online and verify the license standing of any potential supervising physician.*

(5) Licensure as a Prescribing Physician Assistant.

(a) An applicant for licensure as a prescribing physician assistant shall, together with the supervising physician, jointly submit the “Application for Licensure As a Prescribing Physician Assistant” DH-MQA 2001 (Revised 8/10), which is hereby incorporated by reference and can be obtained from the Board of Medicine’s website at <http://www.doh.state.fl.us/mqa/PhysAsst/index.html>. The same application form may be utilized by any alternate supervising physicians, provided that all supervising physicians practice in the same specialty area and in the same practice setting. A separate application form shall be required for each distinct specialty area of practice, as well as for each distinct practice setting. Satellite offices within the same practice do not constitute distinct practices.

*If a PA works in two practice settings in different specialties, this means two applications for prescribing privileges are required. Or if a PA practices in the same specialty in two different practice settings then he/she would also need two applications.*

(b) The applicant shall have completed a 3 hour course approved by the Board in prescriptive practice, which course shall cover the limitations, responsibilities, and privileges involved in prescribing medicinal drugs.

*New graduates from PA programs in Florida have this education requirement included in their curriculum. The Florida Academy of Physician Assistants is the only other provider of this course in Florida. It is available online at [www.fapaonline.org](http://www.fapaonline.org).*

(c) The fee for licensure as a prescribing Physician Assistant shall be as set forth in Rule 64B8-30.013, F.A.C., and shall be in addition to any other applicable fees in said rule. No additional fees will be required for any separate application for a distinct area of practice, or a change in practice setting during the same biennium.

(d) Changes to the Application as a Prescribing Physician Assistant shall be made on the form entitled “Application for Changes to the Prescribing License,” DH-MQA 2002 (Revised 8/10), which is hereby incorporated by reference and can be obtained from the Board of Medicine’s website at <http://www.doh.state.fl.us/mqa/PhysAsst/index.html>.

(6) Registration as a dispensing physician assistant shall be made on the form set forth in subsection 64B8-4.029(4), F.A.C.

*Rulemaking Authority 456.013, 456.031(2), 456.033, 458.309, 458.347 FS. Law Implemented*

456.013, 456.017, 456.031, 456.033, 458.347 FS. History—New 4-28-76, Amended 11-15-78, 10-23-80, 12-4-85, Formerly 21M-17.03, Amended 5-13-87, 11-15-88, 11-15-90, 1-9-92, 5-6-93, Formerly 21M-17.003, Amended 9-21-93, Formerly 61F6-17.003, Amended 9-8-94, 11-30-94, 10-25-95, 3-25-96, Formerly 59R-30.003, Amended 6-7-98, 8-19-99, 5-28-00, 3-3-02, 5-19-03, 10-19-03, 11-17-03, 9-5-05, 12-12-05, 10-30-06, 2-25-07, 5-20-09, 2-2-10, 12-6-10.

#### **64B8-30.004 Change in Employment Status.**

(1) The supervising physician of any physician assistant who is terminated from employment or otherwise ends employment as a physician assistant shall notify the Council in writing within 30 days of such occurrence.

*The supervising physician is required to notify the PA Council within 30 days of such occurrence when a physician assistant ends employment. This is a requirement that is not known to most supervising physicians. The PA is also required to notify the Council by submission of a new Supervision Data Form.*

(2) Each physician assistant shall submit changes to the Department on the form approved by the Council and Boards, and provided by the Department within 30 days of any change in employment status.

*Physician assistants are required to submit a new Supervision Data Form within 30 days of any change in employment status, ie, an addition or deletion of supervising physicians, and adding or deleting primary or satellite job sites. The form requires only the signature of the physician assistant submitting the form. Failure to do so may result in disciplinary action and costly fines.*

(3) Upon any change in employment status the licensed physician assistant's prescribing privileges shall immediately be stayed until such time as a new written agreement is entered into pursuant to Rule 64B8-30.007 or 64B15-6.0037, F.A.C., and a new form is filed with the Department.

*If a PA is a prescribing physician assistant and changes employment settings they must file a form for Change in Prescribing Privileges and the PA cannot prescribe in the new setting until the change is noted in the online provider profile. This applies even if a PA is not changing specialties.*

*Specific Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History—New 5-13-87, Formerly 21M-17.0031, 61F6-17.0031, Amended 9-8-94, 7-25-95, 3-25-96, Formerly 59R-30.004, Amended 6-7-98.*

## **64B8-30.005 Physician Assistant Licensure Renewal and Reactivation.**

(1) A Physician Assistant must renew his licensure on a biennial basis. Upon request by the Board or Department, the licensee must submit satisfactory documentation of compliance with the requirements set forth below.

(2) Requirements for Renewal.

(a) Completion of the Physician Assistant licensure renewal application on the appropriate form approved by the Council and Boards and provided by the Department.

(b) Submission of a signed, sworn statement of no felony convictions in the previous two years.

(c) Submission of a written statement attesting to completion of 100 hours of Continuing Medical Education in the previous two (2) years or documentation that the licensee is certified at the time of renewal by the National Commission on Certification of Physician Assistants. A minimum of 50 hours must be Category I Continuing Medical Education approved by the American Academy of Physician Assistants, the Accreditation Council for Continuing Medical Education, the American Medical Association, the American Osteopathic Association Council on Continuing Medical Education, or the American Academy of Family Physicians. The remaining 50 hours may be Category II Continuing Medical Education. If not NCCPA certified, the Physician Assistant must be able to produce evidence of the 100 hours of reported CME for the relevant biennium.

*When a PA signs the renewal application, they are affirming that they have completed the required hours of CME in the previous two years. Remember that those hours must include the state required courses as well. Make sure to retain copies or originals of all CME certificates received to provide proof of attendance at all Category I (pre-approved) CME classes. Maintain copies for at least seven years in case of an audit by the Department of Medical Quality Assurance.*

(d) As part of every third biennial renewal licensure period, all licensees shall complete two (2) hours of training in domestic violence which includes information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. Home study courses approved by the above agencies will be acceptable.

(e) Upon a licensee's first renewal of licensure, the licensee must document the completion of one (1) hour of Category I American Medical Association Continuing Medical Education

which includes the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; the modes of transmission, including transmission from healthcare worker to patient and patient to healthcare worker; infection control procedures, including universal precautions; epidemiology of the disease; related infections including TB; clinical management; prevention; and current Florida law on AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Any hours of said CME may also be counted toward the CME license renewal requirement. In order for a course to count as meeting this requirement, licensees practicing in Florida must clearly demonstrate that the course includes Florida law on HIV/AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Only Category I hours shall be accepted.

(f) Completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. One hour of a two hour course which is provided by a facility licensed pursuant to Chapter 395, F.S., for its employees may be used to partially meet this requirement.

(3)(a) For purposes of this rule, risk management means the identification, investigation, analysis, and evaluation of risks and the selection of the most advantageous method of correcting, reducing or eliminating identifiable risks.

(b) Five hours of continuing medical education in the subject area of risk management may be obtained by attending one full day or eight (8) hours, whichever is more, of disciplinary hearings at a regular meeting of the Board of Medicine in compliance with the following:

1. The licensee must sign in with the Executive Director of the Board before the meeting day begins.

2. The licensee must remain in continuous attendance.

3. The licensee must sign out with the Executive Director of the Board at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. A licensee may receive CME credit in risk management for attending the disciplinary portion of a Board meeting only if he or she is attending on that date solely for that purpose; he or she may not receive such credit if appearing at the Board meeting for another purpose. A member of the Board of Medicine may obtain 10 hours of continuing medical education per biennium in the subject area of risk management for attendance at the disciplinary portion of Board meetings.

(4) Up to 5 hours, per biennium, of continuing education credit may be fulfilled by performing pro bono medical services, for an entity serving the indigent, underserved populations or in areas of critical need within the state where the licensee practices. The standard for determining indigency shall be low-income (no greater than 150% of the federal poverty level) or uninsured persons. Credit shall be given on an hour per hour basis.

(a) The Board approves for credit under this rule, the following entities:

1. The Department of Health;
2. Community and Migrant Health Centers funded under section 330 of the United States Public Health Service Act; and
3. Volunteer Health Care provider programs contracted to provide uncompensated care under the provisions of [Section 766.1115, F.S.](#), with the Department of Health.

(b) For services provided to an entity not specified under this rule, a licensee must apply for prior approval in order to receive credit. In the application for approval, licensees shall disclose the type, nature and extent of services to be rendered, the facility where the services will be rendered, the number of patients expected to be served, and a statement indicating that the patients to be served are indigent. If the licensee intends to provide services in underserved or critical need areas, the application shall provide a brief explanation as to those facts.

(c) Unless otherwise provided through Board order, no licensee who is subject to a disciplinary action that requires additional continuing education as a penalty, shall be permitted to use pro-bono medical services as a method of meeting the additional continuing education requirements.

(5) Upon request by the Board or Department, the licensee must submit satisfactory documentation of compliance with the requirements set forth above.

(6) Renewal of Licensure as a Prescribing Physician Assistant. In addition to the requirements of subsection (2) above, a prescribing physician assistant shall attest to having completed a minimum of 10 hours of continuing education in the specialty area(s) of the supervising physician(s), during the previous 2 years. These hours may be utilized to meet the general continuing education requirement.

(7) Reactivation of Inactive License. To reactivate a license that has been inactive for two (2) consecutive biennial cycles, the licensee must:

(a) Submit to the Department the original inactive license;

(b) Provide the Department with licensure verification from each state in which the licensee is licensed to practice as a physician assistant, or a statement that the licensee is licensed only in Florida;

(c) Provide to the Department a statement of medical activities from the date the licensee became inactive to the present; or, if the licensee has not practiced as a physician assistant for at least 2 of the 4 years preceding application for reactivation, the licensee must:

1. Successfully complete the 16 credit hour Graduate Clerkship offered by Nova Southeastern University (Physician Assistant Department) or an equivalent program approved by the Council; and

2. Practice under the direct supervision of a supervising physician approved by the Council for one (1) year.

3. In lieu of proof of completion of the Graduate Clerkship or the equivalent, the licensee may submit proof of recertification by NCCPA;

(d) Submit to the Department a statement of any criminal or disciplinary actions pending in any jurisdiction;

(e) Submit proof of completion of the continuing medical education requirements in compliance with paragraphs 64B8-30.005(2)(c), (d), (e), and (f), F.A.C., for each biennium in which the license was inactive; and

(f) Pay the appropriate fees.

(8) Licensure Renewal or Reactivation Applications.

(a) Application for renewal as a licensed Physician Assistant and as a Prescribing Physician Assistant or for reactivation must be made upon forms supplied by the Council, and incorporated in Rule 64B8-1.007, F.A.C.

(b) Renewal or reactivation application forms submitted to the Council must be complete in every detail and must be typed or legibly printed in black ink.

(9) The renewal and reactivation fees are found in Rule 64B8-30.019 or 64B15-6.013, F.A.C.

(10) The failure of any license holder to renew the license before the license expires shall cause the license to become delinquent.

(a) The delinquent status licensee must apply for active or inactive license status during the licensure cycle in which the license becomes delinquent. The failure by the delinquent status licensee to become active or inactive before the expiration of the licensure cycle in which the license became delinquent shall render the license null and void without further action by the Board or the Department.

(b) The delinquent status licensee who applies for active or inactive licensure shall:

1. File with the Department the completed application for either active or inactive license status;

2. Pay to the Board the applicable license renewal fee, the delinquency fee, and if applicable, the processing fee; and

3. If active status is elected, demonstrate compliance with the continuing education requirements found in Rule 64B8-30.005, F.A.C.

(11) Licensees who are spouses of members of the Armed Forces of the United States shall be exempt from all licensure renewal provisions for any period of time which the licensee is absent from the State of Florida due to the spouse's duties with the Armed Forces. The licensee must document the absence and the spouse's military status to the Board in order to obtain the exemption. Upon the licensee's return to Florida, the licensee must inform the Department of his or her return within 30 days.

(12) Reactivation of a retired status license. To reactivate the license of a retired status licensee whose license has been on retired status for more than five (5) years or a licensee from another state who has not been in the active practice of medicine within the past five (5) years shall be required to appear before the Council and establish the ability to practice with the care and skill sufficient to protect the health, safety, and welfare of the public. At the time of such appearance, the physician assistant must:

(a) Surrender to the Department the original retired status license;

(b) Provide the Department with licensure verification from each state in which the licensee is licensed to practice as a physician assistant, or a statement that the licensee is licensed only in Florida;

(c) Provide to the Department a statement of medical activities from the date the licensee entered retired status to the present;

(d) Provide documentation of successful completion of the 16 credit hour Graduate Clerkship offered by Nova Southeastern University (Physician Assistant Department) or an equivalent program approved by the Council;

(e) Practice under the direct supervision of a supervising physician approved by the Council for one (1) year;

(f) Submit proof of completion of the continuing medical education requirements in compliance with paragraphs 64B8-30.005(2)(c)-(f), F.A.C., for each biennium in which the license was inactive; and

(g) Pay the appropriate fees set forth in Section 456.036(4)(b), F.S. and subsections 64B8-30.019(6) and (10), F.A.C.

(h) In lieu of proof of completion of the Graduate Clerkship or the equivalent, the licensee may submit proof of recertification by NCCPA.

(13) The Department shall refuse to reactivate the license of a retired status physician assistant who is under investigation or prosecution in any jurisdiction for an action that would constitute a violation of this chapter or the professional practice acts administered by the department and the boards, until 15 days after the Department receives the final results of the investigation or prosecution.

As you can see the procedure for reactivation of a license is quite lengthy and costly. The advice here is to maintain the licensure if there is any possibility you will need it again.

*Specific Authority 456.013, 456.031(1)(a), 456.033(1), 458.309, 458.347 FS. Law Implemented 456.013, 456.031(1), 456.033, 456.036, 458.347 FS. History–New 5-13-87, Amended 1-9-92, Formerly 21M-17.0035, Amended 9-21-93, Formerly 61F6-17.0035, Amended 11-30-94, Formerly 59R-30.005, Amended 6-7-98, 3-3-02, 10-12-03, 7-27-04, 10-19-04, 2-25-07, 11-11-07, 6-2-08.*

*License renewal is done online now through the state website.*

#### **64B8-30.006 Dispensing Drugs.**

Only those physician assistants authorized by law and rule to prescribe shall be permitted to dispense sample drugs to patients. Dispensing of sample drugs to patients shall be permitted only when no charge is made to the patient or a third party for the service or the drugs and if the sample being dispensed could otherwise have been legally prescribed by the physician assistant. This rule shall not be construed to prohibit a physician assistant employed in a county health department from ordering and providing patients with prepackaged and pre-labeled drugs in accordance with Section 154.04(1)(c), F.S.

*Specific Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History–New 7-25-95, Formerly 59R-30.006, Amended 3-26-06.*

*If a PA has a prescribing license, that PA may dispense drugs and sample drugs if their supervising physician has delegated prescribing authority to the PA. If the PA does not have a prescribing license then they cannot dispense drugs or sample drugs. PAs dispense under their supervising physician's dispensing license and are not required to get a separate dispensing license.*

#### **64B8-30.007 Requirements and Limitations of Prescribing Privileges.**

Written prescriptions shall be subject to the following requirements:

(1) Each supervising physician and prescribing physician assistant shall enter into and keep on file a written agreement outlining which medicinal drugs not prohibited by the formulary the supervising physician has specifically authorized the physician assistant to prescribe.

(2) Each agreement must be signed and dated by all parties and maintained on file for at least five (5) years.

(3) Any such agreement must be provided to the Department, the Council or any agent of one of them upon request.

*Specific Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History–New 9-21-93, Formerly 61F6-17.0037, Amended 5-6-96, Formerly 59R-30.007, Amended 5-12-98, 7-30-03.*

#### **64B8-30.008 Formulary.**

(1) PHYSICIAN ASSISTANTS APPROVED TO PRESCRIBE MEDICINAL DRUGS UNDER THE PROVISIONS OF SECTION 458.347(4)(e) OR 459.022(4)(e), F.S., ARE NOT AUTHORIZED TO PRESCRIBE THE FOLLOWING MEDICINAL DRUGS, IN PURE FORM OR COMBINATION:

*The below medications are **excluded** from the formulary for PAs. Physician assistants cannot under any circumstances give a patient a written prescription signed by the physician assistant for any controlled medicinals. PAs may call in prescriptions for controlled medicinals to a pharmacy only as directed by their supervising physician for those medications that do not require a written prescription by a physician.*

(a) Controlled substances, as defined in Chapter 893, F.S.

(b) General, spinal or epidural anesthetics.

(c) Radiographic contrast materials.

(2) A supervising physician may delegate to a prescribing physician assistant only such authorized medicinal drugs as are used in the supervising physician's practice, not listed in subsection (1).

*This provision indicates that the PA may prescribe only those medications used in the scope of their supervising physicians' practice. **If a PA prescribes medications outside the scope of their practice then they will be subject to disciplinary action.***

(3) Subject to the requirements of this subsection, Sections 458.347 and 459.022, F.S., and the rules enacted there under, drugs not appearing on this formulary may be delegated by a supervising physician to a prescribing physician assistant to prescribe.

(4) Nothing herein prohibits a supervising physician from delegating to a physician assistant the authority to order medicinal drugs for a hospitalized patient of the supervising physician, nor does anything herein prohibit a supervising physician from delegating to a physician assistant the administration of a medicinal drug under the direction and supervision of the physician.

*PAs may sign a written order in the hospital for any drug, including controlled medicinals, used in the scope of their supervising physicians practice in a hospital setting. Inpatient orders must be cosigned by a physician within the required time frame as per the hospital's bylaws. This has been affirmed by a legal opinion by the Florida Attorney General's office on two occasions but this continues to be an issue that is challenged on occasion by hospitals.*

*Specific Authority 458.309, 458.347(4)(f)1. FS. Law Implemented 458.347(4)(e), (f) FS. History—New 3-12-94, Formerly 61F6-17.0038, Amended 11-30-94, 2-22-95, 1-24-96, 11-13-96, 3-26-97, Formerly 59R-30.008, Amended 11-26-97, 1-11-99, 12-28-99, 6-20-00, 11-13-00, 2-15-02, 7-30-03.*

### **64B8-30.009 Requirements for Approval of Training Programs.**

(1) Any Physician Assistant program wishing to be approved and recognized by the State of Florida must have been accredited by the Committee on Allied Health, Education, and Accreditation. For those allopathic Physician Assistant training programs graduating Physician Assistants prior to February 1973, any graduate is deemed eligible to be licensed as a Physician Assistant in the State of Florida, provided the graduate has been recognized by the National Commission on Certification of Physician Assistants as a formally trained Physician Assistant. For those osteopathic Physician Assistant training programs graduating Physician Assistants prior to 1974, any graduate is deemed eligible to be licensed as a Physician Assistant in the State of Florida, provided the graduate has been recognized by the National Commission on Certification of Physician Assistants as a formally trained Physician Assistant.

(2) The Council shall maintain a list of all accredited programs published by the Committee on Allied Health, Education, and Accreditation and the Commission on Accreditation or its Allied Health Education Programs or its successor.

*Specific Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History—New 4-28-76, Amended 11-15-78, 12-5-79, 7-1-80, 10-23-80, 5-26-85, 12-4-85, Formerly 21M-17.05, Amended 5-13-87, 5-22-88, Formerly 21M-17.005, 61F6-17.005, 59R-30.009, Amended 6-7-98, 3-28-99.*

### **64B8-30.011 Advertising.**

(1) Advertising by physician assistants is permitted so long as such information is in no way false, deceptive, or misleading.

(2) Physician assistant advertisements shall disclose the name of the primary supervising physician of the physician assistant advertising his or her services.

*If a PA advertises, they must include the name of their primary supervising physician. Business cards, brochures, newspaper ads, magazine ads, websites are all considered forms of advertising for the purpose of this provision.*

(3) Physician assistants may not claim any type of specialty board certification.

*There are no recognized specialty boards for physician assistants. The NCCPA is a certification but is not legally considered a specialty board. "Specialty board certification" implies one has completed additional training and passed a special board certification examination.*

(4) Only physician assistants certified by the National Commission on Certification of Physician Assistants (NCCPA) may claim certification and employ the abbreviation "PA-C" next to his or her name.

*PA-C can be used only by those who are currently NCCPA certified. Passage of the NCCPA examination and maintenance of that certification by NCCPA standards is required to use the PA-C abbreviation. If a PA has passed the NCCPA examination but has not maintained certification through the required CME and examination process, then they are no longer eligible to use the PA-C abbreviation. Using PA-C in itself implies current certification by the NCCPA.*

(5) No person licensed pursuant to Section 458.347, F.S., shall disseminate or cause the dissemination of any advertisement or advertising that contains the licensee's name without clearly identifying the licensee as a physician assistant (P.A.).

(6) Failure to abide by the provisions of this rule shall constitute a violation of Sections 458.331(1)(d) and (nn) and 456.072(1)(dd), F.S..

*Specific Authority 458.347(13) FS. Law Implemented 456.072(1)(t), 458.331(1)(d) FS. History—New 9-25-03, Amended 7-11-07.*

### **64B8-30.0111 Disclosure of Licensure Status.**

All persons licensed pursuant to Section 458.347, F.S., and not exempt pursuant to Section 456.072(1)(t), F.S., shall identify the license under which he or she practices in one of the following manners:

(1) The wearing of a name tag which identifies the licensee as a physician assistant (P.A.);

(2) The wearing of an article of clothing on the upper body which identifies the licensee as a physician assistant (P.A.);

(3) By orally disclosing to the patient, upon the licensee's initial in-person contact with the patient, that the licensee is a physician assistant;

(4) By providing, upon the licensee's initial in-person contact with the patient, a business card or similar document which identifies the licensee as a physician assistant (P.A.);

(5) By placing notification in the lobby or waiting area of the location where the licensee practices, which contains a photo of the licensee and which identifies the licensee as a physician assistant (P.A.).

*Specific Authority 458.347, 456.072(1)(t) FS. Law Implemented 456.072(1)(t) FS. History—New 7-11-07.*

*The laws now require all practitioners to properly identify themselves and their level of professional training to the patient. Note the rule states that the PA must identify themselves in only one of the five manners allowed.*

### **64B8-30.012 Physician Assistant Performance.**

(1) A supervising physician shall delegate only tasks and procedures to the physician assistant which are within the supervising physician's scope of practice. The physician assistant may work in any setting that is within the scope of practice of the supervising physician's practice. The supervising physician's scope of practice shall be defined for the purpose of this section as "those tasks and procedures which the supervising physician is qualified by training or experience to perform."

*This should be fairly clear. If a supervising physician is trained to do it in their practice then a PA working under her/him may do it as well if the physician delegates those tasks and procedures to them.*

(2) The decision to permit the physician assistant to perform a task or procedure under direct or indirect supervision is made by the supervising physician based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient. Furthermore, the supervising physician must be certain that the physician assistant is knowledgeable and skilled in performing the tasks and procedures assigned.

*A PA can do only those tasks and procedures that they have demonstrated skill and knowledge in the performance of those skills and if the supervising physician is certain the PA can do them safely.*

(a) The following duties are not permitted to be delegated at all, except where expressly authorized by statute:

1. Prescribing, dispensing, or compounding medicinal drugs.
2. Final Diagnosis.

***This means that a PA cannot perform these duties under direct or indirect supervision.***

(b) The following duties are not permitted to be performed under indirect supervision:

1. Routine insertion of chest tubes and removal of pacer wires or left atrial monitoring lines.
2. Performance of cardiac stress testing.
3. Routine insertion of central venous catheters.
4. Injection of intrathecal medication without prior approval of the supervising physician.
5. Interpretation of laboratory tests, X-ray studies and EKG's without the supervising physician interpretation and final review.
6. Administration of general, spinal, and epidural anesthetics; this may be performed under direct supervision only by physician assistants who graduated from Board-approved programs for the education of anesthesiology assistants.

***A PA cannot perform these six duties under indirect supervision.***

(3) All tasks and procedures performed by the physician assistant must be documented in the appropriate medical record.

*PAs must document their care in the appropriate medical record.*

(4) In a medical emergency the physician assistant will act in accordance with his or her training and knowledge to maintain life support until a licensed physician assumes responsibility for the patient.

*Specific Authority 458.309, 458.347(4)(a), (13) FS. Law Implemented 458.347(2), (3), (4), (13) FS. History—New 5-13-87, Amended 7-7-87, 11-15-88, 9-15-92, Formerly 21M-17.012, Amended 11-4-93, Formerly 61F6-17.012, 59R-30.012, Amended 10-13-98, 3-28-99, 11-17-03.*

### **64B8-30.013 Notice of Noncompliance.**

(1) Pursuant to Section 456.073(3), F.S., the department is authorized to provide a notice of noncompliance for an initial offense of a minor violation if the board establishes by rule a list of minor violations. A minor violation is one which does not endanger the public health, safety, and welfare and which does not demonstrate a serious inability to practice the profession. A notice of noncompliance in lieu of other action is authorized only if the violation is not a repeat violation and only if there is only one violation. If there are multiple violations, then the Department may not issue a notice of noncompliance, but must prosecute the violations under the other provisions of Section 456.073, F.S. A notice of noncompliance may be issued to a licensee for a first time violation of one or both of the violations listed in paragraph (3)(b). Failure of a licensee to take action in correcting the violation within 15 days after notice shall result in the institution of regular disciplinary proceedings.

(2) The department shall submit to the board a monthly report detailing the number of notices given, the number of cases completed through receipt of a notarized statement of compliance from the licensee, and the types of violations for which notices of noncompliance have been issued. Notices of noncompliance shall be considered by the probable cause panels when reviewing a licensee's subsequent violations of a same or similar offense.

(3) The following violations are those for which the board authorizes the Department to issue a notice of noncompliance:

(a) Failing to include the specific disclosure statement required by Section 456.062, F.S., in any advertisement for a free, discounted fee, or reduced fee service, examination or treatment.

(b) Violating any of the following provisions of Chapter 458, F.S., as prohibited by Sections 458.347(7)(g) and 458.331(1)(x), F.S.:

1. Section 458.347(1), F.S., which provides for criminal penalties for the practice as a physician assistant without an active license. A notice of noncompliance would be issued for this violation only if the subject of the investigation met the following criteria: the subject was the holder of a license to practice as a physician assistant at all time material to the matter; that license was otherwise in good standing; and that license was or will be renewed and placed in an active status within 90 days of the date it reverted to delinquent status based on failure to renew the license. If the license was in a delinquent status for more than 90 days and the individual

continued to practice, then the matter would proceed under the other provisions of Sections 456.073 and 456.035(1), F.S.

2. Failing to notify the board of a change of practice location, contrary to Sections 458.319(3) and 456.035(1), F.S.

3. Failure to timely notify the Department of a change of supervision (addition or deletion of a supervisor)(Section 458.347(7)(e), (g), F.S.) *Specific Authority 456.073(3), 458.309, 458.347(7)(e), (g), (12) FS. Law Implemented 456.073(3), 458.331, 458.347(7)(g), (12) FS. History—New 3-3-02, Amended 8-2-06.*

#### **64B8-30.014 Citation Authority.**

In lieu of the disciplinary procedures contained in Section 456.073, F.S., the offenses enumerated in this rule may be disciplined by the issuance of a citation. The citation shall include a requirement that the licensee correct the offense, if possible, within a specified period of time, impose whatever obligations will correct the offense, and impose the prescribed penalty.

(1) Pursuant to Section 456.077, F.S., the Board sets forth below those violations for which there is no substantial threat to the public health, safety, and welfare; or, if there is a substantial threat to the public health, safety, and welfare, such potential for harm has been removed prior to the issuance of the citation. Next to each violation is the penalty to be imposed. In addition to any administrative fine imposed, the Respondent may be required by the department to pay the costs of investigation.

(2) If the violation constituted a substantial threat to the public health, safety, and welfare, such potential for harm must have been removed prior to issuance of the citation.

(3) The following violations with accompanying penalty may be disposed of by citation with the specified penalty:

*The rest of this section of the Florida Administrative Code deals with specific penalties for violations. It can be reviewed online at the state website.*

*The monetary penalties for all practitioners have been drastically increased in the past couple of years.*

***On the official website of the Florida Academy, [www.fapaonline.org](http://www.fapaonline.org), there are links to all pertinent statutes and rules pertaining to PA practice in the State of Florida on the state website with the most up to date forms available from the state.***



**A CONTINUING MEDICAL EDUCATION PRESENTATION  
FROM THE FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS**

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**PA PRACTICE IN FLORIDA:  
WHAT EVERY PA AND SUPERVISING PHYSICIAN NEEDS TO KNOW**

**SELF ASSESSMENT POST TEST**

Select the single best answer: Use the attached answer sheet to submit.

1. Florida statutes states “supervision” as which of the following?
  - a. responsible supervision and control.
  - b. easy availability or physical presence of the licensed physician
  - c. the ability to communicate by way of telecommunication
  - d. all the above.
  
2. The maximum number of physician assistants that a physician may supervise at any one time is which of the following?
  - a. two
  - b. three
  - c. four
  - d. six
  
3. A board certified gastroenterologist could supervise a physician assistant working in an acute care clinic provided such physician works in that clinic setting.
  - a. True
  - b. False

4. Which of the following are true regarding qualifying for prescriptive privileges for PAs in Florida?
  - a. you must have three months of clinical experience in the specialty for which you are applying for prescriptive privileges
  - b. you must have ten hours of CME in your specialty each renewal cycle
  - c. you cannot begin prescribing medications until you receive a state prescriber number via the state online provider profile
  - d. b and c above
  
5. Prescription forms must include which of the following?
  - a. information may be pre-printed on the forms
  - b. must include the supervising physician's name, practice address, and telephone number
  - c. prescribing physician assistant's name, practice address and prescriber number
  - d. all the above
  
6. Pertaining to prescribing privileges
  - a. ordering controlled medications in a hospital setting is not affected by the prescribing law
  - b. telephone orders for medications must be done under the supervising physician's name
  - c. prescriptions written by a prescribing PA must be filled in a pharmacy licensed in the state of Florida
  - d. all the above
  
7. The CME requirements for PA license renewal include which of the following?
  - a. 100 hours of CME every two years
  - b. NCCPA certification meets the CME requirements
  - c. ten hours of CME in the area(s) of your specialty(s) if you are a prescribing PA
  - d. all the above
  
8. The supervision data form must be submitted
  - a. within 30 days of any employment change
  - b. if a supervising physician is added or deleted from a practice setting
  - c. once a year
  - d. each renewal cycle
  - e. a and b above

- 9. New graduates are eligible for a temporary license under which of the following circumstances?**
- a. until they sit for the next available NCCPA exam and for 30 days after**
  - b. until they pass the exam in up to five attempts**
  - c. a one time extension of the temporary license for up to one year if they fail the first exam**
  - d. a and c above**
- 10. The PA Council**
- a. Makes recommendations to the boards regarding all matters relating to PAs**
  - b. At least two members must be physicians who supervise a PA**
  - c. Cannot refuse to certify an applicant for licensure**
  - d. Can recommend a conditional license including probation and restrictions as felt warranted**
  - e. a, b, and d above**
- 11. Which of the following is true regarding supervising physicians?**
- a. a physician in their primary office in Jacksonville can supervise a PA in Orlando**
  - b. each office must have a posting of office hours noting when the physician is going to be there and when the office is open in their absence**
  - c. a specialist can have up to four satellite offices that they supervise**
  - d. the supervising physician does not have to practice in the same specialty as the physician assistant which he/she is supervising**
- 12. Direct supervision by Florida statute refers to which of the following?**
- a. the physician is in town and available**
  - b. easy availability of the supervising physician**
  - c. physical presence of the supervising physician on the premises**
  - d. none of the above**
- 13. PAs can dispense drugs**
- a. if they have prescribing privileges**
  - b. if they have a dispensing license and charge no fee for them on their own**
  - c. if the supervising physician has a dispensing license and has delegated dispensing authority to the PA**
  - d. a and c**

- 14. Which of the following are PAs allowed to perform under indirect supervision?**
- a. chest tube insertion**
  - b. cardiac stress testing**
  - c. injection of intrathecal medication**
  - d. interpret EKG's**
  - e. none of the above**
- 15. Which of the following is true?**
- a. You can advertise your services independent of a supervising physician**
  - b. You must identify yourself as a Physician Assistant in one of 5 ways**
  - c. You are required to verbally identify yourself each time as a Physician Assistant**
  - d. You can make a final diagnosis.**
- 16. Which of the following is true regarding hospital privileges for PAs?**
- a. PAs are guaranteed the right to have hospital privileges if you are licensed**
  - b. Hospitals cannot refuse privileges if the supervising physician is a staff member in good standing**
  - c. Hospitals must grant privileges only if the PA is NCCPA certified**
  - d. None of the above**
- 17. Scope of practice refers to which of the following conditions?**
- a. physician(s) supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform**
  - b. any specialty a physician chooses to practice in**
  - c. qualified means board certified**
  - d. a and b above**
  - e. a, b, and c above**
- 18. Which of the following is true in regards to prescribing privileges?**
- a. if you work part-time in a different specialty you will need to submit a separate prescribing privileges application form for the second specialty**
  - b. if the PA works part-time in a different specialty they do NOT need to submit a separate prescribing privileges application form for the second specialty**
  - c. neither of the above**

- 19. CME requirements for PAs include which of the following?**
- a. One hour of HIV CME prior to first renewal of license**
  - b. Two hours of medical errors CME every renewal cycle**
  - c. Two hours of domestic violence CME every six years**
  - d. all the above**
- 20. Which of the following are true.**
- a. In a specialty office the hours the physician will be there must be posted**
  - b. In a specialty office the patient must sign a form indicating their choice of practitioner**
  - c. Category I (Pre-approved) CME hours must come from state approved providers**
  - d. All the above**



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**PA PRACTICE IN FLORIDA:  
WHAT EVERY PA AND SUPERVISING PHYSICIAN NEEDS TO KNOW**

**SELF ASSESSMENT POST TEST ANSWER SHEET**

Name: \_\_\_\_\_ Date \_\_\_\_\_

Fill in the box next to the most correct answer

- |     |                            |                                       |                                       |                                       |                                       |     |                                       |                                       |                                       |                                       |                                       |
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| 7.  | <input type="checkbox"/> a | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d | <input type="checkbox"/> e            | 17. | <input type="checkbox"/> a            | <input checked="" type="checkbox"/> b | <input type="checkbox"/> c            | <input type="checkbox"/> d            | <input type="checkbox"/> e            |
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| 9.  | <input type="checkbox"/> a | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d | <input type="checkbox"/> e            | 19. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d | <input type="checkbox"/> e            |
| 10. | <input type="checkbox"/> a | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input type="checkbox"/> d            | <input checked="" type="checkbox"/> e | 20. | <input type="checkbox"/> a            | <input type="checkbox"/> b            | <input type="checkbox"/> c            | <input checked="" type="checkbox"/> d | <input type="checkbox"/> e            |

**Title XXXII**  
REGULATION OF PROFESSIONS AND  
OCCUPATIONS

**Chapter 458**  
MEDICAL  
PRACTICE

**View Entire  
Chapter**

**458.347 Physician assistants.—**

(1) LEGISLATIVE INTENT.—

(a) The purpose of this section is to encourage more effective utilization of the skills of physicians or groups of physicians by enabling them to delegate health care tasks to qualified assistants when such delegation is consistent with the patient’s health and welfare.

(b) In order that maximum skills may be obtained within a minimum time period of education, a physician assistant shall be specialized to the extent that he or she can operate efficiently and effectively in the specialty areas in which he or she has been trained or is experienced.

(c) The purpose of this section is to encourage the utilization of physician assistants by physicians and to allow for innovative development of programs for the education of physician assistants.

(2) DEFINITIONS.—As used in this section:

(a) “Approved program” means a program, formally approved by the boards, for the education of physician assistants.

(b) “Boards” means the Board of Medicine and the Board of Osteopathic Medicine.

(c) “Council” means the Council on Physician Assistants.

(d) “Trainee” means a person who is currently enrolled in an approved program.

(e) “Physician assistant” means a person who is a graduate of an approved program or its equivalent or meets standards approved by the boards and is licensed to perform medical services delegated by the supervising physician.

(f) “Supervision” means responsible supervision and control. Except in cases of emergency, supervision requires the easy availability or physical presence of the licensed physician for consultation and direction of the actions of the physician assistant. For the purposes of this definition, the term “easy availability” includes the ability to communicate by way of telecommunication. The boards shall establish rules as to what constitutes responsible supervision of the physician assistant.

(g) “Proficiency examination” means an entry-level examination approved by the boards, including, but not limited to, those examinations administered by the National Commission on Certification of Physician Assistants.

(h) “Continuing medical education” means courses recognized and approved by the boards, the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association, or the Accreditation Council on Continuing Medical Education.

(3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform and shall be individually or collectively responsible and liable for the performance and the acts and omissions of the physician assistant. A physician may not supervise more than four currently licensed physician assistants at any one time. A physician supervising a physician assistant pursuant to this section may not be required to review and cosign charts or medical records prepared by such physician assistant.

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(a) The boards shall adopt, by rule, the general principles that supervising physicians must use in developing the scope of practice of a physician assistant under direct supervision and under indirect supervision. These principles shall recognize the diversity of both specialty and practice settings in which physician assistants are used.

(b) This chapter does not prevent third-party payors from reimbursing employers of physician assistants for covered services rendered by licensed physician assistants.

(c) Licensed physician assistants may not be denied clinical hospital privileges, except for cause, so long as the supervising physician is a staff member in good standing.

(d) A supervisory physician may delegate to a licensed physician assistant, pursuant to a written protocol, the authority to act according to s. [154.04\(1\)\(c\)](#). Such delegated authority is limited to the supervising physician's practice in connection with a county health department as defined and established pursuant to chapter 154. The boards shall adopt rules governing the supervision of physician assistants by physicians in county health departments.

(e) A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervisory physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the patient that he or she is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician prior to any prescription being prescribed or dispensed by the physician assistant.

2. The supervisory physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and notify the department of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. [465.0276](#).

3. The physician assistant must file with the department, before commencing to prescribe or

dispense, evidence that he or she has completed a continuing medical education course of at least 3 classroom hours in prescriptive practice, conducted by an accredited program approved by the boards, which course covers the limitations, responsibilities, and privileges involved in prescribing medicinal drugs, or evidence that he or she has received education comparable to the continuing education course as part of an accredited physician assistant training program.

4. The physician assistant must file with the department a signed affidavit that he or she has completed a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal application.

5. The department shall issue a license and a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the foregoing requirements. The physician assistant shall not be required to independently register pursuant to s. [465.0276](#).

6. The prescription must be written in a form that complies with chapter 499 and must contain, in addition to the supervisory physician's name, address, and telephone number, the physician assistant's prescriber number. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The appearance of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.

7. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

8. This paragraph does not prohibit a supervisory physician from delegating to a physician assistant the authority to order medication for a hospitalized patient of the supervisory physician.

This paragraph does not apply to facilities licensed pursuant to chapter 395.

(f)1. The council shall establish a formulary of medicinal drugs that a fully licensed physician assistant, licensed under this section or s. [459.022](#), may not prescribe. The formulary must include controlled substances as defined in chapter 893, general anesthetics, and radiographic contrast materials.

2. In establishing the formulary, the council shall consult with a pharmacist licensed under chapter 465, but not licensed under this chapter or chapter 459, who shall be selected by the State Surgeon General.

3. Only the council shall add to, delete from, or modify the formulary. Any person who requests an addition, deletion, or modification of a medicinal drug listed on such formulary has the burden of proof to show cause why such addition, deletion, or modification should be made.

4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of chapter 120 to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each fully licensed physician assistant, licensed under this section or s. [459.022](#), and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed \$200 to fund the provisions of this paragraph and paragraph (e).

(5) PERFORMANCE BY TRAINEES.—Notwithstanding any other law, a trainee may perform medical services when such services are rendered within the scope of an approved program.

(6) PROGRAM APPROVAL.—

(a) The boards shall approve programs, based on recommendations by the council, for the education and training of physician assistants which meet standards established by rule of the boards. The council may recommend only those physician assistant programs that hold full accreditation or provisional accreditation from the Commission on Accreditation of Allied Health Programs or its successor organization. Any educational institution offering a physician assistant program approved by the boards pursuant to this paragraph may also offer the physician assistant program authorized in paragraph (c) for unlicensed physicians.

(b) The boards shall adopt and publish standards to ensure that such programs operate in a manner that does not endanger the health or welfare of the patients who receive services within the scope of the programs. The boards shall review the quality of the curricula, faculties, and facilities of such programs and take whatever other action is necessary to determine that the purposes of this section are being met.

(c) Any community college with the approval of the State Board of Education may conduct a physician assistant program which shall apply for national accreditation through the American Medical Association's Committee on Allied Health, Education, and Accreditation, or its successor organization, and which may admit unlicensed physicians, as authorized in subsection (7), who are graduates of foreign medical schools listed with the World Health Organization. The unlicensed physician must have been a resident of this state for a minimum of 12 months immediately prior to admission to the program. An evaluation of knowledge base by examination shall be required to grant advanced academic credit and to fulfill the necessary requirements to graduate. A minimum of one 16-week semester of supervised clinical and didactic education, which may be completed simultaneously, shall be required before graduation from the program. All other provisions of this section shall remain in effect.

(7) PHYSICIAN ASSISTANT LICENSURE.—

(a) Any person desiring to be licensed as a physician assistant must apply to the department.

The department shall issue a license to any person certified by the council as having met the following requirements:

1. Is at least 18 years of age.
2. Has satisfactorily passed a proficiency examination by an acceptable score established by the National Commission on Certification of Physician Assistants. If an applicant does not hold a current certificate issued by the National Commission on Certification of Physician Assistants and has not actively practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the National Commission on Certification of Physician Assistants to be eligible for licensure.

3. Has completed the application form and remitted an application fee not to exceed \$300 as set by the boards. An application for licensure made by a physician assistant must include:

- a. A certificate of completion of a physician assistant training program specified in subsection (6).
- b. A sworn statement of any prior felony convictions.
- c. A sworn statement of any previous revocation or denial of licensure or certification in any state.
- d. Two letters of recommendation.

(b)1. Notwithstanding subparagraph (a)2. and sub-subparagraph (a)3.a., the department shall examine each applicant who the Board of Medicine certifies:

- a. Has completed the application form and remitted a nonrefundable application fee not to exceed \$500 and an examination fee not to exceed \$300, plus the actual cost to the department to provide the examination. The examination fee is refundable if the applicant is found to be ineligible to take the examination. The department shall not require the applicant to pass a separate practical component of the examination. For examinations given after July 1, 1998, competencies measured through practical examinations shall be incorporated into the written examination through a multiple-choice format. The department shall translate the examination into the native language of any applicant who requests and agrees to pay all costs of such translation, provided that the translation request is filed with the board office no later than 9 months before the scheduled examination and the applicant remits translation fees as specified by the department no later than 6 months before the scheduled examination, and provided that the applicant demonstrates to the department the ability to communicate orally in basic English. If the applicant is unable to pay translation costs, the applicant may take the next available examination in English if the applicant submits a request in writing by the application deadline and if the applicant is otherwise eligible under this section. To demonstrate the ability to communicate orally in basic English, a passing score or grade is required, as determined by the department or

organization that developed it, on the test for spoken English (TSE) by the Educational Testing Service (ETS), the test of English as a foreign language (TOEFL) by ETS, a high school or college level English course, or the English examination for citizenship, Bureau of Citizenship and Immigration Services. A notarized copy of an Educational Commission for Foreign Medical Graduates (ECFMG) certificate may also be used to demonstrate the ability to communicate in basic English; and

b.(I) Is an unlicensed physician who graduated from a foreign medical school listed with the World Health Organization who has not previously taken and failed the examination of the National Commission on Certification of Physician Assistants and who has been certified by the Board of Medicine as having met the requirements for licensure as a medical doctor by examination as set forth in s. [458.311](#)(1), (3), (4), and (5), with the exception that the applicant is not required to have completed an approved residency of at least 1 year and the applicant is not required to have passed the licensing examination specified under s. [458.311](#) or hold a valid, active certificate issued by the Educational Commission for Foreign Medical Graduates; was eligible and made initial application for certification as a physician assistant in this state between July 1, 1990, and June 30, 1991; and was a resident of this state on July 1, 1990, or was licensed or certified in any state in the United States as a physician assistant on July 1, 1990; or

(II) Completed all coursework requirements of the Master of Medical Science Physician Assistant Program offered through the Florida College of Physician's Assistants prior to its closure in August of 1996. Prior to taking the examination, such applicant must successfully complete any clinical rotations that were not completed under such program prior to its termination and any additional clinical rotations with an appropriate physician assistant preceptor, not to exceed 6 months, that are determined necessary by the council. The boards shall determine, based on recommendations from the council, the facilities under which such incomplete or additional clinical rotations may be completed and shall also determine what constitutes successful completion thereof, provided such requirements are comparable to those established by accredited physician assistant programs. This sub-sub-subparagraph is repealed July 1, 2001.

2. The department may grant temporary licensure to an applicant who meets the requirements of subparagraph 1. Between meetings of the council, the department may grant temporary licensure to practice based on the completion of all temporary licensure requirements. All such administratively issued licenses shall be reviewed and acted on at the next regular meeting of the council. A temporary license expires 30 days after receipt and notice of scores to the licenseholder from the first available examination specified in subparagraph 1. following licensure by the department. An applicant who fails the proficiency examination is no longer temporarily licensed, but may apply for a one-time extension of temporary licensure after reapplying for the next

available examination. Extended licensure shall expire upon failure of the licenseholder to sit for the next available examination or upon receipt and notice of scores to the licenseholder from such examination.

3. Notwithstanding any other provision of law, the examination specified pursuant to subparagraph 1. shall be administered by the department only five times. Applicants certified by the board for examination shall receive at least 6 months' notice of eligibility prior to the administration of the initial examination. Subsequent examinations shall be administered at 1-year intervals following the reporting of the scores of the first and subsequent examinations. For the purposes of this paragraph, the department may develop, contract for the development of, purchase, or approve an examination that adequately measures an applicant's ability to practice with reasonable skill and safety. The minimum passing score on the examination shall be established by the department, with the advice of the board. Those applicants failing to pass that examination or any subsequent examination shall receive notice of the administration of the next examination with the notice of scores following such examination. Any applicant who passes the examination and meets the requirements of this section shall be licensed as a physician assistant with all rights defined thereby.

(c) The license must be renewed biennially. Each renewal must include:

1. A renewal fee not to exceed \$500 as set by the boards.
2. A sworn statement of no felony convictions in the previous 2 years.

(d) Each licensed physician assistant shall biennially complete 100 hours of continuing medical education or shall hold a current certificate issued by the National Commission on Certification of Physician Assistants.

(e) Upon employment as a physician assistant, a licensed physician assistant must notify the department in writing within 30 days after such employment or after any subsequent changes in the supervising physician. The notification must include the full name, Florida medical license number, specialty, and address of the supervising physician.

(f) Notwithstanding subparagraph (a)2., the department may grant to a recent graduate of an approved program, as specified in subsection (6), who expects to take the first examination administered by the National Commission on Certification of Physician Assistants available for registration after the applicant's graduation, a temporary license. The temporary license shall expire 30 days after receipt of scores of the proficiency examination administered by the National Commission on Certification of Physician Assistants. Between meetings of the council, the department may grant a temporary license to practice based on the completion of all temporary licensure requirements. All such administratively issued licenses shall be reviewed and acted on at the next regular meeting of the council. The recent graduate may be licensed prior to

employment, but must comply with paragraph (e). An applicant who has passed the proficiency examination may be granted permanent licensure. An applicant failing the proficiency examination is no longer temporarily licensed, but may reapply for a 1-year extension of temporary licensure. An applicant may not be granted more than two temporary licenses and may not be licensed as a physician assistant until he or she passes the examination administered by the National Commission on Certification of Physician Assistants. As prescribed by board rule, the council may require an applicant who does not pass the licensing examination after five or more attempts to complete additional remedial education or training. The council shall prescribe the additional requirements in a manner that permits the applicant to complete the requirements and be reexamined within 2 years after the date the applicant petitions the council to retake the examination a sixth or subsequent time.

(g) The Board of Medicine may impose any of the penalties authorized under ss. [456.072](#) and [458.331\(2\)](#) upon a physician assistant if the physician assistant or the supervising physician has been found guilty of or is being investigated for any act that constitutes a violation of this chapter or chapter 456.

(h) An application or other documentation required to be submitted to the department under this subsection may be submitted electronically.

(8) DELEGATION OF POWERS AND DUTIES.—The boards may delegate such powers and duties to the council as they may deem proper.

(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on Physician Assistants is created within the department.

(a) The council shall consist of five members appointed as follows:

1. The chairperson of the Board of Medicine shall appoint three members who are physicians and members of the Board of Medicine. One of the physicians must supervise a physician assistant in the physician's practice.

2. The chairperson of the Board of Osteopathic Medicine shall appoint one member who is a physician and a member of the Board of Osteopathic Medicine.

3. The State Surgeon General or his or her designee shall appoint a fully licensed physician assistant licensed under this chapter or chapter 459.

(b) Two of the members appointed to the council must be physicians who supervise physician assistants in their practice. Members shall be appointed to terms of 4 years, except that of the initial appointments, two members shall be appointed to terms of 2 years, two members shall be appointed to terms of 3 years, and one member shall be appointed to a term of 4 years, as established by rule of the boards. Council members may not serve more than two consecutive terms. The council shall annually elect a chairperson from among its members.

(c) The council shall:

1. Recommend to the department the licensure of physician assistants.
2. Develop all rules regulating the use of physician assistants by physicians under this chapter and chapter 459, except for rules relating to the formulary developed under paragraph (4)(f). The council shall also develop rules to ensure that the continuity of supervision is maintained in each practice setting. The boards shall consider adopting a proposed rule developed by the council at the regularly scheduled meeting immediately following the submission of the proposed rule by the council. A proposed rule submitted by the council may not be adopted by either board unless both boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed rules submitted by the council must be approved by both boards pursuant to each respective board's guidelines and standards regarding the adoption of proposed rules. If either board rejects the council's proposed rule, that board must specify its objection to the council with particularity and include any recommendations it may have for the modification of the proposed rule.
3. Make recommendations to the boards regarding all matters relating to physician assistants.
4. Address concerns and problems of practicing physician assistants in order to improve safety in the clinical practices of licensed physician assistants.

(d) When the council finds that an applicant for licensure has failed to meet, to the council's satisfaction, each of the requirements for licensure set forth in this section, the council may enter an order to:

1. Refuse to certify the applicant for licensure;
2. Approve the applicant for licensure with restrictions on the scope of practice or license; or
3. Approve the applicant for conditional licensure. Such conditions may include placement of the licensee on probation for a period of time and subject to such conditions as the council may specify, including but not limited to, requiring the licensee to undergo treatment, to attend continuing education courses, to work under the direct supervision of a physician licensed in this state, or to take corrective action.

(10) INACTIVE AND DELINQUENT STATUS.—A license on inactive or delinquent status may be reactivated only as provided in s. [456.036](#).

(11) PENALTY.—Any person who has not been licensed by the council and approved by the department and who holds himself or herself out as a physician assistant or who uses any other term in indicating or implying that he or she is a physician assistant commits a felony of the third degree, punishable as provided in s. [775.082](#) or s. [775.084](#) or by a fine not exceeding \$5,000.

(12) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—The boards may deny, suspend, or revoke a physician assistant license if a board determines that the physician assistant has violated

this chapter.

(13) **RULES.**—The boards shall adopt rules to implement this section, including rules detailing the contents of the application for licensure and notification pursuant to subsection (7) and rules to ensure both the continued competency of physician assistants and the proper utilization of them by physicians or groups of physicians.

(14) **EXISTING PROGRAMS.**—This section does not eliminate or supersede existing laws relating to other paramedical professions or services and is supplemental to all such existing laws relating to the licensure and practice of paramedical professions.

(15) **LIABILITY.**—Each supervising physician using a physician assistant is liable for any acts or omissions of the physician assistant acting under the physician’s supervision and control.

(16) **LEGAL SERVICES.**—Legal services shall be provided to the council pursuant to s. [456.009\(1\)](#).

(17) **FEES.**—The department shall allocate the fees collected under this section to the council.

**History.**—ss. 1, 8, ch. 79-302; s. 301, ch. 81-259; ss. 2, 3, ch. 81-318; s. 8, ch. 84-543; s. 8, ch. 84-553; ss. 20, 25, 26, ch. 86-245; s. 29, ch. 88-1; s. 15, ch. 88-277; s. 3, ch. 88-361; s. 26, ch. 89-162; s. 2, ch. 90-60; ss. 33, 34, ch. 90-134; s. 2, ch. 91-22; s. 43, ch. 91-201; s. 4, ch. 91-429; s. 1, ch. 92-22; s. 108, ch. 94-218; s. 1, ch. 95-231; s. 1, ch. 96-197; s. 223, ch. 97-101; s. 1094, ch. 97-103; s. 27, ch. 97-264; s. 6, ch. 98-49; s. 49, ch. 98-166; s. 155, ch. 99-251; s. 1, ch. 99-370; s. 100, ch. 99-397; s. 107, ch. 2000-160; ss. 27, 42, ch. 2000-318; s. 1, ch. 2001-100; ss. 23, 55, ch. 2001-277; s. 75, ch. 2002-1; s. 76, ch. 2004-5; s. 15, ch. 2004-41; s. 1, ch. 2007-155; s. 75, ch. 2008-6; s. 1, ch. 2008-86; s. 2, ch. 2009-177; s. 1, ch. 2010-55.

**CHAPTER 64B8-30  
PHYSICIAN ASSISTANT**

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**64B8-30.001 Definitions.**

(1) The term “Primary Supervising Physician” as herein used refers to a physician licensed pursuant to Chapter 458 or Chapter 459, F.S., who assumes responsibility and legal liability for the services rendered by the physician assistant(s) at all times the physician assistant is not under the supervision and control of an alternate supervising physician.

(2) The term “Alternate Supervising Physician” as herein used refers to the physician(s) licensed pursuant to Chapter 458 or Chapter 459, F.S., who assumes responsibility and legal liability for the services rendered by the physician assistant while the physician assistant is under his or her supervision and control.

(3) The term “responsible supervision” as used herein refers to the ability of the supervising physician to responsibly exercise control and provide direction over the services of the physician assistant. In providing supervision, the supervising physician shall periodically review the physician assistant’s performance. It requires the easy availability or physical presence of the supervising physician to the physician assistant. In determining whether supervision is adequate, the following factors should be considered:

- (a) The complexity of the task;
- (b) The risk to the patient;
- (c) The background, training and skill of the physician assistant;
- (d) The adequacy of the direction in terms of its form;
- (e) The setting in which the tasks are performed;
- (f) The availability of the supervising physician;
- (g) The necessity for immediate attention; and
- (h) The number of other persons that the supervising physician must supervise.

(4) The term “direct supervision” as used herein refers to the physical presence of the supervising physician on the premises so that the supervising physician is immediately available to the physician assistant when needed.

(5) The term “indirect supervision” as used herein refers to the easy availability of the supervising physician to the physician assistant, which includes the ability to communicate by telecommunications. The supervising physician must be within reasonable physical proximity.

(6) The term “recent graduate” as herein used refers to a person who completed the approved program no more than two (2) years (twenty-four (24) months) prior to the date the application for licensure as a physician assistant was received.

(7) The term “Fully Licensed Physician Assistant” as used herein refers to those physician assistants who have successfully passed the NCCPA examination or other examination approved by the Board and have been issued a license other than a temporary

license authorized under Section 458.347(7)(b)2., 458.347(7)(f), or 459.022(7), F.S.

*Rulemaking Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History—New 4-28-76, Amended 11-15-78, 12-5-79, 2-3-82, 5-15-85, 12-4-85, Formerly 21M-17.01, Amended 5-13-87, 5-24-88, 11-15-88, Formerly 21M-17.001, Amended 9-21-93, Formerly 61F6-17.001, Amended 4-1-96, Formerly 59R-30.001, Amended 5-12-98, 3-28-99.*

**64B8-30.002 Application for Licensure.**

(1) All persons applying for licensure as a physician assistant shall submit an application to the Department on forms approved by the Council and Boards and provided by the Department.

(2) The application may not be used for more than one year from the date of original submission of the application and fee. The fees are found in Rule 64B8-30.019, F.A.C. After one year from the date that the original application and fee have been received in the Council office, a new application and fee shall be required from any applicant who desires licensure as a physician assistant.

(3) All application information must be submitted no later than 15 days prior to the Council meeting at which the applicant desires his or her application to be considered.

*Rulemaking Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History—New 4-28-76, Amended 2-14-79, 9-3-85, 10-20-85, Formerly 21M-17.02, Amended 5-13-87, 1-9-92, Formerly 21M-17.002, 61F6-17.002, 59R-30.002, Amended 6-7-98, 7-30-03.*

**64B8-30.003 Physician Assistant Licensure.**

(1) Requirements for Licensure.

(a) All applicants for licensure as physician assistants shall submit an application to the Department. The application shall be made on Form DH-MQA 2000, entitled “Application for Licensure as a Physician Assistant,” (revised 10/09), hereby adopted and incorporated by reference, and can be obtained from the Board of Medicine’s website at <http://www.doh.state.fl.us/mqa/PhysAsst/index.html>. The applicant must meet all of the requirements of Section 458.347(7) or 459.022(7), F.S., and the applicant must submit two personalized and individualized letters of recommendation from physicians. Letters of recommendation must be composed and signed by the applicant’s supervising physician, or, for recent graduates, the preceptor physician, and give details of the applicant’s clinical skills and ability. Each letter must be addressed to and directed to the Council on Physician Assistants and must have been written no more than six months prior to the filing of the application.

(b) In addition, upon employment, a licensed physician assistant must notify the Board of Medicine, in writing, utilizing Form DH-MQA 2004, entitled “Supervision Data Form,” (revised 8/10), hereby adopted and incorporated by reference, which can be obtained from the Board of Medicine’s website at <http://www.doh.state.fl.us/mqa/PhysAsst/index.html>, within 30 days of such employment. Any subsequent changes to the physician assistant’s employment must also be made, in writing, within 30 days of such change, utilizing this same form.

(2) Applicants who have not passed the NCCPA PANCE examination within five (5) attempts and have not practiced as a fully licensed physician assistant shall be required to successfully complete a minimum of three (3) months in a full-time review course at an accredited physician assistant program approved by the Chair of the Physician Assistant Committee. Said completion shall be documented by a letter signed by the head of the program stating that the applicant has satisfactorily completed the course.

(3) The applicant must submit a statement documenting completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. One hour of a two hour course which is provided by a facility licensed pursuant to Chapter 395, F.S., for its employees may be used to partially meet this requirement.

(4) Restrictions. For purposes of carrying out the provisions of Sections 458.437(7) and 459.022, F.S., every physician assistant is prohibited from being supervised by any physician whose license to practice medicine is on probation.

(5) Licensure as a Prescribing Physician Assistant.

(a) An applicant for licensure as a prescribing physician assistant shall, together with the supervising physician, jointly submit the “Application for Licensure As a Prescribing Physician Assistant” DH-MQA 2001 (Revised 8/10), which is hereby incorporated by reference and can be obtained from the Board of Medicine’s website at <http://www.doh.state.fl.us/mqa/PhysAsst/index.html>. The same application form may be utilized by any alternate supervising physicians, provided that all supervising physicians practice in the same specialty area and in the same practice setting. A separate application form shall be required for each distinct specialty area of practice, as well as for each distinct practice setting. Satellite offices within the same practice do not constitute distinct practices.

(b) The applicant shall have completed a 3 hour course approved by the Board in prescriptive practice, which course shall cover the limitations, responsibilities, and privileges involved in prescribing medicinal drugs.

(c) The fee for licensure as a prescribing Physician Assistant shall be as set forth in Rule 64B8-30.013, F.A.C., and shall be in addition to any other applicable fees in said rule. No additional fees will be required for any separate application for a distinct area of practice, or a change in practice setting during the same biennium.

(d) Changes to the Application as a Prescribing Physician Assistant shall be made on the form entitled "Application for Changes to the Prescribing License," DH-MQA 2002 (Revised 8/10), which is hereby incorporated by reference and can be obtained from the Board of Medicine's website at <http://www.doh.state.fl.us/mqa/PhysAsst/index.html>.

(6) Registration as a dispensing physician assistant shall be made on the form set forth in subsection 64B8-4.029(4), F.A.C.

*Rulemaking Authority 456.013, 456.031(2), 456.033, 458.309, 458.347 FS. Law Implemented 456.013, 456.017, 456.031, 456.033, 458.347 FS. History—New 4-28-76, Amended 11-15-78, 10-23-80, 12-4-85, Formerly 21M-17.03, Amended 5-13-87, 11-15-88, 11-15-90, 1-9-92, 5-6-93, Formerly 21M-17.003, Amended 9-21-93, Formerly 61F6-17.003, Amended 9-8-94, 11-30-94, 10-25-95, 3-25-96, Formerly 59R-30.003, Amended 6-7-98, 8-19-99, 5-28-00, 3-3-02, 5-19-03, 10-19-03, 11-17-03, 9-5-05, 12-12-05, 10-30-06, 2-25-07, 5-20-09, 2-2-10, 12-6-10.*

#### **64B8-30.004 Change in Employment Status.**

(1) The supervising physician of any physician assistant who is terminated from employment or otherwise ends employment as a physician assistant shall notify the Council in writing within 30 days of such occurrence.

(2) Each physician assistant shall submit changes to the Department on the form approved by the Council and Boards, and provided by the Department within 30 days of any change in employment status.

(3) Upon any change in employment status the licensed physician assistant's prescribing privileges shall immediately be stayed until such time as a new written agreement is entered into pursuant to Rule 64B8-30.007 or 64B15-6.0037, F.A.C., and a new form is filed with the Department.

*Rulemaking Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History—New 5-13-87, Formerly 21M-17.0031, 61F6-17.0031, Amended 9-8-94, 7-25-95, 3-25-96, Formerly 59R-30.004, Amended 6-7-98.*

#### **64B8-30.005 Physician Assistant Licensure Renewal and Reactivation.**

(1) A Physician Assistant must renew his licensure on a biennial basis. Upon request by the Board or Department, the licensee must submit satisfactory documentation of compliance with the requirements set forth below.

(2) Requirements for Renewal.

(a) Completion of the Physician Assistant licensure renewal application on the appropriate form approved by the Council and Boards and provided by the Department.

(b) Submission of a signed, sworn statement of no felony convictions in the previous two years.

(c) Submission of a written statement attesting to completion of 100 hours of Continuing Medical Education in the previous two (2) years or documentation that the licensee is certified at the time of renewal by the National Commission on Certification of Physician Assistants. A minimum of 50 hours must be Category I Continuing Medical Education approved by the American Academy of Physician Assistants, the Accreditation Council for Continuing Medical Education, the American Medical Association, the American Osteopathic Association Council on Continuing Medical Education, or the American Academy of Family Physicians. The remaining 50 hours may be Category II Continuing Medical Education. If not NCCPA certified, the Physician Assistant must be able to produce evidence of the 100 hours of reported CME for the relevant biennium.

(d) As part of every third biennial renewal licensure period, all licensees shall complete two (2) hours of training in domestic violence which includes information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. Home study courses approved by the above agencies will be acceptable.

(e) Upon a licensee's first renewal of licensure, the licensee must document the completion of one (1) hour of Category I

American Medical Association Continuing Medical Education which includes the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; the modes of transmission, including transmission from healthcare worker to patient and patient to healthcare worker; infection control procedures, including universal precautions; epidemiology of the disease; related infections including TB; clinical management; prevention; and current Florida law on AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Any hours of said CME may also be counted toward the CME license renewal requirement. In order for a course to count as meeting this requirement, licensees practicing in Florida must clearly demonstrate that the course includes Florida law on HIV/AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Only Category I hours shall be accepted.

(f) Completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. One hour of a two hour course which is provided by a facility licensed pursuant to Chapter 395, F.S., for its employees may be used to partially meet this requirement.

(3)(a) For purposes of this rule, risk management means the identification, investigation, analysis, and evaluation of risks and the selection of the most advantageous method of correcting, reducing or eliminating identifiable risks.

(b) Five hours of continuing medical education in the subject area of risk management or medical ethics as designated by the licensee at the time of attendance may be obtained by attending one full day or eight (8) hours, whichever is more, of disciplinary hearings at a regular meeting of the Board of Medicine in compliance with the following:

1. The licensee must sign in with the Executive Director of the Board before the meeting day begins.
2. The licensee must remain in continuous attendance.

3. The licensee must sign out with the Executive Director of the Board at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. A licensee may receive CME credit in risk management for attending the disciplinary portion of a Board meeting only if he or she is attending on that date solely for that purpose; he or she may not receive such credit if appearing at the Board meeting for another purpose. A member of the Board of Medicine may obtain 10 hours of continuing medical education per biennium in the subject area of risk management for attendance at the disciplinary portion of Board meetings.

(4) Up to 5 hours, per biennium, of continuing education credit may be fulfilled by performing pro bono medical services, for an entity serving the indigent, underserved populations or in areas of critical need within the state where the licensee practices. The standard for determining indigency shall be low-income (no greater than 150% of the federal poverty level) or uninsured persons. Credit shall be given on an hour per hour basis.

(a) The Board approves for credit under this rule, the following entities:

1. The Department of Health;
2. Community and Migrant Health Centers funded under section 330 of the United States Public Health Service Act; and
3. Volunteer Health Care provider programs contracted to provide uncompensated care under the provisions of Section 766.1115, F.S., with the Department of Health.

(b) For services provided to an entity not specified under this rule, a licensee must apply for prior approval in order to receive credit. In the application for approval, licensees shall disclose the type, nature and extent of services to be rendered, the facility where the services will be rendered, the number of patients expected to be served, and a statement indicating that the patients to be served are indigent. If the licensee intends to provide services in underserved or critical need areas, the application shall provide a brief explanation as to those facts.

(c) Unless otherwise provided through Board order, no licensee who is subject to a disciplinary action that requires additional continuing education as a penalty, shall be permitted to use pro-bono medical services as a method of meeting the additional continuing education requirements.

(5) Upon request by the Board or Department, the licensee must submit satisfactory documentation of compliance with the requirements set forth above.

(6) Renewal of Licensure as a Prescribing Physician Assistant. In addition to the requirements of subsection (2) above, a prescribing physician assistant shall attest to having completed a minimum of 10 hours of continuing education in the specialty area(s) of the supervising physician(s), during the previous 2 years. These hours may be utilized to meet the general continuing education requirement.

(7) Reactivation of Inactive License. To reactivate a license that has been inactive for two (2) consecutive biennial cycles, the

licensee must:

- (a) Submit to the Department the original inactive license;
- (b) Provide the Department with licensure verification from each state in which the licensee is licensed to practice as a physician assistant, or a statement that the licensee is licensed only in Florida;

(c) Provide to the Department a statement of medical activities from the date the licensee became inactive to the present; or, if the licensee has not practiced as a physician assistant for at least 2 of the 4 years preceding application for reactivation, the licensee must:

- 1. Successfully complete the 16 credit hour Graduate Clerkship offered by Nova Southeastern University (Physician Assistant Department) or an equivalent program approved by the Council; and
- 2. Practice under the direct supervision of a supervising physician approved by the Council for one (1) year.
- 3. In lieu of proof of completion of the Graduate Clerkship or the equivalent, the licensee may submit proof of recertification by NCCPA;

- (d) Submit to the Department a statement of any criminal or disciplinary actions pending in any jurisdiction;
- (e) Submit proof of completion of the continuing medical education requirements in compliance with paragraphs 64B8-30.005(2)(c), (d), (e), and (f), F.A.C., for each biennium in which the license was inactive; and

(f) Pay the appropriate fees.

(8) Licensure Renewal or Reactivation Applications.

(a) Application for renewal as a licensed Physician Assistant and as a Prescribing Physician Assistant or for reactivation must be made upon forms supplied by the Council, and incorporated in Rule 64B8-1.007, F.A.C.

(b) Renewal or reactivation application forms submitted to the Council must be complete in every detail and must be typed or legibly printed in black ink.

(9) The renewal and reactivation fees are found in Rule 64B8-30.019 or 64B15-6.013, F.A.C.

(10) The failure of any license holder to renew the license before the license expires shall cause the license to become delinquent.

(a) The delinquent status licensee must apply for active or inactive license status during the licensure cycle in which the license becomes delinquent. The failure by the delinquent status licensee to become active or inactive before the expiration of the licensure cycle in which the license became delinquent shall render the license null and void without further action by the Board or the Department.

(b) The delinquent status licensee who applies for active or inactive licensure shall:

1. File with the Department the completed application for either active or inactive license status;

2. Pay to the Board the applicable license renewal fee, the delinquency fee, and if applicable, the processing fee; and

3. If active status is elected, demonstrate compliance with the continuing education requirements found in Rule 64B8-30.005, F.A.C.

(11) Licensees who are spouses of members of the Armed Forces of the United States shall be exempt from all licensure renewal provisions for any period of time which the licensee is absent from the State of Florida due to the spouse's duties with the Armed Forces. The licensee must document the absence and the spouse's military status to the Board in order to obtain the exemption. Upon the licensee's return to Florida, the licensee must inform the Department of his or her return within 30 days.

(12) Reactivation of a retired status license. To reactivate the license of a retired status licensee whose license has been on retired status for more than five (5) years or a licensee from another state who has not been in the active practice of medicine within the past five (5) years shall be required to appear before the Council and establish the ability to practice with the care and skill sufficient to protect the health, safety, and welfare of the public. At the time of such appearance, the physician assistant must:

(a) Surrender to the Department the original retired status license;

(b) Provide the Department with licensure verification from each state in which the licensee is licensed to practice as a physician assistant, or a statement that the licensee is licensed only in Florida;

(c) Provide to the Department a statement of medical activities from the date the licensee entered retired status to the present;

(d) Provide documentation of successful completion of the 16 credit hour Graduate Clerkship offered by Nova Southeastern University (Physician Assistant Department) or an equivalent program approved by the Council;

(e) Practice under the direct supervision of a supervising physician approved by the Council for one (1) year;

(f) Submit proof of completion of the continuing medical education requirements in compliance with paragraphs 64B8-30.005(2)(c)-(f), F.A.C., for each biennium in which the license was inactive; and

(g) Pay the appropriate fees set forth in Section 456.036(4)(b), F.S. and subsections 64B8-30.019(6) and (10), F.A.C.

(h) In lieu of proof of completion of the Graduate Clerkship or the equivalent, the licensee may submit proof of recertification by NCCPA.

(13) The Department shall refuse to reactivate the license of a retired status physician assistant who is under investigation or prosecution in any jurisdiction for an action that would constitute a violation of this chapter or the professional practice acts administered by the department and the boards, until 15 days after the Department receives the final results of the investigation or prosecution.

*Rulemaking Authority 456.013, 456.031(1)(a), 456.033(1), 458.309, 458.347 FS. Law Implemented 456.013, 456.031(1), 456.033, 456.036, 458.347 FS. History—New 5-13-87, Amended 1-9-92, Formerly 21M-17.0035, Amended 9-21-93, Formerly 61F6-17.0035, Amended 11-30-94, Formerly 59R-30.005, Amended 6-7-98, 3-3-02, 10-12-03, 7-27-04, 10-19-04, 2-25-07, 11-11-07, 6-2-08, 11-3-09.*

#### **64B8-30.006 Dispensing Drugs.**

Only those physician assistants authorized by law and rule to prescribe shall be permitted to dispense sample drugs to patients. Dispensing of sample drugs to patients shall be permitted only when no charge is made to the patient or a third party for the service or the drugs and if the sample being dispensed could otherwise have been legally prescribed by the physician assistant. This rule shall not be construed to prohibit a physician assistant employed in a county health department from ordering and providing patients with prepackaged and prelabeled drugs in accordance with Section 154.04(1)(c), F.S.

*Rulemaking Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History—New 7-25-95, Formerly 59R-30.006, Amended 3-26-06.*

#### **64B8-30.007 Requirements and Limitations of Prescribing Privileges.**

Written prescriptions shall be subject to the following requirements:

(1) Each supervising physician and prescribing physician assistant shall enter into and keep on file a written agreement outlining which medicinal drugs not prohibited by the formulary the supervising physician has specifically authorized the physician assistant to prescribe.

(2) Each agreement must be signed and dated by all parties and maintained on file for at least five (5) years.

(3) Any such agreement must be provided to the Department, the Council or any agent of one of them upon request.

*Rulemaking Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History—New 9-21-93, Formerly 61F6-17.0037, Amended 5-6-96, Formerly 59R-30.007, Amended 5-12-98, 7-30-03.*

#### **64B8-30.008 Formulary.**

(1) PHYSICIAN ASSISTANTS APPROVED TO PRESCRIBE MEDICINAL DRUGS UNDER THE PROVISIONS OF SECTION 458.347(4)(e) OR 459.022(4)(e), F.S., ARE NOT AUTHORIZED TO PRESCRIBE THE FOLLOWING MEDICINAL DRUGS, IN PURE FORM OR COMBINATION:

(a) Controlled substances, as defined in Chapter 893, F.S.

(b) General, spinal or epidural anesthetics.

(c) Radiographic contrast materials.

(2) A supervising physician may delegate to a prescribing physician assistant only such authorized medicinal drugs as are used in the supervising physician's practice, not listed in subsection (1).

(3) Subject to the requirements of this subsection, Sections 458.347 and 459.022, F.S., and the rules enacted thereunder, drugs not appearing on this formulary may be delegated by a supervising physician to a prescribing physician assistant to prescribe.

(4) Nothing herein prohibits a supervising physician from delegating to a physician assistant the authority to order medicinal drugs for a hospitalized patient of the supervising physician, nor does anything herein prohibit a supervising physician from delegating to a physician assistant the administration of a medicinal drug under the direction and supervision of the physician.

*Rulemaking Authority 458.309, 458.347(4)(f)1. FS. Law Implemented 458.347(4)(e), (f) FS. History—New 3-12-94, Formerly 61F6-17.0038, Amended 11-30-94, 2-22-95, 1-24-96, 11-13-96, 3-26-97, Formerly 59R-30.008, Amended 11-26-97, 1-11-99, 12-28-99, 6-20-00, 11-13-00, 2-15-02, 7-30-03, 8-2-09.*

**64B8-30.009 Requirements for Approval of Training Programs.**

(1) Any Physician Assistant program wishing to be approved and recognized by the State of Florida must have been accredited by the Committee on Allied Health, Education, and Accreditation. For those allopathic Physician Assistant training programs graduating Physician Assistants prior to February 1973, any graduate is deemed eligible to be licensed as a Physician Assistant in the State of Florida, provided the graduate has been recognized by the National Commission on Certification of Physician Assistants as a formally trained Physician Assistant. For those osteopathic Physician Assistant training programs graduating Physician Assistants prior to 1974, any graduate is deemed eligible to be licensed as a Physician Assistant in the State of Florida, provided the graduate has been recognized by the National Commission on Certification of Physician Assistants as a formally trained Physician Assistant.

(2) The Council shall maintain a list of all accredited programs published by the Committee on Allied Health, Education, and Accreditation and the Commission on Accreditation or its Allied Health Education Programs or its successor.

*Rulemaking Authority 458.309, 458.347 FS. Law Implemented 458.347 FS. History—New 4-28-76, Amended 11-15-78, 12-5-79, 7-1-80, 10-23-80, 5-26-85, 12-4-85, Formerly 21M-17.05, Amended 5-13-87, 5-22-88, Formerly 21M-17.005, 61F6-17.005, 59R-30.009, Amended 6-7-98, 3-28-99.*

**64B8-30.011 Advertising.**

(1) Advertising by physician assistants is permitted so long as such information is in no way false, deceptive, or misleading.

(2) Physician assistant advertisements shall disclose the name of the primary supervising physician of the physician assistant advertising his or her services.

(3) Physician assistants may not claim any type of specialty board certification.

(4) Only physician assistants certified by the National Commission on Certification of Physician Assistants (NCCPA) may claim certification and employ the abbreviation “PA-C” next to his or her name.

(5) No person licensed pursuant to Section 458.347, F.S., shall disseminate or cause the dissemination of any advertisement or advertising that contains the licensee’s name without clearly identifying the licensee as a physician assistant (P.A.).

(6) Failure to abide by the provisions of this rule shall constitute a violation of Sections 458.331(1)(d) and (nn) and 456.072(1)(dd), F.S..

*Rulemaking Authority 458.347(13) FS. Law Implemented 456.072(1)(t), 458.331(1)(d) FS. History—New 9-25-03, Amended 7-11-07.*

**64B8-30.0111 Disclosure of Licensure Status.**

All persons licensed pursuant to Section 458.347, F.S., and not exempt pursuant to Section 456.072(1)(t), F.S., shall identify the license under which he or she practices in one of the following manners:

(1) The wearing of a name tag which identifies the licensee as a physician assistant (P.A.);

(2) The wearing of an article of clothing on the upper body which identifies the licensee as a physician assistant (P.A.);

(3) By orally disclosing to the patient, upon the licensee’s initial in-person contact with the patient, that the licensee is a physician assistant;

(4) By providing, upon the licensee’s initial in-person contact with the patient, a business card or similar document which identifies the licensee as a physician assistant (P.A.);

(5) By placing notification in the lobby or waiting area of the location where the licensee practices, which contains a photo of the licensee and which identifies the licensee as a physician assistant (P.A.).

*Rulemaking Authority 458.347, 456.072(1)(t) FS. Law Implemented 456.072(1)(t) FS. History—New 7-11-07.*

**64B8-30.012 Physician Assistant Performance.**

(1) A supervising physician shall delegate only tasks and procedures to the physician assistant which are within the supervising physician’s scope of practice. The physician assistant may work in any setting that is within the scope of practice of the supervising physician’s practice. The supervising physician’s scope of practice shall be defined for the purpose of this section as “those tasks and procedures which the supervising physician is qualified by training or experience to perform.”

(2) The decision to permit the physician assistant to perform a task or procedure under direct or indirect supervision is made by the supervising physician based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient. Furthermore, the supervising physician must be certain that the physician assistant is knowledgeable and skilled in performing the

tasks and procedures assigned.

(a) The following duties are not permitted to be delegated at all, except where expressly authorized by statute:

1. Prescribing, dispensing, or compounding medicinal drugs.
2. Final Diagnosis.

(b) The following duties are not permitted to be performed under indirect supervision:

1. Routine insertion of chest tubes and removal of pacemaker wires or left atrial monitoring lines.
2. Performance of cardiac stress testing.
3. Routine insertion of central venous catheters.
4. Injection of intrathecal medication without prior approval of the supervising physician.
5. Interpretation of laboratory tests, X-ray studies and EKG's without the supervising physician interpretation and final review.
6. Administration of general, spinal, and epidural anesthetics; this may be performed under direct supervision only by physician assistants who graduated from Board-approved programs for the education of anesthesiology assistants.

(3) All tasks and procedures performed by the physician assistant must be documented in the appropriate medical record.

(4) In a medical emergency the physician assistant will act in accordance with his or her training and knowledge to maintain life support until a licensed physician assumes responsibility for the patient.

*Rulemaking Authority 458.309, 458.347(4)(a), (13) FS. Law Implemented 458.347(2), (3), (4), (13) FS. History—New 5-13-87, Amended 7-7-87, 11-15-88, 9-15-92, Formerly 21M-17.012, Amended 11-4-93, Formerly 61F6-17.012, 59R-30.012, Amended 10-13-98, 3-28-99, 11-17-03, 2-2-10.*

#### **64B8-30.013 Notice of Noncompliance.**

(1) Pursuant to Section 456.073(3), F.S., the department is authorized to provide a notice of noncompliance for an initial offense of a minor violation if the board establishes by rule a list of minor violations. A minor violation is one which does not endanger the public health, safety, and welfare and which does not demonstrate a serious inability to practice the profession. A notice of noncompliance in lieu of other action is authorized only if the violation is not a repeat violation and only if there is only one violation. If there are multiple violations, then the Department may not issue a notice of noncompliance, but must prosecute the violations under the other provisions of Section 456.073, F.S. A notice of noncompliance may be issued to a licensee for a first time violation of one or both of the violations listed in paragraph (3)(b). Failure of a licensee to take action in correcting the violation within 15 days after notice shall result in the institution of regular disciplinary proceedings.

(2) The department shall submit to the board a monthly report detailing the number of notices given, the number of cases completed through receipt of a notarized statement of compliance from the licensee, and the types of violations for which notices of noncompliance have been issued. Notices of noncompliance shall be considered by the probable cause panels when reviewing a licensee's subsequent violations of a same or similar offense.

(3) The following violations are those for which the board authorizes the Department to issue a notice of noncompliance:

(a) Failing to include the specific disclosure statement required by Section 456.062, F.S., in any advertisement for a free, discounted fee, or reduced fee service, examination or treatment.

(b) Violating any of the following provisions of Chapter 458, F.S., as prohibited by Sections 458.347(7)(g) and 458.331(1)(x), F.S.:

1. Section 458.347(1), F.S., which provides for criminal penalties for the practice as a physician assistant without an active license. A notice of noncompliance would be issued for this violation only if the subject of the investigation met the following criteria: the subject was the holder of a license to practice as a physician assistant at all time material to the matter; that license was otherwise in good standing; and that license was or will be renewed and placed in an active status within 90 days of the date it reverted to delinquent status based on failure to renew the license. If the license was in a delinquent status for more than 90 days and the individual continued to practice, then the matter would proceed under the other provisions of Sections 456.073 and 456.035(1), F.S.

2. Failing to notify the board of a change of practice location, contrary to Sections 458.319(3) and 456.035(1), F.S.

3. Failure to timely notify the Department of a change of supervision (addition or deletion of a supervisor)(Section 458.347(7)(e), (g), F.S.)

- (c) Failure to complete the requirement for instruction on domestic violence in the appropriate biennium as required by Section 456.031, F.S. A notice of noncompliance would be issued for this violation only if the licensee completed the domestic violence course, but completion of said course was not during the appropriate biennial renewal period.

*Rulemaking Authority 456.073(3), 458.309, 458.347(7)(e), (g), (12) FS. Law Implemented 456.073(3), 458.331, 458.347(7)(g), (12) FS. History—New 3-3-02, Amended 8-2-06, 11-3-09.*

**64B8-30.014 Citation Authority.**

In lieu of the disciplinary procedures contained in Section 456.073, F.S., the offenses enumerated in this rule may be disciplined by the issuance of a citation. The citation shall include a requirement that the licensee correct the offense, if possible, within a specified period of time, impose whatever obligations will correct the offense, and impose the prescribed penalty.

(1) Pursuant to Section 456.077, F.S., the Board sets forth below those violations for which there is no substantial threat to the public health, safety, and welfare; or, if there is a substantial threat to the public health, safety, and welfare, such potential for harm has been removed prior to the issuance of the citation. Next to each violation is the penalty to be imposed. In addition to any administrative fine imposed, the Respondent may be required by the department to pay the costs of investigation.

(2) If the violation constituted a substantial threat to the public health, safety, and welfare, such potential for harm must have been removed prior to issuance of the citation.

(3) The following violations with accompanying penalty may be disposed of by citation with the specified penalty:

VIOLATIONS	PENALTY
(a) CME violations. (Section 458.347(7)(c), F.S.) (Section 458.331(1)(g), (x), F.S.) (Section 456.072(1)(e), (s), F.S.)	Within twelve months of the date the citation is issued, Respondent must submit certified documentation of completion of all CME requirements for the period for which the citation was issued; prior to renewing the license for the next biennium, Respondent must document compliance with the CME requirements for the relevant period; AND pay a \$250 fine. In addition, the Respondent will be subject to a CME audit for the next two biennial renewal periods.
1. Failure to document required HIV/AIDS CME. (Section 456.033, F.S.)	\$250 fine
2. Failure to document required domestic violence or end-of-life and palliative health care CME. (Section 456.031, F.S.)	\$250 fine
3. Failure to document required prevention of medical errors CME. (Section 456.013(7), F.S.)	\$250 fine
4. Failure to document both the required HIV/AIDS and domestic violence, or end-of-life and palliative health care CME.	\$500 fine
5. Documentation of some, but not all, 100 hours of required CME for license renewal.	\$25 fine for each hour not documented
(b) Obtaining license renewal by negligent misrepresentation. (Section 458.347(7)(g), F.S.) (Section 458.331(1)(a), F.S.)	\$2500 fine
(c) Failure to document any of the 100 hours of required CME for license renewal. (Section 458.347(7)(c), F.S.) (Section 458.331(1)(x), F.S.)	\$2500 fine
(d) Practice on an inactive or delinquent license. (Section 456.036(1), F.S.) (Section 458.327(1)(a), F.S.) (Section 458.347(7)(g), F.S.) (Section 458.331(1)(x), F.S.)	
1. For a period of up to nine months.	\$100 for each month or part thereof.
2. For a period of nine months to twelve months.	\$150 for each month or part thereof.

(e) Failure to notify Department of change of practice and/or mailing address. \$125 fine

(Section 456.035, F.S.)

(Section 458.319(3), F.S.)

(Section 458.331(1)(g), F.S.)

(Section 458.347(7)(g), F.S.)

(f) Failure of the physician assistant to clearly identify that he/she \$250 fine is a physician assistant.

(Section 458.347(4)(e)1., F.S.)

(Section 458.347(7)(g), F.S.)

(Section 458.331(1)(g), F.S.)

(g) Second failure to report to the Department of \$250 fine per supervising physician addition/ deletion/change of supervising physician(s) within 30 days after the change is made.

(Section 456.035, F.S.)

(Section 458.331(1)(g), F.S.) (Section 458.347(7)(e), (g), F.S.)

(h) Failure to notify the Board in writing within 30 days if an action \$500 fine as defined in Section 458.331(1)(b), F.S., has been taken against one's license to practice as a physician assistant in another state, territory, or country if that action was based on action taken by the Florida Board of Medicine.

(Section 458.331(1)(kk), F.S.)

(Section 456.072(1)(w), F.S.)

(i) First time failure to pay fine or costs imposed by Board Order \$500 fine within 30 days of the due date of the fine or costs. (Failure to pay more than 30 days after the due date will result in an administrative complaint.)

(Section 456.072(1)(q), F.S.)

(4) Citations shall be issued to licensees by the Bureau of Investigative Services only after review by the legal staff of the Department.

(5) The Department of Health shall, at the end of each calendar quarter, submit a report to the Board of the citations issued, which report shall contain the name of the subject, the violation, fine imposed, and the number of subjects who dispute the citation and chose to follow the procedures of Section 456.073, F.S.

*Rulemaking Authority 456.077, 458.309, 458.347(7)(g), (12) FS. Law Implemented 456.077, 458.331, 458.347(7)(g), (12) FS. History—New 3-3-02, Amended 5-19-03, 11-17-03, 5-4-04, 12-12-05, 8-2-06, 8-18-09.*

#### **64B8-30.015 Disciplinary Guidelines.**

(1) Purpose. Pursuant to Section 456.072, F.S., the Boards provide within this rule disciplinary guidelines which shall be imposed upon physician assistant applicants or licensees whom it regulates under Chapters 458 and 459, F.S. The purpose of this rule is to notify such applicants and licensees of the ranges of penalties which will routinely be imposed unless the Boards find it necessary to deviate from the guidelines for the stated reasons given within this rule. The ranges of penalties provided below are based upon a single count violation of each provision listed; for multiple counts of the violated provisions or a combination of the violations the Boards shall consider a higher penalty than that for a single, isolated violation. Each range includes the lowest and highest penalty and all penalties falling between, including continuing medical education (CME). The purposes of the imposition of discipline are to punish the applicants or licensees for violations and to deter them from future violations; to offer opportunities for rehabilitation, when appropriate; and to deter other applicants or licensees from violations.

(2) Violations and Range of Penalties. In imposing discipline upon physician assistant applicants and licensees, in proceedings pursuant to Sections 120.57(1) and (2), F.S., the Board shall act in accordance with the following disciplinary guidelines and shall impose a penalty within the range corresponding to the violations set forth below. The verbal identification of offenses are

descriptive only; the full language of each statutory provision cited must be consulted in order to determine the conduct included.

VIOLATIONS	RECOMMENDED PENALTIES	
	First Offense	Subsequent Offenses
<p>(a) Attempting to obtain a license or certificate by bribery, fraud or through an error of the Department or the Board. (Section 458.331(1)(a), F.S.) (Section 456.072(1)(h), F.S.)</p>	<p>1. Denial of application and a \$10,000.00 fine.</p>	
<p>1. Attempting to obtain an initial license by bribery or fraud. 2. Attempting to renew a license by bribery or fraud.</p>	<p>2. Revocation of the license and payment of a \$5,000.00 fine to revocation and a \$10,000 fine.</p>	<p>2. Revocation and a \$10,000.00 fine.</p>
<p>3. Obtaining or renewing a license by bribery or fraud.</p>	<p>3. Revocation of the license and payment of a \$5,000.00 fine to revocation and a \$10,000 fine.</p>	<p>3. Revocation and a \$10,000.00 fine.</p>
<p>4. Obtaining or renewing a license through error of the Department or the Board.</p>	<p>4. Revocation.</p>	<p>4. Revocation.</p>
<p>(b) Action taken against license by another jurisdiction. (Section 458.331(1)(b), F.S.) (Section 456.072(1)(f), F.S.)</p>	<p>(b) From imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida to reprimand through suspension or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken and an administrative fine ranging from \$1,000.00 to \$2,500.00.</p>	<p>(b) From imposition of discipline comparable to the discipline which would have been imposed if the substantive violation had occurred in Florida to suspension and revocation or denial of the license until the license is unencumbered in the jurisdiction in which disciplinary action was originally taken, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>1. Action taken against license by another jurisdiction relating to healthcare fraud in dollar amounts in excess of \$5,000.00.</p>	<p>1. Revocation and an administrative fine ranging from \$1,000.00 to \$5,000.00, or in the case of application for licensure, denial of licensure.</p>	<p>1. From revocation and an administrative fine ranging from \$2,500.00 to \$5,000.00, or in the case of application for licensure, denial of licensure.</p>
<p>2. Action taken against license by another jurisdiction relating to healthcare fraud in dollar amounts of \$5,000.00 or less.</p>	<p>2. From an administrative fine ranging from \$1,000.00 to \$5,000.00, 100 hours of community service, and a reprimand through suspension of the license, or in case of application for licensure, denial of licensure.</p>	<p>2. From an administrative fine ranging from \$2,500.00 to \$5,000.00, 200 hours of community service, and suspension of the license, followed by a period of probation to revocation, or in case of application for licensure, denial of licensure.</p>
<p>(c) Guilty of crime directly relating to practice or ability to practice. (Section 458.331(1)(c), F.S.) (Section 456.072(1)(c), F.S.)</p>	<p>(c) From reprimand to revocation or denial of license, an administrative fine of \$1,000.00 to \$5,000.00, and 50 to 100 hours of community service.</p>	<p>(c) From probation to revocation or denial of the license, an administrative fine ranging from \$2,500.00 to \$5,000.00, and from 100 to 200 hours of community service.</p>
<p>1. Involving a crime directly related to healthcare fraud in dollar amounts in excess of \$5,000.00.</p>	<p>1. Revocation and an administrative fine ranging from \$5,000.00 to \$10,000.00, or in the case of application for licensure, denial of licensure.</p>	

<p>2. Involving a crime directly related to healthcare fraud in dollar amounts of \$5,000.00 or less.</p>	<p>2. From an administrative fine ranging from \$1,000.00 to \$5,000.00, 100 hours of community service, and a reprimand through suspension of the license, or in case of application for licensure, denial of licensure.</p>	<p>2. From an administrative fine ranging from \$2,500.00 to \$5,000.00, 200 hours of community service, and suspension of the license, followed by a period of probation to revocation, or in case of application for licensure, denial of licensure.</p>
<p>(d) False, deceptive, or misleading advertising. (Section 458.331(1)(d), F.S.)</p>	<p>(d) From a letter of concern to reprimand, or denial of licensure, an administrative fine ranging from \$1,000.00 to \$2,500.00, and 50 to 100 hours of community service.</p>	<p>(d) From a letter of concern to reprimand, or denial of licensure, an administrative fine ranging from \$1,000.00 to \$2,500.00, and 100 to 200 hours of community service.</p>
<p>(e) Failure to report another licensee in violation. (Section 458.331(1)(e), F.S.) (Section 456.072(1)(i), F.S.)</p>	<p>(e) From a letter of concern to probation an administrative fine ranging from \$1,000.00 to \$2,500.00, 25 to 50 hours of community service, or denial of licensure.</p>	<p>(e) From reprimand to suspension or denial of licensure, an administrative fine from \$2,500.00 to \$5,000.00, and 50 to 100 hours of community service.</p>
<p>(f) Aiding unlicensed practice. (Section 458.331(1)(f), F.S.) (Section 456.072(1)(j), F.S.)</p>	<p>(f) From reprimand to suspension, followed by probation, or denial of licensure, 25 to 50 hours of community service, and an administrative fine ranging from \$1,000.00 to \$5,000.00.</p>	<p>(f) From probation to revocation or denial of licensure, 50 to 100 hours of community service, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>(g) Failure to perform legal obligation. (Section 458.331(1)(g), F.S.) (Section 456.072(1)(k), F.S.)</p>	<p>(g) For any offense not specifically listed herein, based upon the severity of the offense and the potential for patient harm, from a reprimand to revocation or denial of licensure, 50 hours of community service, and an administrative fine from \$1,000.00 to \$5,000.00.</p>	<p>(g) For any offense not specifically listed herein, based upon the severity of the offense and the potential for patient harm, from a reprimand to revocation or denial, from 50 to 100 hours of community service, and an administrative fine from \$2,500.00 to \$5,000.00.</p>
<p>1. Continuing medical education (CME) violations. (Section 456.072(1)(e), F.S.) (Section 456.072(1)(s), F.S.) (Section 456.033(9), F.S.)</p>	<p>1. Document compliance with the CME requirements for the relevant period; AND:</p>	<p>1. Document compliance with the CME requirements for the relevant period; AND:</p>
<p>a. Failure to document required HIV/AIDS, or end of life care, or palliative health care.</p>	<p>a. An administrative fine ranging from \$250.00 to \$500.00.</p>	<p>a. An administrative fine ranging from \$500.00 to \$1,000.00.</p>
<p>b. Failure to document required domestic violence CME or substitute end-of-life care CME.</p>	<p>b. An administrative fine ranging from \$250.00 to \$500.00.</p>	<p>b. An administrative fine of \$500.00 to \$1,000.00.</p>
<p>c. Failure to document required HIV/AIDS, or end-of-life-care, or palliative healthcare, and failure to document domestic violence CME.</p>	<p>c. An administrative fine ranging from \$500.00 to \$1,000.00.</p>	<p>c. An administrative fine ranging from \$1,000.00 to \$2,000.00.</p>
<p>2. Failing to report to the Board within 30 days after the licensee has been convicted of a crime in any jurisdiction. (Section 456.072(1)(w), F.S.)</p>	<p>2. From an administrative fine ranging from \$1,000.00 to \$5,000.00 and a reprimand or denial of licensure, with the ability to reapply.</p>	<p>2. From an administrative fine ranging from \$2,500.00 to \$5,000.00 and a reprimand or denial of licensure, without the ability to reapply.</p>

Or failing to report to the Board convictions prior to the enactment of this section, in writing, on or before October 1, 1999.

(Section 456.072(1)(w), F.S.)

3. Failing to disclose financial interest to patient.

(Section 456.052, F.S.)

(h) Filing a false report or failing to file a report as required.

(Section 458.331(1)(h), F.S.)

(Section 456.072(1)(l), F.S.)

1. Involving healthcare fraud in dollar amounts in excess of \$5,000.00.

2. Involving healthcare fraud in dollar amounts of \$5,000.00 or less.

(i) Kickbacks or split fee arrangements.

(Section 458.331(1)(i), F.S.)

(j) Sexual Misconduct.

(Section 458.331(1)(j), F.S.)

(Section 458.329, F.S.)

(Section 456.072(1)(u), F.S.)

(k) Deceptive, untrue, or fraudulent representations in the practice of medicine.

(Section 458.331(1)(k), F.S.)

(Section 456.072(1)(a), (m), F.S.)

1. Deceptive, untrue, or fraudulent representations in the practice of medicine relating to healthcare fraud in dollar amounts in excess of \$5,000.00.

2. Deceptive, untrue, or fraudulent

3. A refund of fees paid by or on behalf of the patient and from an administrative fine of \$1,000.00, 50 hours of community service to a reprimand, 100 hours of community service and an administrative fine of \$2,500.00.

(h) From a letter of concern to revocation, or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$5,000.00.

1. Revocation and an administrative fine ranging from \$1,000.00 to \$5,000.00, or in the case of application for licensure, denial of licensure.

2. From an administrative fine ranging from \$1,000.00 to \$5,000.00, 50 to 100 hours of community service and a reprimand through suspension of the license, or in case of application for licensure, denial of licensure.

(i) A refund of fees paid by or on behalf of the patient, 25 to 50 hours of community service and from a reprimand and an administrative fine of \$1,000.00 to a reprimand and an administrative fine of \$5,000.00, or denial of licensure.

(j) From probation to revocation, or denial of licensure, 50 to 100 hours of community service, and an administrative fine ranging from \$1,000.00 to \$5,000.00.

(k) From a letter of concern, and 25 to 50 hours of community service to revocation, or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$5,000.00.

1. From revocation with leave to reapply in three (3) years, and an administrative fine ranging from \$1,000.00 to \$5,000.00, or in the case of application for licensure, denial of licensure.

2. From an administrative fine ranging

3. A refund of fees paid by or on behalf of the patient and from a reprimand, 100 hours of community service, and an administrative fine of \$2,500.00 to a reprimand, 200 hours of community service and an administrative fine of \$5,000.00.

(h) From probation to revocation or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.

2. From an administrative fine ranging from \$2,500.00 to \$5,000.00, 100 to 200 hours of community service and suspension of the license, followed by a period of probation to revocation, or in case of application for licensure, denial of licensure.

(i) A refund of fees paid by or on behalf of the patient, 50 to 100 hours of community service and from suspension to revocation or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.

(j) From suspension, to be followed by a period of probation to revocation, 100 to 200 hours of community service or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.

(k) From probation or denial of licensure, 50 to 100 hours of community service, and an administrative fine ranging from \$2,500.00 to \$5,000.00 to revocation.

1. From permanent revocation and an administrative fine ranging from \$2,500.00 to \$5,000.00, or in the case of application for licensure, denial of licensure.

2. From an administrative fine ranging from

<p>representations in the practice of medicine relating to healthcare fraud in dollar amounts of \$5,000.00 or less.</p>	<p>from \$1,000.00 to \$5,000.00, 50 to 100 hours of community service, and a reprimand through suspension of the license, or in the case of application for licensure, denial of licensure.</p>	<p>\$2,500.00 to \$5,000.00, and suspension of the license, followed by a period of probation to revocation, 100 to 200 hours of community service, or in case of application for licensure, denial of licensure.</p>
<p>(l) Improper solicitation of patients. (Section 458.331(1)(l), F.S.)</p>	<p>(l) From an administrative fine ranging from \$1,000.00 to \$5,000.00, 25 to 50 hours of community service and a reprimand to probation, or denial of licensure.</p>	<p>(l) From suspension, to be followed by a period of probation, 50 to 100 hours of community service, to revocation or denial of licensure, and an administrative fine from \$2,500.00 to \$5,000.00.</p>
<p>(m) Failure to keep legible written medical records. (Section 458.331(1)(m), F.S.)</p>	<p>(m) From letter of concern, 25 to 50 hours of community service to a reprimand, or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$5,000.000.</p>	<p>(m) From a reprimand to suspension followed by probation, 50 to 100 hours of community service, and an administrative fine ranging from \$2,500.00 to \$5,000.00, or denial of licensure.</p>
<p>1. Failure to keep legible written medical records relating to healthcare fraud in dollar amounts in excess of \$5,000.00.</p>	<p>1. From revocation with leave to reapply in three (3) years, and an administrative fine ranging from \$1,000.00 to \$5,000.00, or in the case of application for licensure, denial of licensure.</p>	<p>1. From permanent revocation and an administrative fine ranging from \$2,500.00 to \$5,000.00, or in the case of application for licensure, denial of licensure.</p>
<p>2. Failure to keep legible written medical records relating to healthcare fraud in dollar amounts of \$5,000.00 or less.</p>	<p>2. From an administrative fine ranging from \$1,000.00 to \$5,000.00, and a reprimand, 50 to 100 hours of community service to suspension of the license, or in the case of application for licensure, denial of licensure.</p>	<p>2. From an administrative fine ranging from \$2,500.00 to \$5,000.00, and suspension of the license, followed by a period of probation, 100 to 200 hours of community service to revocation, or in case of application for licensure, denial of licensure.</p>
<p>(n) Exercising influence on patient for financial gain. (Section 458.331(1)(n), F.S.) (Section 456.072(1)(n), F.S.)</p>	<p>(n) Payment of fees paid by or on behalf of the patient and from a reprimand, 25 to 50 hours of community service to probation, or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>	<p>(n) Payment of fees paid by or on behalf of the patient and from probation, 50 to 100 hours of community service, to revocation, or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>(o) Improper advertising of pharmacy. (Section 458.331(1)(o), F.S.)</p>	<p>(o) From a letter of concern to probation, or a denial of licensure, 25 to 50 hours of community service, and an administrative fine ranging from \$250.00 to \$2,500.00.</p>	<p>(o) From a reprimand, 50 to 100 hours of community service, and an administrative fine of \$2,500.00 to probation, and an administrative fine from \$2,500.00 to \$5,000.00, or denial of licensure.</p>
<p>(p) Performing professional services not authorized by patient. (Section 458.331(1)(p), F.S.)</p>	<p>(p) From a letter of concern, 25 to 50 hours of community service to revocation, or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$5,000.00.</p>	<p>(p) From a reprimand, 50 to 100 hours of community service to revocation, or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>(q) Inappropriate or excessive prescribing. (Section 458.331(1)(q), F.S.)</p>	<p>(q) From reprimand to probation, 25 to 50 hours of community service and an administrative fine ranging from \$1,000.00 to \$5,000.00, or denial of licensure.</p>	<p>(q) From probation, 50 to 100 hours of community service to revocation or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>(r) Prescribing or dispensing of a</p>	<p>(r) From probation to suspension or</p>	<p>(r) From suspension to revocation or denial of</p>

<p>scheduled drug by the physician assistant to himself or herself. (Section 458.331(1)(r), F.S.)</p>	<p>denial of licensure, 25 to 50 hours of community service, and an administrative fine ranging from \$1,000.00 to \$2,500.00.</p>	<p>licensure, 50 to 100 hours of community service, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>(s) Inability to practice medicine with skill and safety. (Section 458.331(1)(s), F.S.)</p>	<p>(s) From reprimand to suspension, which may be stayed to allow a period of probation with supervision, and a demonstration by the licensee of the ability to practice with reasonable skill and safety, or denial of licensure, 25 to 50 hours of community service, and an administrative fine ranging from \$1,000.00 to \$2,500.00.</p>	<p>(s) From probation to revocation, until the licensee is able to demonstrate ability to practice with reasonable skill and safety, followed by probation, or denial of licensure, 50 to 100 hours of community service, and an administrative fine from \$2,500.00 to \$5,000.00.</p>
<p>(t)1. Malpractice: practicing below acceptable standard of care. (Section 458.331(1)(t), F.S.)</p>	<p>(t)1. From a letter of concern, 25 to 50 hours of community service to revocation, or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$5,000.00.</p>	<p>(t)1. From reprimand, 50 to 100 hours of community service to revocation or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>2. Gross Malpractice.</p>	<p>2. From probation, 25 to 50 hours of community service to revocation or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$2,500.00.</p>	<p>2. From suspension followed by probation to revocation or denial, 50 to 100 hours of community service, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>3. Repeated Malpractice.</p>	<p>3. From a reprimand to revocation, or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$5,000.000.</p>	<p>3. From probation to revocation or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>(u) Performing of experimental treatment without informed consent. (Section 458.331(1)(u), F.S.)</p>	<p>(u) From a letter of concern to suspension, to be followed by a period of probation, or denial of licensure, 25 to 50 hours of community service, and an administrative fine ranging from \$1,000.00 to \$5,000.00.</p>	<p>(u) From suspension to be followed by a period of probation, 50 to 100 hours of community service to revocation or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>(v) Practicing beyond scope permitted. (Section 458.331(1)(v), F.S.) (Section 456.072(1)(o), F.S.)</p>	<p>(v) From a letter of concern to reprimand and probation, or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$5,000.00.</p>	<p>(v) From probation to suspension or revocation or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>(w) Delegation of professional responsibilities to unqualified person. (Section 458.331(1)(w), F.S.) (Section 456.072(1)(p), F.S.)</p>	<p>(w) From reprimand to suspension, followed by probation, 25 to 50 hours of community service or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$5,000.00.</p>	<p>(w) From probation, 50 to 100 hours of community service to revocation or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>
<p>(x)1. Violation of law, rule, or failure to comply with subpoena. (Section 458.331(1)(x), F.S.); (Section 456.072(1)(b), (q), F.S.)</p>	<p>(x)1. For any offense not specifically listed herein, based upon the severity of the offense and the potential for patient harm, from a reprimand to revocation, or denial of licensure, 25 to 100 hours of community service, and an administrative fine ranging from</p>	<p>(x)1. From probation, 50 to 150 hours of community service to revocation or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.</p>

	\$1,000.00 to \$5,000.00.	
2. Violation of an order of the Board.	2. From a reprimand, 25 to 50 hours of community service, and an administrative fine of \$1,000.00 to a reprimand, and an administrative fine of \$5,000.00.	2. From a reprimand, 50 to 100 hours of community service, and an administrative fine of \$2,500.00 to a reprimand, and an administrative fine of \$5,000.00 and probation.
(y) Conspiring to restrict another from lawfully advertising services. (Section 458.331(1)(y), F.S.)	(y) From a letter of concern to a reprimand, 25 to 50 hours of community service, and an administrative fine ranging from \$1,000.00 to \$2,500.00	(y) From a reprimand, 50 to 100 hours of community service, and an administrative fine of \$2,500.00 to a reprimand, and an administrative fine of \$5,000.00.
(z) Aiding an unlawful abortion. (Section 458.331(1)(z), F.S.)	(z) From probation, 25 to 50 hours of community service to revocation, or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$5,000.00.	(z) From suspension, to be followed by a period of probation, 50 to 100 hours of community service, to revocation or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.
(aa) Presigning prescription forms. (Section 458.331(1)(aa), F.S.)	(aa) From a letter of concern to a reprimand and an administrative fine of \$1,000.00 to a letter of concern, and an administrative fine of \$2,500.00.	(aa) From a reprimand to probation, 50 to 100 hours of community service, and an administrative fine ranging from \$2,500.00 to \$5,000.00.
(bb) Failure to adequately supervise assisting personnel. (Section 458.331(1)(dd), F.S.)	(bb) From a reprimand to probation, or denial of licensure, 25 to 50 hours of community service, and an administrative fine ranging from \$1,000.00 to \$2,500.00.	(bb) From probation to suspension followed by probation, or denial of licensure, 50 to 100 hours of community service, and an administrative fine ranging from \$2,500.00 to \$5,000.00.
(cc) Improper use of substances for muscle building or enhancement of athletic performance. (Section 458.331(1)(ee), F.S.)	(cc) From a reprimand to suspension, or denial of licensure, 25 to 50 hours of community service, and an administrative fine ranging from \$1,000.00 to \$5,000.00.	(cc) From suspension to be followed by a period of probation, to revocation or denial of licensure, 50 to 100 hours of community service, and an administrative fine ranging from \$2,500.00 to \$5,000.00.
(dd) Use of amygdaline (laetrile). (Section 458.331(1)(ff), F.S.)	(dd) From a reprimand to probation, or denial of licensure, 25 to 50 hours of community service, and an administrative fine ranging from \$1,000.00 to \$2,500.00.	(dd) From suspension to be followed by a period of probation to revocation or denial of licensure, 50 to 100 hours of community service, and an administrative fine ranging from \$2,500.00 to \$5,000.00.
(ee) Misrepresenting or concealing a material fact. (Section 458.331(1)(gg), F.S.)	(ee) From a reprimand to probation, and an administrative fine ranging from \$500.00 to \$2,500.00, 25 to 50 hours of community service or the denial of licensure with the ability to reapply, upon payment of a \$500.00 fine.	(ee) From probation, 50 to 100 hours of community service to revocation or denial of licensure without the ability to reapply, and an administrative fine ranging from \$500.00 to \$5,000.00.
(ff) Improperly interfering with an investigation or a disciplinary proceeding. (Section 458.331(1)(hh), F.S.) (Section 456.072(1)(r), F.S.)	(ff) From a reprimand to probation, 25 to 50 hours of community service or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$2,500.00.	(ff) From probation, 50 to 100 hours of community service to revocation or denial of licensure without ability to re-apply, and an administrative fine ranging from \$2,500.00 to \$5,000.00.
(gg) Failing to report any M.D., D.O. or PA, who is in violation of law. (Section 458.331(1)(ii), F.S.);	(gg) From a letter of concern to probation, or denial of licensure, 25 to 50 hours of community service, and an administrative fine ranging from	(gg) From probation to revocation or denial of licensure, 50 to 100 hours of community service, and an administrative fine ranging from \$2,500.00 to \$5,000.00.

(Section 456.072(1)(i), F.S.) (hh) Providing medical opinion without reasonable investigation. (Section 458.331(1)(jj), F.S.)	\$1,000.00 to \$2,500.00 (hh) From a letter of concern to a reprimand, or denial of licensure, and an administrative fine ranging from \$1,000.00 to \$2,500.00.	(hh) From probation to revocation or denial of licensure, and an administrative fine from \$2,500.00 to \$5,000.00.
(ii) Violating Chapters 458, 456, F.S., or any rules adopted pursuant thereto. (458.331(1)(nn), F.S.)	(ii) From a reprimand, 25 to 100 hours of community service, to revocation or denial and an administrative fine from \$1,000.00 to \$5,000.00.	(ii) From probation, 100 to 200 hours of community service; to revocation or denial and an administrative fine from \$5,000.00 to \$10,000.00.
(jj) Theft or reproduction of an examination. (Section 456.018, F.S.)	(jj) Revocation or denial of licensure.	
(kk) Performing or attempting to perform health care services on the wrong patient, a wrong site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition. (Section 456.072(1)(bb), F.S.)	(kk) From a \$1,000.00 fine, a letter of concern, a minimum of five (5) hours of risk management education, and one (1) hour lecture on wrong-site surgery in the State of Florida to a \$5,000.00 fine, a letter of concern, a minimum of five (5) hours of risk management education, 50 to 100 hours of community service, undergo a risk management assessment, a one (1) hour lecture on wrong-site surgery, and suspension to be followed by a term of probation.	(kk) From a \$7,500.00 fine, a reprimand, 100 to 200 hours of community service, and probation or denial to a \$10,000.00 fine and revocation.
(ll) Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other diagnostic procedures. (Section 456.072(1)(cc), F.S.)	(ll) From a \$1,000.00 to a \$5,000.00 fine, a letter of concern, a minimum of five (5) hours of risk management education, 50 to 100 hours of community service, and a one hour lecture to the staff of a Florida licensed healthcare facility on retained foreign body objects to revocation.	(ll) From a \$7,500.00 fine, a reprimand and probation, 100 to 200 hours of community service, or denial to revocation.
(mm) Engaging in a pattern of practice when prescribing medicinal drugs or controlled substances which demonstrates a lack of reasonable skill or safety to patients. (Section 456.072(1)(gg), F.S.)	(mm) From reprimand to probation, 25 to 50 hours of community service and an administrative fine ranging from \$1,000.00 to \$5,000.00, or denial of licensure.	(mm) From probation, 50 to 100 hours of community service to revocation or denial of licensure, and an administrative fine ranging from \$2,500.00 to \$5,000.00.
(nn) Being terminated from a treatment program for impaired practitioners, for failure to comply with the terms of the monitoring or treatment contract or for not successfully completing any drug-treatment or alcohol-treatment program. (Section 456.072(1)(hh) , F.S.)	(nn) From suspension until licensee demonstrates compliance with all terms of the monitoring or treatment contract, and is able to demonstrate to the Board the ability to practice with reasonable skill and safety to be followed by a term of probation; and a fine of \$1,000 to \$2,500, to revocation.	(nn) From suspension until licensee demonstrates compliance with all terms of the monitoring or treatment contract and is able to demonstrate to the Board the ability to practice with reasonable skill and safety to be followed by a term of probation; and a fine of \$2,500 to \$5,000, to revocation.

(oo) Being convicted of, or entering a plea of guilty or nolo contendere to any misdemeanor or felony, regardless of adjudication, under 18 USC s. 669, ss. 285-287, s. 371, s. 1001, s. 1035, s. 1341, s. 1343, s. 1347, s. 1349, or s. 1518, or 42 USC ss. 1320a-7b, relating to the Medicaid program.

(Section 456.072(1)(ii), F.S.)

(pp) Failing to remit the sum owed to the state for overpayment from the Medicaid program pursuant to a final order, judgment, or settlement.

(Section 456.072(1)(jj), F.S.)

(qq) Being terminated from the state Medicaid program, or any other state Medicaid program, or the federal Medicare program.

(Section 456.072(1)(kk), F.S.)

(rr) Being convicted of, or entering into a plea of guilty or nolo contendere to any misdemeanor or felony, regardless of adjudication, which relates to health care fraud.

(Section 456.072(1)(ll), F.S.)

(oo) Revocation and a fine of \$10,000, or in the case of application for licensure, denial of license.

(pp) From a letter of concern to probation, and a fine of \$500 to \$5,000.

(qq) From a letter of concern to suspension, and a fine of \$1,000 to \$5,000.

(rr) Revocation and a fine of \$10,000, or in the case of application for licensure, denial of license.

(pp) From a reprimand to revocation, and a fine of \$2,500 to \$5,000.

(qq) From a reprimand to revocation, and a fine of \$5,000 to \$10,000.

(3) Aggravating and Mitigating Circumstances. Based upon consideration of aggravating and mitigating factors present in an individual case, the Board may deviate from the penalties recommended above. The Board shall consider as aggravating or mitigating factors the following:

- (a) Exposure of patients or public to injury or potential injury, physical or otherwise; none, slight, severe, or death;
- (b) Legal status at the time of the offense; no restraints, or legal constraints;
- (c) The number of counts or separate offenses established;
- (d) The number of times the same offense or offenses have previously been committed by the licensee or applicant;
- (e) The disciplinary history of the applicant or licensee in any jurisdiction and the length of practice;
- (f) Pecuniary benefit or self-gain inuring to the applicant or licensee;
- (g) Any other relevant mitigating factors.

(4) The certification of a Physician Assistant shall be disciplined by the Board when, after due notice and a hearing in accordance with the provisions of this rule, it shall find: that the Physician Assistant has held himself out or permitted another to represent him as a licensed physician. If any person addresses the Physician Assistant in a medical setting as "Doctor," the Physician Assistant must immediately inform that person that the Physician Assistant is not a doctor. Upon a finding by the Board of failure to immediately inform the person, the following penalty shall be imposed: a letter of concern, a reprimand, a 60-day suspension and/or a fine up to \$2,500.00; and for any subsequent offense, a fine up to \$5,000.00 and/or revocation of the certificate.

*Rulemaking Authority 456.079, 458.309, 458.331(4) FS. Law Implemented 456.072, 456.079, 458.331(4), 458.347(4)(e)1., (7)(g) FS. History—New 3-13-89, Formerly 21M-17.015, 61F6-17.015, 59R-30.015, Amended 6-7-98, 4-9-01, 5-16-10.*

**64B8-30.0151 Standard Terms Applicable to Orders.**

Unless otherwise approved by the Board or its designee, or addressed by the Final Order, the following are the terms applicable to all Final Orders rendered by the Board in disciplinary proceedings.

(1) PAYMENT OF FINES AND COSTS. All fines and costs shall be paid by check or money order made payable to the Board and sent to DOH/Client Services, P. O. Box 6320, Tallahassee, Florida 32314-6320, within 30 days of the filing of the Order.

(2) ADDRESSES. Respondent must keep current residence and practice addresses on file with the Board. Respondent shall notify the Compliance Office, in writing, within 10 days of any changes of those addresses. Furthermore, if the Respondent's license is on probation, the Respondent shall notify the Compliance Office within 10 days in the event that Respondent leaves the active practice of medicine in Florida.

(3) COMPLIANCE ADDRESS. All reports, correspondence and inquiries shall be sent to: DOH, Client Services Unit, 4052 Bald Cypress Way, Bin #C01, Tallahassee, Florida 32399-3251, Attn: Medical Compliance Officer.

(4) CONTINUITY OF PRACTICE.

(a) TOLLING PROVISIONS. In the event the Respondent leaves the State of Florida for a period of 30 days or more or otherwise does not or may not engage in the active practice of medicine in the State of Florida, then certain provisions of the requirements in the Board's Order shall be tolled and shall remain in a tolled status until Respondent returns to the active practice of medicine in the State of Florida. Respondent shall notify the Compliance Officer 10 days prior to his/her return to practice in the State of Florida. The following requirements shall be tolled until the Respondent returns to active practice:

1. The time period of probation shall be tolled.
2. The provisions regarding direct supervision and required reports from the supervisor shall be tolled.
3. The requirement for quality assurance review of Respondent's practice shall be tolled.
4. Any provisions regarding community service shall be tolled.
5. Any requirements regarding lectures shall be tolled.

(b) ACTIVE PRACTICE. In the event that Respondent leaves the active practice of medicine for a period of one year or more, the Respondent may be required to appear before the Board and demonstrate the ability to practice medicine with reasonable skill and safety to patients prior to resuming the practice of medicine in the State of Florida.

(5) COMMUNITY SERVICE AND CONTINUING EDUCATION UNITS. All community service requirements, continuing education units/courses must be completed, and documentation of such completion submitted to DOH/Client Services, at the address set forth in subsection (3) above.

(a) DEFINITION OF COMMUNITY SERVICE. "Community service" shall be defined as the delivery of volunteer services to an entity which is exempt from federal taxation under 26 U.S.C. s. 501(c)(3), without fee or cost to the patient or the entity, for the good of the people of the State of Florida. Community service shall be performed outside the physician assistant's regular practice setting. Community service plans must be pre-approved by the Board's Probationer's Committee.

(b) CONTINUING EDUCATION. Continuing education imposed by Board Order shall be in addition to those hours required for biennial renewal of licensure. Said continuing education courses must be pre-approved by the Board's Probationer's Committee and shall consist of a formal live lecture format.

(6) PROBATION TERMS. If probation was imposed by Board Order, the following provisions are applicable:

(a) DEFINITIONS:

1. DIRECT SUPERVISION- is supervision by a supervising physician (supervisor), as set forth in the Order. Direct supervision requires that the supervisor and Respondent work on the same premises. The supervisor shall be board-certified in the Respondent's specialty area.

2. PROBATION COMMITTEE – or "Committee" are members of the Board of Medicine designated by the Chair of the Board to serve as the Probation Committee.

(b) REQUIRED SUPERVISION:

1. If the terms of the Order include direct supervision of the licensee's practice (supervision), the Respondent shall not practice medicine without an approved supervisor, as specified by the Final Order.

2. The supervisor must be licensed under Chapter 458, F.S., in good standing, in active status, without restriction or limitation on his/her license, must be qualified by training and experience, and must not have any conflicts of interest that would prohibit him or her from impartially performing his or her duties as a monitor. Specific grounds for rejecting a proposed supervisor by the Board or its designee shall include but are not limited to the following:

a. The proposed supervisor has previously been subject to disciplinary action against his/her medical license in this or any other jurisdiction;

b. The proposed supervisor is currently under investigation, or is the subject of a pending disciplinary action;

- c. The proposed supervisor is not actively engaged in the same or similar specialty area;
- d. The proposed supervisor is not practicing on the same premises as the Respondent;
- e. The proposed supervisor is a relative or employee of the Respondent.

(c) TEMPORARY APPROVAL. The Board confers authority on the Chair of the Probation Committee to temporarily approve Respondent's supervisor. To obtain this temporary approval, Respondent shall submit to the Compliance Officer the name and curriculum vitae of the proposed supervisor. This information shall be furnished to the Chair of the Probation Committee by way of the Compliance Officer. This information may be faxed to the Compliance Officer at (850) 414-0864, or may be sent by overnight mail to the Compliance address as set forth in subsection (3) above. Should Respondent's supervising physician be temporarily approved, said approval shall only remain in effect until the next meeting of the Probation Committee. Absent said approval, Respondent shall not practice medicine until a supervising physician is approved. Temporary approval shall only remain in effect until the next meeting of the Probation Committee.

(d) FORMAL APPROVAL. If Respondent is placed under the direct supervision of a physician, Respondent shall have the supervisor with him/her at the first probation appearance before the Probation Committee. Prior to consideration of the monitor/supervisor by the Committee, the Respondent shall provide the supervisor a copy of the Administrative Complaint and the Board's Order in this case. Respondent shall submit a current curriculum vitae, a description of current practice, and a letter agreeing to serve from the proposed supervisor to the Compliance Officer no later than 21 days before the Respondent's first scheduled probation appearance. Respondent's supervisor shall also appear before the Probation Committee at such times as directed by the Committee. It shall be the Respondent's responsibility to ensure the appearance of his/her supervisor as directed. Failure of the supervisor to appear as directed shall constitute a violation of the terms of the Board's Order and shall render the Respondent subject to additional disciplinary action.

(e) CHANGE IN SUPERVISOR. In the event that Respondent's supervisor is unable or unwilling to fulfill his/her responsibilities as a supervisor as described above, the Respondent shall advise the Compliance Office of this fact within 24 hours of becoming aware of the situation. Respondent shall submit to the Compliance Office the name of a temporary supervisor for consideration. Respondent shall not practice pending approval of this temporary supervisor by the Chair of the Probation Committee. Furthermore, Respondent shall make arrangements with his/her temporary supervisor to appear before the Probation Committee at its next regularly scheduled meeting for consideration of the supervisor by the Committee. Respondent shall only practice under the supervision of the temporary supervisor (approved by the Chair) until the next regularly scheduled meeting of the Probation Committee whereat the issue of the Committee's approval of the Respondent's new supervisor shall be addressed.

(f) REPORTS. If directed by Board Order, probation reports, in affidavit form, shall be submitted by the Respondent and shall contain the following:

1. Brief statement of why physician assistant is on probation.
2. Practice location.
3. Describe current practice (type and composition).
4. Brief statement of compliance with probationary terms.
5. Describe relationship with supervising physician.
6. Advise Compliance Officer of any problems including office incident reports filed; loss or restriction of hospital staff privileges; or any Medicare/Medicaid program exclusions, restrictions or limitations.

(g) SUPERVISOR REPORTS. If directed by Board Order, supervisor reports, in affidavit form shall include the following:

1. Brief statement of why physician assistant is on probation.
2. Description of probationer's practice.
3. Brief statement of probationer's compliance with terms of probation.
4. Brief description of probationer's relationship with supervising physician.
5. Detail any problems which may have arisen with probationer.

(h) INVESTIGATIVE REPORTS. Respondent understands that during the period of probation, at a minimum, semi-annual investigative reports will be compiled with the Department of Health concerning compliance with the terms and conditions of probation and the rules and statutes regulating the practice of medicine.

(7) COSTS OF COMPLIANCE. Respondent shall pay all costs necessary to comply with the terms of the Board's Order. Such costs include, but are not limited to, the costs of preparation of the investigative reports detailing compliance with the terms of the

Order, the cost of analysis of any blood or urine specimens submitted pursuant to the Order, and administrative costs directly associated with Respondent's probation. See Section 458.331(2), F.S.

(8) **SUSPENSION.** In the event that a Respondent's license expires during the period that the license is suspended, this action shall not relieve the Respondent of the responsibility to renew the license at the end of each licensure period. If the Respondent fails to renew the license at the end of any licensure period, all normal conditions and consequences imposed by statute or rule of the Board for failure to timely and properly renew a license shall apply. Renewal of a suspended license during the period of suspension shall not affect the suspension of the license and the suspension shall continue until all requirements for reinstatement have been met.

(9) **RETURN OF LICENSE.** Any Order which suspends a license, revokes a license, or accepts a Respondent's offer to voluntarily relinquish his/her license shall require the Respondent to return the license to the Department within 30 days from the date the Final Order is filed. This shall not apply to instances where the Board or a court has granted the Respondent a stay of the suspension.

*Rulemaking Authority 458.309(1), 458.331(5) FS. Law Implemented 458.331(5) FS. History—New 11-11-07.*

#### **64B8-30.0152 Probation Variables.**

In instances where a Respondent is placed on probation by the Board, the Board shall determine the terms and conditions of Respondent's probation. The following terms of probation are utilized by the Board to ensure that Respondents are safely practicing medicine. Possible terms of probation and restrictions on practice include, but are not limited to:

(1) **APPEARANCES REQUIRED.** Respondent shall appear before the Probationer's Committee at the first meeting after said probation commences, at the last meeting of the Probationer's Committee preceding termination of probation and either quarterly, semiannually, or annually as set forth in the final order. Respondent shall be noticed by Board staff of the date, time and place of the Board's Probationer's Committee whereat Respondent's appearance is required. Failure of the Respondent to appear as requested or directed shall be considered a violation of the terms of probation, and shall subject the Respondent to disciplinary action.

(2) **DIRECT SUPERVISION REQUIRED.** If direct supervision is required by the Board, Respondent shall not practice except under the direct supervision of a board-certified physician fully licensed under Chapter 458, F.S., who has been approved by the Probationer's Committee.

(a) The supervising physician shall work on the same premises as the Respondent.

(b) Absent provision for and compliance with the terms regarding temporary approval of a supervising physician set forth in paragraph 64B8-30.0151(6)(c), F.A.C., Respondent shall cease practice and not practice until the Probationer's Committee approves a supervising physician.

(c) Respondent shall have the supervising physician appear at the first probation appearance before the Probationer's Committee.

1. Prior to approval of the supervising physician by the committee, the Respondent shall provide to the supervising physician a copy of the Administrative Complaint and the Board's Order filed in the case.

2. A failure of the Respondent or the supervising physician to appear at the scheduled probation meeting shall constitute a violation of the Board's Order.

3. Prior to the approval of the supervising physician by the committee, Respondent shall submit to the committee a current curriculum vitae and description of the current practice of the proposed supervising physician. Said materials shall be received in the Board office no later than 21 days before the Respondent's first scheduled probation appearance.

(d) The responsibilities of a supervising physician shall include:

1. Submit quarterly reports, in affidavit form, which shall include:

a. Brief statement of why physician assistant is on probation.

b. Description of probationer's practice.

c. Brief statement of probationer's compliance with terms of probation.

d. Brief description of probationer's relationship with supervising physician.

e. Detail any problems which may have arisen with probationer.

2. Should the Board determine that Respondent's medical records need to be reviewed, the Board shall set forth the percentage of the records and type of records to be reviewed by the supervising physician. The patient records shall be selected by the supervising physician on a random basis at least once every month.

3. Report to the Board any violation by the probationer of Chapters 456 and 458, F.S., and the rules promulgated pursuant thereto.

(3) **ALTERNATE SUPERVISOR.** In view of the need for ongoing and continuous supervision, Respondent shall also be required to submit the curriculum vitae and name of an alternate supervising board-certified physician who shall be approved by Probationer's Committee. Such physician shall be licensed pursuant to Chapter 458, F.S., and shall have the same duties and responsibilities as specified for Respondent's supervising physician during those periods of time which Respondent's supervising physician is temporarily unable to provide supervision. Prior to practicing under the direct supervision of the alternate supervising physician, Respondent shall so advise the Board in writing. Respondent shall further advise the Board in writing of the period of time during which Respondent shall practice under the supervision of the alternate supervising physician. Respondent shall not practice unless Respondent is under the supervision of either the approved supervising physician or the approved alternate.

(4) **CONTINUING MEDICAL EDUCATION.** Should the Board determine that continuing medical education (CME) is appropriate during the probationary period, the Board shall determine the number of hours and subject area of the required CME. The CME shall be Category I Continuing Medical Education. Respondent shall submit a written plan to the Chairperson of the Probationer's Committee for approval prior to the completion of said courses. The Board confers authority on the Chairperson of the Probationer's Committee to approve or disapprove said continuing education courses. In addition, Respondent shall submit documentation of completion of these continuing medical education courses in each report. These hours shall be in addition to those hours required for biennial renewal of licensure. Said continuing education courses shall consist of a formal live lecture format.

(5) **PRN REQUIRED.** Should the Board determine that a contract by the Professionals Resource Network (PRN) is appropriate, Respondent shall participate and comply with the PRN contract.

(a) Respondent shall enter into an after care contract with PRN, shall comply with all its terms, and shall be responsible for assuring that the medical director of PRN send the Board a copy of said contract.

(b) Respondent shall execute a release that authorizes PRN to release information and medical records (including psychiatric records and records relating to treatment for drug dependence and alcoholism) to the Board of Medicine as needed to monitor the progress of Respondent in the PRN program.

(c) Respondent shall authorize the director of PRN to report to the Board of Medicine any problems that may occur with Respondent and any violations of Chapter 456 or 458, F.S. Such a report shall be made within 30 days of the occurrence of any problems, or violations of Chapter 456 or 458, F.S.

(6) **PRESCRIBING PROHIBITION OR RESTRICTION.** If Respondent is licensed as a prescribing physician assistant and should the Board determine that it is appropriate to require a restriction of Respondent's prescribing privileges, the Board shall set forth the length of said restriction and determine which substances shall be affected.

(7) **RESTRICTION ON TREATING PATIENTS OF THE OPPOSITE GENDER.** Should the Board determine there should be a restriction on treating patients of the opposite gender, Respondent shall not examine or treat any patients of the opposite gender without an employee who is of the same patient gender and who is a health care practitioner licensed by the Department of Health present in the room.

*Rulemaking Authority 456.072(2) FS. Law Implemented 456.072(2) FS. History--New 11-11-07.*

#### **64B8-30.016 Mediation.**

(1) For purposes of Section 456.078, F.S., the Board designates as being appropriate for mediation, violations of the following provisions:

(a) Failing to comply with the requirements of Sections 381.026 and 381.0261, F.S., to provide patients with information about their patient rights and how to file a patient complaint;

(b) Negligently failing to file a report or record required by state or federal law;

(c) Failing to comply with the requirements for profiling and credentialing.

(2) The above-outlined provisions shall qualify for mediation only when the violation can be remedied by the licensee, there is no allegation of intentional misconduct, no patient injury, and allegations do not involve any "adverse incidents" as defined by Section 456.078(2), F.S.

*Rulemaking Authority 456.078 FS. Law Implemented 456.078 FS. History--New 11-30-05.*

**64B8-30.019 Fees Regarding Physician Assistants.**

The following fees are prescribed by the Council and adopted by the Boards:

- (1) The application fee for a person applying to be licensed as a physician assistant shall be \$100.00.
- (2) The initial licensure fee for any person who is issued a physician assistant license as provided in Section 458.347 or 459.022, F.S., shall be \$200.00.
- (3) All persons obtaining licensure or re-licensure as a physician assistant shall pay an unlicensed activity fee of \$5.00 in addition to the fee in Rule 64B8-3.009, F.A.C.
- (4) The application fee for a person applying to be certified as a prescribing physician assistant shall be \$200.00. The fee for initial certification as a prescribing physician assistant shall be \$200.00. The renewal fee for a prescribing physician assistant shall be \$150.00. No additional fees will be required for any separate application for a distinct area of practice or a change in practice setting during the same biennium.
- (5) The biennial renewal fee for an active or inactive physician assistant licensed pursuant to Section 458.347 or 459.022(7), F.S., shall be \$275.00. Licenses not renewed at the end of a biennial period shall automatically become delinquent.
- (6) The reactivation fee for an inactive or retired status physician assistant license shall be \$100. Reactivation shall require payment of all the applicable renewal fees and the reactivation fee.
- (7) The duplicate license fee shall be \$25.00.
- (8) Any licensed physician assistant who fails to renew his/her licensure by the end of the biennium shall pay a delinquent fee of \$100.00 upon application for either active or inactive status.
- (9) The fee for processing any changes in the licensure status at any time other than the biennial renewal period shall be \$100.00.
- (10) The fee for a retired status license shall be \$50.00 for a physician assistant.

*Rulemaking Authority 456.036, 458.309, 458.347 FS. Law Implemented 456.036(3) (5), (7), 458.347 FS. History—New 8-11-98, Amended 7-30-03, 7-27-04, 12-6-04, 11-11-07, 8-25-10.*