

*PHYSICIAN ASSISTANTS*

CHAPTER 326	LICENSURE OF PHYSICIAN ASSISTANTS
CHAPTER 327	PRACTICE OF PHYSICIAN ASSISTANTS
CHAPTER 328	CONTINUING EDUCATION FOR PHYSICIAN ASSISTANTS
CHAPTER 329	DISCIPLINE FOR PHYSICIAN ASSISTANTS

## CHAPTER 326

## LICENSURE OF PHYSICIAN ASSISTANTS

[Prior to 8/7/02, see 645—325.2(148C) to 645—325.5(148C) and 645—325.16(148C)]

**645—326.1(148C) Definitions.**

“*Active license*” means a license that is current and has not expired.

“*Approved program*” means a program for the education of physician assistants which has been accredited by the Accreditation Review Commission on Education for the Physician Assistant, or its successor, or, if accredited prior to 2001, either by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.

“*Board*” means the board of physician assistants.

“*CME*” means continuing medical education.

“*Collaboration*” means consultation with or referral to the appropriate physician or other health care professional by a physician assistant as indicated by the patient’s condition; the education, competencies, and experience of the physician assistant; and the standard of care.

“*Department*” means the department of public health.

“*Direction*” means authoritative policy or procedural guidance for the accomplishment of a function or activity.

“*Grace period*” means the 30-day period following expiration of a license when the license is still considered to be active. In order to renew a license during the grace period, a licensee is required to pay a late fee.

“*Inactive license*” means a license that has expired because it was not renewed by the end of the grace period. The category of “inactive license” may include licenses formerly known as lapsed, inactive, delinquent, closed, or retired.

“*Licensee*” means a person licensed by the board as a physician assistant to provide medical services under the supervision of one or more physicians.

“*Licensure by endorsement*” means the issuance of an Iowa license to practice as a physician assistant to an applicant who is or has been licensed in another state.

“*Locum tenens*” means the temporary substitution of one licensed physician assistant for another.

“*Mandatory training*” means training on identifying and reporting child abuse or dependent adult abuse required of physician assistants who are mandatory reporters. The full requirements on mandatory reporting of child abuse and the training requirements are found in Iowa Code section 232.69. The full requirements on mandatory reporting of dependent adult abuse and the training requirements are found in Iowa Code section 235B.16.

“*NCCPA*” means the National Commission on Certification of Physician Assistants.

“*Opioid*” means a drug that produces an agonist effect on opioid receptors and is indicated or used for the treatment of pain or opioid use disorder.

“*Physician*” means a person who is currently licensed in Iowa to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy. A physician supervising a physician assistant practicing in a federal facility or under federal authority shall not be required to obtain licensure beyond licensure requirements mandated by the federal government for supervising physicians.

“*Physician assistant*” or “*PA*” means a person licensed as a physician assistant by the board.

“*Prescription monitoring program database*” or “*PMP database*” means the Iowa prescription monitoring program database administered by the Iowa board of pharmacy pursuant to Iowa Code chapter 124, subchapter VI, and 657—Chapter 37.

“*Reactivate*” or “*reactivation*” means the process as outlined in rule 645—326.19(17A,147,272C) by which an inactive license is restored to active status.

“*Reinstatement*” means the process as outlined in 645—11.31(272C) by which a licensee who has had a license suspended or revoked or who has voluntarily surrendered a license may apply to have the license reinstated, with or without conditions. Once the license is reinstated, the licensee may apply for active status.

“*Remote medical site*” means a medical clinic for ambulatory patients which is more than 30 miles away from the main practice location of a supervising physician and in which a supervising physician is present less than 50 percent of the time the site is open. “Remote medical site” does not apply to nursing homes, patient homes, hospital outpatient departments, outreach clinics, or any location at which medical care is incidentally provided, such as a diet center, free clinic, site for athletic physicals, or a jail facility.

“*Supervising physician*” means a physician who supervises the medical services provided by the physician assistant consistent with the physician assistant’s education, training, or experience and who accepts ultimate responsibility for the medical care provided by the physician-physician assistant team.

“*Supervision*” means that a supervising physician retains ultimate responsibility for patient care, although a physician need not be physically present at each activity of the physician assistant or be specifically consulted before each delegated task is performed. Supervision shall not be construed as requiring the personal presence of a supervising physician at the place where such services are rendered except insofar as the personal presence is expressly required by these rules or by Iowa Code chapter 148C.

“*Supply prescription drugs*” means to deliver to a patient or the patient’s representative a quantity of prescription drugs or devices that are properly packaged and labeled.

[ARC 4299C, IAB 2/13/19, effective 3/20/19; ARC 5177C, IAB 9/9/20, effective 10/14/20]

#### **645—326.2(148C) Requirements for licensure.**

**326.2(1)** The following criteria shall apply to licensure:

*a.* An applicant shall complete a board-approved application packet. Application forms may be obtained from the board’s website ([www.idph.state.ia.us/licensure](http://www.idph.state.ia.us/licensure)) or directly from the board office. All applications shall be sent to the Board of Physician Assistants, Professional Licensure Division, Fifth Floor, Lucas State Office Building, Des Moines, Iowa 50319-0075.

*b.* An applicant shall complete the application form according to the instructions contained in the application.

*c.* Each application shall be accompanied by the appropriate fees payable by check or money order to the Iowa Board of Physician Assistants. The fees are nonrefundable.

*d.* Each applicant shall provide official copies of academic transcripts that have been sent to the board directly from an approved program for the education of physician assistants. EXCEPTION: An applicant who is not a graduate of an approved program but who passed the NCCPA initial certification examination prior to 1986 is exempt from the graduation requirement.

*e.* An applicant shall provide a copy of the initial certification from NCCPA, or its successor agency, sent directly to the board from the NCCPA, or its successor agency.

*f.* Prior to beginning practice, the physician assistant shall notify the board of the identity of the supervising physician(s) on the board-approved form.

*g.* In lieu of paragraphs “*d*” and “*e*,” an applicant for licensure may provide documentation from the Federation Credentials Verification Service (FCVS) of the Federation of State Medical Boards as primary source verification for identity, education and national certification information.

**326.2(2)** Licensees who were issued their licenses within six months prior to the renewal date shall not be required to renew their licenses until the renewal date two years later.

**326.2(3)** Incomplete applications that have been on file in the board office for more than two years shall be:

*a.* Considered invalid and shall be destroyed; or

*b.* Maintained upon written request of the candidate.

**645—326.3(148C) Temporary licensure.**

**326.3(1)** A temporary license may be issued for an applicant who has not taken the NCCPA initial certification examination or successor agency examination or is waiting for the results of the examination.

**326.3(2)** The applicant must comply with subrule 326.2(1), with the exception of paragraphs “d” and “e.”

**326.3(3)** A temporary license shall be valid for one year from the date of issuance.

**326.3(4)** The temporary license shall be renewed only once upon the applicant’s showing proof that, through no fault of the applicant, the applicant was unable to take the certification examination recognized by the board. Proof of inability to take the certification examination shall be submitted to the board office with written request for renewal of a temporary license, accompanied by the temporary license renewal fee.

**326.3(5)** If the temporary licensee fails the certification examination, the temporary licensee must cease practice immediately and surrender the temporary license by the next business day.

**326.3(6)** There is no additional fee for converting temporary licensure to permanent licensure.

**326.3(7)** The applicant shall ensure that certification of completion is sent to the board directly from an approved program for the education of physician assistants. The certification of completion must be signed by a designee from the approved program.

**645—326.4(148C) Licensure by endorsement.** An applicant who has been licensed under the laws of another jurisdiction shall file an application for licensure by endorsement. An applicant shall:

**326.4(1)** Submit to the board a completed application according to the instructions on the application.

**326.4(2)** Pay the nonrefundable licensure fee.

**326.4(3)** Provide an official copy of the transcript sent directly to the board from an approved program for the education of physician assistants or qualify for the exception stated in paragraph 326.2(1) “d.”

**326.4(4)** Provide a copy of the initial certification from NCCPA, or its successor agency, sent directly to the board from the NCCPA, or its successor agency. Additionally, provide one of the following documents:

*a.* Copy of current certification from the NCCPA, or its successor agency, sent directly to the board from the NCCPA, or its successor agency; or

*b.* Proof of completion of 100 CME hours for each biennium since initial certification.

**326.4(5)** Provide verification of license from the jurisdiction in which the applicant has most recently been licensed, sent directly from the jurisdiction to the board office. The applicant must also disclose any public or pending complaints against the applicant in any other jurisdiction. Web-based verification may be substituted for verification direct from the jurisdiction’s board office if the verification provides:

*a.* Licensee’s name;

*b.* Date of initial licensure;

*c.* Current licensure status; and

*d.* Any disciplinary action taken against the license.

**326.4(6)** Prior to beginning practice, the physician assistant shall notify the board of the identity of the supervising physician(s) on the board-approved form.

**326.4(7)** A person who is licensed in another jurisdiction but who is unable to satisfy the requirements of licensure by endorsement may apply for licensure by verification, if eligible, in accordance with rule 645—19.1(272C).

[ARC 5752C, IAB 7/14/21, effective 8/18/21; ARC 6896C, IAB 2/22/23, effective 3/29/23]

**645—326.5** Reserved.

**645—326.6(148C) Examination requirements.** The applicant for licensure as a physician assistant shall successfully pass the certifying examination conducted by the National Commission on Certification of Physician Assistants or a successor examination approved by the board of physician assistants.

[ARC 5177C, IAB 9/9/20, effective 10/14/20]

**645—326.7(148C) Educational qualifications.** An applicant for licensure as a physician assistant shall submit official copies of academic transcripts from an approved program for education of physician assistants, or the applicant shall qualify for the exception stated in paragraph 326.2(1)“d.”

**645—326.8(148C) Supervision requirements.**

**326.8(1)** Notification requirements. Physician assistants shall use the board-approved forms to notify the board of the identity of their supervising physicians at the following times:

*a.* Prior to beginning practice in Iowa.

*b.* At the time of license renewal. The physician assistant shall notify the board of the identity of each of the physician assistant’s supervising physicians and of any change in the status of the supervisory relationships during the physician assistant’s current biennium. In addition, the physician assistant shall maintain a list of supervising physicians to provide to the board upon request.

*c.* At the time of license reactivation.

**326.8(2)** The physician assistant shall maintain documentation of current supervising physicians, which shall be made available to the board upon request.

**326.8(3)** A physician assistant who provides medical services shall be supervised by one or more physicians; but a physician shall not supervise more than five physician assistants at the same time.

**326.8(4)** It shall be the responsibility of the physician assistant and a supervising physician to ensure that the physician assistant is adequately supervised. Upon agreeing to supervise a physician assistant, a supervising physician will be advised that the physician’s name will be listed with the board as a supervising physician. In regard to scheduling, the physician assistant may not practice if supervision is unavailable, except as otherwise provided in Iowa Code chapter 148C or these rules, and must be in compliance with the requirement that no more than five physician assistants shall be supervised by a physician at the same time, pursuant to subrule 326.8(3). The physician assistant and the supervising physician are each responsible for knowing and complying with the supervision provisions of these rules.

*a.* Patient care provided by the physician assistant shall be reviewed with a supervising physician on an ongoing basis as indicated by the clinical condition of the patient. Although every chart need not be signed nor every visit reviewed, nor does the supervising physician need to be physically present at each activity of the physician assistant, it is the responsibility of the supervising physician and physician assistant to ensure that each patient has received the appropriate medical care.

*b.* Patient care provided by the physician assistant may be reviewed with a supervising physician in person, by telephone or by other telecommunicative means.

*c.* When signatures are required, electronic signatures are allowed if:

(1) The signature is transcribed by the signer into an electronic record and is not the result of electronic regeneration; and

(2) A mechanism exists allowing confirmation of the signature and protection from unauthorized reproduction.

*d.* When the physician assistant is being trained to perform new medical procedures, the training shall be carried out under the supervision of a physician or another qualified individual. Upon completing the supervised training, a physician assistant may perform the new medical procedures if delegated by a supervising physician, except as otherwise provided in Iowa Code chapter 148C or these rules. New medical procedures may be delegated to a physician assistant after a supervising physician determines that the physician assistant is competent to perform the task.

[ARC 0462C, IAB 11/28/12, effective 1/2/13]

**645—326.9(148C) License renewal.**

**326.9(1)** The biennial license renewal period for a license to practice as a physician assistant shall begin on October 1 and end on September 30 two years later. The licensee is responsible for renewing the license prior to its expiration. Failure of the licensee to receive notice from the board does not relieve the licensee of the responsibility for renewing the license.

**326.9(2)** An individual who was issued a license within six months of the license renewal date will not be required to renew the license until the subsequent renewal date two years later.

**326.9(3)** A licensee seeking renewal shall:

*a.* Meet the continuing education requirements of rule 645—328.2(148C) and the mandatory reporting requirements of subrule 326.9(4). A licensee whose license was reactivated during the current renewal compliance period may use continuing education credit earned during the compliance period for the first renewal following reactivation; and

*b.* Submit the completed renewal application and renewal fee before the license expiration date.

**326.9(4)** Mandatory reporter training requirements.

*a.* A licensee who, in the scope of professional practice or in the licensee's employment responsibilities, examines, attends, counsels or treats children in Iowa shall indicate on the renewal application completion of training in child abuse identification and reporting as required by Iowa Code section 232.69(3) "b" in the previous three years, or condition(s) for waiver of this requirement as identified in paragraph 326.9(4) "e."

*b.* A licensee who, in the course of employment responsibilities, examines, attends, counsels or treats adults in Iowa shall indicate on the renewal application completion of training in dependent adult abuse identification and reporting as required by Iowa Code section 235B.16(5) "b" in the previous three years or condition(s) for waiver of this requirement as identified in paragraph 326.9(4) "e."

*c.* The course(s) shall be the curriculum provided by the Iowa department of human services.

*d.* The licensee shall maintain written documentation for three years after mandatory training as identified in paragraphs 326.9(4) "a" to "c," including program date(s), content, duration, and proof of participation.

*e.* The requirement for mandatory training for identifying and reporting child and dependent adult abuse shall be suspended if the board determines that suspension is in the public interest or that a person at the time of license renewal:

(1) Is engaged in active duty in the military service of this state or the United States.

(2) Holds a current waiver by the board based on evidence of significant hardship in complying with training requirements.

*f.* The board may select licensees for audit of compliance with the requirements in paragraphs 326.9(4) "a" to "e."

**326.9(5)** Upon receiving the information required by this rule and the required fee, board staff shall administratively issue a two-year license. In the event the board receives adverse information on the renewal application, the board shall issue the renewal license but may refer the adverse information for further consideration or disciplinary investigation.

**326.9(6)** A person licensed to practice as a physician assistant shall keep the license certificate and renewal displayed in a conspicuous public place at the primary site of practice.

**326.9(7)** Late renewal. The license shall become late when the license has not been renewed by the expiration date on the renewal. The licensee shall be assessed a late fee as specified in 645—subrule 5.14(4). To renew a late license, the licensee shall complete the renewal requirements and submit the late fee within the grace period.

**326.9(8)** Inactive license. A licensee who fails to renew the license by the end of the grace period has an inactive license. A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a physician assistant in Iowa until the license is reactivated. A licensee who practices as a physician assistant in the state of Iowa with an inactive license may be subject to disciplinary action by the board, injunctive action pursuant to Iowa Code section 147.83, criminal sanctions pursuant to Iowa Code section 147.86, and other available legal remedies.

[ARC 9665B, IAB 8/10/11, effective 9/14/11; ARC 4952C, IAB 2/26/20, effective 4/1/20; ARC 5752C, IAB 7/14/21, effective 8/18/21]

**645—326.10 to 326.14** Reserved.

**645—326.15(148C,88GA,ch1020) Use of title.** A physician assistant licensed under Iowa Code chapter 148C may use the words "physician assistant" after the person's name or signify the same by the use of the letters "PA." A person who meets the qualifications for licensure under Iowa Code chapter 148C

but does not possess a current license may use the title “PA” or “physician assistant” but may not act or practice as a physician assistant unless licensed under Iowa Code chapter 148C.  
[ARC 5177C, IAB 9/9/20, effective 10/14/20]

**645—326.16(148C) Address change.** The physician assistant shall notify the board of any change in permanent address within 30 days of its occurrence.

**645—326.17(148C) Student physician assistant.**

**326.17(1)** Any person who is enrolled as a student in an approved program shall comply with the rules set forth in this chapter. A student is exempted from licensure requirements.

**326.17(2)** Notwithstanding any other provisions of these rules, a student may perform medical services when they are rendered within the scope of an approved program.

**645—326.18(148C) Recognition of an approved program.** The board shall recognize a program for education and training of physician assistants if it is accredited by the Accreditation Review Commission on Education for the Physician Assistant or its successor, or, if accredited prior to 2001, either by the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs.

This rule is intended to implement Iowa Code section 148C.2.  
[ARC 5177C, IAB 9/9/20, effective 10/14/20]

**645—326.19(17A,147,272C) License reactivation.** To apply for reactivation of an inactive license, a licensee shall:

**326.19(1)** Submit a reactivation application on a form provided by the board.

**326.19(2)** Pay the reactivation fee that is due as specified in 645—Chapter 5.

**326.19(3)** Provide verification of current competence to practice as a physician assistant by satisfying one of the following criteria:

*a.* If the license has been on inactive status for five years or less, an applicant must provide the following:

(1) Verification of the license(s) from every jurisdiction in which the applicant is or has been licensed and is or has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction(s) to the board office. Web-based verification may be substituted for verification from a jurisdiction’s board office if the verification includes:

1. Licensee’s name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 100 hours of continuing education within two years of application for reactivation or NCCPA or successor agency certification.

*b.* If the license has been on inactive status for more than five years, an applicant must provide the following:

(1) Verification of the license(s) from every jurisdiction in which the applicant is or has been licensed and is or has been practicing during the time period the Iowa license was inactive, sent directly from the jurisdiction(s) to the board office. Web-based verification may be substituted for verification from a jurisdiction’s board office if the verification includes:

1. Licensee’s name;
2. Date of initial licensure;
3. Current licensure status; and
4. Any disciplinary action taken against the license; and

(2) Verification of completion of 200 hours of continuing education within two years of application for reactivation, of which at least 40 percent of the hours completed shall be in Category I, or NCCPA or successor agency certification.

[ARC 5177C, IAB 9/9/20, effective 10/14/20]

**645—326.20(17A,147,272C) License reinstatement.** A licensee whose license has been revoked, suspended, or voluntarily surrendered must apply for and receive reinstatement of the license in accordance with 645—11.31(272C) and must apply for and be granted reactivation of the license in accordance with rule 645—326.19(17A,147,272C) prior to practicing as a physician assistant in this state.

These rules are intended to implement Iowa Code chapters 17A, 147, 148C and 272C.

[Filed 7/19/02, Notice 4/3/02—published 8/7/02, effective 9/11/02]

[Filed emergency 7/18/03—published 8/6/03, effective 7/18/03]

[Filed 4/22/04, Notice 2/18/04—published 5/12/04, effective 6/16/04]<sup>1</sup>

[Filed 1/19/05, Notice 11/10/04—published 2/16/05, effective 3/23/05]

[Filed 7/21/05, Notice 5/11/05—published 8/17/05, effective 9/21/05]

[Filed 4/20/06, Notice 2/15/06—published 5/10/06, effective 6/14/06]

[Filed 1/18/07, Notice 11/8/06—published 2/14/07, effective 3/21/07]

[Filed 2/5/07, Notice 11/8/06—published 2/28/07, effective 4/4/07]

[Filed 10/19/07, Notice 8/15/07—published 11/7/07, effective 12/12/07]

[Filed 7/17/08, Notice 5/7/08—published 8/13/08, effective 9/17/08]

[Filed ARC 9665B (Notice ARC 9549B, IAB 6/1/11), IAB 8/10/11, effective 9/14/11]

[Filed ARC 0462C (Notice ARC 0283C, IAB 8/22/12), IAB 11/28/12, effective 1/2/13]

[Filed ARC 4299C (Notice ARC 4128C, IAB 11/21/18), IAB 2/13/19, effective 3/20/19]

[Filed ARC 4952C (Notice ARC 4662C, IAB 9/25/19), IAB 2/26/20, effective 4/1/20]

[Filed ARC 5177C (Notice ARC 5043C, IAB 6/3/20), IAB 9/9/20, effective 10/14/20]

[Filed ARC 5752C (Notice ARC 5368C, IAB 12/30/20), IAB 7/14/21, effective 8/18/21]

[Filed ARC 6896C (Notice ARC 6664C, IAB 11/16/22), IAB 2/22/23, effective 3/29/23]

<sup>0</sup> Two or more ARCs

<sup>1</sup> Effective date of 326.1, “remote medical site,” delayed 70 days by the Administrative Rules Review Committee at its meeting held June 7, 2004.