

SECTION .0200 – PHYSICIAN ASSISTANT REGISTRATION

21 NCAC 32S .0226 MILITARY RELOCATION LICENSE FOR PHYSICIAN ASSISTANT SERVICEMEMBERS AND SPOUSES

(a) A physician assistant who meets the qualifications listed in this Rule and G.S. 90-12.02 may apply for a military relocation license for physician assistant servicemembers and spouses.

(b) An applicant for a military relocation license for physician assistant servicemembers and spouses shall:

- (1) complete the Board's online application and providing the applicant's:
 - (A) legal name;
 - (B) personal mailing, physical, and email address;
 - (C) work mailing, physical, and email address;
 - (D) telephone number;
 - (E) social security number and date of birth;
 - (F) practice plans and areas of practice;
 - (G) chronological history of education and employment from age 18 to present;
 - (H) history of government investigations, substance use history for the past five years, military service, professional liability insurance history, investigations for employment misclassification for the past five years, and history of regulatory actions, hospital privilege, and malpractice; and
 - (I) an attestation under oath or affirmation that the information on the application is true and complete, and authorizing the release to the Board of all information pertaining to the application;
- (2) submit documentation of a legal name change, if applicable;
- (3) submit a photograph of the applicant that was taken in the last two years;
- (4) supply a certified copy of applicant's birth certificate if the applicant was born in the U.S. or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant shall provide information about applicant's immigration status that the Board will use to verify applicant's eligibility for this license;
- (5) provide proof that applicant is a servicemember of the United States Armed Forces or a spouse of a servicemember of the United States Armed Forces;
- (6) provide a copy of military orders that indicates that the applicant is residing in this State pursuant to such military orders for military service relating to applicant or applicant's spouse;
- (7) provide proof that the applicant holds a current license in another jurisdiction that has licensing requirements that are substantially equivalent or otherwise exceed the requirements for licensure in this State;
- (8) provide proof that the applicant has not been disciplined in the last five years by any occupational licensing board, and has no pending investigations by any occupational licensing board;
- (9) provide proof that the applicant has actively practiced medicine an average of 20 hours per week during the two years immediately preceding relocation to this State;
- (10) submit two completed fingerprint record cards to the Board;
- (11) submit a signed consent form allowing a search of local, state and national files to disclose any criminal record;
- (12) pay to the Board a non-refundable fee as required by 21 NCAC 32S .0202, plus the cost of a criminal background check;
- (13) upon request, supply any additional information the Board deems necessary to evaluate the applicant's qualifications.

(c) When possible, all reports and Orders shall be submitted directly to the Board from the primary source.

(d) All information required by this Rule shall be provided within one year of submitting the application.

History Note: Authority G.S. 90-5.1(a)(3); 90-12.02;
Eff. June 1, 2025.