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## **TITLE 844 MEDICAL LICENSING BOARD OF INDIANA**

LSA Document #02-180(F)

### **DIGEST**

Amends 844 IAC 2.2-2-1, 844 IAC 2.2-2-2, and 844 IAC 2.2-2-5 concerning certification of physician assistants. Amends 844 IAC 2.2-2-8 concerning fees for registration of physician assistants. Effective 30 days after filing with the secretary of state.

**844 IAC 2.2-2-1**                      **844 IAC 2.2-2-5**  
**844 IAC 2.2-2-2**                      **844 IAC 2.2-2-8**

SECTION 1. 844 IAC 2.2-2-1 IS AMENDED TO READ AS FOLLOWS:

#### **844 IAC 2.2-2-1 Applications**

**Authority:** IC 25-22.5-2-7; IC 25-27.5-3-5

**Affected:** IC 25-22.5-1-2; IC 25-27.5

Sec. 1. (a) The application for certification of a physician assistant must be made upon forms supplied by the committee.

(b) Each application for certification as a physician assistant or for a temporary permit while waiting for the next committee meeting shall include all of the following information:

- (1) Complete names, address, and telephone number of the physician assistant.
- (2) Satisfactory evidence of the following:
  - (A) Completion of an **approved** educational program. ~~approved by the committee.~~
  - (B) Passage of the Physician Assistant National Certifying Examination administered by the NCCPA.
  - (C) A current NCCPA certificate.
- (3) All names used by the physician assistant, explaining the reason for such name change or use.
- (4) Date and place of birth of the physician assistant, and age at the time of application.
- (5) Citizenship and visa status if applicable.
- (6) Whether the physician assistant has been licensed, certified, or registered in any other jurisdiction and, if so, the dates thereof.
- (7) Whether the physician assistant has had any disciplinary action taken against the license, certificate, or registration by the licensing or regulatory agency of any other state or jurisdiction, and the details and dates thereof.
- (8) A complete listing of all places of employment, including:
  - (A) the name and address of employers;
  - (B) the dates of each employment; and
  - (C) employment responsibilities held or performed;that the applicant has had since becoming a physician assistant in any state or jurisdiction.
- (9) Whether the physician assistant is, or has been, addicted to, or is chemically dependent upon, any narcotic drugs, alcohol, or other drugs, and if so, the details thereof.
- (10) Whether the applicant has been denied a license, certificate, approval, or registration as physician assistant by any other state or jurisdiction, and, if so, the details thereof, including the following:
  - (A) The name and location of the state or jurisdiction denying licensure.
  - (B) Certification, approval, or registration.
  - (C) The date of denial of the certification, approval, or registration.
  - (D) The reasons relating to the denial of certification, approval, or registration.

(11) Whether the physician assistant has been convicted of, or pleaded guilty to, any violation of federal, state, or local law relating the use, manufacturing, distributing, sale, dispensing, or possession of controlled substances or of drug addiction, and, if so, all of the details relating thereto.

(12) Whether the physician assistant has been convicted of, or pleaded guilty to, any federal or state criminal offense, felony, or misdemeanor, except for traffic violations that resulted only in fines, and, if so, all of the details thereto.

(13) Whether the physician assistant was denied privileges in any hospital or health care facility, or had such privileges revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitation, and, if so, all of the details relating thereto, including the name and address of the hospital or health care facility, the date of such action, and the reasons therefore.

(14) Whether the physician assistant has ever been admonished, censured, reprimanded, or requested to withdraw, resign, or retire from any hospital or health care facility in which the physician assistant was employed, worked, or held privileges.

(15) Whether the physician assistant has had any malpractice judgments entered against him or her or settled any malpractice action or cause of action, and, if so, a complete, detailed description of the facts and circumstances relating thereto.

(16) A statement from the supervising physician that the physician assistant is, or will be, supervised by that physician.

(17) A description of the setting in which the physician assistant shall be working under the physician supervision.

(18) The name, business address, and telephone number of the physician under whose supervision the physician assistant will be supervised.

(19) One (1) passport-type photo taken of the applicant within the last eight (8) weeks.

(c) All information in the application shall be ~~typewritten, except the signature, and~~ submitted under oath or affirmation, subject to the penalties of perjury.

(d) Each applicant for certification as a physician assistant shall submit an executed authorization and release form supplied by the committee that:

(1) authorizes the committee or any of its authorized representatives to inspect, receive, and review;

(2) authorizes and directs any:

(A) person;

(B) corporation;

(C) partnership;

(D) association;

(E) organization;

(F) institute;

(G) forum; or

(H) officer thereof;

to furnish, provide, and supply to the committee all relevant documents, records, or other information pertaining to the applicant; and

(3) releases the committee, or any of its authorized representatives, and any:

(A) person;

(B) corporation;

(C) partnership;

(D) association;

(E) organization;

(F) institute;

(G) forum; or

(H) officer thereof;

from any and all liability regarding such inspection, review, receipt, furnishing, or supply of any such information.

(e) Application forms submitted to the committee must be complete in every detail. All supporting documents required by the application must be submitted with the application.

(f) Applicants for a temporary permit to practice as a physician assistant while waiting to take the examination or waiting for results of the examination must submit all requirements of subsection (b), except for subsection (b)(2)(B) and (b)(2)(C),

in order to apply for a temporary permit.

(g) A temporary permit becomes invalid if the temporary permit holder fails to sit or fails to register for the next available examination. (*Medical Licensing Board of Indiana; 844 IAC 2.2-2-1; filed May 26, 2000, 8:52 a.m.: 23 IR 2498; errata filed Sep 21, 2000, 3:21 p.m.: 24 IR 382; filed Jan 2, 2003, 10:38 a.m.: 26 IR 1558*)

SECTION 2. 844 IAC 2.2-2-2 IS AMENDED TO READ AS FOLLOWS:

**844 IAC 2.2-2-2 Registration of supervising physician**

Authority: IC 25-22.5-2-7; IC 25-27.5-3-5

Affected: IC 25-27.5-6

Sec. 2. (a) A physician ~~or osteopathic physician~~ licensed under IC 25-22.5 who intends to supervise a physician assistant shall register his or her intent to do so with the board on a form approved by the board prior to commencing supervision of a physician assistant. The supervising physician shall include the following information on the form supplied by the board:

- (1) The name, business address, and telephone number of the supervising physician.
- (2) The name, business address, telephone number, and certification number of the physician assistant.
- (3) The current license number of the physician.
- (4) A statement that the physician will be supervising no more than two (2) physician assistants, and the name and certificate numbers of the physician assistants he or she is currently supervising.
- (5) A description of the setting in which the physician assistant will practice under the supervising physician, including the specialty, if any, of the supervising physician.
- (6) A statement that the supervising physician:
  - (A) will exercise continuous supervision over the physician assistant in accordance with IC 25-27.5-6 and this article;
  - (B) shall review all patient encounters maintained by the physician assistant within twenty-four (24) hours after the physician assistant has seen a patient; and
  - (C) at all times, retain professional and legal responsibility for the care rendered by the physician assistant.
- (7) Detailed description of the process maintained by the physician for evaluation of the physician assistant's performance.

**(b) The supervising physician may not be the designated supervising physician for more than two (2) physician assistants and may not supervise more than two (2) physician assistants at one (1) time as the primary or designated supervising physician.**

**(c) The designated supervising physician is to accept responsibility of supervising the physician assistant in the absence of the primary supervising physician of record. Protocol is to be established by the physician practice.**

~~(b)~~ **(d)** The supervising physician shall, within fifteen (15) days, notify the board when the supervising relationship with the physician assistant is terminated, and the reason for such termination. In addition, notification shall be submitted to the committee. (*Medical Licensing Board of Indiana; 844 IAC 2.2-2-2; filed May 26, 2000, 8:52 a.m.: 23 IR 2499; errata filed Sep 21, 2000, 3:21 p.m.: 24 IR 382; filed Jan 2, 2003, 10:38 a.m.: 26 IR 1559*)

SECTION 3. 844 IAC 2.2-2-5 IS AMENDED TO READ AS FOLLOWS:

**844 IAC 2.2-2-5 Privileges and duties**

Authority: IC 25-22.5-2-7; IC 25-27.5-3-5

Affected: IC 25-22.5-1-2; IC 25-27.5

Sec. 5. (a) When engaged in the physician assistant's professional activities, a physician assistant shall wear a name tag identifying the individual as a physician assistant and shall inform patients that he or she is a physician assistant. A physician assistant shall not portray himself or herself as a licensed physician.

(b) A physician assistant shall ~~keep his or her certificate~~ **make** available for inspection at his or her primary place of business:

- (1) the physician assistant's certificate issued by the committee;
- (2) a statement from the supervising physician that the physician assistant is, or will be, supervised by that physician;
- (3) a description of the setting in which the physician assistant shall be working under the physician supervision;
- (4) a job description with duties to be performed by the physician assistant and to be signed by both the physician and physician assistant; and
- (5) the name, business address, and telephone number of the physician under whose supervision the physician assistant will be supervised.

(c) The physician assistant may perform, under the supervision of the supervising physician, such duties and responsibilities within the scope of the supervising physician's practice. (*Medical Licensing Board of Indiana; 844 IAC 2.2-2-5; filed May 26, 2000, 8:52 a.m.: 23 IR 2500; filed Jan 2, 2003, 10:38 a.m.: 26 IR 1560*)

SECTION 4. 844 IAC 2.2-2-8 IS AMENDED TO READ AS FOLLOWS:

**844 IAC 2.2-2-8 Certification of physician assistants; fees**

Authority: IC 25-22.5-2-7; IC 25-27.5-3-5

Affected: IC 25-22.5-1-1.1; IC 25-22.5-1-2; IC 25-27.5

Sec. 8. (a) A nonrefundable fee of ~~thirty~~ **one hundred** dollars (~~\$30~~) (**\$100**) shall accompany the initial application for ~~registration~~ **certification**.

(b) A nonrefundable fee of ~~twenty~~ **fifty** dollars (~~\$20~~) (**\$50**) shall accompany an application for changing supervising physicians.

(c) A fee of ~~twenty~~ **fifty** dollars (~~\$20~~) (**\$50**) shall accompany each ~~biannual~~ **biennial** application for renewal of the physician assistant certificate. **A fee of fifty dollars (\$50) shall accompany each request for a temporary permit in addition to the fee for initial certification.**

**(d) A fee of ten dollars (\$10) shall accompany each request for verification of licensure to another state.**

**(e) All such fees are nonrefundable.** (*Medical Licensing Board of Indiana; 844 IAC 2.2-2-8; filed May 26, 2000, 8:52 a.m.: 23 IR 2501; filed Jan 2, 2003, 10:38 a.m.: 26 IR 1560*)

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