

§ 140-50.3-004100 Part 4100. Physician Assistant.

These rules and regulations shall supersede the prior regulations for physician assistants, Part 1200, § 14050.1-1201 – 1270, NMIAC Title 140, published at Vol. 21 (7/23/99) and adopted at Vol. 21 (12/15/99) of the Commonwealth Register.

Chapter Authority: 3 CMC § 2206(b); PL 15-105, Section 3, § 2206(b), as amended. Regulation History: PL 15-105 (effective when approved by Governor Benigno R. Fitial, November 7, 2007), the “Health Care Professions Act of 2007,” 3 CMC §§ 2201-36. The Act created a Health Care Professions Licensing Board, as an independent regulatory agency, given the complete jurisdiction, power, authority and duty to license and regulate all health care professions, except for the practice of nursing. The Board is empowered by the Legislature to adopt rules and regulations regarding all matters over which the Board has jurisdiction.

§ 140-50.3-004101 Definitions.

- (a) **“Administer” means the direct application of a drug, whole blood, blood components, diagnostic procedure or device, whether by injection, inhalation, ingestion, skin application or other means, into the body of a patient.**
- (b) **“ARC-PA” means the Accreditation Review Commission for the Education of Physician Assistants, or its successor.**
- (c) **“Contact” for the supervision of a physician assistant means communication in person, or by electronic means, including radio, telephone, fax, computer, or other telecommunication device.**
- (d) **“Continuing Education (CE)” shall mean educational activities, which serve to maintain, develop, or increase the knowledge, skills, and professional performance, and relationships that a physician assistant uses to provide services for patients, the public, or the profession. The content of CE is that body of knowledge and skills generally recognized and accepted by the medical profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.**
- (e) **“Controlled Substance” means a substance, typically a drug or its chemical precursor, described or authorized for classification in the U.S. Controlled Substance Act, 21 USC 812, et seq., and periodically classified under one of Schedules II, III, IV, or V by the U.S. Drug Enforcement Administration (DEA), as presently codified in 21 CFR §1308.**
- (f) **“Doctor,” including “Dr.,” D.O.,” and/or “M.D.” shall mean a physician.**
- (g) **“Dispense” means to deliver a device or a medication in a suitable, labeled container to or for an ultimate user.**
- (h) **“FCVS” mean the Federation Credentials Verification Services established by the FSMB in September 1996 to provide a centralized, uniform process for state medical boards to obtain a verified, primary-source record of a physician's core medical credentials. FCVS obtains primary source verification of medical education, postgraduate training, examination history, board action history, board certification and identity. This repository of information allows a physician and/or physician assistant to establish a confidential, lifetime professional portfolio with FCVS which can be forwarded, at the applicant's request, to any state medical and osteopathic board, hospital, health care or other entity.**

- (g) **“Impairment” means the inability of an applicant and/or license to practice medicine with reasonable skill and safety by reason of:**
- (1) **Mental illness;**
 - (2) **Physical illness or condition, including, but not limited to, those illnesses or conditions that would adversely affect cognitive, motor or perceptive skills; or**
 - (3) **Habitual or excessive use or abuse of drugs defined by law as controlled substances, or alcohol or of other substances that impair ability.**
- (h) **“Medex” means a person who gained medical experience during military service and is currently licensed by this Board as a physician assistant based on the grandfather clause in P.L. 330 § 3(f) (as amended).**
- (i) **“NCCPA” means the National Commission on Certification of Physician Assistants, an independent organization that was established to assure the competency of Physician Assistants and which administers the PANCE to graduates of accredited PA programs.**
- (j) **“PA-C or PA-certified” is the title given to physician assistants who have taken and passed the PANCE and who maintain certification.**
- (k) **“PANCE” means the Physician Assistant National Certifying Examination administered by the NCCPA.**
- (m) **“Patient Encounter” is a record of an interaction between a patient and a healthcare provider.**
- (n) **“Person” means a person real or legal, including a human being, and an artificial person, including government entity, non-governmental organization, association, corporation, Limited Liability Company, limited liability partnership, partnership or sole proprietorship.**
- (o) **“Physician Assistant” or “Physician’s Assistant” or “Physician Associate” or “PA” means a health care professional trained in intensive physician assistant/associate education programs and who has been certified by the NCCPA to practice medicine with physician supervision.**
- (p) **“Practice of Medicine” means:**
- (1) **Using the title “Doctor,” “Doctor of Medicine,” “Doctor of Osteopathy,” “Physician,” “Surgeon,” “Dr.,” “M.D.,” “D.O.,” “PA,” “Physician Assistant,” “Physician Associate,” or any word or abbreviation to indicate or induce others to believe that one is engaged in the practice of medicine as defined hereon; and**
 - (i) **Holding out one’s self to the public within the CNMI as being able to diagnose, treat, prescribe for, palliate, or prevent any human disease, ailment, injury, deformity, or physical or mental condition, whether by the use of drugs, surgery, manipulation, electricity, or any physical, mechanical, or other means whatsoever; or**
 - (ii) **Suggesting, recommending, prescribing, or administering any form of treatment, operation, or healing for the intended palliation, relief, or cure or any physical or mental disease, ailment, injury, condition, or defect of any person with the intention of receiving, either directly or indirectly, any fee, gift, or compensation whatsoever.**

(q) “Prescription” shall mean a written, facsimile, electronic or telephone order or formula issued by a practitioner for a medication to be compounded and dispensed by a pharmacy to a patient.

(r) “Prescription Drug Order” or “Order” shall mean a prescription documented in a hospital or other institutional facility’s chart/medical record for a medication to be compounded and dispensed by an inpatient pharmacy and then administered to a patient by a nurse or other medical professional with drug administration privileges.

(s) “Remote Area,” for purposes of these regulations, is defined as those islands within the CNMI other than Saipan.

(t) “Remote Practice Location” means a location in a remote area where a PA practices that is not his or her supervising physician’s primary practice location.

(u) “State” includes a United States of America state, territory, tribal land, commonwealth, the District of Columbia, and any other U.S. jurisdiction other than the U.S. federal government.

(v) “Supervising Physician” means the licensed physician who supervises a physician assistant.

(w) “Supervision” of a physician assistant means overseeing the activities of and accepting responsibility for the medical services rendered by a physician assistant.

§ 140-50.3-004102 Requirements for Licensure.

(a) An applicant for licensure as a physician assistant must be at least twenty-one (21) years of age, is a U.S. citizen or a foreign national lawfully entitled to remain and work in the Commonwealth, and meets the following requirements:

(1) Applicant has at least a Bachelor’s Degree as a Physician Assistant or Physician Associate from a program accredited by the Accreditation Review Commission for the Education of Physician Assistants (ARC-PA), or prior to 2001, either by the Committee on Allied Health Education and Accreditation of the American Medical Association or the Commission on Accreditation of Allied Health Education Programs; and

(2) Applicant passed the Physician Assistant National Certifying Examination (PANCE) administered by NCCPA, or other future national examinations; and

(3) Applicant provides evidence of current NCCPA certification; or applicant possesses an active unrestricted license to practice as a physician assistant in another U.S. state or territory; and

(4) The applicant shall be of good moral character and shall not have been convicted of a crime of moral turpitude or a crime related to his or her practice as a physician assistant in any jurisdiction, US or foreign.

(b) In addition to the foregoing requirements, the Board may add the following requirements, in its discretion, and for good cause:

(1) Require additional proof that the person is competent to practice professionally;

(2) Require further examination;

- (3) Require additional proof that the person is of an acceptable moral character; and/or
 - (4) Require that the person not be impaired by reason of substance abuse or debilitating physical or mental/emotional condition.
- (c) A physician assistant license will be issued by the Board when the applicant meets the requirements set forth above. However, a physician assistant may not practice until a Practice Agreement has been filed and approved by the Board.
- (d) Exemption.
- (1) An individual who is currently licensed as a physician assistant and who was grandfathered in under the exemption for Medex in P.L. 3-30 § 3(f) (as amended) shall be exempt from satisfying all licensure requirements in § 140-50.3-004102 but will have an additional requirement for supervision. These individuals shall be required to have 75% on-site physician supervision.
 - (2) No new licenses will be issued under this exemption for Medex in P.L. 3-30 § 3(f) (as amended by P.L. 7-48).
- (e) The Board may deny a license to a person to practice as a physician assistant if the person has been the subject of an adverse action in which his or her license was suspended, revoked, placed on probation, condition or renewal denied.

§ 140-50.3-004103 Licensure by Endorsement [Reserved]

§ 140-50.3-004104 Scope of Practice.

- (a) The physician assistant may only provide those medical services which:
 - (1) He/she is competent to perform as determined by the supervising physician;
 - (2) Are consistent with his or her education, training and experience; and
 - (3) Are delegated in writing by the supervising physician responsible for the patients cared for by the physician assistant.
- (b) A supervising physician shall delegate to a physician assistant only those tasks or procedures consistent with the supervising physician's specialty or usual and customary practice.

§ 140-50.3-004105 Practice Agreement.

- (a) Licensee shall submit a Practice Agreement between himself or herself and the supervising physician(s), in a format provided by the Board, describing the manner and extent to which the physician assistant will practice and be supervised. The Board may approve, modify or reject the Practice Agreement as originally submitted. No licensed physician assistant may practice without a valid Practice Agreement on file with the Board. Practicing without an approved practice agreement shall be grounds for disciplinary action. The Practice Agreement, at a minimum, shall:
 - (1) Provide for:
 - (i) Physician consultation;
 - (ii) Collaboration;
 - (iii) Adequate means for immediate communication between the parties; and
 - (iv) Referral and emergency coverage;

- (2) Describe the physician assistant’s scope of practice;**
 - (3) List the settings where the physician assistant will be utilized, for example, a clinic, hospital, ambulatory center, patient home, emergency vehicle and/or other institutional setting. The supervising physician and the PA are each responsible for ensuring that both parties have the proper credentials and experience to practice in the capacity listed;**
 - (4) If applicable, list specific prescriptive privileges and/or restrictions to the physician assistant’s prescriptive privilege, as described in § 140-50.3-004107;**
 - (5) Provide for the supervising physician’s review and signature of records, as follows:**
 - (A) A minimum of 5% of all patient encounters by the physician assistant that do not involve a controlled substance will be reviewed and signed within thirty (30) calendar days;**
 - (B) A minimum of 10% of all patient encounters by the physician assistant that involve a prescription drug order, prescribing, dispensing or administering of Schedule III-V controlled substances must be reviewed and signed within thirty (30) calendar days;**
 - (C) A minimum of 15% of all patient encounters by the physician assistant that involve a Schedule II controlled substance must be reviewed and signed within seven (7) days; and**
 - (D) The Board may require that up to 100% of all patient encounters by a physician assistant be reviewed and signed by a supervising physician.**
 - (6) Describe the method by which a supervising physician will comply with the chart review requirements. The Board, may, at any time, request proof of compliance with this chart review requirement. Non-compliance may result in termination by the Board of a practice agreement;**
 - (7) Identify the supervising physician’s designated alternate supervising physician in his or her absence; and**
 - (8) Contain a statement substantially as follows: “The physician will direct and exercise supervision over the physician assistant in accordance with the CNMI HCPLB’s regulations and recognizes that he or she retains full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the patient.”**
- (b) If a practice agreement allows for the ordering, prescribing, dispensing and/or administering of controlled substances, a copy of that Practice Agreement will be filed by the Board with all CNMI outpatient pharmacies and any applicable inpatient pharmacies.**
 - (c) The supervising physician and the physician assistant shall notify the Board in writing within seven (7) days of any change or the termination of the Practice Agreement.**
 - (d) Any change to the approved Practice Agreement must be reviewed and approved by the Board prior to any change taking effect.**

(e) At a minimum, a Practice Agreement shall be renewed every 2 years or at the time of license renewal, whichever is sooner if there is no change to the agreement within the two year period.

§ 140-50.3-004106 Supervising Physician.

(a) The supervising physician must comply with the following requirements in order to supervise a physician assistant:

(1) The supervising physician shall possess a current unrestricted license to practice medicine in the CNMI that is in good standing with the Board and a valid individual DEA registration;

(2) The supervising physician's primary place of practice is within the CNMI. At least 50% of his or her practice must be clinical. A supervising physician shall delegate to a physician assistant only those tasks or procedures consistent with the supervising Physician's specialty or usual and customary practice;

(3) The supervising physician will direct and exercise supervision over the physician assistant in accordance with these regulations and recognizes that he or she retains full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the patient;

(4) The supervising physician shall provide adequate means for direct communication at all times between the physician assistant and him or her; this direct communication may occur through the use of technology which may include, but is not limited to, two-way radio, telephone, fax machine, internet, or other telecommunication device;

(5) The supervising physician will personally review and sign the records of patients seen by the physician assistant as described in Section 4105, "Practice Agreement";

(6) The supervising physician shall designate an alternate supervising physician in his or her absence. That alternate physician must satisfy all requirements of a primary supervising physician; and

(7) A supervising physician shall petition the Board if he or she wishes to supervise more than two full-time physician assistants or the equivalent of two full-time physician assistants.

(b) If a supervising physician does not comply with the regulations in this section or if he or she allows a physician assistant to practice without a valid practice agreement, he or she will be subject to discipline.

§ 140-50.3-004107 Special Provision: Prescription Privilege.

(a) The supervising physician may allow the physician assistant to make prescription drug orders, prescribe, dispense, and/or administer medications and medical devices to the extent described in the written practice agreement and subject to the following requirements:

(1) Physician assistants must be currently certified by the NCCPA in order to be automatically eligible for prescriptive privileges. Certification by NCCPA is independent from any decision of this Board;

(2) A physician assistant can only make prescription drug orders, prescribe, dispense and/or administer controlled substances if he or she holds a current DEA certificate that allows for those privileges. A copy of that certificate must be submitted to the Board before a PA can order, prescribe, dispense and/or administer any controlled substance;

- (3) A physician assistant can only make prescription drug orders, prescribe, dispense and/or administer medications, including controlled substances, if authorized to do so by the supervising physician;**
- (4) In general, a supervising physician may authorize the prescription drug ordering, prescribing, dispensing and/or administration of Schedule III-V controlled substances.**
- (5) A supervising physician must request, with the consent of the physician assistant, authorization from the Board to allow the physician assistant to make prescription drug orders, prescribe, dispense and/or administer Schedule II controlled substances. Unless granted by the Board in an approved practice agreement, a physician assistant shall not order, prescribe, dispense, and/or administer Schedule II controlled substances;**
- (6) A prescription for a controlled substance written by a physician assistant must have his or her DEA number clearly written on the prescription form;**
- (7) A physician assistant may prescribe no more than a 30-day supply of Schedule III-V medications. A physician assistant can only prescribe prescription refills if the prescription is co-signed by a supervising physician whose DEA number is clearly written on the prescription form;**
- (8) When applicable, a physician assistant may prescribe no more than a 7-day supply of Schedule II medications. A physician assistant can only prescribe prescription refills if the prescription is co-signed by a supervising physician whose DEA number is clearly written on the prescription form;**
- (9) For physician assistants working in a remote practice location, the Board may limit the quantity of Schedule II and Schedule III-V medications prescribed to less than 7 days and 30 days, respectively. Also, the Board may impose additional supervision requirements such as maintaining an updated database of patients requiring daily and long-term scheduled medications. Such a database must be reviewed by a supervising physician at least monthly.**
- (10) A prescription for a controlled substance written by a physician assistant must be documented in that patient's chart and must include the name of the drug, dose, and route of administration, frequency, duration and quantity prescribed;**
- (11) Patient encounters by a physician assistant where a controlled substance was ordered, dispensed, and/or administered must be reviewed and signed by a supervising physician, as described in "Practice Agreement";**
- (12) A practice agreement allowing a physician assistant to make prescription drug orders, prescribe, dispense and/or administer any controlled substance will be filed with all local outpatient pharmacies and with any applicable inpatient pharmacies; and**
- (13) The physician assistant shall comply with:**
 - (A) All appropriate federal and CNMI laws and regulations; and**
 - (B) The Regulations Governing the Importation, Storage, Sales, and Distribution of Drug and Pharmaceutical Products.**

§ 140-50.3-004108 Remote Practice Location.

(a) To be eligible to practice in a remote practice location, as defined in § 140-50.3-004101(t), a physician assistant must:

(1) Have a minimum of one (1) year of full-time clinical experience; or

(2) Alternately, a PA without that experience will become eligible to practice in a remote practice location after he or she completes 160 hours of patient care in the CNMI under the direct and immediate supervision of a CNMI licensed physician.

(b) A physician assistant may practice through remote supervision if:

(1) There is no other CNMI-licensed physician concurrently working at the same physical location as the physician assistant; and

(2) The practice agreement and visitation requirements of this section are met; and

(3) The physician assistant maintains contact with the remote supervising physician, such as by telephone, radio, or email.

(c) In addition to the practice agreement requirements described in § 140-50.3-004105, the Practice Agreement shall include:

(1) The supervising physician(s) will provide adequate means for immediate and direct communication at all times between themselves and the physician assistant;

(2) Chart notes and prescriptions will be sent to the supervising physician for review and signature, as applicable, to maintain compliance with the chart review and signature requirements described in the “Practice Agreement.”

(d) If authorized in an approved Practice Agreement, the physician assistant may make prescription drug orders, prescribe, dispense and/or administer scheduled medications subject to the requirements described in § 140-50.3-004107.

(e) The supervising physician must visit the remote practice location at least monthly for a minimum of four (4) hours to directly supervise the physician assistant and to review and co-sign the medical records of the physician assistant.

(f) The Board may redefine the term “remote area” and/or “remote practice location” through the use of an emergency order.

§ 140-50.3-004109 Application.

(a) An application for a license to practice as a physician assistant shall be made under oath on a form to be provided by the Board and shall be signed and sworn to under penalty of perjury, by the applicant. This application shall be accompanied with the following information and documentation as is necessary to establish that the applicant possesses the qualifications as required in these regulations:

(1) The applicant’s full name and all aliases or other names ever used, current address, date and place of birth and social security number;

**(2) Applicant’s 2x2 photograph taken within six (6) months from date of application;
and**

(3) Applicant must pay the appropriate fees, including the application fee, which shall not be refunded;

(4) Applicant is to provide originals of all documents and credentials, or notarized or certified copies acceptable to the Board of such documents and credentials, including but not limited to:

(A) Diploma showing a degree of Physician Assistant or Physician Associate;

(B) Documents showing satisfactory proof that applicant has taken and passed the PANCE;

(C) Current NCCPA certification;

(D) Documents showing proof that applicant is licensed to practice as a physician assistant in another U.S. jurisdiction;

(E) The FCVS's profile of the applicant submitted to the Board by the FSMB shall be accepted in lieu of the documents required in subsections (A), (B), (V), and (D) above; and

(F) Document showing proof of a current and valid DEA registration certificate, if required.

(5) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant is licensed or has ever applied for a license to practice as a physician assistant;

(6) Applicant to provide a detailed educational history, including places, institutions, dates and program descriptions of all his or her education beginning with secondary schooling and including all college, pre-professional, professional, and professional postgraduate training;

(7) Applicant to provide a list of all jurisdictions, U.S. or foreign, in which the applicant has been denied licensure or voluntarily surrendered a license to practice as a physician assistant;

(8) Applicant to provide a list of all jurisdictions, U.S. or foreign, of all sanctions, judgments, awards, settlements or convictions against the applicant that would constitute grounds for disciplinary action under 3 CMC § 2201, et seq. or these regulations; and

(9) Applicant to provide a report from the National Practitioner Data Bank (NPDB) within sixty (60) days from the signature date of the application.

(b) The burden of proof shall be upon the applicant to provide and verify the required information to the Board's satisfaction. The applicant shall be responsible for the cost of obtaining such information from recognized information and data services.

§ 140-50.3-004110 Continuing Education.

(a) All physician assistants licensed to practice in the CNMI are required to complete fifty (50) CE hours during the twenty-four (24) months prior to the expiration of their license as a prerequisite to the renewal of their biennial license.

- (b) One hour of credit will be allowed for each clock hour of CE participation.**
- (c) Approved continuing education activities includes but are not limited to the following:**
 - (1) Activities designated as Category 1 by an organization accredited by the Accreditation Council on Continuing Medical Education (ACCME), the American Academy of Physician Assistants, the American Medical Association, or the Academy of Family Physicians; or**
 - (2) CEs certified by the Maintenance of Proficiency (MainPro), which is a program of the College of Family Physicians of Canada; or**
 - (3) Commonwealth Health Corporation CEs; or**
 - (4) CEs as part of NCCPA certification.**
- (d) It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution of his or her participation in the continuing education and of the number of credits earned.**
- (e) If a licensee fails to meet the CE requirements for renewal of license because of illness, military service, or other extenuating circumstances, the Board, upon appropriate written explanation, may grant an extension of time to complete same, on an individual basis.**
- (f) Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CE requirements or who falsely certifies attendance at and/or completion of the CE.**

§ 140-50.3-004111 Renewal.

- (a) All licenses issued by the Board expire every two years following issuance or renewal and become invalid after that date.**
- (b) Each licensee shall be responsible for submitting a completed renewal application at least sixty (60) days before the expiration date. The Board shall send, by mail or email, a notice to every person licensed hereunder, giving the date of expiration and the fee and any additional requirements for the renewal thereof.**
- (c) All licensees must submit satisfactory evidence of completion of CE requirements, as required under §4110 of these regulations and provide a copy of a current and valid DEA registration certificate, if required.**
- (d) Physician Assistants shall maintain a current national certification with NCCPA and provide a valid copy of the certificate in order to renew their CNMI license.**
- (e) A late fee of \$25.00 will be charged every 1st of the month after the expiration date.**
- (f) Licenses which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date upon payment of the renewal and late fees for each calendar month until the renewal fee is paid. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet current requirements for licensure, and receive Board approval.**

(g) A licensee whose license has been revoked, suspended, or placed on probation by the licensing authority of another U.S. or foreign jurisdiction, or who has voluntarily or involuntarily surrendered his or her license in consideration of the dismissal or discontinuance of pending or threatened administrative or criminal charges, following the expiration date of his or her CNMI license, may be deemed ineligible for renewal of his or her license to practice as a physician assistant in the CNMI. This will not, however, prevent the Board from considering a new application.

§ 140-50.3-004112 Special Provision – Advertising and Identification to the Public.

(a) A PA shall at all times when on duty wear an ID badge stating his or her name and title of “Physician Assistant” or “PA.”

(b) A physician assistant may not advertise or otherwise hold him or herself out in any manner which implies that the physician assistant is either a medical doctor or an independent practitioner.

(c) A physician assistant may not advertise in any manner without the name(s) of the supervising physician.

§ 140-50.3–004113 Impaired Physician Assistants.

(a) The Board shall have the power to deny an application, refuse to renew or restore, suspend, revoke, place on probation or condition the license of any physician assistant whose mental or physical ability to practice as a physician assistant with reasonable skill and safety is impaired.

(b) By submission of an application for licensure or renewal, an applicant shall be deemed to have given his or her consent to submit to mental or physical examination and/or chemical dependency evaluation, including the taking of tissue or fluid samples, at his or her own expense, as the Board may direct, and to waive all objections as to the admissibility or disclosure of such information and related findings, reports, or recommendations in an administrative or judicial proceeding. If a licensee or applicant fails to submit to an examination or evaluation when properly directed to do so by the Board, unless failure was due to circumstances deemed beyond the licensee’s control, the Board shall be permitted to enter a final order upon proper notice, hearing and proof of refusal.

(c) If the Board finds, after examination and hearing, that the applicant or licensee is impaired, he/she shall be subject to the following:

(1) Direct the applicant or licensee to submit to care, counseling or treatment, at his or her own expense, which is acceptable to the Board; and

(2) Deny the application, suspend, place on probation or condition the license for the duration of the impairment; or

(3) Revoke the license.

(d) Any licensee or applicant who is prohibited from practicing as a physician assistant under this section shall, at reasonable intervals, be afforded an opportunity to demonstrate to the satisfaction of the Board that he or she can resume or begin to practice as a physician assistant with reasonable skill and safety. A license shall not be reinstated, however, without the payment of all applicable fees and the fulfillment of all requirements as if the applicant had not been prohibited.

§ 140-50.3-4114 Code of Conduct

The Board recognizes the NCCPA's Code of Conduct as its professional standards model and outlines principles that all physician assistants are expected to uphold. The NCCPA endeavors to assure the public that physician assistants meet professional standards of knowledge and skills and to ensure that physician assistants are upholding standards of professionalism and ethics in their practice.

§ 140-50.3-004115 Disciplinary Action.

(a) The Board shall have the power to impose administrative penalty and/or reprimand; revoke or suspend; refuse to issue, restore or renew, the license of any person who is found guilty of one or more of the violations pursuant to § 2224 of P.L. 15-105 and §§ 140-50.3-00901 – 1300 of the regulations.