



Arizona Regulatory Board of Physician Assistants

1740 W. Adams Street, Suite 4000, Phoenix, Arizona 85007-2664

Telephone: 480- 551-2700 Toll Free: 877-255-2212

Website: www.azpa.gov

VOLUNTEER HEALTH SERVICES REGISTRATION INSTRUCTIONS

QUALIFICATIONS:

Pursuant to A.R.S. § 32-3217, a physician assistant, who is not licensed to practice in the state of Arizona, may apply for a volunteer health services registration for up to 14 days each calendar year if he/she meets *all* of the following requirements:

1. Holds an active and unrestricted license in a state, territory or possession of the United States;
2. Has never had a license revoked or suspended;
3. Is not the subject of an unresolved complaint;
4. Applies for registration every two years as prescribed by the board;
5. Agrees to render services at a free medical clinic that does not provide abortions and restricts the health professional's authorized services and duties to the provision of care or service at a free medical clinic; and
6. Provides only the care or services that the health professional is licensed or authorized to provide by the health professional's regulatory agency or this state's regulatory board for the same health profession, whichever is more stringent.

INSTRUCTIONS:

1. **Section 1: Attestation**: To qualify for a volunteer health services registration, you must attest to the existence of certain conditions. You are required to notify the Board immediately if there are any changes to these circumstances during the application process or while holding a volunteer health services registration, at which time the Board may deny the pending application for a volunteer health services registration or revoke the volunteer health services registration.
2. **Section 2: Other State Licenses**: List all professional licenses you hold or have ever held. You do not need to list temporary licenses or permits. List all licenses regardless of the current status of the license. If you need additional space, please provide the required information on a separate sheet of paper.
3. Request written verification of licensure from each state listed in Section 2, except Arizona. A license verification form can be found on the Board's website at <https://www.azpa.gov/FileList/Repo/LicenseVerificationRequest>. Verification must include disciplinary history, if any. Applicant is responsible for any fees. Verifications must be sent directly to the Arizona Regulatory Board of Physician Assistants from the other licensing agency. Wall certificates and wallet cards *do not* meet the requirements for written verification.
4. **Section 3: Signature**: By signing the application, you are declaring under penalty of perjury that all statements on the application are true and correct. False or misleading statements on an application are acts of unprofessional conduct and grounds for disciplinary actions, including denial of the application for a volunteer health services registration or revocation of a volunteer health services registration.
5. Complete and submit the Arizona Statement of Citizenship form (attached)
6. Submit the original signed application in person, by mail, email to licensingreport@azmd.gov

7. Your volunteer health services registration will be complete once all verifications of licensure have been received. Verifications of licensure must be received within sixty (60) days from the date the Board receives the volunteer health services registration application. If all state license verifications have not been received within sixty (60) days, the volunteer health services registration application will expire and the file will be closed.
8. If granted, the volunteer health services registration expires two years from the date the volunteer health services registration is granted. A voluntary health services registration is not renewable but a health professional may reapply for a new volunteer health services registration every two years.
9. A volunteer health services registration enables the professional to engage in fourteen days of practice each calendar year in the State of Arizona for the purpose of rendering services at a free medical clinic. The fourteen days of practice may be performed consecutively or cumulatively during each calendar year.

The Americans with Disabilities Act: Persons with disabilities may request reasonable accommodations, such as sign language interpreters. Requests should be made as early as possible to allow time to arrange the accommodation. This document is available in alternative format upon request.



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VOLUNTEER HEALTH SERVICES REGISTRATION APPLICATION

 Last Name First Name Middle

Male Female

Please list all other names, including former/maiden or other aliases:

 Social Security Number Date of Birth

ADDRESS OF RECORD

 Street Address Phone Number (include area code)

 City State Zip Code Country

 Email Address Fax (include area code)

 Physician Assistant Training Program Degree Date

In accordance with A.R.S. § 41-1030, the Board is required to notify you of the following:

B. An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

D. This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

E. A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

F. This section does not abrogate the immunity provided by section 12-820.01 of 12-820.02.

SECTION 1: ATTESTATION: Please initial each statement below attesting that the statement is true.

_____ I hold an active and unrestricted license in a state, territory or possession of the United States;

_____ I have never had a license revoked or suspended

_____ I am not the subject of an unresolved complaint;

_____ I am providing care and rendering services at a free medical clinic that does not provide abortions for no more than fourteen days of practice in each calendar year for the next two calendar years;

_____ I am only providing care and rendering services that I am licensed or authorized to provide as a physician assistant of allopathic medicine; and

_____ I have read and understand the statutes contained in Arizona Revised Statutes Title 32, Chapters 7 and 25, and rules contained in Arizona Administrative Code Title 4, Chapter 17.

SECTION 2: OTHER STATE LICENSES: List each license you hold or have held regardless of its status. You must order written verification(s) for each license you hold or have held and shall cause the other entity to send it to the Arizona Regulatory Board of Physician Assistants. See instruction #2 and #3 on page 1 for more information.

State Board	License Number	Date of Issuance	Date of Expiration	Current License Status

SECTION 3: SIGNATURE: I declare under penalty of perjury that the foregoing is true and correct. I am the person herein named subscribing to this application; that I have read the Arizona statutes and rules regarding the performance of healthcare tasks; that I have read the complete application, know the full content thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; and that all the credentials submitted were procured without fraud or misrepresentation or any mistake of which I am aware. I hereby release the Arizona Regulatory Board of Physician Assistants from any liability arising out of the furnishing or inspection of any information which is material to the application of any subsequent registration. I further acknowledge that falsification or misrepresentation of any item or response on this application constitutes sufficient cause to deny the same or to hold a hearing to revoke the same, if issued.

_____, PA
Signature of Applicant

Date Signed

ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS
Professional License and Commercial License
Regulatory Board of Physician Assistants

PHYSICIAN ASSISTANT (P.A.) Applicants

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____

TYPE OF APPLICATION (Check one) INITIAL APPLICATION RENEWAL

TYPE OF LICENSE/CERTIFICATION
 PA Application

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? Yes No

If **Yes**, indicate place of birth:

City _____ State (or equivalent) _____ Country or Territory _____

If you answered **Yes**, 1) Attach a copy of your birth certificate or passport.

Name of document _____

2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a certified copy of a document from the attached list section A. Additionally, submit an item from the attached list section C or other document as evidence of your status. Name of document provided _____

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE