



**APPLICATION FOR WAIVER OF REQUIREMENTS  
FOR A TEMPORARY PHYSICIAN ASSISTANT LICENSE IN  
RESPONSE TO COVID-19 EMERGENCY**

**Arizona Regulatory Board of Physician Assistants**

1740 West Adams Street, Suite 4000 | Phoenix, Arizona 85007

Telephone: (480) 551-2700 | E-mail: [Licensingreport@azmd.gov](mailto:Licensingreport@azmd.gov) | [www.azpa.gov](http://www.azpa.gov)

Type or print in blue or black ink. You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.

\* Your Social Security number is being requested by this state agency in accordance with A.R.S. § 25-320(P). Disclosure is mandatory, and this record cannot be processed without it.

FOR BOARD OFFICE USE ONLY		
	LICENSE NUMBER	
	LICENSE TYPE:	
	LICENSE ISSUANCE DATE <i>(month, day, year)</i>	
	LICENSE EXPIRATION DATE <i>(month, day, year)</i>	
	LICENSE STATUS:	
<b>Photo ID:</b>		

**APPLICATION FOR TEMPORARY PHYSICIAN ASSISTANT LICENSE IN RESPONSE TO COVID-19 EMERGENCY**

**YOUR COMPLETED APPLICATION MUST BE EMAILED TO [temporary\\_licensing@azmd.gov](mailto:temporary_licensing@azmd.gov)**

FAXED APPLICATIONS WILL NOT BE ACCEPTED.

Answer all questions. Answer "none" or "N/A" if that is the correct response.

If you fail to complete a question, your application will be considered deficient and the processing of your application will be delayed.

**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 or 12-820.02.

**Submitting this application does not authorize you to perform healthcare tasks in the State of Arizona.**

-----DO NOT WRITE ABOVE THIS LINE-----

SECTION 1: APPLICANT IDENTIFICATION AND CONTACT INFORMATION -REQUIRED			
Last Name of applicant	First Name of applicant	Middle Name of applicant	
Maiden Name of applicant ("None" or "N/A" is acceptable)		List all other names or aliases: ("None" or "N/A" is acceptable)	
Mailing Address <i>(number and street or rural route)</i> All correspondence will be mailed to this address until you are licensed, unless the Board is notified of a change in writing.			
City		State	ZIP code
Cell/Daytime Phone number (       )		E-mail address: <i>(This address will not be a public record)</i>	
Gender:	I have reviewed the DHS website on COVID-19 for Healthcare Professionals:		Yes <input type="checkbox"/>
Date of Birth:		Social Security Number*:	

## SECTION 2: EDUCATION, TRAINING, SPECIALITY, & OTHER STATE LICENSE

Date of Graduation for Physician Assistant Training Program:			Primary Specialty/Field of Practice:	
STATE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	LICENSE VERIFICATION (for office use only)

## SECTION 3: Professional Conduct History

Failure to properly answer the questions below may result in Board disciplinary action including revocation or denial of license.

	YES	NO
1. Are you currently under investigation by any health regulatory authority, health care association, licensed health care association, or licensed health care institution or are there any pending complaints or disciplinary actions against you? If so provide an explanation.		
2. Have you had a physician assistant license in any state disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender, cancellation during an investigation? If so provide an explanation.		
3. Have you ever been convicted of a crime? If yes, provide court records of all convictions including all applicable records of set asides or expungements. <i>(Do not include juvenile convictions.)</i>		
4. Have you taken and passed the PANCE?		
5. I understand that this license is a Temporary License issued for the State of Emergency that exists based on the Governor's declaration of Public Health Emergency dated March 11, 2020 pursuant to A.R.S. §32-1438 and that this license expires after 180 days, or at the time that the Governor declares an end to the Public Health Emergency, whichever date occurs first. At the end of 180 days, I may apply for renewal of this license, provided that the Governor's Declaration of Public Health Emergency is still in effect.		
6. In accordance with Executive Order 2020-07, I will not engage in "price gouging" in relation to COVID-19 diagnosis and treatment-related service as defined as "the provider or institution charging a grossly higher price than that which was charged before the onset of the emergency."		

## SECTION 4: Citizenship Attestation

**Proof of Citizenship:** Effective January 1, 2008, based on Federal and State laws, all applicants must provide evidence that the application is lawfully present in the United States, Pursuant to A.R.S. § 41-1080 and A.A.C. R4-16-201(C)(1) require documentation of citizenship or alien status for licensure. If the documentation does not demonstrate that the applicant is a United State citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona.

<input type="checkbox"/> I am a U.S. Citizen or U.S. National.	If this box is checked, please submit documentation as stated on the Statement of Citizenship form
<input type="checkbox"/> I am NOT a U.S. Citizen or U.S. National.	If this box is checked, please submit documentation as stated on the Statement of Citizenship form

**SECTION 5: Declarations & Attestation**

- a. I hereby give my permission for the Arizona Regulatory Board of Physician Assistants secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
- b. I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Arizona Regulatory Board of Physician Assistants any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure.
- c. I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.
- d. I further authorize the Arizona Regulatory Board of Physician Assistants to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Board from any and all liability in connection with such disclosure.
- e. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
- f. I will notify the Board in writing within 10 working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for licensure pursuant to A.R.S. § 32-3208 (B).
- g. I will notify the Board in writing immediately if I become the subject of an investigation or disciplinary action by any licensing Board.
- h. I certify that I have read and personally answered all the questions on this application.
- i. I certify that the photograph I have included with this application is a true and correct likeness of me.
- j. I attest that all of the information contained in the application and accompanying evidence or other credentials submitted are true. I attest the credentials submitted with the application were procured without fraud or misrepresentation or any mistake of which I am aware, and that I am the lawful holder of the credentials. I authorize the release of any information from any source requested by the Board necessary for initial and continued licensure in this state and I understand that the Board may suspend, deny or revoke this temporary license if the information reported in Section 3 of this application changes or if I have made a misrepresentation in this application.
- k. **I UNDERSTAND THAT I AM RESPONSIBLE FOR KNOWING AND ADHERING TO THE LAWS GOVERNING THE PERFORMANCE OF HEALTHCARE TASKS IN ARIZONA.**

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

\_\_\_\_\_, P.A.  
Signature of Applicant

\_\_\_\_\_  
Date Signed

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

PA License 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       Temporary Emergency COVID-19

**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 of Birth:

State (or equivalent):

Country or Territory:

If you answered **Yes**, 1) Attach a photocopy of a document from the attached list, section A. Documents from List B also apply to U.S. Citizens, but submission of a List B document does not negate the requirement to submit a copy of an item from List A.

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 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))

OVER  
1 of 2

- 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: