# Rules of Department of Commerce and Insurance

Division 2150—State Board of Registration for the Healing Arts

Chapter 7—Licensing of Physician Assistants

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Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2150—State Board of Registration for the Healing Arts
Chapter 7—Licensing of Physician Assistants

20 CSR 2150-7.010 Definitions

PURPOSE: This rule defines the terms used in Chapter 334, RSMo.

(1) The term “families” as used in section 334.747.1, RSMo, shall mean spouse, parent(s), grandparents, great-grandparents, children, grandchildren, and all other family members.

(2) The failure to mail the application form or to pay the renewal fee, nor shall it exempt any licensee from the penalties provided in section (1) and (2) of this rule.


(4) Applicants shall have verification of passage of the certifying examination and active certification submitted to the board from the National Commission on Certification of Physician Assistants.

(5) Applicants are required to make application for renewal of licensure anytime prior to the board’s vote on the applicant’s candidacy for licensure.

(6) The board may require the applicant to make a personal appearance before the board and/or commission prior to rendering a final decision regarding licensure.

(7) Applicants shall attach to the application a recent unmounted photograph not larger than three and one-half inches by five inches (3 1/2” × 5”).

(8) Applications shall be sent to the State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(9) Applicants shall submit the licensure application fee in the form of a cashier’s check or money order drawn on or through a United States bank made payable to the State Board of Registration for the Healing Arts. Personal checks will not be accepted.

(10) Applicants shall have verification of licensure, registration, and/or certification submitted from every state and/or country in which the applicants have ever held privileges to practice. This verification must be submitted directly from the licensing agency and include the type of license, registration, or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions.

(11) Applicants must submit a complete curriculum vitae from high school graduation to the date of application submission. This document shall include the name(s) and address(es) of all employers and supervisors, dates of employment, job title, and all professional and nonprofessional activities.

(12) When an applicant has filed an application and an appropriate fee, to be established by the board in conjunction with the director of the Division of Professional Registration for licensure and the application is denied by the board or subsequently withdrawn by the applicant, that fee will be retained by the board as a service charge.

20 CSR 2150-7.100 Applicants for Licensure

PURPOSE: This rule provides information regarding requirements to applicants desiring licensure in Missouri for practice as a physician assistant.

(1) Applicants shall furnish satisfactory evidence as to their good moral character including a letter of reference from the director of their physician assistant program.

(2) Applicants must present satisfactory evidence of completion of a physician assistant program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association or by its successor agency the Commission for the Accreditation of Allied Health Education Programs or its successor agency. A photographic copy of the applicant’s diploma shall be submitted as evidence of satisfactory completion.

(3) Applicants who did not complete a a physician assistant program and were employed as physician assistants for three (3) years prior to August 28, 1989, shall have written verification of employment, made under oath, submitted to the board from the physician who supervised the applicant. The supervising physician shall also submit a letter of reference documenting the performance of the physician assistant during the employment period. This verification of employment and letter of reference shall be accepted in lieu of the requirements in section (1) and (2) of this rule.

(4) Applicants shall have verification of passage of the certifying examination and active certification submitted to the board from the National Commission on Certification of Physician Assistants.

(5) Applicants are required to make application for renewal of licensure anytime prior to the board’s vote on the applicant’s candidacy for licensure.

(6) The board may require the applicant to make a personal appearance before the board and/or commission prior to rendering a final decision regarding licensure.

(7) An applicant may withdraw an application for licensure anytime prior to the board’s vote on the applicant’s candidacy for licensure.

20 CSR 2150-7.120 Licensure Renewal

PURPOSE: This rule provides information to physician assistants licensed in Missouri regarding renewal of licensure.

(1) The licensure renewal fee shall be an appropriate fee established by the board. Each applicant shall make application for licensure renewal with the board on application forms furnished by the board, before January 31 of the year the license is due for renewal.

(2) The failure to mail the application form or the failure to receive the licensure registration renewal application form does not relieve the licensee of the duty to renew the license and pay the renewal fee, nor shall it exempt any licensee from the penalties provided in sections 334.735 to 334.748, RSMo for failure to renew.
(3) Licensure renewal forms postmarked by the post office February 1 or after will be considered delinquent, however, should January 31 fall on a Saturday, Sunday or legal holiday, renewal forms postmarked by the post office on the next business day will not be considered delinquent.


**20 CSR 2150-7.122 Supervision, Name and Address Change Requirements, Retirement Affidavits**

**PURPOSE:** This rule provides the requirements and time frames licensees must follow in reporting a change in supervision, name and/or address change, or to document retirement from practice.

(1) Licensed physician assistants who have a change of physician supervision, for any reason, must submit written notification and the required form to the board within fifteen (15) days of such occurrence.

(2) Licensed physician assistants must submit written notification of any address change to the board within fifteen (15) days of such occurrence.

(3) Licensed physician assistants whose names have changed since licensure was issued must submit a copy of the legal document verifying the name change to the board, within fifteen (15) days of such occurrence.

(4) Licensed physician assistants who retire from practice as a physician assistant shall file an affidavit, on a form furnished by the board, stating the date of retirement. The licensee shall submit any other documentation requested by the board to verify retirement. Licensees who reengage in practice as a physician assistant after submitting an affidavit of retirement shall reapply for licensure as required in sections 334.735 and 334.738, RSMo and pursuant to the provisions of rule 20 CSR 2150-7.125.


**20 CSR 2150-7.125 Late Registration and Reinstatement Applicants**

**PURPOSE:** This rule provides information to physician assistants licensed in Missouri regarding penalty of not renewing.

(1) Whenever a licensed physician assistant fails to renew his/her license before the license expiration date, his/her application for renewal of license shall be denied unless it is accompanied by all fees required by statute and rule, together with a statement of all addresses where s/he has practiced and resided since the expiration of his/her last period of licensure, the nature of his/her practice since expiration and whether, since expiration, any registration or license, or right of his/her to practice in any other state or country has been suspended or revoked; whether s/he has been the subject of any disciplinary action by any licensing agency of any state or country or by any professional organization or society; whether s/he has been charged or convicted of any crime in any court of any state or country; whether s/he has been addicted to a drug habit or has been guilty of any unprofessional or dishonorable conduct as defined by section 334.100.6, RSMo; and all details pertaining to all those occurrences. This statement shall be completed upon forms provided by the board and shall be made by the applicant under oath.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) All applicants must provide, on the application form, a recent unmounted photograph, in size no larger than three and one-half inches by five inches (3 1/2" × 5").

(4) All applications shall be sent to the Missouri State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(5) All applicants shall submit the renewal fee along with the delinquent fee established by the board. This fee shall be submitted in the form of a cashier’s check or money order drawn on a United States bank made payable to the State Board of Registration for the Healing Arts. Personal checks will not be accepted.

(6) All applicants shall have verification of licensure, registration and/or certification submitted from every state and/or country in which the applicants have ever held privileges to practice. This verification must be submitted directly from the licensing agency and include the type of license, registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions.

(7) All applicants shall have verification of active certification submitted to the board directly from the National Commission on Certification of Physician Assistants.

(8) Applicants whose license has been revoked, suspended, or inactive for more than two (2) years shall submit any other documentation requested by the board necessary to verify that the licensee is competent to practice and is knowledgeable of current medical techniques, procedures, and treatments, as evidenced by continuing education hours, reexamination, or other applicable documentation acceptable and approved by the board pursuant to the provisions of section 334.100.6, RSMo.

(9) The board may require an applicant to make a personal appearance before the board and/or commission prior to rendering a final decision regarding license renewal/reinstatement.

(10) An applicant may withdraw his/her application for license anytime prior to the board’s vote on the applicant’s candidacy for license renewal/reinstatement.


20 CSR 2150-7.130 Applicants for Certificate of Controlled Substance Prescriptive Authority

PURPOSE: This rule sets forth the process for physician assistants to receive a certificate of controlled substance prescriptive authority.

(1) Applicants shall make application on a form prepared by the board.

(2) Applicants shall submit the application fee as stated in 20 CSR 2150-7.200.

(3) No application will be considered unless fully and completely made out on the specified form and properly attested. All application requirements must be met to the satisfaction of the board.

(4) Applications shall be sent to the State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(5) Applicants shall file with the board a supervision verification form, signed by their supervising physician, stating that the supervising physician has delegated to the physician assistant supervision authority. For the sole purpose of physician assistants practicing in federal facilities, the supervising physician must be licensed in the state of Missouri or lawfully practicing pursuant to federal law.

(6) Applicants shall provide an affidavit completed by their supervising physician documenting the completion of at least one hundred twenty (120) hours in a four- (4-) month period by the physician assistant during which the physician assistant practiced with the supervising physician continuously present.

(7) Applicants shall fulfill the requirements of either subsection (A) or (B) below—

(A) Proof, in the form of educational transcripts, of a course or courses with—

1. Advanced pharmacological content in a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor; and

2. One (1) year of clinical rotations in a program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor agency; or

(B) Fulfilling both requirements from paragraphs 1. and 2. below—

1. Successful completion of an advanced pharmacology course which includes clinical training in the prescription of drugs, medicine, and therapeutic devices accredited by one (1) of the following—

A. Accreditation Review Commission on Education for Physician Assistants;

B. Liaison Committee on Medical Education sponsored by the Association of American Medical Colleges and the American Medical Association;

C. American Osteopathic Association’s Commission on Osteopathic College Accreditation; or

D. Accreditation Council for Pharmacy Education; and

2. Proof, in the form of educational transcripts, certifications, or affidavits, of—

A. Completion of one (1) year of clinical rotations in a program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor agency, which includes pharmacotherapeutics as a component of clinical training; or

B. Completion of a minimum of three hundred- (300-) clock hours of clinical training by the supervising physician in the prescription of drugs, medicines, and therapeutic devices and proof of completion of a minimum of one (1) year of supervised clinical practice or supervised clinical rotations.


20 CSR 2150-7.135 Physician Assistant Supervision Agreements

PURPOSE: This rule defines the terms used throughout this chapter as applicable to physician assistants, specifies the requirements for supervision agreements and practice of a physician assistant pursuant to a supervision agreement pursuant to section 334.735, RSMo, and physician assistant involvement in the “Improved Access to Treatment for Opioid Addictions Act” (IATOA) pursuant to section 630.875, RSMo.

(1) As used in this rule, unless specifically provided otherwise, the term—

(A) Supervising physician—shall mean a physician who holds a permanent license to practice medicine in the state of Missouri and who is actively engaged in the practice of medicine, except that this shall not include physicians who have retired from the practice of medicine. A physician meeting these requirements, but not so designated, may serve as a supervising physician, upon signing a physician assistant supervision agreement for times not to exceed fifteen (15) days, when the supervising physician is unavailable if so specified in the physician assistant supervision agreement. For the sole purpose of physician assistants practicing in federal facilities, the supervising physician must be licensed in the state of Missouri or lawfully practicing pursuant to federal law.

(B) Physician assistant supervision agreements—refers to written agreements, jointly agreed upon protocols, or standing orders between a supervising physician and a licensed physician assistant which provide for the delegation of health care services from a supervising physician to a licensed physician assistant and the review of such services; (C) Consultation—shall mean the process of seeking a supervising physician’s input and guidance regarding patient care including, but not limited to, the methods specified in the physician assistant supervision agreement;

(D) Assistance—shall mean participation by a supervising physician in patient care;

(E) Intervention—refers to the direct management of a patient’s care by a supervising physician; and

(F) Actively engaged—as used in subsection
(1)(A) of this rule shall mean a physician who, in addition to the patients being treated by the physician assistant, has an established practice of patients for whom they are responsible for their ongoing care.

(2) No physician assistant shall practice pursuant to the provisions of sections 334.735 through 334.748, RSMo, or to the provisions of this rule unless licensed and pursuant to a written physician assistant supervision agreement. A physician assistant shall not practice until informing the board, in writing, of the supervising physician’s name and practice address(es).

(3) Upon entering into a physician assistant supervision agreement, the supervising physician shall be familiar with the level of skill, training, and the competence of the licensed physician assistant whom the physician will be supervising. The provisions contained in the physician assistant supervision agreement between the licensed physician assistant and the supervising physician shall be within the scope of practice of the licensed physician assistant and consistent with the licensed physician assistant’s skill, training, and competence.

(4) The delegated health care services provided for in the physician assistant supervision agreement shall be consistent with the scopes of practice of both the supervising physician and licensed physician assistant including, but not limited to, any restrictions placed upon the supervising physician’s practice or license.

(5) The physician assistant supervision agreement between a supervising physician and a licensed physician assistant shall—

(A) Include consultation, transportation, and referral procedures for patients needing emergency care or care beyond the scope of practice of the licensed physician assistant if the licensed physician assistant practices in a setting where a supervising physician is not continuously present;

(B) Include the method and frequency of review of the licensed physician assistant’s practice activities;

(C) Be reviewed at least annually and revised as the supervising physician and licensed physician assistant deem necessary;

(D) Be maintained by the supervising physician and licensed physician assistant for a minimum of eight (8) years after the termination of the agreement;

(E) Be signed and dated by the supervising physician, alternate supervising physician(s), and licensed physician assistant prior to its implementation; and

(F) Contain the mechanisms for input for serious or significant changes to a patient.

(6) In addition to administering and dispensing controlled substances, a physician assistant, who meets the requirements of 20 CSR 2150-7.130, may be delegated the authority to prescribe controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, in a written supervision agreement, except that, the supervision agreement shall not delegate the authority to administer any controlled substances listed in Schedules II (hydrocodone), III, IV, and V of section 195.017, RSMo, for the purpose of inducing sedation or general anesthesia for therapeutic, diagnostic, or surgical procedures. When issuing the initial prescription for an opioid controlled substance in treating a patient for acute pain, the physician assistant shall comply with requirements set forth in section 195.080, RSMo. Schedule II (hydrocodone) and Schedule III narcotic controlled substance prescriptions shall be limited to a five- (5-) day supply without refill. Pursuant to section 334.747, RSMo, a physician assistant may prescribe Schedule III buprenorphine for up to a thirty- (30-) day supply without refill for patients receiving medication-assisted treatment for substance abuse disorders under the direction of the collaborating physician as described in sections 334.735 and 630.875, RSMo.

(7) It is the responsibility of the supervising physician to determine and document the completion of a one- (1-) month period of time during which the licensed physician assistant shall practice with a supervising physician continuously present before practicing in a setting where a supervising physician is not continuously present. A one- (1-) month period shall consist of a minimum of one hundred (100) hours in a consecutive thirty- (30-) day period.

(8) The following shall apply in the use of a supervision agreement by a physician assistant who provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons:

(A) If the collaborating physician and physician assistant are utilizing telehealth in providing services in medically underserved area as defined in 20 CSR 2150-2.001(11), no mileage limitation shall apply;

(B) If the physician assistant is providing services pursuant to section 334.735.2(2), RSMo, no supervision requirements in addition to the minimum federal law shall be required;

(C) If the collaborating physician and physician assistant are not utilizing telehealth in providing services in the medically underserved area, the practice location where the collaborating physician, or other physician designated in the collaborative practice agreement, shall be no further than seventy-five (75) miles by road, using the most direct route available, from the collaborating physician assistant;

(D) If the physician assistant is collaborating with a physician who is waiver-certified for the use of buprenorphine, pursuant to section 630.875 RSMo, the physician assistant may participate in the “Improved Access to Treatment for Opioid Addictions Program” (IATOAP) in any area of the state and provide all services and functions of a physician assistant. A remote collaborating physician working with an on-site APRN shall be considered to be on-site for the purposes of IATOAP.

(9) Pursuant to section 334.104, RSMo, a supervising physician shall not enter into a collaborative practice arrangement or supervision agreement with more than six (6) full-time equivalent APRNs, full-time equivalent physician assistants, full-time equivalent physician assistant physicians, or any combination thereof. This limitation shall not apply to collaborative arrangements of hospital employees providing inpatient care service in hospitals as defined in Chapter 197, RSMo, or population-based public health services as defined in this rule or to a certified registered nurse anesthetist providing anesthesia services under the supervision of an anesthesiologist or other physician, dentist, or podiatrist who is immediately available if needed as set out in section 334.104(7), RSMo.

(10) It is the responsibility of the supervising physician and licensed physician assistant to jointly review and document the work, records, and practice activities of the licensed physician assistant at least once every two (2) weeks. The supervising physician must review a minimum of ten percent (10%) of the physician assistant’s patients’ records every two (2) weeks and have documentation supporting the review. For nursing home practice, such review shall occur at least once a month. The documentation of this review shall be available to the Board of Registration for the Healing Arts for review upon request.

(11) If any provisions of these rules are deemed by the appropriate federal or state authority to be inconsistent with guidelines for federally funded clinics, individual provisions of these rules shall be considered severable.
and supervising physicians and licensed physician assistants practicing in such clinics shall follow the provisions of such federal guidelines in these instances. However, the remainder of the provisions of these rules not so affected shall remain in full force and effect for such practitioners.


**Rule Action Notice:** On July 16, 1999, the Cole County Circuit Court, Case No. CV198-196CC, ordered that the definition of "same office facility" set forth in 4 CSR 150-7.135(1)(F) be terminated from the rule as being promulgated without statutory rulemaking authority. The Court further ordered the suspension of the following sections of the rule: the portion of subsection (1)(E) which states "either personally or via telecommunication"; the portion of section (3) which states "either personally or via telecommunication"; and the portion of section (4) which states "A physician assistant shall be limited to practice locations where the supervising physician as designated pursuant to 4 CSR 150-7.100(4) or otherwise in the physician assistant supervision agreement, is no further than thirty (30) miles by road, using the most direct route available, or in any other fashion so distant as to create an impediment to effective intervention, supervision of patient care or adequate review of services.", the portion of section (7) which states "as defined in subsection (4)(F)"; and section (10) in its entirety. The Judgment and Order of the Court was entered on July 21, 1999. The Court provided that the effective date of the voiding of 4 CSR 150-7.135(1)(F), and the suspension of portions of 4 CSR 150-7.135(1)(E), (3), (4), (7), and 4 CSR 150-7.135(10) shall be fifteen (15) days from the entry of the Court Order. After July 21, 1999, 4 CSR 150-7.135(1)(F) shall be terminated and of no further force and effect and portions of 4 CSR 150-7.135(1)(E), (3), (4), and (7), and section (10) in its entirety shall be suspended until modified through the rulemaking process. No appeal is taken.

20 CSR 2150-7.136 Request for Waiver
(Rescinded June 30, 2018)


20 CSR 2150-7.137 Waiver Renewal
(Rescinded June 30, 2018)


20 CSR 2150-7.140 Grounds for Discipline, Procedures

**PURPOSE:** This rule provides information regarding the requirements for professional conduct as referenced in section 334.100, RSMo and the Code of Ethics of the American Academy of Physician Assistants.

(1) The board may refuse to issue or renew any physician assistant license required pursuant to this chapter for one (1) or any combination of causes stated in section (2) of this rule. The board shall notify the physician assistant in writing of the reasons for the refusal and shall advise the physician assistant of their right to file a complaint with the Administrative Hearing Commission as provided by Chapter 621, RSMo.

(2) The board may cause a complaint to be filed with the Administrative Hearing Commission as provided by Chapter 621, RSMo, against any holder of any certificate of registration or authority, permit or license required by this chapter or any person who has failed to renew or has surrendered a certificate of registration or authority, permit or license for any one (1) or any combination of the following causes:

(A) Use of any controlled substance, as defined in Chapter 195, RSMo, or alcoholic beverage to an extent that such use impairs a person's ability to perform the work of any profession licensed or regulated by this chapter;

(B) The person has been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States, for any offense reasonably related to the qualifications, functions or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence, or for any offense involving moral turpitude, whether or not sentence is imposed;

(C) Use of fraud, deception, misrepresentation or bribery in securing any certificate of registration or authority, permit or license issued pursuant to this chapter or in obtaining permission to take any examination given or required pursuant to this chapter;

(D) Misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of any profession licensed or regulated by this chapter, including, but not limited to the following:

1. Obtaining or attempting to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation; willfully and continually overcharging or overtreating patients; or charging for services which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records;

2. Attempting, directly or indirectly, by way of intimidation, coercion or deception, to obtain or retain a patient or discourage the use of a second opinion or consultation;

3. Willfully and continually performing inappropriate or unnecessary treatment, diagnostic tests or medical or surgical services;

4. Delegating professional responsibilities to a person who is not qualified by training, skill, competency, age, experience, licensure, registration or certification to perform them;

5. Misrepresenting that any disease, ailment or infirmity can be cured by a method, procedure, treatment, medicine or device;

6. Performing or prescribing medical services which have been declared by board
rule to be of no medical or osteopathic value;
7. Final disciplinary action by any profes-
sional physician assistant association or
society or licensed hospital or medical staff
of such hospital in this or any other state or
territory, whether agreed to voluntarily or
not, and including, but not limited to, any
removal, suspension, limitation, or restriction
of his/her registration, license or staff or hos-
ital privileges, failure to renew such privi-
leges of registration or license for cause, or
other final disciplinary action, if the action
was in any way related to unprofessional con-
duct, professional incompetence, malpractice
or any other violation of any provision of this
chapter;
8. Signing a blank prescription form; or
dispensing, prescribing, administering or
otherwise distributing any drug, controlled
substance or other treatment without suffi-
cient examination, or for other than medically
accepted therapeutic or experimental or in-
vestigative purposes duly authorized by a
state or federal agency, or not in the course
of professional practice, or not in good faith
to relieve pain and suffering, or not to cure an
ailment, physical infirmity or disease, except
as authorized in section 334.104, RSMo;
9. Exercising influence within a physi-
cian assistant-patient relationship for purpos-
es of engaging a patient in sexual activity;
10. Terminating the medical care of a
patient without adequate notice or without
making other arrangements for the continued
care of the patient;
11. Failing to furnish details of a
patient’s medical records to other treating
physician assistants, physicians or hospitals
upon proper request; or failing to comply
with any other law relating to medical
records;
12. Failure of any physician assistant
or applicant, other than the physician assistant
subject of the investigation, to cooperate with
the board during any investigation;
13. Failure to comply with any subpo-
en or subpoena duces tecum from the board
or an order of the board;
14. Failure to timely pay license renew-
al fees specified in this chapter;
15. Violating a probation agreement
with this board or any other licensing or reg-
ulatory agency;
16. Failing to inform the board of the
physician assistant’s current residence and
business address;
17. Advertising by an applicant or
licensed physician assistant which is false or
misleading, or which violates any rule of the
board, or which claims without substantia-
tion the positive cure of any disease, or pro-
fessional superiority to or greater skill than
that possessed by any other physician assis-
tant. An applicant or licensed physician assis-
tant shall also be in violation of this provision
if s/he has a financial interest in any organi-
zation, corporation or association which
issues or conducts such advertising; and
18. Loss of national certification, for
any reason, shall result in the termination of
licensure;
(E) Any conduct or practice which is or
might be harmful or dangerous to the mental
or physical health of a patient or the public;
or incompetency, gross negligence or repet-
ed negligence in the performance of the func-
tions or duties of any profession licensed or
regulated by this chapter. For the purposes
of this subsection, “repeated negligence” means
the failure, on more than one (1) occasion, to
use that degree of skill and learning ordinar-
ily used under the same or similar circum-
stances by the member of the applicant’s, reg-
istrant’s or licensee’s profession;
(F) Violation of, or attempting to violate,
directly or indirectly, or assisting or enabling
any person to violate, any provision of this
chapter, or of any lawful rule or regulation
adopted pursuant to this chapter;
(G) Impersonation of any person holding
a certificate of registration or authority, permit
or license or allowing any person to use
his/her certificate of registration or authority,
permit, license or diploma from any school;
(H) Revocation, suspension, restriction,
modification, limitation, reprimand, warn-
ing, censure, probation or other final disci-
plinary action against the holder of or appli-
cant for licensure or other right to practice
any profession regulated by this chapter by
another state, territory, federal agency or
country, whether or not voluntarily agreed to
by the physician assistant or applicant,
including, but not limited to, the denial of
licensure or registration, surrender of the
license or registration, allowing physician
assistant license or registration to expire or
lapse, or discontinuing or limiting the prac-
tice of the physician assistant while subject
to an investigation or while actually under
investigation by any licensing authority, med-
ical facility, branch of the armed forces of the
United States of America, insurance compa-
nies, court, agency of the state or federal
government, or employer;
(I) A person is finally adjudged incapaci-
tated or disabled by a court of competent
jurisdiction;
(J) Assisting or enabling any person to
practice or offer to practice any profession
licensed or regulated by this chapter who is
not licensed and currently eligible to practice
under this chapter; or knowingly performing
any act which in any way aids, assists, pro-
cures, advises, or encourages any person to
practice who is not licensed and currently eli-
gible to practice under this chapter;
(K) Issuance of a certificate of registration
or authority, permit or license based upon a
material mistake of fact;
(L) Failure to display a valid license as
required by this chapter;
(M) Violation of the drug laws or rules and
regulations of this state, any other state or the
federal government;
(N) Knowingly making, or causing to be
made, or aiding, or abetting in the making of,
a false statement in any birth, death or other
certificate or document executed in connec-
tion with the practice of his/her profession;
(O) Soliciting patronage in person or by
agents or representatives, or by any other
means or manner, under his/her own name or
under the name of another person or concern,
actual or pretended, in such a manner as to
confuse, deceive, or mislead the public as the
need or necessity for or appropriateness of
health care services for all patients, or the
qualifications of an individual person(s) to
diagnose, render or perform health care ser-
VICES;
(P) Using, or permitting the use of, his/her
name under the designation of “physician
assistant,” “licensed physician assistant,”
“physician assistant-certified,” or any similar
designation with reference to the commercial
exploitation or product endorsement of any
goods, wares or merchandise;
(Q) Knowingly making, or causing to be
made, a false statement or misrepresentation
of a material fact, with intent to defraud, for
payment under the provisions of Chapter 208,
RSMo, or Chapter 630, RSMo, or for pay-
ment from Title XVIII or Title XIX of the
federal Medicare program;
(R) Failure or refusal to properly guard
against contagious, infectious or communica-
ble diseases or the spread thereof; maintain-
ing an unsanitary office or performing pro-
fessional services under unsanitary condi-
tions; or failure to report the existence of an
unsanitary condition in the office of a physi-
cian in any health care facility to the
board, in writing, within thirty (30) days after
the discovery thereof;
(S) Any person licensed to practice as a
physician assistant, requiring, as condition of
the physician assistant-patient relationship,
that the patient receive prescribed drugs,
devices or other professional services direct-
ly from facilities of that physician assistant’s
office or other entities under the supervising
physician’s or physician assistant’s ownership
or control. A physician assistant shall provide
the patient with a prescription which may be
taken to the facility selected by the patient;
limiting access to medical or other health examinations to determine competency, examination reports on the ground that same type of the examining physician’s testimony or have waived all objections to the admissibility to a mental or physical examination when chapter is deemed to have consented to sub-

(T) A pattern of personal use or consumption of any controlled substance unless it is prescribed, dispensed or administered by a physician who is authorized by law to do so; 
(U) Practicing outside the scope of practice of the physician assistant as referenced in the physician assistants’ supervision agreement; 
(V) For a physician assistant to operate, conduct, manage, practice or establish an abortion facility, or for a physician assistant to perform an abortion in an abortion facility, if such facility comes under the definition of an ambulatory surgical center pursuant to sections 197.200 to 197.240, RSMo, and such facility has failed to obtain or renew a license as an ambulatory surgical center; and 
(W) Being unable to practice as a physician assistant or with a specialty with reasonable skill and safety to patients by reason of mental or osteopathic incompetency, or because of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or physical condition.

1. In enforcing this paragraph the board shall, after a hearing by the board, upon a finding of probable cause, require a physician assistant to submit to a reexamination for the purpose of establishing his/her competency to practice as a physician assistant or with a specialty conducted in accordance with rules adopted for this purpose by the board, including rules to allow the examination of the pattern and practice of said physician assistant’s professional conduct, or to submit to a mental or physical examination or combination thereof by at least three (3) physician assistants, one (1) selected by the physician assistant compelled to take the examination, one (1) selected by the board, and one (1) selected by the two (2) physician assistants so selected who are graduates of a professional school approved and accredited by the Commission for the Accreditation of Allied Health Education Programs and has active certification by the National Commission on Certification of Physician Assistants. 

2. For the purpose of this paragraph, every physician assistant licensed under this chapter is deemed to have consented to submit to a mental or physical examination when directed in writing by the board and further to have waived all objections to the admissibility of the examining physician’s testimony or examination reports on the ground that same is privileged. 

3. In addition to ordering a physical or mental examination to determine competency, the board may, notwithstanding any other law limiting access to medical or other health data, obtain medical data and health records relating to a physician assistant or applicant without the physician assistant’s or applicant’s consent. 

4. Written notice of the reexamination or the physical or mental examination shall be sent to the physician assistant, by registered mail, addressed to the physician assistant at his/her last known address. Failure of a physician assistant to designate an examining physician to the board or failure to submit to the examination when directed shall constitute an admission of the allegations against him/her, in which case the board may enter a final order without the presentation of evidence, unless the failure was due to circumstances beyond his/her control. A physician assistant whose right to practice has been affected under this paragraph shall, at reasonable intervals, be afforded an opportunity to demonstrate that s/he can resume competent practice as a physician assistant with reasonable skill and safety to patients. 

5. In any proceeding under this paragraph neither the record of proceedings nor the orders entered by the board shall be used against a physician assistant in any other proceeding. Proceedings under this paragraph shall be conducted by the board without the filing of a complaint with the Administrative Hearing Commission. 

6. When the board finds any person unqualified because of any of the grounds set forth in this paragraph, it may enter an order imposing one (1) or more of the disciplinary measures set forth in section (4) of this rule. 

(3) After the filing of such complaint, before the Administrative Hearing Commission, the proceedings shall be conducted in accordance with the provisions of Chapter 621, RSMo. Upon a finding by the Administrative Hearing Commission that the grounds, provided in section (2) of this rule, for disciplinary action are met, the board may, singly or in combination, warn, censure or place the person named in the complaint on probation on such terms and conditions as the board deems appropriate for a period not to exceed ten (10) years, or may suspend license, certificate or permit for a period not to exceed ten (10) years, or restrict or limit his/her license, certificate or permit for an indefinite period of time, or revoke his/her license, certificate, or permit for an indefinite period of time, or revoke his/her license, certificate or permit, or administer a public or private reprimand, or deny his/her application for licensure, or permanently withhold issuance of licensure or require the physician assistant to submit to the care, counseling or treatment of physicians designated by the board at the expense of the individual to be examined, or require the physician assistant to attend such continuing education courses and pass such examinations as the board may direct.

(4) In any order of revocation, the board may provide that the person may not apply for reinstatement of licensure for a period of time ranging from two to seven (2–7) years following the date of the order of revocation. All stay orders shall toll this time period. 

(5) Before restoring to good standing a license, certificate or permit issued under this chapter which has been in a revoked, suspended or inactive state for any cause for more than two (2) years, the board may require the applicant to attend such continuing education courses and pass such examinations as the board may direct. 

(6) In any investigation, hearing or other proceeding to determine a licensed physician assistant’s or applicant’s fitness to practice, any record relating to any patient of the licensed physician assistant or applicant shall be discoverable by the board and admissible into evidence, regardless of any statutory or common law privilege which such licensee, applicant, record custodian or patient might otherwise invoke. In addition, no such licensed physician assistant, applicant, or record custodian may withhold records or testimony bearing upon a licensee’s or applicant’s fitness to practice on the ground of privilege between such physician assistant licensee, applicant or record custodian and a patient. 


enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo.

The following fees are established by the Missouri State Board of Registration for the Healing Arts in conjunction with the director of the Division of Professional Registration:

(A) Physician Assistant
1. Licensure Fee $25
2. Renewal Fee $25
3. Temporary Licensure Fee $25
4. Temporary Licensure Renewal Fee $25
5. Certificate of Controlled Substance Prescriptive Authority Fee $25

(B) General Fees
1. Duplicate License Fee $0
2. Late Renewal Fee (Delinquent Fee) $25
3. Return Check Fee $25
4. Verification of Licensure Fee $0

All fees are nonrefundable.

The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.


20 CSR 2150-7.300 Applicants for Temporary Licensure

PURPOSE: This rule provides the requirements to apply for physician assistant temporary licensure.

(1) Applicants for temporary licensure are required to make application on forms prepared by the board.
(2) No application will be considered unless fully and completely made out on the specified forms and properly attested.

Applications shall be sent to the State Board of Registration for the Healing Arts, 3605 Missouri Boulevard, P.O. Box 4, Jefferson City, MO 65102.

(3) The fee for temporary licensure shall be an appropriate fee, to be established by the board. The fee shall be sent in the form of a cashier's check or money order drawn on a United States bank or firm, payable to the State Board of Registration for the Healing Arts. No application will be processed until the licensure fee is received.

(4) All applicants are required to submit satisfactory evidence of completion of a physician assistant program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association, its successor. Applicants shall submit one of the following:
   (A) Official transcripts from their school of graduation confirming the degree awarded and date of degree awarded; or
   (B) A form furnished by the board and completed by the accredited physician assistant program. This form must state that the applicant has pursued, passed, and successfully completed all the requirements of the physician assistant program according to the standards of the American Medical Association’s Committee on Allied Health Education and Accreditation.

(5) All applicants shall attach to the application a recent photograph not larger than three and one-half inches by five inches (3 1/2“ × 5”).

(6) All applicants are required to submit satisfactory evidence of completion of a physician assistant program accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association, or its successor. Applicants shall submit one of the following:
   (A) Official transcripts from their school of graduation confirming the degree awarded and date of degree awarded; or
   (B) A form furnished by the board and completed by the accredited physician assistant program. This form must state that the applicant has pursued, passed, and successfully completed all the requirements of the physician assistant program according to the standards of the American Medical Association’s Committee on Allied Health Education and Accreditation.

(7) All applicants are required to submit a letter of reference from the director of the physician assistant program from which the applicant graduated as proof of the applicant’s moral character.

(8) All applicants are required to submit verification of licensure, registration or certification from every state or territory in which the applicant is or has ever been licensed, registered or certified to practice as a physician assistant; and all other professional licenses, registrations, or certifications issued to the applicant regardless of whether or not such license, registration or certification is current.

(9) All applicants shall submit a complete curriculum vitae. This document must include the names and addresses of all previous employers, supervisors and job titles, from the date of high school graduation to the date of licensure application.

(10) All applicants shall furnish, on forms provided by the board, verification of physician supervision.

(11) Each applicant shall instruct the National Commission on Certification of Physician Assistants to submit the applicant’s admission letter for the certification examination; such letter shall specify the date the applicant is scheduled to take the certification examination.

(12) Each applicant shall instruct the National Commission on Certification of Physician Assistants to submit the applicant’s certification examination results directly to the board.

(13) The temporary license shall be valid until the examination results are received by the board, not to exceed three weeks following the mailing of the results by the National Commission on Certification of Physician Assistants.

(14) The temporary license shall automatically terminate if the temporary licensee fails the examination or does not sit for the examination as scheduled. The temporary licensee may apply for temporary licensure renewal pursuant to rule 20 CSR 2150-7.310.

(15) Temporary licensees may be issued permanent licensure upon successful passage of the National Commission on Certification of Physician Assistants Examination as determined by the National Commission on Certification of Physician Assistants; submission/completion of all the requirements specified in rule 20 CSR 2150-7.100, an updated activities statement, the application form and application fee.
(16) When an applicant has filed his/her application and the appropriate fee for temporary licensure, and the applicant is denied by the board pursuant to the provisions of section 334.100, RSMo and/or rule 20 CSR 2150-7.140, or is subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of rule 20 CSR 2150-7.200.

(17) The board may require the applicant for temporary licensure to make a personal appearance before the advisory commission and/or board before a final decision regarding licensure is rendered.

(18) An applicant may withdraw his/her application for temporary licensure any time prior to the board’s vote on his/her candidacy for licensure.


20 CSR 2150-7.310 Applicants for Temporary Licensure Renewal

PURPOSE: This rule provides the requirements to apply for physician assistant temporary licensure renewal.

(1) Physician assistant temporary licensees who fail the National Commission on Certification of Physician Assistant Examination on their first sitting or who do not take the examination as scheduled may apply for temporary licensure renewal one (1) time. Temporary licensure renewal will be determined at the discretion of the board, on an individual basis.

(2) Applicants for temporary licensure renewal are required to make application on forms prepared by the board.

(3) No application will be considered unless fully and completely made out on the specified forms and properly attested.

(4) Applications shall be sent to the State Board of Registration for the Healing Arts, 3605 Missouri Boulevard, P.O. Box 4, Jefferson City, MO 65102.

(5) The fee for temporary licensure renewal shall be an appropriate fee, to be established by the board. The fee shall be sent in the form of a cashier’s check or money order drawn on a United States bank and/or firm, payable to the State Board of Registration for the Healing Arts. No application will be processed until the temporary licensure renewal fee is received.

(6) All applicants shall furnish an updated curriculum vitae detailing activities and employment since issuance of original temporary license.

(7) Each applicant shall instruct the National Commission on Certification of Physician Assistants to submit the applicant’s admission letter for the certification examination; such letter shall specify the date the applicant is scheduled to take the certification examination.

(8) Applicants applying for temporary licensure renewal due to failure of the certification examination, as determined by the National Commission on Certification of Physician Assistants, are required to inform their supervising physician, in writing, of the examination results. A copy of this notification must be submitted to the board with the licensure renewal application.

(9) Applicants applying for temporary licensure renewal due to failure to take the certification examination as scheduled must show good and exceptional cause, verified under oath, as to the circumstances, which prevent the applicant/temporary licensee from taking the examination as scheduled. Good and exceptional cause shall include:
   (A) Death in the immediate family;
   (B) Illness documented by physician statement;
   (C) Accident;
   (D) Jury duty; and
   (E) Other exceptional causes as determined by the board.

(10) Each applicant shall instruct the National Commission on Certification of Physician Assistants to submit the applicant’s certification examination results directly to the board.

(11) The renewed temporary license shall be valid until the examination results are received by the board, not to exceed three (3) weeks following the mailing of the results by the National Commission on Certification of Physician Assistants.

(12) The renewed temporary license will automatically terminate if the licensee fails the examination or does not sit for the examination as scheduled.

(13) Temporary licensees may be issued permanent licensure upon successful passage of the National Commission on Certification of Physician Assistants Examination as determined by the National Commission on Certification of Physician Assistants; submission/completion of all the requirements specified in rule 20 CSR 2150-7.100, an updated activities statement, the application form and application fee.

(14) When an applicant has filed his/her application and the appropriate fee for temporary licensure renewal, and the applicant is deemed to be ineligible or denied by the board pursuant to the provisions of section 334.100, RSMo and/or rule 20 CSR 2150-7.140, or is subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of rule 20 CSR 2150-7.200.

(15) The board may require an applicant for temporary licensure renewal to make a personal appearance before the advisory commission and/or board prior to rendering a final decision regarding temporary licensure renewal.

(16) An applicant may withdraw his/her application for temporary licensure renewal anytime prior to the board’s vote on the application.


20 CSR 2150-7.320 Advisory Commission for Physician Assistants

PURPOSE: This rule establishes the per-diem amount for members of the Advisory Commission for Physician Assistants pursuant to section 334.749, RSMo.

(1) Based on the authority granted by the legislature, there is hereby created an Advisory Commission for Physician Assistants to be composed of five (5) members to be appointed by the governor with the advice and consent of the senate.

(2) Each member of the commission shall receive as compensation the sum of fifty dollars ($50) for each day that member devotes to the affairs of the board.

(3) No request for the compensation provided in this rule shall be processed for payment unless sufficient funds are available for that purpose within the appropriations for this board.
