



Rules of
Department of Insurance,
Financial Institutions and
Professional Registration
Division 2150—State Board of Registration
for the Healing Arts
Chapter 7—Licensing of Physician Assistants

Title	Page
20 CSR 2150-7.100 Applicants for Licensure	3
20 CSR 2150-7.120 Licensure Renewal	3
20 CSR 2150-7.122 Supervision, Name and Address Change Requirements, Retirement Affidavits ..	4
20 CSR 2150-7.125 Late Registration and Reinstatement Applicants	4
20 CSR 2150-7.135 Physician Assistant Supervision Agreements	4
20 CSR 2150-7.136 Request for Waiver	6
20 CSR 2150-7.137 Waiver Renewal	7
20 CSR 2150-7.140 Grounds for Discipline, Procedures	7
20 CSR 2150-7.200 Fees	10
20 CSR 2150-7.300 Applicants for Temporary Licensure	10
20 CSR 2150-7.310 Applicants for Temporary Licensure Renewal	11
20 CSR 2150-7.320 Advisory Commission for Physician Assistants	12



**Title 20—DEPARTMENT OF
INSURANCE, FINANCIAL
INSTITUTIONS AND
PROFESSIONAL REGISTRATION
Division 2150—State Board of
Registration for the Healing Arts
Chapter 7—Licensing of Physician
Assistants**

**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 photostatic copy of the applicant's diploma shall be submitted as evidence of satisfactory completion.

(3) Applicants who did not complete 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, upon a form provided by the board, designate any and all physicians who will serve as their supervising physician. A change of physician supervision, for any reason, must be submitted to the board within fifteen (15) days of such occurrence.

(5) 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.

(6) Applicants are required to make application upon forms prepared by the board.

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

(8) 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").

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

(10) 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.

(11) 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.

(12) 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.

(13) 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.

(14) 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.

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

AUTHORITY: sections 334.125, 334.735, 334.738, 334.742 and 334.743, RSMo Supp.

1999. This rule originally filed as 4 CSR 150-7.100. Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. Amended: Filed Jan. 3, 1997, effective July 30, 1997. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-7.100, effective Aug. 28, 2006.*

**Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; 334.738, RSMo 1989, amended 1998; 334.742, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998.*

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 any 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.

AUTHORITY: sections 334.125, 334.735, 334.738 and 334.743, RSMo Supp. 1999. This rule originally filed as 4 CSR 150-7.120. Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. Amended: Filed Jan. 3, 1997, effective July 30, 1997. Amended: Filed Sept. 10, 1998, effective March 30, 1999. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-7.120, effective Aug. 28, 2006.*

**Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; 334.738, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998.*



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 4 CSR 150-7.125.

AUTHORITY: sections 334.125, 334.735, 334.738 and 334.743, RSMo Supp. 1999. This rule originally filed as 4 CSR 150-7.122. Original rule filed Jan. 3, 1997, effective July 30, 1997. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-7.122, effective Aug. 28, 2006.*

**Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; 334.738, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998.*

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, 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, P.O. 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) All applicants shall, upon a form provided by the board, designate any and all physicians who will serve as their supervising physician.

(9) 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.

(10) 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.

(11) 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.

AUTHORITY: sections 334.125, 334.735, 334.738 and 334.743, RSMo Supp. 1999. This rule originally filed as 4 CSR 150-7.125. Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. Amended: Filed Jan. 3, 1997, effective July 30, 1997. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-7.125, effective Aug. 28, 2006.*

**Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; and 334.738, RSMo 1989 amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998.*

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.

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

(A) Supervising physician—shall mean a physician so designated pursuant to 20 CSR 2150-7.100(4) 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 hold a limited license pursuant to section 334.112, RSMo, or a temporary license pursuant to section 334.045 or 334.046, RSMo, or 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;

(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; and

(E) Intervention—refers to the direct management of a patient's care by a supervising physician.

(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.

(3) Except in an emergency situation a supervising physician as designated pursuant to 20 CSR 2150-7.100(4) or otherwise in the physician assistant supervision agreement shall at all times during patient care be readily available to the licensed physician assistant in person or via telecommunication.

(4) Unless the physician-physician assistant team has received a waiver pursuant to 20 CSR 2150-7.136, the supervising physician as designated pursuant to 20 CSR 2150-7.100(4) or otherwise in the physician assistant supervision agreement must be on-site sixty-six percent (66%) of the time that the physician assistant is practicing. This sixty-

six percent (66%) on-site supervision must be provided each calendar month.

(5) The on-site supervision required in 20 CSR 2150-7.135(4) shall not apply when a physician assistant is making follow-up patient examinations in hospitals, patient homes, nursing homes and correctional facilities without a supervising physician's presence.

(6) A physician assistant shall be limited to practicing at locations where the supervising physician as designated pursuant to 20 CSR 2150-7.100(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 distanced as to create an impediment to effective intervention, supervision of patient care or adequate review of services, unless the supervising physician-physician assistant team receives a waiver pursuant to 20 CSR 2150-7.136. Physician assistants whose teams receive such waivers must practice no farther than fifty (50) miles by road, using the most direct route available from the supervising physician.

(7) No physician may be designated to serve as supervising physician for more than three (3) full-time equivalent licensed physician assistants. This limitation shall not apply to physician assistant supervision agreements of hospital employees providing in-patient care services in hospitals as defined in Chapter 197, RSMo.

(8) 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.

(9) 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.

(10) 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.

(11) 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.

(12) 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.

(13) 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.

AUTHORITY: section 334.735, RSMo Supp. 2007.* This rule originally filed as 4 CSR 150-7.135. Original rule filed Jan. 3, 1997, effective July 30, 1997. Rule Action Notice filed: July 7, 1998, effective July 21, 1999. Amended: Filed July 30, 1999, effective Feb. 29, 2000. Amended: Filed March 1, 2005, effective Aug. 30, 2005. Amended: Filed June 1, 2005, effective Dec. 30, 2005. Moved to 20 CSR 2150-7.135, effective Aug. 28, 2006. Emergency amendment filed Oct. 19, 2007, effective Oct. 29, 2007, expired April 25, 2008. Amended: Filed Oct. 19, 2007, effective May 30, 2008.

*Original authority: 334.735, RSMo 1989, amended 1996, 1997, 1998, 2005, 2007.

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 telecommunications”; the portion of section (3) which states “either personally or via telecommunications”; 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 distanced 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 6, 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 rule-making process. No appeal is taken.

20 CSR 2150-7.136 Request for Waiver

PURPOSE: This rule establishes procedures for individual physician-physician assistant teams to apply for alternate minimum amounts of on-site supervision and maximum distance between the supervising physician and physician assistant.

(1) A physician-physician assistant team may make application upon forms obtained from the board for a waiver from the minimum on-site supervision and maximum distance requirements specified in section 334.735.1(8), RSMo. No application will be considered unless fully and completely made out on the specified form and properly attested to by both members of the physician-physician assistant team.

(2) Applications must state:

(A) The names, license numbers and telephone numbers of the physician assistant and the supervising physician(s) who make up the physician-physician assistant team;

(B) The specialty of physician assistant and supervising physician(s) who make up the physician-physician assistant team;

(C) The location(s) where the physician assistants will practice and the location(s) of the supervising physician when the physician assistants will be practicing;

(D) How the community or communities served by the supervising physician-physician assistant team would experience reduced access to health care services in the absence of a waiver;

(E) If the practice location is a health professional shortage area;

(F) Whether the clinic is designated as a Federally Qualified Health Center or Rural Health Clinic; and

(G) The amount and type of supervision that will be provided to the physician assistant.

(3) Applications for a waiver will be first considered by the advisory commission for physician assistants. The advisory commission will make a recommendation to the board and will receive the board’s advice and consent before approval or denial of an application.

(4) When the advisory commission receives a waiver application, it will publish notice of the application on the board’s website and invite public comments. The advisory commission will consider any comments received from members of the public up to fifteen (15) days from the notice in determining whether

to recommend approval or denial of the application.

(5) The advisory commission and the board will determine whether an individual physician-physician assistant team meets the criteria for a waiver outlined in section 334.735.2, RSMo using the information provided in the waiver application and the best information available to the board on the availability of health care services in the community or communities served by the physician-physician assistant team. The advisory commission and the board will utilize the most recently available information from the United States Department of Health and Human Services, Health Resources and Services Administration on the extent of health professional shortage areas.

(6) If the advisory commission and the board approve a waiver, the advisory commission and board may establish an alternate minimum amount of time the supervising physician must be on-site while the physician assistant practices. The physician must be on-site a minimum of once every two (2) weeks and no less than ten percent (10%) of the time the physician assistant is practicing each calendar month. The advisory commission and board may also establish an alternate maximum distance between the supervising physician and physician assistant. The alternate maximum distance may not exceed fifty (50) miles.

(7) Once the advisory commission and the board approve a waiver for a physician-physician assistant team, the waiver will remain in effect for one (1) year from the date of issuance.

(8) The physician-physician assistant team will notify the advisory commission and board of any changes to the waiver application data within fifteen (15) days of the change.

(9) If a member of the physician-physician assistant team changes or if any of the eligibility requirements as stated in section 334.735.2, RSMo change, then the physician-physician assistant team must request a new waiver.

(10) The board may refuse to issue a waiver to a physician-physician assistant team if either applicant has previously violated the terms of a prior waiver granted pursuant to section 334.735.2, RSMo.



(11) The Board of Healing Arts may void a current waiver after conducting a hearing and upon a finding of fact that the physician-physician assistant team has failed to comply with the requirements of the waiver.

AUTHORITY: section 334.125, RSMo 2000 and section 334.735, RSMo Supp. 2007. Emergency rule filed Oct. 19, 2007, effective Oct. 29, 2007, expired April 25, 2008. Original rule filed Oct. 19, 2007, effective May 30, 2008.*

**Original authority: 334.125, RSMo 1959, amended 1993, 1995 and 334.735, RSMo 1989, amended 1996, 1997, 1998, 2005, 2007.*

20 CSR 2150-7.137 Waiver Renewal

PURPOSE: This rule establishes procedures for individual physician-physician assistant teams to renew waiver for alternate minimum amounts of on-site supervision and maximum distance between the supervising physician and physician assistant.

(1) A physician-physician assistant team may make application for renewal of a waiver upon forms obtained from the board for a waiver from the minimum on-site supervision and maximum distance requirements specified in section 334.735.1(8), RSMo. No application will be considered unless fully and completely made out on the specified form and properly attested to by both members of the physician-physician assistant team.

(2) A request for renewal of waiver must be submitted to the board office at least sixty (60) days prior to its expiration.

(3) Renewal applications must state if any of the following has changed since the initial application for waiver:

(A) The names, license numbers and telephone numbers of the physician assistant and the supervising physician(s) who make up the physician-physician assistant team;

(B) The specialty of the physician assistant and supervising physician(s) who make up the physician-physician assistant team;

(C) The location(s) where the physician assistants will practice and the location(s) of the supervising physician when the physician assistants will be practicing;

(D) How the community or communities served by the supervising physician-physician assistant team would experience reduced access to health care services in the absence of a waiver;

(E) If the practice location is a health pro-

fessional shortage area;

(F) Whether the clinic is designated as a Federally Qualified Health Center or Rural Health Clinic; and

(G) The amount and type of supervision that will be provided to the physician assistant.

(4) Applications for renewal will be first considered by the advisory commission for physician assistants. The advisory commission will make a recommendation to the board and will receive the board's advice and consent before approval or denial of a renewal application.

(5) When the advisory commission receives a renewal application, it will publish notice of the application on the board's web site and invite public comments. The advisory commission will consider any comments received from members of the public up to fifteen (15) days from the notice in determining whether to recommend approval or denial of the application.

(6) The advisory commission and the board will determine whether an individual physician-physician assistant team meets the criteria for a waiver outlined in section 334.735.1(2), RSMo using the information provided in the renewal waiver application and the best information available to the board on the availability of health care services in the community or communities served by the physician-physician assistant team. The advisory commission and the board will utilize the most recently available information from the United States Department of Health and Human Services, Health Resources and Services Administration on the extent of health professional shortage areas.

(7) If the advisory commission and the board approve a request for renewal, the advisory commission and board may establish an alternate minimum amount of time the supervising physician must be on-site while the physician assistant practices. The physician must be on-site a minimum of once every two (2) weeks. The advisory commission and board may also establish an alternate maximum distance between the supervising physician and physician assistant. The alternate maximum distance may not exceed fifty (50) miles.

(8) Once the advisory commission and the board approve a request for renewal for a physician-physician assistant team, the waiver may be renewed for one (1) or three (3) years.

(9) The physician-physician assistant team will notify the advisory commission and board of any changes to the waiver application data within fifteen (15) days of the change.

(10) The Board of Healing Arts may refuse to renew a waiver for the following reasons:

(A) The applicants fail to continue to meet the eligibility requirements pursuant to section 334.735.2, RSMo.

(B) The applicants have previously failed to comply with the requirements of the prior waiver.

(11) Within thirty (30) days of the board's refusal to renew a waiver, the physician-physician assistant team may request a hearing before the board to contest the refusal to renew. After conducting this hearing, the board shall make a finding of fact to either uphold its prior refusal or to issue the waiver.

AUTHORITY: section 334.125, RSMo 2000 and section 334.735, RSMo Supp. 2007. Original rule filed Oct. 19, 2007, effective May 30, 2008.*

**Original authority: 334.125, RSMo 1959, amended 1993, 1995 and 334.735, RSMo 1989, amended 1996, 1997, 1998, 2005, 2007.*

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 professional 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 hospital privileges, failure to renew such privileges of registration or license for cause, or other final disciplinary action, if the action was in any way related to unprofessional conduct, 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 sufficient examination, or for other than medically accepted therapeutic or experimental or investigative 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 physician assistant-patient relationship for purposes 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 subpoena or subpoena *duces tecum* from the board or an order of the board;

14. Failure to timely pay license renewal fees specified in this chapter;

15. Violating a probation agreement with this board or any other licensing or regulatory 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 substantiation the positive cure of any disease, or professional superiority to or greater skill than that possessed by any other physician assistant. An applicant or licensed physician assistant 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 repeated negligence in the performance of the functions 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 ordinarily used under the same or similar circumstances by the member of the applicant's, registrant'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, warning, censure, probation or other final disciplinary action against the holder of or applicant 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 practice of the physician assistant while subject to an investigation or while actually under investigation by any licensing authority, medical facility, branch of the armed forces of the United States of America, insurance company, court, agency of the state or federal government, or employer;

(I) A person is finally adjudged incapacitated 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, procures, advises, or encourages any person to practice who is not licensed and currently eligible 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 connection 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 services;

(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 payment from Title XVIII or Title XIX of the federal Medicare program;

(R) Failure or refusal to properly guard against contagious, infectious or communicable diseases or the spread thereof; maintaining an unsanitary office or performing professional services under unsanitary conditions; or failure to report the existence of an unsanitary condition in the office of a physician or 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 directly 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;

(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 reasons of medical 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 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



educational 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.

AUTHORITY: sections 334.100 and 334.735, RSMo Supp. 2007, and sections 334.125, 334.736, 334.741 and 334.743, RSMo 2000.* This rule originally filed as 4 CSR 150-7.140. Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. Amended: Filed Jan. 3, 1997, effective July 30, 1997. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-7.140, effective Aug. 28, 2006. Amended: Filed Oct. 19, 2007, effective May 30, 2008.

*Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997, 2004; 334.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998, 2005, 2007; 334.736, RSMo 1995, amended 1998; 334.741, RSMo 1989, amended 1998; and 334.743, RSMo 1989, amended 1993, 1995, 1998.

20 CSR 2150-7.200 Fees

PURPOSE: This rule establishes the various fees which the State Board of Registration for

the Healing Arts is authorized to collect in administering Chapter 334, RSMo. Under the provisions of Chapter 334, RSMo, the board is directed to set by rule the amount of the fees which Chapter 334, RSMo authorizes not to exceed the cost and expense of administering that chapter.

(1) 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) Licensure Application Fee	\$195.00
(B) Renewal Fee	\$ 50.00
(C) Late Renewal Fee	\$ 25.00
(D) Reinstatement Fee	\$ 75.00
(E) Temporary Licensure Fee	\$ 50.00
(F) Temporary Licensure Renewal Fee	\$ 50.00
(G) Returned Check Fee	\$ 25.00

(2) All fees are nonrefundable.

(3) 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.

AUTHORITY: sections 334.125, 334.735, 334.736, 334.738 and 334.743, RSMo Supp. 2000.* This rule originally filed as 4 CSR 150-7.200. Emergency rule filed Sept. 15, 1992, effective Sept. 25, 1992, expired Jan. 22, 1993. Original rule filed April 2, 1992, effective Dec. 3, 1992. Amended: Filed April 16, 1996, effective Nov. 30, 1996. Amended: Filed July 25, 2000, effective Dec. 30, 2000. Amended: Filed April 30, 2002, effective Nov. 30, 2002. Moved to 20 CSR 2150-7.200, effective Aug. 28, 2006.

*Original authority: 334.125; RSMo 1959, amended 1993, 1995; 334.735 RSMo 1989, amended 1996, 1997, 1998; 334.736, RSMo 1995, amended 1998; 334.738, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998.

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.

(3) 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.

(4) 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. Personal and/or corporate checks will not be accepted. No application will be processed until the licensure fee is received.

(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 official transcripts from their school of graduation confirming the degree awarded and date of degree award or a copy of their diploma.

(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 4 CSR 150-7.310.

(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 4 CSR 150-7.100, 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 4 CSR 150-7.140, or is subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of rule 4 CSR 150-7.200.

(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.

AUTHORITY: sections 334.100, 334.125, 334.735, 334.736, 334.738, 334.742, 334.743, 334.745 and 334.749, RSMo Supp.

1999. This rule originally filed as 4 CSR 150-7.300. Original rule filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-7.300, effective Aug. 28, 2006.*

**Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997; 334.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; 334.736, RSMo 1995, amended 1998; 334.738, RSMo 1989, amended 1998; 334.742, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998; 334.745, RSMo 1989, amended 1996, 1997; 334.749, RSMo 1996, amended 1998, 1999.*

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. Personal and/or corporate checks will not be accepted. 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 prevented 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 4 CSR 150-7.100, 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 4 CSR 150-7.140, or is subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of rule 4 CSR 150-7.200.

(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.

AUTHORITY: sections 334.100, 334.125, 334.735, 334.736, 334.738, 334.742, 334.743, 334.745 and 334.749, RSMo Supp. 1999. This rule originally filed as 4 CSR 150-7.310. Original rule filed July 25, 2000, effective Dec. 30, 2000. Moved to 20 CSR 2150-7.310, effective Aug. 28, 2006.*

**Original authority: 334.100, RSMo 1939, amended 1945, 1959, 1963, 1974, 1976, 1979, 1981, 1983, 1984, 1986, 1987, 1989, 1990, 1993, 1997; 324.125, RSMo 1959, amended 1993, 1995; 334.735, RSMo 1989, amended 1996, 1997, 1998; 334.736, RSMo 1995, amended 1998; 334.738, RSMo 1989, amended 1998; 334.742, RSMo 1989, amended 1998; 334.743, RSMo 1989, amended 1993, 1995, 1998; 334.745, RSMo 1989, amended 1996, 1997; 334.749, RSMo 1996, amended 1998, 1999.*

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.

AUTHORITY: sections 334.125, RSMo 2000 and 334.749, RSMo Supp. 2001. This rule originally filed as 4 CSR 150-7.320. Original rule filed Aug. 15, 2002, effective Feb. 28, 2003. Moved to 20 CSR 2150-7.320, effective Aug. 28, 2006.*

**Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.749, RSMo 1996, amended 1998, 1999, 2001.*