



COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTH PROFESSIONS LICENSURE  
**BOARD OF REGISTRATION OF PHYSICIAN ASSISTANTS**  
239 CAUSEWAY STREET, SUITE 500  
BOSTON, MA 02114  
800-414-0168  
617-973-0806  
[www.mass.gov/dph/boards/pa](http://www.mass.gov/dph/boards/pa)

**PHYSICIAN ASSISTANT LICENSE APPLICATION  
INSTRUCTIONS AND CHECKLIST**

**Please read these instructions carefully. All supporting materials must be submitted to complete an application. Applications will not be reviewed by the Board until all documentation has been received.**

**General Information About the Application Process:**

**The Board of Registration of Physician Assistants (“Board”) highly recommends that you refrain from accepting a Physician Assistant position in Massachusetts until you are licensed.**

Once an application is received by the Board, it takes a **minimum of 3- 5 weeks** to review the completed application and determine if any additional information is required. Once complete, applications are processed for the issuance of a license in the order received. Every effort is made to process license applications in a timely manner; however, the Board is unable to expedite the processing of applications.

To facilitate the processing of your application, please ensure that you provide all the information requested. **DO NOT LEAVE BLANKS.** If you are unable to provide the requested information, attach a separate sheet with an explanation. Missing information will delay the processing of your application.

As an applicant, it is your responsibility to ensure that ALL supporting documentation for licensure is sent directly to the Board and to check with the Board on the status of your application.

All requested information must be provided; failure to provide requested information may result in a delay in processing of application. **Incomplete applications will be returned to applicant.**

**Complete applications must include the following documents:**

- Completed application form, signed and dated by the applicant and notarized.
- 2x2 passport style color photo; white or off-white background; copies and printer generated photos are not acceptable.
- Signed and notarized Criminal Offender Record Information (CORI) Acknowledgement Form obtained from the Board’s website.

Check or money order payable to the Commonwealth of Massachusetts for \$225.00; cash or foreign currency is not accepted.

**NOTE:** If you hold a Temporary Practice Certificate, you must pay this fee in addition to the fee previously paid for your Temporary Practice Certificate.

Official transcripts in signed, sealed envelopes from physician assistant programs/degrees with proof of a bachelor's degree or higher. When requesting official transcripts, please inform each school's registrar that the transcript must be complete and indicate the degree and date conferred in mm/dd/yyyy format.

**NOTE:** If transcripts have been previously submitted with an application for a Temporary Practice Certificate, they do not need to be resubmitted, if they were submitted within the past 12 months.

NCCPA documentation of certification is required. This must be sent directly from NCCPA.. On-line verification is acceptable.

Verification of licensure status, in signed, sealed envelopes, or via on-line primary source verification from any state or jurisdiction in which you now or have ever held any professional license or board certification. Verifications must be sent directly to the Board by the state or other jurisdictions.

For Massachusetts licenses only, the Board also accepts printed, self-queries of online verification of licensure from the following: Board of Registration in Dentistry, Board of Registration in Nursing, Board of Registration in Pharmacy, Board of Certification of Community Health Workers, Board of Registration of Genetic Counselors, Board of Registration in Naturopathy, Board of Registration of Nursing Home Administrators, Board of Registration of Perfusionists, Board of Registration of Respiratory Care, Nurses Aid Registration Board and the Office of Emergency Medical Services for EMT, Advanced EMT and Paramedic Certification. Any printed, self-queries of online verification of licensure must be submitted with the application packet.

Completed MassHealth Attestation form.

**NOTE:** If verifications have been previously submitted with an application for a temporary practice certificate, they do not need to be resubmitted if they were issued within the past 12 months.

Submission of completed application and fee acknowledges that the applicant understands and agrees to all provisions herein. Applications are void if requirements for physician assistant licensure are not met within one (1) year from the date of Board receipt of this application. All fees are non-refundable and non-transferable.

Application must be submitted on single-sided paper.

Retain a copy of the completed application for licensure for your records. **The Board is not able to provide copies of the application.** Employers may require that you provide them with a copy.

□ All submissions and documentation for agenda items must be received by the Board at the close of business on the Monday of the week preceding the scheduled Board meeting. Materials received after the deadline will be reviewed prior to being placed on the agenda for the next scheduled meeting.

\*A Supervising Physician and Work Setting Information form must be on file with the Board within thirty (30) days of beginning employment. Your license may be issued without these forms, though they have been included for your convenience.

**NOTE A:** If there has been no change in supervising physician[s] and/or work setting[s] since a Temporary Practice Certificate was issued, new forms do not need to be resubmitted.

**NOTE B:** Multiple supervising physicians and work settings require submission of separate forms for each supervising physician and each work setting.

**IMPORTANT INFORMATION:**

Pursuant to 263 CMR 3.03 (4), Board regulations state that a physician assistant applicant/registrant must notify the Board in writing of any of the following events within thirty (30) days of their occurrence: change of address of applicant/registrant; change of identity of the applicant/ registrant's employer or employment status of the applicant/registrant; any change in the identity or address of the registered physician supervising the practice of the applicant/registrant; or, the permanent departure of the applicant/registrant from the Commonwealth of Massachusetts.

Failure to update your address may result in failure to receive a license renewal application and expiration of your license. The address of record is where the Board mails your license and any correspondence.

The address printed on your license is a **PUBLIC RECORD** that is available to anyone who requests it. If you are using your home address, you may wish to consider changing this to an office address. Address changes may be done online at the board's website [www.mass.gov/dph/boards/pa](http://www.mass.gov/dph/boards/pa) or you may obtain a form online to submit to the Board's office.

Answers to many questions may be found on the Board's website. Statutes and regulations governing physician assistant licensure and practice may be found on the website; they are also available for purchase from the State House Bookstore, Massachusetts State House, Room 116, Boston, MA 02108, 617-727-2834.

For further information, please contact the Board office at 1-800-414-0168 or 617-973-0806.