

PHYSICIAN ASSISTANT Application Instructions and Requirements

Please thoroughly review these materials before submitting your application. Any processing fees incurred are your responsibility. The Board reserves the right to reject any outdated applications submitted; therefore, it is recommended that you complete the application in a timely manner. Incomplete applicant files will be destroyed after six months of inactivity.

Methods of Licensure

All applicants must submit a completed application and appropriate fees online at [MN Health Board](#) or by paper to the Medical Board.

Licensure Requirements

- Non-refundable \$267.00 fee paid online by credit/debit card or submit paper application with check, money order, or cashier's check payable to the **Minnesota Board of Medical Practice**.
- The name on the application and your NCCPA certificate must be the same. If there has been a name change, submit a copy of the documentation, e.g., marriage certificate.
- [Affidavit of Applicant Form](#) A recent, full-face, 2" X 2" color photograph must be affixed as indicated on the form and notarized as a true likeness. Please ensure to fill in and sign all required areas of the form.
- Copy of driver's license or other government issued photo ID.
- [Collaborative Practice Verification For Physician Assistant Form](#) is required **ONLY** with the paper application.
 - Applicants applying online will affirm that they have or have not completed 2,080 hours of collaborative practice. The hours must be completed with a Minnesota license physician and must be in an employment setting rather than educational as a student.
 - If you select "No" indicating that you have not completed the 2,080 hours, you can still qualify for licensure and should submit the Affidavit of Collaborative Practice Form once the hours are completed.
- Criminal Background Check: applicant will receive emailed instructions once the application is processed. **Use ORI number for Board of Medical Practice: MN920158Z on CBC forms.**
- Any other information requested by the Board.

The following requirements must be sent directly to the Minnesota Board from the facility/person completing the form:

- **Direct Verification of Active/Expired Licensure/Registration/Certification:** The [Verification of Licensure/Registration/Certification Form](#) or the state generated verification of licensure letter can be sent from the state to the Medical Board by email or mail. Verification letters can also be requested through VeriDoc Inc. to the Medical Board. Go to <http://www.veridoc.org> to have a verification letter sent from another participating state board to the Medical Board. If the state does not do verifications, please forward the email response from state stating they do not do verifications or email the link to the state website showing the verbiage the state does not do verifications and attach the pdf verification from the state website. The Board must

receive a separate verification form completed by each state board where you have ever held a healthcare professional license/registration/certification.

- **Verification of Physician Assistant Education:** [Certification of Physician Assistant Education Form](#) is for certification of physician assistant education and must be completed and emailed or mailed by the facility directly to the Medical Board.
- **Verification of NCCPA certification:** NCCPA offers a credential verification service on their website at www.nccpa.net which can be emailed or mailed to the Medical Board.

Application Fees

Please be aware that all fees are non-refundable. Fees submitted will not be refunded if it is determined that you are not eligible for licensure.

Applicants are required to submit written notification to the Board within 30 days of any name or address change. The law takes precedence over any conflicts between these instructions and the law.